

## **Ohio Return**

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2023 tax preparation on FreeTaxUSA.com will be available starting in January of 2024.

We look forward to preparing your 2023 tax return.



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Do not staple or paper clip

#### 2022 Ohio IT 1040

#### Individual Income Tax Return



Use only black ink/UPPERCASE letters. Use whole dollars only

00180 Sequence No. **1** 

AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL. Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 375 98 1217 9999 First name Last name MICHELLE KOHN Spouse's first name (if filing jointly) Last name Address line 1 (number and street) or P.O. Box 1690 SPRINGBROOK RD S Address line 2 (apartment number, suite number, etc.) Ohio county (first four letters) City State ZIP code **BOYNE FALLS** ΜI 49713 FRAN Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary Filing Status – Check one (as reported on federal income tax return) Nonresident >> Part-year X Single, head of household or qualifying widow(er) Resident ΜI Indicate state resident Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-vear Nonresident **>** resident Indicate state Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here. 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 33737 if negative..... 33737 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 4800 Number of exemptions including you and your spouse/dependents, if applicable: 



## 2022 Ohio IT 1040

#### **Individual Income Tax Return**



#### 375 98 1217 SSN

7a. Amount from line 7 on page 1	a.
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.
8c. Income tax liability before credits (line 8a plus line 8b)	8c.
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9. 40
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.
12. Unpaid use tax (see instructions)	12.
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12)	13.
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14. 5
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18. 5
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.
20. Line 18 minus line 19. Place a "-" in the box if negative	20. 5
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.
22. Interest due on late payment of tax (see instructions)	22
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	
24. Overpayment (line 20 minus line 13)	_
	05
<ul> <li>25. Original return only – portion of line 24 carried forward to next year's tax liability</li></ul>	25.
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	tal26g.
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	ND ▶ 27. 5
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
▶Primary signature Phone number231-373-7522	NO Payment Included – Mail to:
No	Ohio Department of Taxation

Preparer's TIN (PTIN) P

\_ Phone number\_

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name \_

Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



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# 2022 Ohio Schedule of Adjustments

Use only black ink. Use whole dollars only.



Primary taxpayer's SSN

375 98 1217

Sequence No. 3

#### **Additions**

(Only add the following amounts if they are not included on Ohio IT 1040, line 1) **Federal** 9. Federal conformity additions .......9. 10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a .......10. **Deductions** (Only deduct the following amounts if they are included on Ohio IT 1040, line 1) 33737 13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) .......13. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.......16. 17. Amounts contributed to an Ohio county's individual development account program ......17. 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster **Federal** 

22. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal

itemized deductions claimed on a prior year return.......22.

# 2022 Ohio Schedule of Adjustments

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Sequence No. 4

Primary taxpayer's SSN

375 98 1217

23.	Repayment of income reported in a prior year23.
24.	Wage expense not deducted based on the federal work opportunity tax credit24.
	Federal conformity deductions25.
<u>Unif</u>	ormed Services
26.	Military pay received by Ohio residents while stationed outside Ohio
27.	Compensation earned by nonresident military servicemembers and their civilian spouses
28.	Uniformed services retirement income
29.	Military injury relief fund grants and veteran's disability severance payments
30.	Certain Ohio National Guard reimbursements and benefits
<u>Edu</u>	<u>cation</u>
31.	Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan31.
32.	Pell/Ohio College Opportunity taxable grant amounts used to pay room and board32.
33.	Ohio educator expenses in excess of federal deduction
Med	<u>ical</u>
34.	Disability benefits
35.	Survivor benefits
36.	Unreimbursed medical and health care expenses (see instructions for worksheet; <b>include a copy</b> )
37.	Medical savings account contributions/earnings (see instructions for worksheet; <b>include a copy</b> )37.
38.	Qualified organ donor expenses

39. Total deductions (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b......39.

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### 2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN 375 98 1217



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Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

#### **Nonrefundable Credits**

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1
2.	Retirement income credit (include 1099-R forms)	2
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3
4.	Senior citizen credit (must be 65 or older to claim this credit)	4
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5
6.	Child care & dependent care credit (include a copy of the worksheet)	6
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8
9.	Income-based exemption credit	9
10.	Total (add lines 2 through 9)	10
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12
13.	Earned income credit	13
14.	Home school expenses credit (include copies of all required documentation)	14
15.	Scholarship donation credit (include copies of all required documentation)	15
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16
17.	Vocational job credit (include a copy of the credit certificate)	17
18.	Ohio adoption credit	18
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	19
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20
21.	Grape production credit	21
22.	InvestOhio credit (include a copy of the credit certificate)	22
23.	Lead abatement credit (include a copy of the credit certificate)	23
24.	Opportunity zone investment credit (include a copy of the credit certificate)	24



## 2022 Ohio Schedule of Credits

Primary taxpayer's SSN 375 98 1217



Sequence No. 8

25	Technology investment credit ca	rryforward (include a copy of the	credit certificate)	25.	
26	Enterprise zone day care & train	ning credits (include a copy of the	credit certificate)	26.	
27	Research & development credit	(include a copy of the credit cer	tificate)	27.	
28	Nonrefundable Ohio historic pre	servation credit ( <b>include a copy o</b>	f the credit certificate)	28.	
29	Total (add lines 12 through 28) .			29.	
30	Tax less additional credits (line	11 minus line 29; if negative, enter	zero)	30.	
Non	resident Credit				
Date	es of Ohio residency	to	Other state of residency	MI	
31	Nonresident Portion of Ohio adj Ohio IT NRC Section I, line 18 (	9			
32	Ohio adjusted gross income (Oh	nio IT 1040, line 3) 32.			
33a	Divide line 31 by line 32 (four dec if greater than 1, enter 1.0000)	imals; do not round;	33a. 0		
33	Nonresident credit (line 30 times	s line 33a)		33.	
Res	dent Credit				
34	Resident credit – Ohio IT RC, lir	ne 7 ( <b>include a copy</b> )		34.	
25	Total nanrafundable aradite (c	add lines 10, 20, 22 and 24; enter b	ere and on Ohio IT 1040, line 9)	25	40

#### **Refundable Credits**

37.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	.37.
38.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	. 38.
39.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	. 39.
40.	Venture capital credit (include a copy of the credit certificate)	. 40.
41.	Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	.41.



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## 2022 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters.





Sequence No. 9

Primary taxpayer's SSN 375 98 1217

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN 370 25 3854	Dependent's date of birth (MM-DD-YYYY) 03 16 2000	Dependent's relationship to you SON
Dependent's first name  ISAAC	M.I. Dependent's last name  CHIPMAN	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





## 2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only. Primary taxpayer's SSN

Sequence No. 11

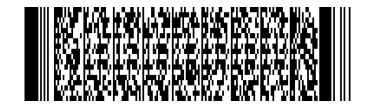
375 98 1217

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

#### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 ......1. 5

Part B -	<u>rt B - W-2s</u>			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld	
Р	203677651	500		
	Box 15 - Employer's Ohio ID number 53003462	Box 16 - Ohio wages, tips, etc. 500	Box 17 - Ohio income tax	
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax	
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax	
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax	
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax	
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld	
7. P/S	Box 15 - Employer's Ohio ID number  Box b - EIN	Box 16 - Ohio wages, tips, etc.  Box 1 - Wages, tips, other compensation	Box 17 - Ohio income tax  Box 2 - Federal income tax withheld	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax	



## 2022 Schedule of Ohio Withholding Primary taxpayer's SSN 375 98 1217



D 40	4000 B	375 98 1217		Sequence No. 12
1. P/S	1099-Rs Payer's TIN	Box 1 - Gross distribution		Ocquence No. 12
1. F/S	Fayer S TIIN	Box 1 Closs distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
D(D)	W.oo.			
Part D - 1. P/S	W-2Gs Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal	income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	- Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal	income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	- Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal	income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	- Ohio income tax withheld
Dort E	4000 NECo			
1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal	income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 -	Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal	income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 -	Ohio tax withheld