

0000

SSN 615 33 5722

# 2021 Ohio IT 1040

## Individual Income Tax Return



Sequence No. 2

7a. Amount from line 7 on page 1

7a

7260 00

8a. Nonrefundable income tax liability on line 7c (see instructions for tax liability)	8a	0 00
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (include schedule)	8b	00
8c. Income tax liability before credits (line 8a plus line 8b)	8c	0 00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 36 (include schedule)	9	20 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10	0 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11	00
12. Unpaid use tax (see instructions)	12	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13	0 00
14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14	148 00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15	00
16. Refundable credits - Ohio Schedule of Credits, line 44 (include schedule)	16	00
17. Amended return only - amount previously paid with original and/or amended return	17	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18	148 00
19. Amended return only - overpayment previously requested on original and/or amended return	19	00
20. Line 18 minus line 19. Place a "-" in the box if negative	20	148 00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21	00
22. Interest due on late payment of tax (see instructions)	22	00
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" AMOUNT DUE ▶ 23.	23	00
24. Overpayment (line 20 minus line 13)	24	148 00
25. Original return only - portion of line 24 carried forward to next year's tax liability	25	00
26. Original return only - portion of line 24 you wish to donate:		
a. Military Injury Relief	b. Ohio History Fund	c. Nature Preserves/Scenic Rivers
00	00	00
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species
00	00	00
Total ... 26g.		00
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND ▶ 27.	148 00

**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.

▶ Primary signature Zyad Alkourdi Phone number (513) 405-4545

▶ Spouse's signature \_\_\_\_\_ Date 08/17/23

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

Preparer's printed name SELF-PREPARED Phone number \_\_\_\_\_

Preparer's TIN (PTIN) P

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

**NO Payment Included - Mail to:**  
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