

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial John J		Last name Coburn		Your social security number 443-90-0240	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 705 W Market St				Apt. no. 4	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Akron OH 44303-1434				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>					

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	20,583.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRA distributions	4a		4b	
c	Pensions and annuities	4c		4d	
5a	Social security benefits	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6	
7a	Other income from Schedule 1, line 9			7a	211.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b	20,794.
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b	20,794.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	42.		
11a	Add lines 9 and 10			11a	12,242.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	8,552.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	858.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	858.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	858.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	858.	
17	Federal income tax withheld from Forms W-2 and 1099	17	1,772.	
18	Other payments and refundable credits:			

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

a	Earned income credit (EIC) No	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	1,772.

RefundDirect deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	914.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	914.
b	Routing number 0 7 1 0 2 5 7 9 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 9 9 1 1 7 3 9 3 5 8 1		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for your records.

Your signature	Date	Your occupation Restaurant Server	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	

Go to www.irs.gov/Form1040 for instructions and the latest information.**BAA**

REV 02/14/20 Intuit.cq.cfp.sp

Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040 or 1040-SR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

John J Coburn

Your social security number

443-90-0240

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	211.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	211.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 02/14/20 Intuit.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor John J Coburn		Social security number (SSN) 443-90-0240
A	Principal business or profession, including product or service (see instructions) Delivery service	B Enter code from instructions ▶ 4 9 2 0 0 0
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ▶ 705 W Market St, Apt. 4 City, town or post office, state, and ZIP code Akron, OH 44303-1434	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2019, check here ▶ <input checked="" type="checkbox"/>	
I	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	6,194.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	6,194.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	6,194.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	6,194.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9	5,983.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48)	27a	
20				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶			28	5,983.		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	211.		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30			
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	211.		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 05/04/2019
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a	Business 10,316 b Commuting (see instructions) c Other 18,174
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48	Total other expenses. Enter here and on line 27a 48

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2019**Attachment
Sequence No. **55**

Name(s) shown on return

John J Coburn

Your taxpayer identification number

443-90-0240

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	John J Coburn	443900240	211.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	211.	5	42.
3	Qualified business net (loss) carryforward from the prior year	3			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	211.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)				
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		9	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	42.
11	Taxable income before qualified business income deduction	11	8,594.	14	1,719.
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	8,594.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►			15	42.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	0.

**2019 Ohio IT 1040**
Individual Income Tax Return

02 20 20

Use only black ink/UPPERCASE letters.

19000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do **NOT** include a copy of the previously filed return).

Check here if claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required)

▶▶ If deceased

Spouse's SSN (if filing jointly)

▶▶ If deceased

Enter school district # for
this return (see instructions).

443 90 0240

check box

check box

SD# ▶▶ 7701

First name

JOHN

M.I. Last name

J COBURN

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

705 W MARKET ST

Address line 2 (apartment number, suite number, etc.)

APT 4

City

AKRON

State

ZIP code

Ohio county (first four letters)

OH

44303

SUMM

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status – Check only one for primary☒ Full-year resident ☐ Part-year resident ☐ Nonresident
Indicate state ▶▶

Check only one for spouse (if married filing jointly)

☐ Full-year resident ☐ Part-year resident ☐ Nonresident
Indicate state ▶▶**Filing Status** – Check one (as reported on federal income tax return)☒ Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement – See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Check here if you filed the federal extension form 4868.

Check here if someone else is able to claim you (or your spouse if
joint return) as a dependent.

Do not staple or paper clip.

1. **Federal adjusted gross income** (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero..... 1. 20794 00

2a. Additions – Ohio Schedule A, line 10 (**INCLUDE SCHEDULE**)..... 2a. 00

2b. Deductions – Ohio Schedule A, line 38 (**INCLUDE SCHEDULE**)..... 2b. 6194 00

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero..... 3. 14600 00

4. Exemption amount (if claiming dependent(s), **INCLUDE SCHEDULE J**)..... 4. 2350 00
Number of exemptions claimed: 1

5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)..... 5. 12250 00

6. Taxable business income – Ohio Schedule IT BUS, line 13 (**INCLUDE SCHEDULE**)..... 6. 0 00

7. Line 5 minus line 6 (if less than zero, enter zero)..... 7. 12250 00



MM-DD-YY

Code



19000233 Sequence No. 2

SSN 443 90 0240

7a. Amount from line 7 on page 1	7a.	12250	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	0	00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	0	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	20	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	0	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due	<input checked="" type="checkbox"/> 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 (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12)	14.	408	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 41 (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.	408	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 at the right if the amount is less than zero.....	20.	408	00
<u>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</u>			
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or 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.		00
24. Overpayment (line 20 minus line 13)	24.	408	00
25. Original return only – amount of line 24 to be credited toward 2020 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. State nature preserves	b. Breast/Cervical Cancer	c. Wishes for Sick Children	
00	00	00	
d. Wildlife species	e. Military injury relief	f. Ohio History Fund	Total26g.
00	00	00	00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	408	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 _____ Phone number (330) 983-3984

► Spouse's signature _____ Date (MM/DD/YY) _____

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



2019 Ohio Schedule A



19000333

Income Adjustments – Additions and Deductions

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

02 20 20

443 90 0240

Sequence No. 3

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends.....	1.	00
2. Certain Ohio pass-through entity and financial institutions taxes paid	2.	00
3. Ohio 529 plan funds used for non-qualified expenses and reimbursement of college expenses previously deducted	3.	00
4. Losses from sale or disposition of Ohio public obligations.....	4.	00
5. Nonmedical withdrawals from a medical savings account	5.	00
6. Reimbursement of expenses previously deducted on an Ohio income tax return	6.	00
Federal		
7. Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	00
8. Federal interest and dividends subject to state taxation	8.	00
9. Federal conformity additions	9.	00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a	10.	00

Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

11. Business income deduction – Ohio Schedule IT BUS, line 11	11.	6194 00
12. Employee compensation earned in Ohio by residents of neighboring states.....	12.	00
13. State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 1.....	13.	00
14. Taxable Social Security benefits.....	14.	00
15. Certain railroad retirement benefits	15.	00
16. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.....	16.	00
17. Amounts contributed to an Ohio county's individual development account program	17.	00
18. Amounts contributed to STABLE account: Ohio's ABLE plan	18.	00
19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....	19.	00
Federal		
20. Federal interest and dividends exempt from state taxation.....	20.	00
21. Deduction of prior year 168(k) and 179 depreciation addbacks.....	21.	00
22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal itemized deductions claimed on a prior year return.....	22.	00

Do not staple or paper clip.

2019 Ohio Schedule A

Income Adjustments – Additions and Deductions

Primary taxpayer's SSN

443 90 0240



19000433

Sequence No. 4

23. Repayment of income reported in a prior year	23.	00
24. Wage expense not deducted based on the federal work opportunity tax credit	24.	00
25. Federal conformity deductions	25.	00

Uniformed Services

26. Military pay received by Ohio residents while stationed outside Ohio.....	26.	00
27. Compensation earned by nonresident military servicemembers and their civilian spouses	27.	00
28. Uniformed services retirement income.....	28.	00
29. Military injury relief fund	29.	00
30. Certain Ohio National Guard reimbursements and benefits.....	30.	00

Education

31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	31.	00
32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.	00

Medical

33. Disability benefits	33.	00
34. Survivor benefits.....	34.	00
35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)	35.	00
36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	36.	00
37. Qualified organ donor expenses	37.	00
38. Total deductions (add lines 11 through 37 ONLY). Enter here and on Ohio IT 1040, line 2b.....	38.	6194 00

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



19280133

Sequence No. 7

02 20 20

443 90 0240

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	0 00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.	00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	20 00
10. Total (add lines 2 through 9)	10.	20 00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.	0 00
12. Joint filing credit (see instructions for table). % times the amount on line 11	12.	0 00
13. Earned income credit	13.	00
14. Ohio adoption credit	14.	00
15. Nonrefundable job retention credit (include a copy of the credit certificate)	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.	00
17. Credit for purchases of grape production property	17.	00
18. InvestOhio credit (include a copy of the credit certificate)	18.	00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.	00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	00
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.	00
22. Research & development credit (include a copy of the credit certificate)	22.	00
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.	00
24. Total (add lines 12 through 23)	24.	0 00
25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)	25.	0 00



2019 Ohio Schedule of Credits

Primary taxpayer's SSN

443 90 0240



19280233

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			26. 00
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			27. 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit			28. 00

Resident Credit

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident	29.	00
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	30.	00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here	31.	00
32. Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia	32.	00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	33.	00
34. Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) ..	34.	20 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	35.	00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.	00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s)	37.	00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	38.	00
39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	39.	00
40. Venture capital credit (include a copy of the credit certificate)	40.	00
41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)	41.	00

Do not staple or paper clip.

**2019 Ohio Schedule IT BUS****Business Income**Use only black ink/UPPERCASE letters.
Primary taxpayer's SSN

19260133

Sequence No. 5

02 20 20

443 90 0240

Enter all business income that you (and your spouse, if filing jointly) received during the tax year, from all sources, on this schedule. Enter only those amounts that are included in your federal adjusted gross income. **Only one IT BUS should be used for each return filed.** See R.C. 5747.01(B).

Part 1 – Business Income From IRS Schedules

Note: Do not include amounts listed on the IRS schedules below that are nonbusiness income. See R.C. 5747.01(C). If the amount on a line is negative, place a “-” in the box provided.

1. Schedule B – Interest and Ordinary Dividends	1.	00
2. Schedule C – Profit or Loss From Business (Sole Proprietorship).....	2.	0 00
3. Schedule D – Capital Gains and Losses.....	3.	00
4. Schedule E – Supplemental Income and Loss.....	4.	00
5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.	00
6. Schedule F – Profit or Loss From Farming	6.	00
7. Other business income or loss not reported above (i.e. form 4797 amounts).....	7.	6194 00
8. Total business income (add lines 1 through 7).....	8.	6194 00

Part 2 – Business Income Deduction

9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If less than zero, enter zero; stop here and do not complete Part 3	9.	6194 00
10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately	10.	250000 00
11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11.....	11.	6194 00

Part 3 – Taxable Business Income

Note: If Ohio IT 1040, line 5 equals zero, do not complete Part 3.

12. Line 9 minus line 11	12.	0 00
13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6	13.	0 00
14. Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b.....	14.	0 00



2019 Ohio Schedule IT BUS

Business Income



19260233

Primary taxpayer's SSN

443-90-0240

Sequence No. 6

Part 4 – Business Sources

List all sources of business income. If you are filing a joint return and you are listing a business owned by your spouse, check the "Spouse's ownership" box. If you and your spouse both have ownership in a business, list the business twice to report each of your ownership percentages separately. List any Ohio sources of business income first. If necessary, complete additional copies of this page and include with your income tax return.

1. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
443900240	100.00		JOHN J COBURN
2. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
3. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
4. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
5. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
6. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
7. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
8. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
9. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
10. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
11. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
12. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
13. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
14. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name
15. FEIN / SSN	Ownership percentage	Spouse's ownership	Business name

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial John J		Last name Coburn		Your social security number 443-90-0240	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 705 W Market St				Apt. no. 4	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Akron OH 44303-1434				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>					

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	20,583.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRA distributions	4a		4b	
c	Pensions and annuities	4c		4d	
5a	Social security benefits	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6	
7a	Other income from Schedule 1, line 9			7a	211.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b	20,794.
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b	20,794.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	42.		
11a	Add lines 9 and 10			11a	12,242.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	8,552.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	858.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	858.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	858.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	858.	
17	Federal income tax withheld from Forms W-2 and 1099	17	1,772.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	1,772.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	914.	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	914.	
	b Routing number 0 7 1 0 2 5 7 9 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 4 9 9 1 1 7 3 9 3 5 8 1			
	22 Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
	24 Estimated tax penalty (see instructions)	24		

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Restaurant Server	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Phone no.		Firm's EIN <input type="text"/>	
Firm's address <input type="text"/>				

Go to www.irs.gov/Form1040 for instructions and the latest information.**BAA**

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Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040 or 1040-SR.**

► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

John J Coburn

Your social security number

443-90-0240

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	211.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	211.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 1 (Form 1040 or 1040-SR) 2019