

2021 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



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 # 820-67-8133 6705 First name M.I. Last name Khushi В Patel Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 1375 eastway drive Address line 2 (apartment number, suite number, etc.) City Ohio county (first four letters) State ZIP code Kent OH 44243 PORT 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 Single, head of household or qualifying widow(er) Resident Indicate state resident Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Nonresident **I** Resident Part-vear 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. paper clip 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 3280.12 Do not staple or 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule)......2a. 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative..... Number of exemptions including you and your spouse/dependents, if applicable: 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule)......6. 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) Do not write in this area; for department use only.

Code

MM-DD-YY

2021 Ohio IT 1040

Individual Income Tax Return



SSN 820-67-8133

Check here to authorize your preparer to discuss this return with the Preparer's printed name	Department.	Payment Included – M Ohio Department of Ta: P.O. Box 2057 Columbus, OH 43270	kation
Primary signature Spouse's signature	_ Phone number	MO Payment Included – Ohio Department of Tax P.O. Box 2679 Columbus, OH 43270-	cation
Sign Here (required): I have read this return. Under penalties of pand belief, the return and all enclosures are true, correct and complete.	410 770 40	ge If your refund is \$1.00 or less, no refun If you owe \$1.00 or less, no paymen	
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND	▶ 27.	00
d. Breast/Cervical Cancer e. Wishes for Sick Children	f. Wildlife Species		
d. Procet/Comingl Company of Wighter for Sigh Children	Total	. 26g.	
a. Military Injury Relief b. Ohio History Fund	c. Nature Preserves/Scenic Rivers		
25. <u>Original return only</u> – portion of line 24 carried forward to ne 26. <u>Original return only</u> – portion of line 24 you wish to donate:		25.	
24. Overpayment (line 20 minus line 13)		24.	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio (if amended return) and make check payable to "Ohio Treas	, -	▶ 23.	
22. Interest due on late payment of tax (see instructions)		22.	
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore to			
20. Line 18 minus line 19. Place a "-" in the box if negative			
19. <u>Amended return only</u> – overpayment previously requested			
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)			
17. <u>Amended return only</u> – amount previously paid with origina			
16. Refundable credits – Ohio Schedule of Credits, line 44 (incl u	ude schedule)	16.	
15. Estimated and extension payments (from Ohio IT 1040ES ar from last year's return		15.	
14. Ohio income tax withheld – Schedule of Ohio Withholding, pa income statements)	, , , , , , , , , , , , , , , , , , ,	14.	
13. Total Ohio tax liability before withholding or estimated payr		13.	
12. Unpaid use tax (see instructions)			
11. Interest penalty on underpayment of estimated tax (include			
10. Tax liability after nonrefundable credits (line 8c minus line 9;			
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line			
3c. Income tax liability before credits (line 8a plus line 8b)		8c.	
Bb. Business income tax liability – Ohio Schedule IT BUS, line 14	4 (include schedule)	8b.	
Ba. Nonbusiness income tax liability on line 7a (see instructions	for tax tables)	8a.	
7a. Amount from line 7 on page 1	7a.		

Preparer's TIN (PTIN)



2021 Ohio Schedule of Adjustments Use only black ink/UPPERCASE letters.



Sequence No. 3

Primary taxpayer's SSN

	Additions (Only add the following amounts if they are not included on Ohio IT 1040, line 1)		
1.	Non-Ohio state or local government interest and dividends	1.	
2.	Ohio pass-through entity taxes excluded from federal adjusted gross income	2.	
3.	Ohio 529 plan funds used for non-qualified expenses	3.	
4.	Losses from sale or disposition of Ohio public obligations	4.	
	Nonmedical withdrawals from a medical savings account		
	Reimbursement of expenses previously deducted on an Ohio income tax return		
Fed		0.	
7.	Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	
8.	Exempt federal interest and dividends subject to state taxation	8.	
9.	Federal conformity additions	9.	
10.	Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a10.		
	<u>Deductions</u>		
	(Only deduct the following amounts if they are included on Ohio IT 1040, line 1)		
11.	Business income deduction – Ohio Schedule IT BUS, line 11	11.	
12.	Employee compensation earned in Ohio by residents of neighboring states	12.	
13.	Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)	13.	
14.	Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	14.	
15.	Certain railroad benefits	15.	
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.	
17.	Amounts contributed to an Ohio county's individual development account program	17.	
18.	Amounts contributed to a STABLE account: Ohio's ABLE plan	18.	
19.	Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period	19.	
Fed	<u>eral</u>		
20.	Federal interest and dividends exempt from state taxation	20.	
21.	Deduction of prior year 168(k) and 179 depreciation addbacks	21.	
22	Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal		

2021 Ohio Schedule of Adjustments

21000402 Sequence No. **4**

Primary taxpayer's SSN

23. Repayment of income reported in a prior year	23.	
24. Wage expense not deducted based on the federal work opportunity tax credit	24.	
25. Federal conformity deductions	25.	
<u>Uniformed Services</u>		
26. Military pay received by Ohio residents while stationed outside Ohio	26.	
27. Compensation earned by nonresident military servicemembers and their civilian spouses	27.	
28. Uniformed services retirement income	28.	
29. Military injury relief fund grants and veteran's disability severance payments	29.	
30. Certain Ohio National Guard reimbursements and benefits	30.	
Education		
31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan	31.	
32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	32.	
33. Ohio educator expenses in excess of federal deduction	33.	
<u>Medical</u>		
34. Disability benefits	34.	
35. Survivor benefits	35.	
36. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)	36.	
37. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	37.	
38. Qualified organ donor expenses	38.	
39. Total deductions (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b39.		



2021 Ohio Schedule IT BUS

Business Income
Use only black ink/UPPERCASE letters.

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





Enter all business income that you (and your spouse, if filing jointly) received during the tax year 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: <u>Do not include</u> amounts listed on the IRS schedules below that are <u>nonbusiness income</u>. 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.		
2.	Schedule C – Profit or Loss From Business (Sole Proprietorship)	2.		
3.	Schedule D – Capital Gains and Losses	3.		
4.	Schedule E – Supplemental Income and Loss	4.		
	Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.		
6.	Schedule F – Profit or Loss From Farming	6.		
7.	Other business income or loss not reported above (e.g. form 4797 amounts)	7.		
	Total business income (add lines 1 through 7)			
<u>Part</u>	2 – Business Income Deduction			
9.	Enter the lesser of line 8 above or Ohio IT 1040, line 1. If negative, enter zero; stop here and do not complete Part 3	9.		
	Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately			
11.	Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule of Adjustments, line 11	11.		
<u>Par</u>	3 – Taxable Business Income			
Note	e: If Ohio IT 1040, line 5 is zero, do <u>not</u> complete Part 3.			
12.	Line 9 minus line 11	12.		
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.		
14.	Business income tax liability – multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b	14.		

Do not write in this area; for department use only.

2021 Ohio Schedule IT BUS **Business Income**

Primary taxpayer's SSN





Sequence No. 6

Part 4 - Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your ownership percentage and/or your spouse's ownership percentage (if filing jointly). If necessary, complete additional copies of this page and include with your return.

	FEIN / SSN Business name	Primary ownership	%	Spouse's ownership %
2.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
3.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
4.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
5.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
6.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
7.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name			
8.	FEIN / SSN	Primary ownership	%	Spouse's ownership %
	Business name		70	



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Seguence No. 7

Nonrefundable Credits 7. Displaced worker training credit (see instructions for all required documentation; include copies)...... 7. % times line 11, up to \$650......12. 12. Joint filing credit (see instructions for table). 19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... 19. 24. Technology investment credit carryforward (include a copy of the credit certificate).......24.

Do not write in this area; for department use only.

2021 Ohio Schedule of Credits

Primary taxpayer's SSN



0202

			Sequ	ence No. 8
27.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	27.		
28.	Total (add lines 12 through 27)	28.		
29.	Tax less additional credits (line 11 minus line 28; if negative, enter zero)	29.		
<u>Nonr</u>	esident Credit			
Date	s of Ohio residency to Other state of residence	lency		
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30.			
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31.			
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)			
32.	Nonresident credit (line 29 times line 32a)	32.		
	dent Credit			
	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)			
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)34.			
	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)			
35.	Line 29 times line 35a35.			
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)			
37.	Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	37.		
38.	Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9	9) 38.		00
	Refundable Credits			
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.		
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.		
41.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	41.		
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.		
43.	Venture capital credit (include a copy of the credit certificate)	43.		
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.		



2021 Ohio Schedule of Dependents



Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 9

<u>Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.</u> 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.

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	
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	
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	
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	
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	
Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M L. Dependent's lost name	
Dependent's first name	M.I. Dependent's last name	
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	

Do not write in this area; for department use only.

2021 Ohio Schedule of Dependents



	0
Dependent's date of hirth (MM-DD-YYYY)	Sequence No. 1 Dependent's relationship to you
Bopondonie date er sinar (imm 25 1111)	Doponadino rotationali più you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
M.I. Dependent's last name	
Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
	M.I. Dependent's last name Dependent's date of birth (MM-DD-YYYY) M.I. Dependent's last name Dependent's date of birth (MM-DD-YYYY) M.I. Dependent's last name Dependent's date of birth (MM-DD-YYYY) M.I. Dependent's last name Dependent's date of birth (MM-DD-YYYY) M.I. Dependent's last name Dependent's date of birth (MM-DD-YYYY) M.I. Dependent's last name



Box 15 - Employer's Ohio ID number

2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

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

Box 16 - Ohio wages, tips, etc.

Box 17 - Ohio income tax

2021 Schedule of Ohio Withholding Primary taxpayer's SSN



P	art C -	1099-Rs		Sequence No. 12
	P/S	Payer's TIN	Box 1 - Gross distribution	Tatal Day 7
				Total Box 7 - distribution 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	7.1
				Total Box 7 - distribution 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 Box 7 - distribution Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
1	D/C	Davar'a TIN	Box 1 - Gross distribution	
4.	P/S	Payer's TIN	Box 1 - Gloss distribution	Total Box 7 - distribution Distribution code
		Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
		W-2Gs	5 4 5 444 44	5 4 5 4 1 1 1 1 1 1 1 1 1 1 1
1.	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
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
٥.				
		Day 13 Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Onio state winnings	Box 15 - Onlo income tax withheid
	<u>art E -</u> P/S	<u>1099-NECs</u> 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
		Box 6 - Fayer's Office Hullider	Box 7 - State income	Box 3 - Onlo tax withheid
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

2021 Ohio IT 40P

Include the voucher below with your payment for your **ORIGINAL** 2021 Ohio income tax return.

Important

- Make payment payable to: Ohio Treasurer of State
- Include the tax year and the last four digits of your SSN on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended return. Use Ohio IT 40XP.
- Do not use this voucher to make a payment for a school district income tax return.
 Use Ohio SD 40P for an <u>original</u> school district income tax return. Use Ohio SD 40XP for an amended school district income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. To pay by electronic check, credit card, or debit card, visit **tax.ohio.gov/pay** OR scan with your phone.



Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

ORIGINAL PAYMENT

2 Cut on the dotted lines. Use only black ink.

_	_			
\sim 1	4IO	17	4 0P	
	41()		4111	
_	-		TVI	

Original Income Tax Payment Voucher

First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, State, ZIP code		
-		

Make payment payable to: Ohio Treasurer of State Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057 Sending without return - Mail to: Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131 Tax Year

Do <u>NOT</u> send cash Do <u>NOT</u> fold, staple, or paper clip



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

III EUGH PALL GARA I	ı					
Taxpayer's SSN						
Spouse's SSN (only if joint filing)						
Amount of Payment \$,			0	0