

Do not staple or paper clip.

Ohio

Department of  
Taxation

2021 Ohio IT 1040  
Individual Income Tax Return  
Use only black ink/UPPERCASE letters.



21000119

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)  
046 04 3015

Check if deceased

Spouse's SSN (if filing jointly)

Check if deceased

School district #  
7612

First name  
NATALIE

M.I. Last name  
FEASER

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box  
8711 ELMFIELD ST

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

City  
CANAL FULTON

State ZIP code  
OH 44614

Ohio county (first four letters)  
STAR

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

Foreign postal code

**Residency Status** - Check only one for primary

☒ Resident Part-year resident Nonresident ☐  
Indicate state

Check only one for spouse (if filing jointly)

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

Married filing separately

Spouse's SSN

**Ohio Nonresident Statement** - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

**Federal extension filers** - check here.

☒ 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 if negative . . . . . 1. 5184 00

2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule) . . . . . 2a. 00

2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule) . . . . . 2b. 00

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative . . . . . 3. 5184 00

4. Exemption amount (include Schedule of Dependents if applicable) . . . . . 4. 00  
Number of exemptions including you and your spouse/dependents, if applicable:

5. Ohio income tax base (line 3 minus line 4; if negative, enter zero) . . . . . 5. 5184 00

6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule) . . . . . 6. 00

7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) . . . . . 7. 5184 00



MM-DD-YY

Code