

Do not staple or paper clip.

OhioDepartment of
Taxation**2020 Ohio IT 1040**
Individual Income Tax Return
Use only black ink/UPPERCASE letters.

20000119

Sequence No. 1

03 18 21

Check here if this is an **amended** return. Include the Ohio IT RE.

Check here if claiming a NOL carryback. Include Schedule IT NOL.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required)

▶▶ If deceased

Spouse's SSN (if filing jointly)

▶▶ If deceased

School district # for
(see instructions).

046 04 3015

check box

check box

SD# ▶▶ 7612

First name

NATALIE

M.I. Last name

FEASER

Spouse's first name (only if married 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 married 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

Spouse's SSN

Married filing separately

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.

Check here if you filed the federal extension 4868.

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

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1. **Federal adjusted gross income** (federal 1040 and 1040-SR, line 11). Include page 1
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.

4815 00

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

00

2b. Deductions - Ohio Schedule A, line 39 (**INCLUDE SCHEDULE**) 2b.

00

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

3.

4815 00

4. Exemption amount (**INCLUDE SCHEDULE J** if claiming dependents) 4.

2400 00

Number of exemptions including you and your spouse/dependents, if applicable: 1

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

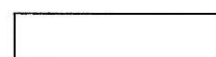
2415 00

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

00

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

2415 00



MM-DD-YY



Code