

2021 Ohio IT 1040
Individual Income Tax Return

SSN 046 04 3015



21000219

Sequence No. 2

7a. Amount from line 7 on page 1	7a.	5184 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	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.	00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 38 (include schedule)	9.	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	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.	00
14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	42 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.	42 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.	42 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"	23.	00
24. Overpayment (line 20 minus line 13)	24.	42 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.
		42 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 330-546-2782

Spouse's signature _____ Date 03-14-2022

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

Preparer's printed name BRUNO CHIRUMBOLO Phone number 330-454-1040

Preparer's TIN (PTIN) P 00385492

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