



Taxable years beginning in 2007

Spouse's Social Security no. (only if joint return) If deceased

IT 1040EZ
Rev. 10/07
Individual Income Tax
Return for Full-Year
Ohio Residents

Please do not use staples.

Taxpayer Social Security no. (required) >> If deceased

re	Use UPPERCASE letters. Your first name M.I Last name									
el He	Spouse's first name (only if joint return)	M.I.	Last nam	ne						
Place Label Here	Mailing address (for faster processing, please use a street address)									
	City			State	ZIP code	Ohio county (first four	r lette	ers)		
Home address (if different from mailing address) – please do <u>NOT</u> show city or state ZIP code Ohio cou						Ohio county (first four	· lette	ers)		
Foreign country (please provide this information if the mailing address is outside the U.S.) Foreign postal code										
Filing Status – Check one (as reported on federal income tax return) Single or head of household or qualifying widow(er) Married filing jointly Married filing separately – enter spouse's SS# Please do not use staples, tape or glue. Place your W-check and Ohio form IT 40P on top of your return. Place any other supporting documents or statement after the last page of your return.						m. Ì				
Ohio Political Party Fund Do you want \$1 to go to this fund? If joint return, does your spouse want \$1 to go to this fund? Note: Checking "Yes" will not increase your tax or decrease your refund. Ohio Public School District Number (see pages 35-39 in the instructions)			i.	Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov. Most electronic filers receive refunds in 5-7 business days by direct deposit!						
INCOME AND TAX INFORMATION – If amount is negative, shade the negative sign ("–") in the box provided.										
1.	Federal adjusted gross income (from federal forms 1040, line 21; or 1040-EZ, line 4)				1.		0	0		
2	Enter the amount from Worksheet A (see page 13 in the ins	truction	s)		2.		0	0		
3	Ohio adjusted gross income (line 1 minus line 2)				3.	,	0	0		
4.	Personal exemption and dependent exemption deduction – dependent exemptions — times \$1,450 and enter the re				4.			0		
5.	Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is	s less th	nan line 4)		5.	,		0		
6	6. Tax on line 5 (see tax tables, pages 28-34 in the instructions)6.							0		
7.	7. If line 5 is \$10,000 or less, enter a credit of \$98; otherwise, enter -0- or leave blank7.							0		
8. Ohio tax less line 7 credit (line 6 minus line 7; enter -0- if line 6 is less than line 7)8.							0			
9. Exemption credit: Number of personal and dependent exemptionstimes \$209.							0			
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)10.							0			

	Ohio Department of TAXATION
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		Onio Residents							
10a.	Amount from line 10, page 110a.	, 00							
11.	Joint filing credit (see page 11 in the instructions and include documentation)% times line 10a (limit \$650)11.	0 0							
12.	Ohio income tax (line 10a minus line 11; enter -0- if line 10a is less than line 11)12.	0 0							
AD	DITIONAL AMOUNTS								
13.	Interest penalty on underpayment of estimated tax. Check if Ohio form IT 2210-1040EZ is included (see filing requirements on page 12 in the instructions)INTEREST PENALTY ▶ 13.	0 0							
14.	Unpaid Ohio use tax (see Worksheet B on page 13 in the instructions)								
TO	TAL TAX AND AMOUNT WITHHELD								
		0.0							
15.	Total Ohio tax (add lines 12, 13 and 14)15.	, , , , , , , , , , , , , , , , , , , ,							
16.	Ohio Tax Withheld (box 17 on your W-2). Place W-2(s) on top of this form	0 0							
DE	FUND OR AMOUNT YOU OWE								
IXL	TOND ON AMOUNT 100 OWL								
17.	If line 16 is GREATER than line 15, subtract line 15 from line 16AMOUNT OVERPAID ▶ 17.	0 0							
18.	Amount of line 17 that you wish to donate to the Military Injury Relief Fund18.	00							
19.	Amount of line 17 that you wish to donate for nature preserves, scenic rivers and protection of endangered species	00							
20.	Amount of line 17 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	00							
21.	21. Amount of line 17 to be refunded (line 17 minus amounts on lines 18, 19 and 20)YOUR REFUND ▶ 21.								
22. Amount You Owe (if line 16 is less than line 15, subtract line 16 from line 15). If payment is enclosed make check payable to Ohio Treasurer Richard Cordray and include Ohio form IT 40P (see page 41 in the instructions)									
If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.									
SIG	N HERE (required)								
l ha	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. For Department Use Only								
,	Your signature Date								
•	Spouse's signature (see instructions on page 7) Phone number	, ,							
i	Preparer's name (please print) Phone number								
ı	Do you authorize your preparer to contact us regarding this return?	Code							
	NO Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 182294 Columbus, OH 43218-2294 Please do not enclose your federal tax return unless specifically instructed.	Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 182850 Columbus, OH 43218-2850							