



Clergy Financial Resources

Tax | Payroll & HR | Consulting

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence _____ [1]
School district number _____ [2]

Use Tax

Mark this field to certify no sales or use tax is due _____ [3]
Purchases subject to use tax _____ [4]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund _____ [5]
Natural areas and endangered species fund _____ [6]
Wildlife species and endangered wildlife _____ [7]
Ohio History Fund _____ [8]
Breast and cervical cancer project _____ [9]
Wishes for sick children _____ [10]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [11]	_____ [12]
Amount contributed to Ohio political campaigns	_____ [13]	_____ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:	Taxpayer	Spouse
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	_____ [19]	_____ [20]
If nonresident, enter state of residency	_____ [21]	_____ [22]
If foreign, enter country of residency	_____ [23]	_____ [24]

NOTES/QUESTIONS:

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