2020

Ohio Information

General Information:

Public school district name . . . . . _____

County of residence . . . . . _____

Enter the amount of Internet or out of state purchases for which you did not pay sales tax . . . . . _____

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Ohio for all of 2020, enter the dates you did live in Ohio		

Enter the state names other than Ohio where you had income . . . . . _____

Education Savings:

Did you or your spouse make any contributions to an Ohio Tuition Trust Authority CollegeAdvantage 529 Savings Plan account? . . . . . Yes ☐ No ☐

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Breast and Cervical Cancer Project . . . . . _____

Wishes for sick children . . . . . _____

Wildlife species . . . . . _____

Military injury relief fund . . . . . _____

Ohio Historical fund . . . . . _____

State nature preserves . . . . . _____

Enter Any Additional Ohio Information: