







Individual Taxpayer Waiver for Preparer's Electronic Filing Requirement

Your name		Social Security no.		
Spouse's name		Social Security no. (if filing jointly)		
Address, city, state and ZIP code		<u> </u>		
Purpose of This Form: Beginning tax returns for the current tax year unless the taxpayer whose return approved method. To waive the tax signed IT Waiver to their Ohio form	r must ensure that each is being filed requests of x preparer's electronic fi	n return is filed using this form that the	ng department-app e return is filed usi	roved electronic media, ng another department-
Part I – Taxpayer Declaration				
I declare that I do not want the peapproved electronic media.	erson who prepared my	Ohio personal inc	ome tax return to	file it using department-
Your signature	Date	Spouse's signature (if joint return, BOTH must sign)		Date
Part II – Paid Tax Preparer Inf	ormation			
Preparer's/transmitter's name				
Preparer's tax identification no.	Federal employer identification no.		or Social Security no. (last four digits)	
Firm's name (or yours, if self-emple	oyed)			
Address, city, state and ZIP code				
IRS electronic filing reject code				
For questions regarding the new tax	preparer requirement, v	isit the Ohio Depart	ment of Taxation's V	Web site at tax.ohio.gov.

Please attach the completed and signed IT Waiver to your Ohio form IT 1040 or IT 1040EZ.