E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the r	name of y									
Your first name	and mi	ddle initial	Last na	me					Your	social sec	urity nu	ımber
KISHORE			KUNA	PAREDDY					786	-90-7	247	
If joint return, s	pouse's	first name and middle initial	Last na	me					Spous	e's social	securit	y number
MALENNA			KUNA	PAREDDY					092	-66-8	909	
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.				Apt. no.	Presid	lential Ele	ection C	ampaign
718 E 2	17TH	STREET							- 1			
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	te	ZIP	code				
BRONX					N	Y	10)467				
Foreign country	y name		F	Foreign province/stat	e/coun	ty	For	eign postal cod	e your t	_		Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	or otherwise acquir	re any	financial inter	est in	any virtual	currency	? _ Y (es 🔀	No
Standard Deduction	_		•	•		•						
Age/Blindness	You:	Were born before January 2, 1	1956	Are blind S	pouse	: Was bo	rn be	efore January	, 2, 1956	i	s blind	
Dependent	s (see	instructions):		(2) Social secur	itv	(3) Relations	hin	(4) ✓ if	qualifies	for (see in	struction	ns):
_				number	,	to you	·P			1		
than four												
dependents,												
	s —											
here ►												
	1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	70,	272.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2	!b		
	3a	Qualified dividends	3a		b C	ordinary divide	ends		. 3	3b		
	4a	IRA distributions	4a		b T	axable amour	nt.		. 4	b		
	5a	Pensions and annuities	5a		b T	axable amour	nt.		. 5	ib	ame if the qualify all security number 3 - 7247 ocial security num 5 - 8909 al Election Campa e if you, or your illing jointly, want is fund. Checking will not change refund. You Spo Yes No	
	6a	Social security benefits	6a		b T	axable amour	nt.		. 6	ib		
one box.	7											
Married filing	8	Other income from Schedule 1, lin	ne9							8		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come					9	70,	272.
	10	Adjustments to income:										
Qualifying	а	From Schedule 1, line 22				10)a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. S	ee inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			▶ 1	0с		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				▶ 1	11	70,	272.
If you checked	12	Standard deduction or itemized	deducti	i ons (from Schedu	ıle A)				. 1	12	24,	,800.
any box under Standard	13	Qualified business income deduct	tion. Atta	ich Form 8995 or I	Form 8	995-A			. 1	13		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	14	-	,800.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er-0			. 1	15	45,	,472.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16	5,062.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	5,062.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	5,062.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. •	24	5,062.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11	,158		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	•						25d	11,158.
	26	2020 estimated tax payment							26	
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	3	,600		
	31	Amount from Schedule 3. lin				31		,	•	
	32	Add lines 27 through 31. The					edits	. •	32	3,600.
	33	Add lines 25d, 26, and 32. T	,							14,758.
	34	If line 33 is more than line 24							34	9,696.
Refund	35a	Amount of line 34 you want				-	_	· ·	. —	9,696.
Direct deposit?	⊳ b	Routing number 1 0 3				Chec		Saving:	-	5,050.
See instructions.	►d	Account number 3 0 5					Killy \	Javii ig.	3	
	36	Amount of line 34 you want a				36	Τ'			
Amount									. 37	
You Owe	37	Subtract line 33 from line 24		•						
For details on		Note: Schedule H and Sch	·	•		of the	taxes you	owe fo	r	
how to pay, see	20	2020. See Schedule 3, line 1	•			1 20				
instructions.	38	Estimated tax penalty (see in								
Third Party Designee		you want to allow another	•				Yes. Co	mnlet	a helow	⊠ No
Designee		signee's		Phone		. •		•	ntification	Z NO
		me ►		no.				er (PIN		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying so	chedules	and statemer	its, and	to the bes	st of my knowledge and
•	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is	based on	all information	n of wh	ich prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	k				00000000				otection P ee inst.) ▶	IN, enter it here
Joint return? See instructions.	Cn	ouse's signature. If a joint return, l	a a the manual airm	Dete	SOFTWARE		NEER	<u>_</u>		
Keep a copy for	Sp	ouse's signature. It a joint return, t	oth must sign.	Date	Spouse's occup	ation				nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	ER			ee inst.) ►	
	Ph	one no. (405)719-789	2	Email address	KISHOREKU	NA2@G	MAIL.CO	M		
D-1-I	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	м 09/	08/2021	P020	82703	Self-employed
Preparer		m's name ▶ GLOBAL TAX								(678)965-9522
Use Only		m's address ▶ 2530 Pebb		n Cummin	g GA 30041	_			m's EIN	
Go to www.irs.aa		n1040 for instructions and the late			BAA		/ 07/28/21 PRO			Form 1040 (2020)
					···					



2020 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



20000198

Sequence No. 1

Check here if this is an <u>amended</u> return. Include the Ohio IT RE.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required) 786 90 7247

▶ If deceased

Spouse's SSN (if filing jointly)

092 66 8909

▶ If deceased

School district # (see instructions).

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

SD# ▶ 0201

check box

First name KISHORE

M.I. Last name

KUNAPAREDDY

Spouse's first name (only if married filing jointly)

MALENNA

M.I. Last name

KUNAPAREDDY

Address line 1 (number and street) or P.O. Box

718 E 217TH STREET

Address line 2 (apartment number, suite number, etc.)

City State ZIP code Ohio county (first four letters)

BRONX NY 10467 FRAN

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residence	cy Status - Check only or	ne for primary	Filin	Filing Status - Check one (as reported on federal income tax return)			
× Reside	ent Part-year resident	Nonresident		Single, head of household or	qualifying widow(er)		
Check only	one for spouse (if married fil	ing jointly)	×	Married filing jointly			
X Reside	ent Part-year resident	Nonresident Indicate state		Married filing separately	Spouse's SSN		
Ohio Noi	nresident Statement -	See instructions for required criter	a				
Primar	y meets the five criteria for irre	ebuttable presumption as nonresiden	t. (Check here if you filed the fed	eral extension form 4868.		
Spous	e meets the five criteria for irre	ebuttable presumption as nonresiden	I	Check here if someone else is joint return) as a dependent.	able to claim you (or your spouse if		
	,	deral 1040 and 1040-SR, line 11). I					

	Spouse meets the five criteria for irrebuttable presumption as nonresident.	Check here if someone else is able to claim yo joint return) as a dependent.	ou (or your spo	use if
aper clip.	Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include of your federal return if the amount is zero or negative. Place a "-" in the box a if the amount is less than zero	at the right	70272	00
e or p	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.		00
stapl	2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b.		00
Do not	Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero		70272	00
	4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents)		4300	00
	5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5.	65972	00
	6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	DULE)6.		00
	7. Line 5 minus line 6 (if less than zero, enter zero)	7.	65972	0.0





0098

2020 Ohio IT 1040

Individual Income Tax Return



SSN 786 90 7247

20000298 Sequence No.

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	
8c. Income tax liability before credits (line 8a plus line 8b)	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	0
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	0
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	0
from last year's return	0
17. Amended return only – amount previously paid with original and/or amended return	0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	0
19. Amended return only – overpayment previously requested on original and/or amended return	0
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	0
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	0
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	0
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP	0
	0
	0
24. Overpayment (line 20 minus line 13)	0
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	0
00 00 00	
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	0
00 00 00	_
27. REFUND (line 24 minus lines 25 and 26g)	_

<u>Sign Here (required)</u>: I have read this return. Under penalties of perjury, I declare that, to the best of my knowled and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number (405)719-7892

Spouse's signature Date (MM/DD/YY)

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

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P02082703

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



2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

786 90 7247

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401.

2346 00

<u>Part B -</u> 1. P/S		Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
Р	800641840	70272 00	11158 00
	Box 15 - Employer's Ohio ID number 54087540	Box 16 - Ohio wages, tips, etc. 70272 00	Box 17 - Ohio income tax 2346 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0.0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0.0	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2020 Schedule of Ohio Withholding

Withholding Primary taxpayer's SSN 786 90 7247



20350298

Sequence No. 12

Part C -	1099-Rs	788 90 7247		Sequence No. 12
1. P/S		Box 1 - Gross distribution 0 0	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0		Box 14 - Ohio tax withheld 0 0
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0		Box 14 - Ohio tax withheld 0 0
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld 0 0
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld 0 0
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld 0 0
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00

	0	20
ETD OF	City of Columbus, Income Tax Division	
IR-25	City Income Tax Return For Individuals	20
	City income tax Return For individuals	

Oity of Columbus, income			
City Income	Tax Return	For Individuals	

					Primary Socia	Security Num	ber (Check the app	ropriate	e box if:	
KISHORE			AREDDY		786 90 7	247		REFUND	Line	amount must 6B for this re	turn to be
First name and midd	le initial	Last name	е		Spouse's Socia	al Security Nur	nber				d refund request)
MALENNA If a joint return, spo	ouse's fir		AREDDY		092 66 8	3909	L		:D T	ax year	
initial		Lastillalli	5		Filing status:		St	hould your accoun	t be inac	ctivated?	YES NO
718 E 2171					Single		If	YES, explain			
	ar 000 (rr	,	1	0467		Filing Jointly					
BRONX		<u>NY</u> State		code	Married-F	iling Separa	itely _{Di}	id you file a City re	turn in 2	.019?	YES NO
					For Tax Of	fice Use					
Taxpayer phone nur	nber										
		nd payment is due, you m mount can be found in Bo		money order							
Residence chai	nge in 2	2020 (If applicable)									
Did you change resid	ence du	ring 2020?	YES	NO							
If VES, enter date of	move.				Occupation or	nature of busine	ss				
	_				Trade name /E	BA					
Previous Address (nui	mber and	street)			Cities of emplo	yment <u>COI</u>	UMBU	S			
City, State, Zip Code					City of residen	e <u>BRC</u>	NX				
Part A	TAY	ABLE WAGES	Attach W.	2s and /or W-2 G	:						
		dress where work was PHYS		-	ome, state percenta	ge of time wor	ked from I			AXABLE \	
DASH TECHN	IOLOG	GIES INC,2687	SAWBURY BLV	7D					(+)	7	0,272.
									(+) (+)		
If you have more than t	hree emp	ployers, please attach a statem	nent listing all employers			NET WAGES	(enter in C	Column B below)	. ,	7	0,272.
Part B T	7X C	ALCULATION	Complete Form I	IR-21 for 2021 if	2020 net tax di	ıe is more ti	nan \$200).			
	\mathbf{w}										
			·				IN E	COLUM	N E	COL	LIMN G
COLUMN A		COLUMN B	COLUMN C	COLUI		COLUM	IN E	COLUMN LESS TAX WITHHE	ELD (W-2)		LUMN G
	CODE	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS,	INCOME FROM NE PROFITS, RENTS, AI	T TOTAL	MN D			LESS TAX WITHHE PAID BY A PARTN PAID DIRECTLY	ELD (W-2) NERSHP, TO CITY	,	
COLUMN A		COLUMN B INCOME FROM WAGES,	COLUMN C	T TOTAL	MN D	COLUM		LESS TAX WITHHE PAID BY A PARTM PAID DIRECTLY WHERE EARNE CAMPAIGN CONTR	ELD (W-2) NERSHP, TO CITY ED, OR	, NET	LUMN G
COLUMN A		COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NE PROFITS, RENTS, AL OTHER TAXABLE INCOME	T TOTAL OME TAXABLE	NET TAX RATE	TAX DI		LESS TAX WITHHE PAID BY A PARTN PAID DIRECTLY WHERE EARNE	ELD (W-2) NERSHP, TO CITY ED, OR	, NET	
COLUMN A		COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC.	INCOME FROM NE PROFITS, RENTS, AL OTHER TAXABLE INCOME	T TOTAL OME TAXABLE	MN D	TAX DI		LESS TAX WITHHE PAID BY A PARTN PAID DIRECTLY WHERE EARNE CAMPAIGN CONTR CREDIT	ELD (W-2) NERSHP, TO CITY ED, OR	, NET	
COLUMN A	CODE	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NE PROFITS, RENTS, AL OTHER TAXABLE INCOME	T TOTAL OME TAXABLE	NET TAX RATE	TAX DI	JE	LESS TAX WITHHE PAID BY A PARTN PAID DIRECTLY WHERE EARNE CAMPAIGN CONTR CREDIT	ELD (W-2) NERSHP, TO CITY ED, OR RIBUTION	, NET	TAX DUE
COLUMN A CITY COLUMBUS	CODE 01	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NE PROFITS, RENTS, AI OTHER TAXABLE INCO	T TOTAL TAXABLE	NET TAX RATE 272. 2.5%	TAX DI	JE	LESS TAX WITHHE PAID BY A PARTN PAID DIRECTLY WHERE EARNE CAMPAIGN CONTR CREDIT	ELD (W-2) NERSHP, TO CITY ED, OR RIBUTION	, NET	TAX DUE
COLUMN A CITY COLUMBUS 2. LESS CREDITS F	CODE 01 FOR ES	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A) 70,272.	INCOME FROM NE PROFITS, RENTS, AI OTHER TAXABLE INCO (from Part C)	TOTAL TOTAL OME TAXABLE 70,	NET TAX RATE 272. 2.5% DR YEAR RETUR	TAX DU	757.	LESS TAX WITHHE PAID BY A PARTIN PAID DIRECTLY WHERE EARNE CAMPAIGN CONTI CREDIT	ELD (W-2) NERSHP, TO CITY ED, OR RIBUTION	, NET	TAX DUE
COLUMN A CITY COLUMBUS 2. LESS CREDITS F 3. BALANCE DUE (CODE 01 FOR ESCOLUM	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A) 70,272.	INCOME FROM NE PROFITS, RENTS, AI OTHER TAXABLE INCO (from Part C) TS AND OVERPAYM 2 2 is greater than Colu	T TOTAL TAXABLE 70, MENT FROM PRICE Imm G, enter amoun	NET TAX RATE 272. 2.5% DR YEAR RETURN (in brackets) here	TAX DI 1,	757.	LESS TAX WITHHE PAID BY A PARTIT PAID DIRECTLY WHERE EARNE CAMPAIGN CONTI CREDIT	ELD (W-2) NERSHP, TO CITY ED, OR RIBUTION	NET	O.
COLUMN A CITY COLUMBUS 2. LESS CREDITS F 3. BALANCE DUE (4. PENALTY: 15% \$	CODE 01 FOR ES COLUM (see ins	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A) 70,272. STIMATED TAX PAYMENT IN G LESS LINE 2). If Line + INTEREST \$	INCOME FROM NE PROFITS, RENTS, AI OTHER TAXABLE INCO (from Part C) TS AND OVERPAYM 2 2 is greater than Columbia.	T TOTAL TAXABLE 70, MENT FROM PRICE Jumn G, enter amour	NET TAX RATE 272. 2.5% DR YEAR RETURN (in brackets) here	TAX DU 1,	757.	LESS TAX WITHHE PAID BY A PARTIT PAID DIRECTLY WHERE EARNE CAMPAIGN CONTIC CREDIT	TELD (W-2) NERSHP, TO CITY ED, OR RIBUTION 757.	NET	O.
COLUMN A CITY COLUMBUS 2. LESS CREDITS F 3. BALANCE DUE (4. PENALTY: 15% \$	CODE 01 FOR ES COLUM (see ins	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A) 70,272.	INCOME FROM NE PROFITS, RENTS, AI OTHER TAXABLE INCO (from Part C) TS AND OVERPAYM 2 2 is greater than Columbia.	T TOTAL TAXABLE 70, MENT FROM PRICE Jumn G, enter amour	NET TAX RATE 272. 2.5% DR YEAR RETURN (in brackets) here	TAX DU 1,	757.	LESS TAX WITHHE PAID BY A PARTIT PAID DIRECTLY WHERE EARNE CAMPAIGN CONTIC CREDIT	TELD (W-2) NERSHP, TO CITY ED, OR RIBUTION 757.	NET	O.
COLUMN A CITY COLUMBUS 2. LESS CREDITS F 3. BALANCE DUE (4. PENALTY: 15% \$ 5. TOTAL AMOUNT	CODE O1 FOR ES COLUM (see ins	COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A) 70,272. STIMATED TAX PAYMENT IN G LESS LINE 2). If Line + INTEREST \$	INCOME FROM NE PROFITS, RENTS, AI OTHER TAXABLE INCOME FROM Part C) TS AND OVERPAYM 2 2 is greater than Columbia (see instructions) OTE: NO PAYMENT	T TOTAL TOTAL TAXABLE 70, MENT FROM PRIORITY ITM G, enter amount IS DUE IF AMOU	NET TAX RATE 272. 2.5% DR YEAR RETURN (in brackets) here UNT IS \$10.00 or	TAX DI 1, N ONLY	757.	LESS TAX WITHHE PAID BY A PARTIT PAID DIRECTLY WHERE EARNE CAMPAIGN CONTIC CREDIT	TELD (W-2) NERSHP, TO CITY ED, OR RIBUTION 757.	NET	O.
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Rev. 1/08/2021 REV 04/06/21 PRO PO Box 182158 Columbus, Ohio 43218-2158