

## 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) 722 47 2293

VENKATA SRUTHI

▶ If deceased S<sub>I</sub>

Spouse's SSN (if filing jointly)

GOLLAMUDI

▶ If deceased

School district # (see instructions).

oox

check box

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

**SD#** ▶ 2503

First name

Do not staple or paper clip.

check box

M.I. Last name

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

M.I. Last name

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

3108 SQUIRREL RIDGE DR

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

City State ZIP code Ohio county (first four letters)

COLUMBUS OH 43219 FRAN

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

Residency Status – Check only one for primary			Filing Status - Check one (as reported on federal income tax return				
<	Resident	Part-year resident	Nonresident	Singl	le, head of household or o	qualifying widow(er)	
Ch	eck only one for	spouse (if married fi	ling jointly)	Marri	ied filing jointly		
	Resident	Part-year	Nonresident ••			Spouse's SSN	
	resi	resident	Indicate state	× Marri	ied filing separately	672 17 5280	
<u>Oł</u>			See instructions for required criteria ebuttable presumption as nonresident.	Chec	ck here if you filed the feder	ral extension form 4868.	
	Spouse meets the five criteria for irrebuttable presumption as nonresident.				Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.		

	Spouse meets the five criteria for irrebuttable presumption as nonresident.	Check here if someone else is al joint return) as a dependent.	ble to claim you (or your spouse if
Japer clip.	Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Included for your federal return if the amount is zero or negative. Place a "-" in the box a fif the amount is less than zero	at the right	45968 00
5 2 5	a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.	00
<u>مرم</u> 2	b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b.	00
	Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in t the right if the amount is less than zero		45968 00
	4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents)		2150 00
	5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5.	43818 00
	6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	<b>DULE</b> )6.	00
	7. Line 5 minus line 6 (if less than zero, enter zero)	7.	43818 00





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## 2020 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 722 47 2293

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7a. Amount from line 7 on page 1		7a.	43818	00
8a. Nonbusiness income tax liability on line 7a (see instruction	ons for tax tables)	8a.	934	00
8b. Business income tax liability – Ohio Schedule IT BUS, lir	ne 14 (INCLUDE SCHEDULE)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)		8c.	934	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, I	ine 34 (INCLUDE SCHEDULE)	9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line	e 9; if less than zero, enter zero)	10.	934	00
11. Interest penalty on underpayment of estimated tax (inclu	ide Ohio IT/SD 2210)	11.		00
12. Use tax due on internet, mail order or other out-of-state p	ourchases (see instructions)	12.		00
13. <b>Total Ohio tax liability</b> before withholding or estimated p	payments (add lines 10, 11 and 12)	13.	934	00
14. Ohio income tax withheld – Schedule of Ohio Withholdin	5.1	,	1390	00
15. Estimated and extension payments (from Ohio IT 1040E from last year's return	· · · · · · · · · · · · · · · · · · ·			00
16. Refundable credits – Ohio Schedule of Credits, line 40 (I	NCLUDE SCHEDULE)	16.		00
17. Amended return only – amount previously paid with ori	ginal and/or amended return	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).		18.	1390	00
19. Amended return only – overpayment previously reques	ted on original and/or amended retur	n19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the			1390	00
If line 20 is MORE THAN line 13, skip to line 24 21. Tax liability (line 13 minus line 20). If line 20 is negative, it				00
22. Interest due on late payment of tax (see instructions)		22.		00
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include (if amended return) and make check payable to "Oh				00
24. Overpayment (line 20 minus line 13)		24.	456	00
25. Original return only – amount of line 24 to be credited to 26. Original return only – amount of line 24 to be donated:  a. Ohio History Fund  b. State nature preserves		25.		00
00 00	00	T		0.0
d. Wishes for Sick Children e. Wildlife species	f. Military injury relief	Total 26g.		00
0 0 0 0 0 0 27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	00 <b>Your ri</b>	<b>EFUND ▶</b> 27.	456	00
Sign Here (required): I have read this return. Under penalties	of perjury, I declare that, to the best of my	knowledge If your refund is \$1		e issued.

<u>Sign Here (required)</u>: 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.

Primary signature Phone number Date (MM/DD/YY)

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

Preparer's printed name RVSSMANIKUMARAPPANA Phone number (646)727-7157

Preparer's TIN (PTIN) P02090332

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

722 47 2293

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 1040 ......1.

1390 00

1.   P   8   2.   Federal income tax withheld   8   8   8   1.   Wages, tips, etc.   9	Part B - W-2s					
Box 15 - Employer's Ohio ID number   Box 16 - Ohio wages, tips, etc.   Box 17 - Ohio income tax   1390   00   00   00   00   00   00   00	1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
S4002081	Р					
2. P/S   Box b - EIN						
Box 15 - Employer's Ohio ID number   Box 16 - Ohio wages, tips, etc.   Box 2 - Federal income tax withheld   Box 15 - Employer's Ohio ID number   Box 16 - Ohio wages, tips, etc.   Box 17 - Ohio income tax withheld   OO		54002081	45968 00	1390 00		
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00 00		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
			00	00		



# 2020 Schedule of Ohio Withholding

Withholding Primary taxpayer's SSN 722 47 2293



20350298

Sequence No. 12

Part C -	1099-Rs	122 41 2293		Sequence No. 12
1. P/S	Payer's TIN	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 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
3. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	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		Box 14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings 0 0	Box 4	- Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0		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 0 0
	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
	1099-NECs		5 .	
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4	- Federal income tax withheld
				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