

2020 Ohio IT 1040

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



Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE.

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

Primary taxpayer's SSN (required) 510 51 0813

Spouse's SSN (if filing jointly)

▶ If deceased

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

School district # (see instructions).

check box

SD# ▶ 9999

First name

check box

ASWITHA REDDY

M.I. Last name

DACHEPALLY

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

M.I. Last name

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

504 SEED COVE

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

ZIP code Ohio county (first four letters) City State

TX78664 WILL ROUND ROCK

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

Residency Stat	us - Check only on	e for primary		Filing Status - Check one (as repo	orted on federal income tax retu	
Resident	Part-year resident	X Nonresident	X Single, head of household or qualifying widow(er)			
Check only one for spouse (if married filing jointly) Resident Part-year Nonresident ▶▶			Married filing jointly Spouse's SSN			
	resident	Indicate state		Married filing separately		
	<u>'</u>	See instructions for requestions as		Check here if you filed the federa	extension form 4868.	
Spouse meets	the five criteria for irre	ebuttable presumption as	nonresident.	Check here if someone else is ab joint return) as a dependent.	le to claim you (or your spouse	
of your federal re	turn if the amount is	deral 1040 and 1040-SR zero or negative. Place	a "-" in the box	at the right	44568 0	
	Schedule A, line 10	(INCLUDE SCHEDULE)	2a.	0	
2b. Deductions – Oh	io Schedule A, line 3	9 (INCLUDE SCHEDUL	. E)	2b.	0	
, ,	, ,	lus line 2a minus line 2b)			44568 0	

	Spouse meets the five chiefla for interuttable presumption as nonlesident.	joint return) as a dependent.	able to claim you (or your spo	use II
cub.	 Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Included of your federal return if the amount is zero or negative. Place a "-" in the box if the amount is less than zero	at the right	44568	00
ne or pa	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.		00
stap	2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b.		00
	3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero		44568	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.	42418	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.	42418	00





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2020 Ohio IT 1040

Individual Income Tax Return



SSN 510 51 0813

20000298 Sequence No. :

7a. Amount from line 7 on page 1	'a.	42418	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	894	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	894	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	796	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.	98	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.		00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	98	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	14.	134	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.		00
17. Amended return only – amount previously paid with original and/or amended return	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	134	00
19. Amended return only – overpayment previously requested on original and/or amended return	19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.	134	00
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	21.		00
22. Interest due on late payment of tax (see instructions)	22.		00
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40 (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT D			00
24. Overpayment (line 20 minus line 13)	24.	36	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	25.		00
00 00 00			
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	tal 26g.		00
00 00 00 27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	36	0.0
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my known			

Sign Here (required): 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 (512)581-5933

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

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

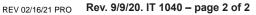
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522

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

510 51 0813

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.

134 00

Part B -			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	825343276	4888 00	497 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54118439	4888 00	134 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		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 Primary taxpayer's SSN

510 51 0813



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Sequence No. 12

Port C	4000 Po	510 51 0813		Sequence No. 12
1. P/S	1099-Rs 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
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 0 0		Box 14 - Ohio tax withheld 0 0
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
	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 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 0 0
	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

Nonrefundable Credits



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2020 Ohio Schedule of Credits

Primary taxpayer's SSN



510 51 0813

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	894	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)		00
4.	Senior citizen credit (must be 65 or older to claim this credit)		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)		00
7.	Displaced worker training credit (see instructions for all required documentation; include copies)7.		00
7a.	Campaign contribution credit for Ohio statewide office or General Assembly	. 0	00
8.	Income-based exemption credit (\$20 times the number of exemptions)	0	00
9.	Total (add lines 2 through 8)9.	0	00
10.	Tax less credits (line 1 minus line 9; if less than zero, enter zero)	894	00
11.	Joint filing credit (see instructions for table). % times line 10, up to \$65011.	0	00
12.	Earned income credit		00
13.	Ohio adoption credit		00
14.	Nonrefundable job retention credit (include a copy of the credit certificate)		00
15.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.		00
16.	Credit for purchases of grape production property		00
17.	InvestOhio credit (include a copy of the credit certificate)		00
18.	Lead abatement credit (include a copy of the credit certificate)		00
19.	Opportunity zone investment credit (include a copy of the credit certificate)		00
20.	Technology investment credit carryforward (include a copy of the credit certificate)		00
21.	Enterprise zone day care & training credits (include a copy of the credit certificate)		00
22.	Research & development credit (include a copy of the credit certificate)		00
23.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)		00
24.	Total (add lines 11 through 23)	0	00
25.	Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	894	00



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2020 Ohio Schedule of Credits

Primary taxpayer's SSN 510 51 0813



Sequence No. 8

Nonresident Credit

Date	of nonresidency	to	State of residency	,		
26.	Nonresident Portion of Ohio adjusted gross in Ohio IT NRC Section I, line 18 (include a copy		39680	00		
27.	Ohio adjusted gross income (Ohio IT 1040, lin	ne 3)27.	44568	00		
28.	Divide line 26 by line 27 and enter the result here Multiply this factor by line 25 to calculate your		0.8903	28.	796	00
Resi	dent Credit					
29.	Portion of Ohio adjusted gross income taxed be state or the District of Columbia while an Ohio Ohio IT RC, line 1a (include a copy)	resident-		00		
30.	Ohio adjusted gross income (Ohio IT 1040, lin	ne 3)30.		00		
31.	Divide line 29 by line 30 and enter the result here Multiply this factor by line 25 and enter the reshere	sult		00		
32.	2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.		00		
33.	Enter the lesser of line 31 or line 32. This is yo state abbreviation in the boxes below for each	our Ohio resident tax credit. n state in which income was	Enter the two-letter subject to tax	33.		00
34.	Total nonrefundable credits (add lines 9, 24	, 28 and 33; enter here and	on Ohio IT 1040, line 9	9) 34.	796	00
	Refunc	dable Credits				
35.	Refundable Ohio historic preservation credit (i	include a copy of the cred	it certificate)	35.		00
36.	Refundable job creation credit & job retention c	credit (include a copy of the o	credit certificate)	36.		00
37.	Pass-through entity credit (include a copy of	the Ohio IT K-1s)		37.		00
38.	Motion picture & Broadway theatrical production	on credit (include a copy o	f the credit certificate	·) 38.		00
39.	Venture capital credit (include a copy of the	credit certificate)		39.		00
40.	Total refundable credits (add lines 35 throug	gh 39; enter here and on Oh	o IT 1040, line 16)	40.		00