

2020 Ohio IT 1040

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



20000198

Sequence No. 1

Check here if this is an $\underline{\text{amended}}$ return. Include the Ohio IT RE.

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

Primary taxpayer's SSN (required) 538 87 1930

▶ If deceased

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

Nonresident |

Indicate state

check box

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

SD# ▶ 3101

First name

MEENAKSHI VAISH

M.I. Last name VALLURI

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

M.I. Last name

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

522 RIDDLE ROAD

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

APT 17

City

State

ZIP code

Ohio county (first four letters)

CINCINNATI

Resident

OH

45220

Married filing jointly

HAMI

Filing Status – Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

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

Part-year

resident

Residency Status - Check only one for primary

Check only one for spouse (if married filing jointly)

Foreign postal code

	Resident	Part-year resident	Nonresident Indicate state	Married filing separately	Spouse's SSN					
	Ohio Nonresider	nt Statement -	See instructions for required criteria	а						
	Primary meets th	e five criteria for irre	buttable presumption as nonresident	Check here if you filed the federal	Check here if you filed the federal extension form 4868.					
	Spouse meets th	e five criteria for irre	buttable presumption as nonresident	Check here if someone else is ab joint return) as a dependent.	Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.					
clip.			leral 1040 and 1040-SR, line 11). In							
paper cl			zero or negative. Place a "-" in the l		40402	00				
or	2a. Additions – Ohio S	Schedule A, line 10	(INCLUDE SCHEDULE)	2a.		00				
not s	2b. Deductions - Ohio	Schedule A, line 3	9 (INCLUDE SCHEDULE)	2b.		00				
			us line 2a minus line 2b). Place a "-		40400	0.0				
8	the right if the amo	ount is less than zer	·O		40402	00				
			DULE J if claiming dependents) nd your spouse/dependents, if applica		2150	00				
	5. Ohio income tax b	ase (line 3 minus lir	ne 4; if less than zero, enter zero)	5.	38252	00				
	6. Taxable business i	income – Ohio Sch	edule IT BUS, line 13 (INCLUDE Se	CHEDULE)6.		00				
	7. Line 5 minus line 6	if less than zero,	enter zero)	7.	38252	00				





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2020 Ohio IT 1040

Individual Income Tax Return



SSN 538 87 1930

20000298 Sequence No.

8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	000000000000000000000000000000000000000
8c. Income tax liability before credits (line 8a plus line 8b)	000000000000000000000000000000000000000
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	000000000000000000000000000000000000000
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	٠.
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	00
from last year's return	0.0
17. Amended return only – amount previously paid with original and/or amended return	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	00
19. Amended return only – overpayment previously requested on original and/or amended return	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	00
•	00
	00
22. Interest due on late payment of tax (see instructions)	0.0
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.	00
24. Overpayment (line 20 minus line 13)	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	00
00 00 00	
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	00
00 00 00	
27. REFUND (line 24 minus lines 25 and 26g)	00_

<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 (513)652-6663

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.



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Sequence No. 11

Primary taxpayer's SSN

538 87 1930

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.

Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN 41844 00 4741 00 Ρ 753033627 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 525890943 41844 00 1171 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN 232573585 1058 00 00 Ρ Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 523025922 1058 00 7 00 Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN 00 0.0 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 0.0 00 Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 0.0 00 Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number 00 0.0 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - EIN 0.0 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 0.0 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 0.0 0.0 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 7. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc.

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2020 Schedule of Ohio Withholding Primary taxpayer's SSN

538 87 1930



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Sequence No. 12

Dowl C	4000 B-	538 87 1930		Sequence No. 12
1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		coquemos rie. I
1. 170	Tayor 3 Till	00	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	Box 7 -
		00	distribution	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	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Doy 7
		00	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	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
<u>Part E -</u> 1. P/S	1099-NECs	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
1. F/3	Payer's TIN		DOX 4	
	Day C. Dayan'a Ohia musahan	00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld 00
2 0/0	Dovor's TIN	Box 1 - Nonemployee compensation	Roy 4	- Federal income tax withheld
2. P/S	Payer's TIN	0 0	DUX 4	0 0
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	,	00		00
		00		00

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name of										
							Your	Your social security number					
MEENAKSHI VAISHNAVI				JURI					538	538-87-1930			
						Spou	Spouse's social security number						
	,	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	1		I Election	n Campaign	
522 RIDI					104-	4-	710	17				ly, want \$3	
		ce. If you have a foreign address, also co	ompiete s	paces below.	Sta			code	to go	to go to this fund. Checking a			
Foreign country			Ι,	Foreign province/stat						box below will not change your tax or refund.			
Foreign country	у патте		'	-oreign province/stat	e/coun	ıy	For	eigri postai cod	e your	You Spouse			
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acqui	re any	financial i	nterest in	n any virtual o	currency	? [Yes	⊠ No	
Standard Deduction	_	eone can claim:		•			ent						
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind S	pouse	: Wa	s born b	efore January	/ 2, 1956	3 [ls blir	nd	
Dependents	s (see	instructions):		(2) Social secur	itv	(3) Relat	ionship	(4) V if	qualifies	alifies for (see instructions):			
If more		irst name Last name	number		,	to you		Child tax credi				er dependents	
than four													
dependents, see instruction	_												
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	4	2,902.	
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary di	vidends			3b			
	4a	IRA distributions	4a		b T	axable an	nount .			4b			
	5a	Pensions and annuities	5a		b T	axable an	nount .			5b			
Standard	6a	Social security benefits	6a		b T	axable an	nount .		. [6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D if	ule D if required. If not required, check here						7			
Married filing	8	Other income from Schedule 1, lir	·						. <u>L</u>	8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	and 8. This is your total income						9	4	2,902.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22							00.				
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	c Add lines 10a and 10b. These are your total adjustments to income								▶ 1	0с		2,500.	
household, \$18,650	11	Subtract line 10c from line 9. This	c from line 9. This is your adjusted gross income						•	11	4	0,402.	
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedu	ıle A)					12	1	2,400.	
any box under Standard	13	Qualified business income deduct	s income deduction. Attach Form 8995 or Form 8995-A							13			
Deduction, see instructions.	14	Add lines 12 and 13	d lines 12 and 13							14		2,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er-O			.	15	2	8,002.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	3,166.
	17								17	
	18	Add lines 16 and 17							18	3,166.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	enter -0					22	3,166.	
	23 Other taxes, including self-employment tax, from Schedule 2, line 10							23	0.	
									24	3,166.
									-,	
	а	Form(s) W-2				25a	4,7	741.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	4,741.
	26	2020 estimated tax paymen							26	1,,11.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		•		
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29			-	
combat pay,	30	,		•					-	
see instructions.	31	Recovery rebate credit. See instructions							-	
		Amount from Schedule 3, line 13							20	
	32	Add lines 27 through 31. These are your total other payments and refundable credits							32	4,741.
	33	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							33	
Refund	34				•	-		34	1,575.	
D: 1.1 :10	35a		u. If Form 8888 is attached, check here ▶ □					35a	1,575.	
Direct deposit? See instructions.	►b									
	►d									
	36	Amount of line 34 you want applied to your 2021 estimated tax ▶ 36								
Amount	37	Subtract line 33 from line 24. This is the amount you owe now								
You Owe For details on	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you ow									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see instructions)								
Third Party		you want to allow another								□
Designee		nstructions								⊠ No
		signee's me ▶		Phone no. ▶			number			
Cian		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to								et of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS se	nt you an Identity
	k				·					IN, enter it here
Joint return?	L			SOFTWARE ENGINEER				see inst.) ▶		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				If the IRS sent your spouse an		
your records.	,							dentity Protection PIN, enter it here see inst.) ▶		
		one no.	Email address					- ,,		
		eparer's name	Preparer's signat			Date	P	TIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסיית ייתוד אות			02082	7/12	Self-employed
Preparer				NADAG IIIAN	GUFIA IALLAM	103/03/	1041 PI			
Use Only		m's name ► GLOBAL TA: m's address ► 2530 Pebb	n Cummin	~ (7) 200/11					678)965-9522	
				III CUIIIIIIIII				Firm'	s EIN 🕨	
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 02/21	/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MEENAKSHI VAISHNAVI VALLURI

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

538-87-1930

Additional Income Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 IRA deduction 19 20 20 2,500. 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a 22 2,500.