# **£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.

Peduction for— Single or Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked  • Single or Married filing separately, \$12,400  • Standard deduction or itemized deductions (from Schedule D if required. If not required, check here  7  Capital gain or (loss). Attach Schedule D if required. If not required, check here  8  Other income from Schedule 1, line 9	Filing Status Check only one box.	If yo	Single  Married filing jointly  uchecked the MFS box, enter the roon is a child but not your dependen	name of y									
Home address (number and street). If you have a P.O. box, see instructions.   Apt. no.   2A	Your first name	and mi	ddle initial	Last nar	me					,	Your social security number		
Home address (number and street). If you have a P.O. box, see instructions.  9 261 DEERCROSS PKWY  City, town, or post office. If you have a foreign address, also complete spaces below. CINCINNATI  Foreign country name    Foreign province/state/county   Foreign postal code   State   Country   Foreign postal code   State   Country   Foreign postal code   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Deduction   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Iffiling jointly, want \$3 to got to this fund. Checking a box below will not change   Standard   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   Spouse   Was born before January 2, 1956   Is blind   If Is January 2, 1956   Is blind   Spouse   Was born before Janua	PRASHANT	Γ		KUND	ESHWAR						752-	42-002	20
Standard   Dependents   Standard   Souse itemizes on a separate return or you were a dual-status alien	If joint return, s	pouse's	first name and middle initial	Last nar	ne						Spouse'	s social se	ecurity number
City, town, or post office. If you have a foreign address, also complete spaces below.  CINCINNATI Foreign country name  Foreign province/state/county Foreign province/state/county Foreign postal code you tax or refund.  The province of the during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  You spouse  Standard Deduction  Someone can claim:	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	-	Preside	ntial Elect	tion Campaign
CINCINNATI  Foreign country name    Foreign province/state/county   Foreign postal code   Square   Squ	9261 DEI	ERCR	OSS PKWY						2A	(	Check h	nere if you	ı, or your
CINCINNATI Foreign country name    Foreign province/state/county	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP	code		•	0,	•
Foreign country name	CINCINNA	ITA				OI	H	45	5236		_		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  \( \forall \) \( \begin{align*} \begi	Foreign country	/ name		F	oreign province/state	coun	ty	For	eign postal c				
Standard Deduction  Someone can claim:												You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:	At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acquire	e any	financial ir	iterest ir	n any virtua	al curr	ency?	Yes	<b>⋈</b> No
Dependents (see instructions):  If more than four dependents, see instructions and check here ▶ □  Attach Sch. B if required.  Standard Deduction for—Single or Married filing separately, \$12,400  • Married filing separately, \$12,400  • Married filing separately, \$12,400  • Married filing pintly or wideling lightly or household. \$12,800  • Married filing separately, \$12,400  • Married filing separately, \$12,4		_	<del>_</del>	•	-		•	ent					
If more than four dependents, see instructions and check here    Attach Sch. B if required.  Attach Sch. B if requ	Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Sp	ouse	: Was	born be	efore Janua	ary 2,	1956	_ ls b	olind
If more than four dependents, see instructions and check here    Attach Sch. B if required.  Attach Sch. B if requ	Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸	if qua	alifies fo	r (see instr	ructions):
than four dependents, see instructions and check here	-			number to you		ou	Child t	ax cre	dit	Credit for o	ther dependents		
see instructions and check here      Tax-exempt interest   Lagrange   Lagrang									[				
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □									[				
Attach Sch. B if required.  Attach Sch. B if required.  4a		S —							[				
Attach Sch. B if required.  2a Tax-exempt interest . 2a b Taxable interest . 2b    3a Qualified dividends . 3a b Ordinary dividends . 3b    4a IRA distributions	here ▶ □								[				
Sch. B if required.  3a Qualified dividends 3a b Ordinary dividends 3b  4a IRA distributions 4a b Taxable amount		1	Wages, salaries, tips, etc. Attach I	orm(s) V	N-2						1		53,830.
required.  3a Qualified dividends 3a b Ordinary dividends		2a	Tax-exempt interest	2a		b T	axable inte	erest			2b		
Standard   Deduction for   Single or   Married filing   separately, \$12,400   Married filing   jointly or Qualifying widow(er), \$24,800   Head of household, \$18,650   If you checked   Standard deduction or itemized deductions if you checked   Standard deduction or itemized deductions (from Schedule A)   Standard deduction or itemized deductions (from Schedule A)   Standard deduction   Standard   Standard deduction   Standar		3a	Qualified dividends	3a		b C	Ordinary div	vidends			3b		
Standard Deduction for— Single or Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked  • Single or Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er). \$24,800  • Married filing jointly or Qualifying widow(er). \$24,800  • Head of household, \$18,650  • If you checked  • If you checked  • Social security benefits .	required.	4a	IRA distributions	4a		b T	axable am	ount .			4b		
Peduction for— Single or Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked  To Capital gain or (loss). Attach Schedule D if required. If not required, check here  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  To Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8.		5a	Pensions and annuities	5a		<b>b</b> T	axable am	ount .			5b		
Single or Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked  • Single or Married filing separately, \$12,400  • Married filing sepa	Standard	6a	Social security benefits	6a		<b>b</b> T	axable am	ount .			6b		
Married filing separately, \$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked  • If you checked  • Other income from Schedule 1, line 9  • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  • Trom Schedule 1, line 22  • Incomplete income from Schedule 1, line 9  • Incomplete i	Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	uired	, check he	re .		▶ 🗌	7		
\$12,400  • Married filing jointly or Qualifying widow(er), \$24,800  • Head of household, \$18,650  • If you checked  • If you checked  • Married filing jointly or Qualifying widow(er), \$24,800  • Standard deduction or itemized deductions (from Schedule A)  • If you checked  • Married filing jointly or Qualifying widow(er), \$24,800  • If you checked  • If you checked  • If you checked  • Mad lines 1, 25, 36, 45, 55, 65, 7, and 8. This is your total income  • It a subtract line 10 income:  • I		8	Other income from Schedule 1, lir	ie 9							8		
Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked  Married filing jointly or Qualifying widow(er), \$24,800  Bound filing jointly or Qualifying widow(er), \$24,800  Bound filing jointly or Qualifying widow(er), \$24,800  Charitable contributions if you take the standard deduction. See instructions to income to thousehold, \$18,650  Subtract line 10c from line 9. This is your adjusted gross income to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized deductions (from Schedule A) to the your deduction or itemized de	separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total in</b>	come				. •	9		53,830.
Standard deduction or itemized deductions (from Schedule A)   10a   10b   10c   10		10			•								
widow(er), \$24,800  • Head of household, \$18,650  • If you checked  • If you checked  b Charitable contributions if you take the standard deduction. See instructions  c Add lines 10a and 10b. These are your total adjustments to income  c Add lines 10a and 10b. These are your total adjustments to income  10b  10c  11 53,830.		а						10a					
• Head of household, \$18,650 • If you checked  • If you checked  • Add lines 10a and 10b. These are your total adjustments to income  • In the standard deduction or itemized deductions (from Schedule A)	widow(er),	b	·										
household, \$18,650  • If you checked  12 Subtract line 10c from line 9. This is your adjusted gross income  13 Subtract line 10c from line 9. This is your adjusted gross income  14 Standard deduction or itemized deductions (from Schedule A)		С	•							. ▶	100	,	
• If you checked 12 Standard deduction or itemized deductions (from Schedule A)	household,			•	•					. ▶		_	53,830.
				•	•								
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	any box under [				•	,	8995-A .						
Deduction, 14 Add lines 12 and 13	Deduction,												12,400.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	see instructions.			from line	e 11. If zero or less	, ente	er -0					_	

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌	;		16	4,904.
	17	Amount from Schedule 2, lir							17	
	18	Add lines 16 and 17							18	4,904.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	4,904.
	23	Other taxes, including self-e	*						23	0.
	24	Add lines 22 and 23. This is							24	4,904.
	25	Federal income tax withheld	•					•		1,701.
	а	Form(s) W-2				25a	4	,235.		
	b	Form(s) 1099				25b		, 200 .		
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	4,235.
	26	2020 estimated tax paymen							26	1,233.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27	 		20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29								-	
combat pay,		American opportunity credit		•		29 30	1	,800.		
see instructions.	30	Recovery rebate credit. See						,800.	_	
	31	Amount from Schedule 3, lir				31	1:4 -			1 000
	32	Add lines 27 through 31. The							32	1,800.
	33	Add lines 25d, 26, and 32. T						. •	33	6,035.
Refund	34	If line 33 is more than line 24	-			•	-		34	1,131.
5	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ ☐  Routing number 0 5 1 9 0 0 3 6 6 ▶ <b>c</b> Type: ★ Checking ☐ Savings					35a	1,131.		
Direct deposit? See instructions.	►b				▶ c Type: 🗵	Check	king 📙 S	Savings		
	►d	Account number 1 9 8								
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now			. ▶	37	
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•							<b></b>
Designee		structions					∐ <b>Yes.</b> Co	•		⊠ No
		signee's me ▶		Phone no. ▶				nal iden er (PIN)	tification	
Cian		der penalties of perjury, I declare t	hat I have examine		t accompanying sch	nedules s				et of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If th	ne IRS se	nt you an Identity
		Ü			· ·					IN, enter it here
Joint return?	<b>L</b>				SOFTWARE ENGINEER			`	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.	,							- 1	e inst.) ►	
		000 00 (204)072 052	0	Email address		7 DOCIN	17 TT CO		,,	
		one no. (304)972-952 eparer's name	Preparer's signat	Email address	PKUNDESHW.	Date	1MILL CO.	PTIN		Check if:
Paid		•			רוורת איידי איי		L8/2021		27702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		NAUNG INAN	GUPIA IALLAN	ו / פטן ו	LO/ZUZI	P0208		
Use Only		m's name ► GLOBAL TA		n (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	~ (7) 20041					678)965-9522
		m's address ► 2530 Pebb		ii Cummin				Firr	n's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	08/30/21 PRO			Form <b>1040</b> (2020)



## 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) 752 42 0020

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

check box

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

**SD#** ▶ 0903

First name

PRASHANT

Nonresident |

Indicate state

M.I. Last name

KUNDESHWAR

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

M.I. Last name

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

9261 DEERCROSS PKWY

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

APT 2A

CINCINNATI

Resident

City

State OH

ZIP code

Ohio county (first four letters)

45236

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

Foreign postal code

	Check only one for spo	ouse (if married fili	ng jointly)		Married filing jointly	
	Resident	Part-year resident	Nonresident  Indicate state		Married filing separately	Spouse's SSN
			See instructions for require buttable presumption as no		Check here if you filed the fede	ral extension form 4868.
			buttable presumption as no		joint return) as a dependent.	able to claim you (or your spouse if
paper clip.	of your federal retu	rn if the amount is	leral 1040 and 1040-SR, lir zero or negative. Place a " 	-" in the box at th	ne right	53830 00
ō	2a. Additions – Ohio So	chedule A, line 10	(INCLUDE SCHEDULE)		2a.	00
staple	2b. Deductions - Ohio	Schedule A, line 3	9 (INCLUDE SCHEDULE)		2b.	00
Do not			us line 2a minus line 2b). F			53830 00
			<b>DULE J</b> if claiming dependents		4. 1	2150 00
	5. Ohio income tax ba	ase (line 3 minus lii	ne 4; if less than zero, ente	r zero)	5.	51680 00
	6. Taxable business in	ncome – Ohio Sch	edule IT BUS, line 13 (INC	LUDE SCHEDU	<b>LE</b> )6.	00
	7. Line 5 minus line 6	(if less than zero,	enter zero)		7.	51680 00





0098

# 2020 Ohio IT 1040

### **Individual Income Tax Return**



SSN 752 42 0020

7a. Amount from line 7 on page 1	7a.	51680	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8а.	1193	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.	1193	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).	10.	1193	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. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 1	12)13.	1193	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCH	,	1322	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryfo from last year's return			00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.		00
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	1322	00
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended	return19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero		1322	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to			00
21. Tax liability (line 13 millios line 20). If line 20 is negative, ignore the - and add line 20 to	IIIIe 1521.		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) (if amended return) and make check payable to "Ohio Treasurer of State" AM			00
24. Overpayment (line 20 minus line 13)	24.	129	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liabit 26. Original return only – amount of line 24 to be donated:  a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer	ility25.		00
00 00 00			
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	Total 26g.		00
00 00 00			
27. REFUND (line 24 minus lines 25 and 26g)		129	00

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.

Phone number (304)972-9520 Primary signature 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.



1322 00

Box 2 - Federal income tax withheld

00

Box 2 - Federal income tax withheld

Sequence No. 11

Primary taxpayer's SSN

752 42 0020

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

2. P/S Box b - EIN

3. P/S Box b - EIN

4. P/S Box b - EIN

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.

Part B -	· W-2s		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	465491792	27670 00	1939 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54051077	27670 00	635 00

Box 1 - Wages, tips, other compensation

Box 1 - Wages, tips, other compensation

Box 1 - Wages, tips, other compensation

00

P	260518877	26160 00	2296 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52788482	26160 00	687 00
3 P/S	Box b - FIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	00	00

	00	00
Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	00	0.0

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	

	Box 15 - Employer's Onio ID number	Box 10 - Offic wages, tips, etc.	Box 17 - Official literate
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld

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

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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



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# 2020 Schedule of Ohio Withholding Primary taxpayer's SSN

752 42 0020



20350298

Sequence No. 12

Part C -	1099-Rs	752 42 0020		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 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 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
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

Form R					Fiscal Ye	ars Fill in D	ates		
	2020 INC	BLUE ASH CITY		2020	Beginning				
	THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION					Ending  And File Within 4 Months			
File by	OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.				of Ending Date				
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	<u>—</u> .					,	Yes	No	
INDICATE SOLE PROPRIETO	DRSHIP		ARE YOU A RESIDE	NT? · · ·		[	×		
	LOYEE OTHER	Loov	DID YOU FILE A RE	TURN FOR 201	9?				
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL REVINCOME TAX LIABIL	VENUE SERVIC	E INCREASED YOU	JR			
Data mandia		752-42-0020 Spouse SSN	IF SO, HAS AN AME						
Date moved in	-	-	BEEN FILED?						
Date moved out PRASHANT KUNDESHW	-		YOUR LOCAL PHON		•	,	520		
FRASIIANI KUNDESIIW	IAIC		This Space	e For Tax O	ffice Use Only				
9261 DEERCROSS PK	WY APT 2A								
CINCINNATI		ОН 45236							
Your Name, Address and Social Secu On Our Records. Make Corrections W Missing. Attach Copy of Federal Retu Otherwise. Returns Will Be Questione	urity Number/Federal ID Number Are Prin here Necessary. Add Social Security Ni rn And Schedules in Lieu of Page 2 Sch ed if all lines Applicable to Taxpayer Are	nted Above As They Appear umber/Federal ID Number If edules C, E, and H.	_						
	Where Employed, And 2020		Bonuses, Commis	sions, Tips	, Etc. Attach C	opy Of W-2	2 For	m(s)	
Employer's Name (Atta	ch Copy of W-2 Form(s))	City Where E	Employed	City Tax	Withheld	Wages	, Etc		
REMOTE TIGER INC					218			160	
DATAQUEST CORP							27	7670	
-									
1a TOTALS	(if above is <b>fully taxable</b> and	your <b>only</b> income, go nex	t to Line 7)		218		53	8830	
	NCOME: FROM PAGE 2								
	NCOME (TOTAL OF LINES 1						53	8830	
	OT DEDUCTIBLE (FROM LINE	*							
AD ILIOT	OT TAXABLE (FROM LINE L CE BETWEEN LINES 4a and b TO E	•							
MENISIO	ED NET INCOME (Line 3 plus		·	-	<u> </u>		53	8830	
	of Line 5a Allocable (		n step 5 Schedule		<b></b>			050	
c LESS ALI	LOCABLE NET LOSS PER PR	REVIOUS INCOME TAX F	RETURNS (Submit	Schedule)					
6 AMOUNT	SUBJECT TO BLUE AS	H CITY INCOM	E TAX (Line 5a OR	5b LESS LI	NE 5c)		53	8830	
	ASH CITY TAX RATE			r				673	
8 CREDITS	S: <b>a</b> Tax withheld by employe				218				
ALLOWABLE	<ul><li>b Payments and credits or</li><li>c Earned income</li></ul>	n 2020 Declaration of Estir	mated Tax (Resident						
CREDITS	taxes paid City of		individuals only)						
		TOTAL CREDITS ALLOV						218	
	UE (Line 7 Less Line 8) Mak	=	-					455	
10 OVERPAYMENT CLA Enter Amount of line 1	IMED (If Line 8 Exceeds Line	our 2021 Estimated Tax	• ,						
Enter Amount of line 1	•				-				
DECLARATION OF ESTIMA			'		Į.				
11 Total Income Subject t	' <u></u>	x	8		11 \$				
	ld								
,	Line 11 - Line 12)								
	e (Line 13 - Line 14)				· —				
16 First Quarter 2021 Est	imated Payment Due (1/4 of L	ine 15)			16 \$				
	eturn (Add Lines 9 and 16)							455	
I CERTIFY I HAVE EXAMINED THIS IT IS TRUE, CORRECT AND COMPL	RETURN INCLUDING ACCOMPANYIN LETE AND THAT THE FIGURES USED	IG SCHEDULES AND STATEMEN HEREIN ARE THE SAME AS FOI	NTS AND TO THE BEST ( R FEDERAL INCOME TA:	OF MY KNOWLI X PURPOSES.	EDGE AND BELIEF	OHYB99	01 09	9/27/16	
SYAM PRIYA RAM SA SIGNATURE OF PERSON PREPARI	AGAR GUPTA TALLAM 0 NG IF OTHER THAN TAXPAYER		ATURE OF TAXPAYER O	R AGENT				DATE	
GLOBAL TAXES LLC									
2530 PEBBLE CREEK	LN								
CUMMING	GA 300								
ADDRESS OR NAME AND ADDRES			ATURE OF SPOUSE					DATE	
SYAM PRIYA RAM SA SIGNATURE OF PERSON PREPARI GLOBAL TAXES LLC 2530 PEBBLE CREEK CUMMING ADDRESS OR NAME AND ADDRES	NG IF OTHER THAN TAXPAYER  LN  GA 300.	9/18/2021 SIGNA 41 SIGNA	ATURE OF TAXPAYER O	PR AGENT		OHYB99			