	Do not staple or paper clip.0098OhioDepartment of Taxation0317	2020 Ohio Individual Incom Use only black ink/UPF	e Tax Return		20000198 Sequence No. 1				
	Check here if this is an amended return. I	nclude the Ohio IT RE.	Check here if cla	iming an NOL carryb	ack. Include Schedule IT NOL.				
	Do <u>NOT</u> include a copy of the previously f Primary taxpayer's SSN (required) 746 25 8828	iled return. f deceased Spouse's SSN (if	filing jointly)	►► If deceased	School district # (see instructions).				
		check box		check box	SD# ▶ 7820				
	First name PAVANI	M.I. Last name BOOSA							
	Spouse's first name (only if married filing jointly)	M.I. Last name							
	Address line 1 (number and street) or P.O. Box 2896 MOSSY BRINK CT								
	Address line 2 (apartment number, suite number	, etc.)							
	City		State ZIP code	Ohio cou	nty (first four letters)				
	MAINEVILLE		OH 4503	9 WARI	R				
	Foreign country (if the mailing address is outside	the U.S.)	Foreign postal code	9					
	Residency Status – Check only one for pri	mary	Filing Status – Check one (as reported on federal income tax return)						
	, , , , , , , , , , , , , , , , , , , ,	nresident	X Single, head of household or qualifying widow(er)						
	5	y) nresident >> icate state	Married filing		Spouse's SSN				
	Ohio Nonresident Statement - See ins	tructions for required criteria							
	Primary meets the five criteria for irrebuttable	presumption as nonresident.	Check here if you filed the federal extension form 4868.						
	Spouse meets the five criteria for irrebuttable		Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.						
Do not staple or paper clip.	 Federal adjusted gross income (federal 10- of your federal return if the amount is zero or if the amount is less than zero 	negative. Place a "-" in the box	at the right	1.	48085 00				
or pe	2a. Additions – Ohio Schedule A, line 10 (INCLU	DE SCHEDULE)	2	a.	00				
staple	2b. Deductions – Ohio Schedule A, line 39 (INCL	UDE SCHEDULE)	2	b.	00				
Do not s	3. Ohio adjusted gross income (line 1 plus line 2 the right if the amount is less than zero			3.	48085 00				
	4. Exemption amount (INCLUDE SCHEDULE J Number of exemptions including you and your			4.	2150 00				
	5. Ohio income tax base (line 3 minus line 4; if l		-	5.	45935 00				
	6. Taxable business income – Ohio Schedule IT	BUS, line 13 (INCLUDE SCHE	EDULE)	6.	00				
	7. Line 5 minus line 6 (if less than zero, enter ze	ero)		7.	45935 00				
			REV 02/00/		1-DD-YY Code IT 1040 – page 1 of 2				

REV 03/09/21 PRO Rev. 9/9/20. IT 1040 – page 1 of 2

SSN 746 25 8828

2020 Ohio IT 1040



Individual Income Tax Return

33N / 10 23 0020		20000298 Sequer	nce No. 2
7a. Amount from line 7 on page 1	7а.	45935	5 00
8a. Nonbusiness income tax liability on line 7a (see instructions for	or tax tables)8a	a. 1002	2 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)	80	. 1002	2 00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 3	4 (INCLUDE SCHEDULE)9). C	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if	f less than zero, enter zero)10). 1002	2 00
11. Interest penalty on underpayment of estimated tax (include C	Dhio IT/SD 2210)11		00
12. Use tax due on internet, mail order or other out-of-state purch	ases (see instructions)12	2.	00
13. Total Ohio tax liability before withholding or estimated paym	nents (add lines 10, 11 and 12)13	3. 1002	2 00
14. Ohio income tax withheld – Schedule of Ohio Withholding, pa	rt A, line 1 (INCLUDE SCHEDULE)14	. 1407	00
15. Estimated and extension payments (from Ohio IT 1040ES and from last year's return	-	j.	00
16.Refundable credits – Ohio Schedule of Credits, line 40 (INCL	UDE SCHEDULE)	λ.	00
17. <u>Amended return only</u> – amount previously paid with original	and/or amended return17	, .	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		3. 1407	700
19. <u>Amended return only</u> – overpayment previously requested o	on original and/or amended return19).	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amou		0. 1407	7 00
If line 20 is MORE THAN line 13, skip to line 24. OTI 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignor		l.	00
22. Interest due on late payment of tax (see instructions)		2.	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio (if amended return) and make check payable to "Ohio Tr	IT 40P (if original return) or IT 40XP reasurer of State" AMOUNT DUE > 23	3.	00
24. Overpayment (line 20 minus line 13)	24	ı. 405	5 00
25. Original return only – amount of line 24 to be credited toward	d next year's income tax liability25	j.	00
26. <u>Original return only</u> – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves	c. Breast/Cervical Cancer		
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)	YOUR REFUND > 27	405	5 00
Sign Here (required): I have read this return. Under penalties of pe	rjury, I declare that, to the best of my knowledge	f your refund is \$1.00 or less, no refund will	
and belief, the return and all enclosures are true, correct and complete. Primary signature	Phone number (513)237-2398	If you owe \$1.00 or less, no payment is ne NO Payment Included – Mail	
Spouse's signature		Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	n
Check here to authorize your preparer to discuss this return with the I	Department.	Payment Included – Mail to	
Preparer's printed name SYAM PRIYA RAM SAGAR GUP		Ohio Department of Taxation P.O. Box 2057	n
Preparer's TIN	(PTIN) P02082703	Columbus, OH 43270-2057	7



2020 Schedule of Ohio Withholding



20350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

746 25 8828

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.
 1.407
 0.0

<u>Part B -</u> 1. P/S	- <u>W-2s</u> Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
Р. 170	311225519	45640 00	5504 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	527969216	45640 00	1311 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	611302361	4945 00	655 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52417054	4945 00	96 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		0 0	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		0 0	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		0 0	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		0 0	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		0 0	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
		0 0	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
		0 0	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		0 0	00
		(1997) NAC (1994) NAA (1994) NAA (1994) NAA (1994) Dise Passing as da (1994) Nagaraha (1994)	



Part C -	1099-Rs
	Payer's TIN
	Box 15 - Payer's Ohio number
2. P/S	Payer's TIN
	Box 15 - Payer's Ohio number
3. P/S	Payer's TIN
	Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

- 2. P/S Payer's federal ID number
 - Box 13 Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

2020 Schedule of Ohio Withholding

Primary taxpayer's SSN 746 25 8828

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00 Box 1 - Nonemployee compensation

Box 7 - State income

00



20350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Total

Total

Total

distribution

distribution

Distribution code Box 14 - Ohio tax withheld

00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00 Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00

Pres. 8/25/20. Schedule of Withholding - page 2 of 2 REV 03/09/21 PRO





E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) urn	20	20	OMB No. 1545	5-0074	IRS Use Only	y—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent	ame of	-	separately buse. If you	. ,			hold (HOH) box, enter th		, ,	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	ime						Your so	cial securi	ty number
PAVANI			B005	SA						746-	25-882	8
If joint return, s	spouse's	s first name and middle initial	Last na	ime						Spouse	's social see	curity number
	`	er and street). If you have a P.O. box, see BRINK CT	instructi	ons.				,	Apt. no.	Check I	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode			ntly, want \$3 Checking a
MAINEVI	LLE					OI	Ŧ	450)39	Ŭ	low will not	0
Foreign countr	y name			Foreign p	rovince/stat	e/coun	ty	Forei	gn postal code	your tax	x or refund.	_
At any time d	ring 00	220 did you receive cell cond eye		or othory		0.001	financial inter			urranov/2	Vou	Spouse
	-	020, did you receive, sell, send, exch	-		-			estina	any virtual cu	urrency?	Yes	X No
Standard Deduction	_	eone can claim:	•		•		a dependent					
Age/Blindnes	s You	Were born before January 2, 1	956 [Are b	lind S	pouse	: 🗌 Was bo	rn bef	ore January	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2)	Social secur	ity	(3) Relations	hip	(4) 🖌 if c	qualifies fo	or (see instru	ictions):
If more	(1) F	irst name Last name	number		to you			Child tax cre		Credit for ot	her dependents	
than four												
dependents, see instruction	s											
and check												
here 🕨 📃												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .	· · ·					. 1	!	50,585.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	st.		. 2b	,	
Sch. B if required.	3a	Qualified dividends	3a			ЬC	ordinary divide	ends .		. 3b	,	
) 4a	IRA distributions	4a			bΤ	axable amour	nt		. 4b	,	
	5a	Pensions and annuities	5a	b Taxable amount .				nt		. 5b	,	
Standard	6a	Social security benefits	6a			bΤ	axable amour	nt		. 6b	,	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not re	quired	, check here		🕨 [7		
Married filing	8	Other income from Schedule 1, lin	e9.							. 8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total in	come				▶ 9		50,585.
 Married filing 	10	Adjustments to income:										
Jointly or Qualifying	а	From Schedule 1, line 22					10	a	2,50	0.		
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b				
 Head of 	с	Add lines 10a and 10b. These are your total adjustments to income							▶ 10	c	2,500.	
household, \$18,650	11	Subtract line 10c from line 9. This	is your adjusted gross income						▶ 11	1 4	48,085.	
 If you checked 	12	Standard deduction or itemized	deduct	tions (fro	m Schedu	le A)				. 12	2	12,400.
any box under Standard	13	Qualified business income deduction	ion. Atta	ach Forn	n 8995 or F	orm 8	995-A			. 13	\$	
Deduction, see instructions.	14	Add lines 12 and 13								. 14		12,400.
	15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	r-0			. 15	;	35,685.
												1040 (

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	4,084.
	17	Amount from Schedule 2, lir	ie3						·	17	
	18	Add lines 16 and 17								18	4,084.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ie7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	4,084.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	4,084.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	6	,159		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	6,159.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 returi	n				26	
qualifying child,	27	Earned income credit (EIC)					27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refunda	able ci	redits	.)	32	
	Add lines 25d, 26, and 32. These are your total payments								33	6,159.	
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is t	he amou	nt you	overpaid		34	2,075.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attac	hed, che	ck her	э		35a	2,075.
Direct deposit?	►b	Routing number 0 4 4			► c Ty		Chec		Saving	s	
See instructions.	►d	Account number 3 1 6	3 8 7 2	7 0		·					
	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 amo	ount vou owe	now .					37	
You Owe				•						or 🗌	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another					See				
Designee		tructions						🗌 Yes. C	omplet	e below.	X No
		signee's		Phone						ntification	
		ne 🕨		no. 🕨					ber (PIN	/	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here		· · · · · ·	piete. Deciaration			cupation		an informati			nt you an Identity
	YO	ur signature		Date	Your oc	cupation					IN, enter it here
Joint return?					SOFT	WARE I	DEVE			ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupat	ion				nt your spouse an
Keep a copy for your records.	,										ection PIN, enter it here
your records.									(S	ee inst.) 🕨	
		one no.		Email address					DTIN		
Paid		parer's name	Preparer's signat				Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	03/	17/2021		82703	Self-employed
Use Only		n's name GLOBAL TA							Pl	none no.	(678)965-9522
	Firr	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA i	30041			Fi	rm's EIN 🖡	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		B	AA	RE\	/ 03/06/21 PRO)		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

	Attachment Sequence No. 01				
Your social security number					
746-25	-8828				

Department of the Treasury Internal Revenue Service Attack Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PAVANI BOOSA

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	
Par		· ·	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	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	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	2,500.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040, SP, or 1040, NP, line 105	22	0 500
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedule 1	2,500.