

2020 Ohio IT 1040

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

Spouse's SSN (if filing jointly)



20000198

Sequence No. 1

Check here if this is an <u>amended</u> return. Include the Ohio IT RE. Do <u>NOT</u> include a copy of the previously filed return.

▶ If deceased

School district # (see instructions).

Primary taxpayer's SSN (required) 645 67 4906

check box

Nonresident |

Indicate state

check box

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

SD# ▶ 1402

First name

M.I. Last name

NAGA SAI RAMYA

KATAKUM

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 COURT

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

City

State

ZIP code

Ohio county (first four letters)

MAINEVILLE

Resident

ОН

45039

Married filing jointly

WARR

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 Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.				Check here if you filed the federa	al 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.			
Ġ.	1. Federal adjuste	. Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include page 1						
ple			is zero or negative. Pla			40509	00	
	2a. Additions – Ohio	o Schedule A, line 1	0 (INCLUDE SCHEDU	JLE)	2a.		00	
	2b. Deductions – O	hio Schedule A, line	39 (INCLUDE SCHEI	DULE)	2b.		00	
Do not			plus line 2a minus line ero			40509	00	
			EDULE J if claiming d and your spouse/deper			2150	00	
	5. Ohio income tax	c base (line 3 minus	line 4; if less than zero	o, enter zero)	5.	38359	00	
	6. Taxable busines	ss income – Ohio Sc	chedule IT BUS, line 13	(INCLUDE SCHEE	DULE)6.		00	
	7. Line 5 minus lin	e 6 (if less than zero	o, enter zero)		7.	38359	00	





0098

2020 Ohio IT 1040

Individual Income Tax Return



SSN 645 67 4906

20000298 Sequence No.

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	7a. Amount from line 7 on page 1.			7a.	38359	00
8c. Income tax liability before credits (line 8a plus line 8b)	8a. Nonbusiness income tax liabili	ty on line 7a (see instruction	ns for tax tables)	8a.	778	00
9. Ohlo nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE) 9. 9. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	8b. Business income tax liability –	Ohio Schedule IT BUS, line	e 14 (INCLUDE SCHEDULE)	8b.		00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	8c. Income tax liability before cred	lits (line 8a plus line 8b)		8c.	778	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	9. Ohio nonrefundable credits – 0	Ohio Schedule of Credits, lin	ne 34 (INCLUDE SCHEDULE	i)9.	0	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	10.Tax liability after nonrefundable	e credits (line 8c minus line	9; if less than zero, enter zero	o)10.	778	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpaym	ent of estimated tax (includ	de Ohio IT/SD 2210)	11.		00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	12.Use tax due on internet, mail o	order or other out-of-state pu	urchases (see instructions)	12.		00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	13. Total Ohio tax liability before	withholding or estimated pa	ayments (add lines 10, 11 and	l 12)13.	778	00
15. 00	14. Ohio income tax withheld – Sc	hedule of Ohio Withholding	, part A, line 1 (INCLUDE SCI	HEDULE)14.	1138	00
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)	16. Refundable credits – Ohio Sch	nedule of Credits, line 40 (IN	ICLUDE SCHEDULE)	16.		00
19. Amended return only – overpayment previously requested on original and/or amended return	17. Amended return only – amou	unt previously paid with orig	inal and/or amended return	17.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	18. Total Ohio tax payments (add	d lines 14, 15, 16 and 17)		18.	1138	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	19. Amended return only – overp	payment previously request	ed on original and/or amended	d return19.		00
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13					1138	00
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. 24. Overpayment (line 20 minus line 13)		-				00
(if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE > 23. 24. Overpayment (line 20 minus line 13)	22. Interest due on late payment o	f tax (see instructions)		22.		00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability						00
26. Original return only – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer 0 0 00 d. Wishes for Sick Children e. Wildlife species f. Military injury relief	24. Overpayment (line 20 minus line)	ne 13)		24.	360	00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	26. Original return only - amoun	t of line 24 to be donated:	•	•		00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	00	00	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)					360	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)206-5915
Spouse's signature Date (MM/DD/YY)

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

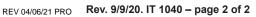
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

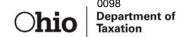
Preparer's TIN (PTIN) P02082703

If your refund is \$1.00 or less, no refund will be issued from the same of the

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.



20350198

Sequence No. 11

Primary taxpayer's SSN

645 67 4906

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

1138 00

Part B - W-2s							
1. P/S	Box b - EIN 311225519	Box 1 - Wages, tips, other compensation 39902 00	Box 2 - Federal income tax withheld 4839 00				
P							
	Box 15 - Employer's Ohio ID number 52796921	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax				
		39902 00	1131 00				
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld				
P	352079709	607 00	41 00				
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax				
	53049072	607 00	7 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

645 67 4906



20350298

Sequence No. 12

Dowt C	4000 B-	645 67 4906		Sequence No. 12
1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		coquento rio. I
1. F/3	rayers IIIV	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	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	Takal	D 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
4. 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
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
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