

### 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) 123 27 8718

▶ 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#** ▶ 2503

First name

KAVYA PRATHYUSH

M.I. Last name **CHEKKA** 

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

M.I. Last name

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

601 LOWELL AVE

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

APT 5

City

State

ZIP code

Ohio county (first four letters)

CINCINNATI

Resident

OH

45220

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 Resident	ouse (if married fil Part-year resident	ing jointly)  Nonresident Indicate state		Married filing jointly  Married filing separately	Spouse's SSN		
			See instructions for required		Check here if you filed the federa	al extension form 4969		
	Primary meets the	e five criteria for irre	ebuttable presumption as non	resident.	Check here if you filed the redere	al extension form 4000.		
	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.			
paper clip.	of your federal retui	rn if the amount is	deral 1040 and 1040-SR, lines zero or negative. Place a "-	" in the box at th	ne right	20291 00		
Do not staple or pa	2a. Additions – Ohio So	chedule A, line 10	(INCLUDE SCHEDULE)		2a.	00		
	2b. Deductions - Ohio	Schedule A, line 3	39 (INCLUDE SCHEDULE)		2b.	00		
			lus line 2a minus line 2b). Pl			20291 00		
		\	<b>EDULE J</b> if claiming dependents,	,	4. 1	2400 00		
	5. Ohio income tax ba	se (line 3 minus l	ine 4; if less than zero, enter	zero)	5.	17891 00		
	6. Taxable business in	ncome – Ohio Sch	nedule IT BUS, line 13 ( <b>INCL</b>	UDE SCHEDU	<b>LE</b> )6.	00		
	7. Line 5 minus line 6	(if less than zero,	enter zero)		7.	17891 00		





0098

SSN 123 27 8718

### 2020 Ohio IT 1040

#### **Individual Income Tax Return**



7a. Amount from line 7 on page 1			7a.	17891	00
8a. Nonbusiness income tax liabilit	y on line 7a (see instruction	s for tax tables)	8a.	0	00
8b. Business income tax liability – 0	Ohio Schedule IT BUS, line	14 (INCLUDE SCHEDULE)	8b.		00
8c. Income tax liability before credi	its (line 8a plus line 8b)		8c.	0	00
9. Ohio nonrefundable credits – C	Ohio Schedule of Credits, lin	e 34 (INCLUDE SCHEDULE)	9.	20	00
10. Tax liability after nonrefundable	credits (line 8c minus line 9	9; if less than zero, enter zero)	10.	0	00
11. Interest penalty on underpayme	ent of estimated tax ( <b>includ</b>	e Ohio IT/SD 2210)	11.		00
12. Use tax due on internet, mail or	rder or other out-of-state pu	rchases (see instructions)	12.		00
13. Total Ohio tax liability before	withholding or estimated pa	yments (add lines 10, 11 and 12).	13.	0	00
14. Ohio income tax withheld – Sch	nedule of Ohio Withholding,	part A, line 1 (INCLUDE SCHEDU	JLE)14.	557	00
15. Estimated and extension paymfrom last year's return	•	and IT 40P), and credit carryforwa			00
16.Refundable credits – Ohio Scho	edule of Credits, line 40 (IN	CLUDE SCHEDULE)	16.		00
17. Amended return only – amou	nt previously paid with origi	nal and/or amended return	17.		00
18. Total Ohio tax payments (add	l lines 14, 15, 16 and 17)		18.	557	00
19. Amended return only – overp	ayment previously requeste	ed on original and/or amended retu	ırn19.		00
20. Line 18 minus line 19. Place a "-"	in the box at the right if the ar	mount is less than zero	20.	557	00
If line 20 is MORE THA	AN line 13, skip to line 24.	OTHERWISE, continue to line 21.			
21. Tax liability (line 13 minus line 2	20). If line 20 is negative, igi	nore the "-" and add line 20 to line	1321.		00
22. Interest due on late payment of	f tax (see instructions)		22.		00
23.TOTAL AMOUNT DUE (line 2 (if amended return) and mak		nio IT 40P (if original return) or Treasurer of State" AMOU			00
24. Overpayment (line 20 minus lin	ne 13)		24.	557	00
<ul><li>25. <u>Original return only</u> – amount</li><li>26. <u>Original return only</u> – amount</li><li>a. Ohio History Fund</li></ul>		vard next year's income tax liability.	25.		00
00	00	00			
d. Wishes for Sick Children		f. Military injury relief	Total 26g.		00
00	00	00			
27. <b>REFUND</b> (line 24 minus lines 2			REFUND ▶ 27.	557	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 (646)338-1663 Primary signature Spouse's signature \_\_ Date (MM/DD/YY)

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

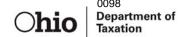
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

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.



2035019

Sequence No. 11

Primary taxpayer's SSN

123 27 8718

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

557 00

Part B -					
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
P	521700207	16856 00	2746 00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
	52573590	16856 00	495 00		
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
P	316000989	6216 00	63 00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
	51160145	6216 00	62 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

123 27 8718



20350298

Sequence No. 12

D1-0	4000 B-	123 27 8718		Sequence No. 1
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		coquento No. 1
1. F/S	rayers riiv	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	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	Box 7 -
		00	Total 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
	1099-NECs	Box 1 - Nonemployee compensation	Roy 4	- Federal income tax withheld
1. P/S	Payer's TIN	0 0	DOX 4	
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	Box 0 - 1 ayer 3 Office fidiniber	00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
, 0	,	00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	•	00		00



04 16 21

### 2020 Ohio Schedule of Credits

Primary taxpayer's SSN



2028019

Sequence No. 7

## Nonrefundable Credits 123 27 8718

1. Tax liability before credits (from Ohio IT 1040, line 8c)		
	0	00
2. Retirement income credit (see instructions for table; <b>include 1099-R forms</b> )		00
3. Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> )		00
4. Senior citizen credit (must be 65 or older to claim this credit)		00
5. Lump sum distribution credit (see instructions for worksheet; <b>include a copy</b> )		00
6. Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> )		00
7. Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> )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)	20	00
9. Total (add lines 2 through 8)	20	00
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero)	0	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
		0.0
14. Nonrefundable job retention credit (include a copy of the credit certificate)		00
<ul> <li>14. Nonrefundable job retention credit (include a copy of the credit certificate)</li></ul>		00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.		00
<ul> <li>15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.</li> <li>16. Credit for purchases of grape production property</li></ul>		00
<ul> <li>15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.</li> <li>16. Credit for purchases of grape production property</li></ul>		00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.  16. Credit for purchases of grape production property		00 00 00 00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.  16. Credit for purchases of grape production property		00 00 00 00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.  16. Credit for purchases of grape production property		00 00 00 00 00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.  16. Credit for purchases of grape production property		00 00 00 00 00 00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.  16. Credit for purchases of grape production property	0	00 00 00 00 00 00



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### 2020 Ohio Schedule of Credits

Primary taxpayer's SSN 123 27 8718



Sequence No. 8

### **Nonresident Credit**

Date of nonresidency	to S	tate of residency				
26. Nonresident Portion of Ohio adjusted gross ir Ohio IT NRC Section I, line 18 (include a cop		00				
27. Ohio adjusted gross income (Ohio IT 1040, lir	ne 3)27.	00				
28. Divide line 26 by line 27 and enter the result her	re (four digits; do not round).					
Multiply this factor by line 25 to calculate your	nonresident credit	28.		00		
Resident Credit						
<ol> <li>Portion of Ohio adjusted gross income taxed I state or the District of Columbia while an Ohio Ohio IT RC, line 1a (include a copy)</li> </ol>	resident-	00				
30. Ohio adjusted gross income (Ohio IT 1040, lir	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 result here	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				00		
34. <b>Total nonrefundable credits</b> (add lines 9, 24	, 28 and 33; enter here and on O	hio IT 1040, line 9) 34.	20	00		
Refundable Credits						
35. Refundable Ohio historic preservation credit (	include a copy of the credit cer	tificate)35.		00		
36. Refundable job creation credit & job retention of	credit (include a copy of the 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 producti	on credit ( <b>include a copy of the</b>	credit certificate) 38.		00		
39. Venture capital credit (include a copy of the	credit certificate)	39.		00		
40. Total refundable credits (add lines 35 through	gh 39; enter here and on Ohio IT	1040, line 16)40.		00		