

## 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) 664 27 8410

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

POOJASWINI

M.I. Last name SINGIDE

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

M.I. Last name

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

3253 MORRISON AVENUE

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

**APT 303** 

Resident

City

State

ZIP code 45220 Ohio county (first four letters)

CINCINNATI

OH

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 filing Part-year resident	g jointly)  Nonresident Indicate state		Married filing jointly  Married filing separately	Spouse's SSN		
Do not staple or paper clip.	Ohio Nonresident Statement – See instructions 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 presumption as nonresident.				Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.			
	of your federal retur	rn if the amount is z	eral 1040 and 1040-SR, line 11 zero or negative. Place a "-" in t	he box at t	he right	44579	00	
	2a. Additions – Ohio Sc	chedule A, line 10 (I	INCLUDE SCHEDULE)		2a.		00	
	2b. Deductions – Ohio	Schedule A, line 39	(INCLUDE SCHEDULE)		2b.		00	
			s line 2a minus line 2b). Place			44579	00	
			<b>DULE J</b> if claiming dependents) d your spouse/dependents, if ap		4. 1	2150	00	
	5. Ohio income tax ba	se (line 3 minus line	e 4; if less than zero, enter zero	0)	5.	42429	00	
	6. Taxable business in	ıcome – Ohio Sched	dule IT BUS, line 13 (INCLUDE	E SCHEDU	I <b>LE</b> )6.		00	
	7. Line 5 minus line 6	(if less than zero, e	enter zero)		7.	42429	00	





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## 2020 Ohio IT 1040

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



SSN 664 27 8410

20000298 Sequence No.

7a. Amount from line 7 on page 1			7a.	42429	00
8a. Nonbusiness income tax liability on lir	ne 7a (see instructions	s for tax tables)	88	a. 894	00
8b. Business income tax liability - Ohio S	).	00			
8c. Income tax liability before credits (line	8a plus line 8b)		80	894	00
9. Ohio nonrefundable credits – Ohio Sc	hedule of Credits, line	e 34 ( <b>INCLUDE SCHEDUL</b>	<b>E</b> )	0.	00
10. Tax liability after nonrefundable credit	s (line 8c minus line 9	; if less than zero, enter ze	ro)10	894	00
11. Interest penalty on underpayment of e	estimated tax (include	e Ohio IT/SD 2210)	11	l.	00
12. Use tax due on internet, mail order or	other out-of-state pur	rchases (see instructions)	12	2.	00
13. Total Ohio tax liability before withho	lding or estimated pa	yments (add lines 10, 11 ar	nd 12)13	894	00
14. Ohio income tax withheld – Schedule	0.		,	1328	00
15. Estimated and extension payments (fi from last year's return		•	•	5.	00
16. Refundable credits – Ohio Schedule c	of Credits, line 40 (INC	CLUDE SCHEDULE)	16	S.	00
17. Amended return only – amount prev	iously paid with origir	nal and/or amended return .	17	7.	00
18. Total Ohio tax payments (add lines	14, 15, 16 and 17)		18	3. 1328	00
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.					
20. Line 18 minus line 19. Place a "-" in the l				1328	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					
22. Interest due on late payment of tax (se	ee instructions)		22	2.	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) .			24	434	00
<ul> <li>25. <u>Original return only</u> – amount of line</li> <li>26. <u>Original return only</u> – amount of line</li> <li>a. Ohio History Fund</li> <li>b. Sta</li> </ul>		ard next year's income tax li		5.	00
00	00	00	<b>.</b>		0.0
d. Wishes for Sick Children e. Wile	dlife species	f. Military injury relief	Total 26g		00
00 27. <b>REFUND</b> (line 24 minus lines 25 and	0 0 26g)	0 0	OUR REFUND ▶ 27	. 434	0.0
Sign Here (required): I have read this re					

and belief, the return and all enclosures are true, correct and complete.

 Primary signature
 Phone number (513)908-1766

Spouse's signature \_\_\_\_\_ Date (MM/DD/YY)\_

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

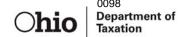
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522

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.



Sequence No. 11

Primary taxpayer's SSN

664 27 8410

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.

1328 00

Part B -	<del></del>	Poy 1 Wages tipe other companyation	Box 2 - Federal income tax withheld
1. P/S P	Box b - EIN 753033627	Box 1 - Wages, tips, other compensation 44966 00	5846 00
1	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52589094	44966 00	1310 00
2. P/S P	Box b - EIN 352079709	Box 1 - Wages, tips, other compensation 2113 00	Box 2 - Federal income tax withheld 141 00
	Box 15 - Employer's Ohio ID number 5304907	Box 16 - Ohio wages, tips, etc. 2113 00	Box 17 - Ohio income tax
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

664 27 8410



20350298

Part C	1090-Pe	664 27 8410	Sequence No. 1
1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution 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 Box 7 - distribution 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 0 0	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 0 0
	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 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0	Box 15 - Ohio income tax withheld 0 0
Part E -	1099-NECs		
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 - Federal income tax withheld 0 0
	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