

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) 727 43 2967

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

Ohio county (first four letters)

Filing Status – Check one (as reported on federal income tax return)

check box

check box

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

SD# ▶▶ 8307

First name

CHAMUNDI SAI PU

M.I. Last name MUDIGONDA

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

M.I. Last name

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

7495 TAHOE LAKE CT

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

Residency Status - Check only one for primary

APT 207

City State ZIP code

45040 OH WARR MASON

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

×	Resident	Part-year resident	Nonresident Indicate state	, ,	×	Single, head of household or o	qualifying widow(er)	
Ch	Check only one for spouse (if married filing jointly)					Married filing jointly		
	Resident	Part-year resident	Nonresident Indicate state	, ,	Ma	Married filing separately	Spouse's SSN	
<u>OI</u>	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.		
Ë	of your federal retu	irn if the amount is	zero or negative.	10-SR, line 11). Inclu Place a "-" in the bo	at the	right	79063	00
5 2a	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)					2a.		00
staple 2b.	. Deductions – Ohio	Schedule A, line	39 (INCLUDE SCH	EDULE)		2b.		00
Do not	Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero						79063	00



6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE)......6.

Number of exemptions including you and your spouse/dependents, if applicable:



2150 00

76913 00

76913 00

0.0

0098

2020 Ohio IT 1040

Individual Income Tax Return



SSN 727 43 2967

20000298 Sequence No. 2

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	0
8c. Income tax liability before credits (line 8a plus line 8b)	Э
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	О
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	С
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	С
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	О
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	С
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	С
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	С
from last year's return	О
17. Amended return only – amount previously paid with original and/or amended return	0
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	C
19. Amended return only — overpayment previously requested on original and/or amended return	Э
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	Э
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	Э
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	С
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.	С
(if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.	С
	0
24. Overpayment (line 20 minus line 13)	Э
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	Э
00 00 00	
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	J
00 00 00	
27. REFUND (line 24 minus lines 25 and 26g)	<u> </u>

<u>Sign Here (required)</u>: 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.

Primary signature Phone number (513)387-9261
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

727 43 2967

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

Part B - W-2s

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 10401.

2338 00

1. P/S	<u>- w-zs</u> Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1. P/S	814886359	80189 00	10704 00
ı	Box 15 - Employer's Ohio ID number 54083678	Box 16 - Ohio wages, tips, etc. 80189 00	Box 17 - Ohio income tax 2338 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
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
	20/10 2		
	257.5 2	00	00
	Box 15 - Employer's Ohio ID number	0 0 Box 16 - Ohio wages, tips, etc.	0 0 Box 17 - Ohio income tax



2020 Schedule of Ohio

Withholding Primary taxpayer's SSN 727 43 2967



20350298

Part C -	1000-Pe	/2/ 43 296/	Sequence No. 12
1. P/S	1099-Rs 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 00
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 00
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 00
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 00
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 0 0	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
2. 170	. ayor o riiv	0.0	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	,	0.0	00
		3 0	