

### 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) 382 85 9818

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

check box

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

**SD#** ▶ 8307

First name M.I. Last name N ASHWINI LNU

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.)

**APT 207** 

Ohio county (first four letters) City State ZIP code

OH 45040 WARR MASON

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

Residency Status - Check only one for primary			Filing Status - Check one (as reported on federal income tax return)					
×	Resident	Part-year resident	Nonresident Indicate state	, ,	X Single, head of household or qualifying widow(er)			
Ch	eck only one for	spouse (if married fil	ing jointly)			Married filing jointly		
Resident Part-year Nonresident ▶▶ resident Indicate state			Spouse's SSN  Married filing separately					
<u>Oł</u>	nio Nonresio	lent Statement -	See instructions for	or required criteria				
	Primary meets	s the five criteria for irre	ebuttable presumpti	on as nonresident.	Check here if you filed the federal extension form 4868.			
	Spouse meets	s the five criteria for irre	ebuttable presumpti	on as nonresident.		Check here if someone else is joint return) as a dependent.	able to claim you (or your spouse if	
		ed gross income (fe						
		eturn if the amount is less than zero					42110 00	
2a.	Additions – Ohi	o Schedule A, line 10	(INCLUDE SCHE	DULE)		2a.	00	
<b>2</b> b.	Deductions – O	hio Schedule A, line 3	39 (INCLUDE SCH	EDULE)		2b.	00	
3.		ross income (line 1 p mount is less than ze					42110 00	

	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.	
ары спр.	<ol> <li>Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Included of your federal return if the amount is zero or negative. Place a "-" in the box if the amount is less than zero</li></ol>	at the right	_
<u>.</u>	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a. 0 0	
stapi	2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b. 0 0	
	3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero		
	4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents)		
	5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5. 39960 00	
	6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	<b>EDULE</b> )6. 0 0	
	7. Line 5 minus line 6 (if less than zero, enter zero)		





0098

### 2020 Ohio IT 1040

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



SSN 382 85 9818

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.	39960	00	
8c. Income tax liability before credits (line 8a plus line 8b)	8a. Nonbusiness income tax liabili	ity on line 7a (see instruction	ns for tax tables)	8a.	824	00	
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	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	dits (line 8a plus line 8b)		8c.	824	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)	)9.	0	00	
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	10. Tax liability after nonrefundable	10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)1					
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpaym	nent of estimated tax (include	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	12)13.	824	00	
15.   00   16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	14. Ohio income tax withheld – Sc	chedule of Ohio Withholding	, part A, line 1 ( <b>INCLUDE SC</b> F	HEDULE)14.	1131	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.	1131	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	l return19.		00	
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13					1131	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. 00  24. Overpayment (line 20 minus line 13)	22. Interest due on late payment o	of 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  00 d. Wishes for Sick Children 00 00 00 Total 26g. 00 00	24. Overpayment (line 20 minus line)	ne 13)		24.	307	00	
d. Wishes for Sick Children e. Wildlife species f. Military injury relief  00 00 00	26. Original return only - amoun	t of line 24 to be donated:	·	oility25.		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	
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)					307	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)693-0953

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

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

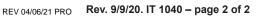
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

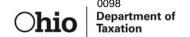
Preparer's TIN (PTIN) P02082703

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

382 85 9818

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.

1131 00

Part B -	<del></del>		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	824572697	23370 00	2424 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54091782	23370 00	519 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	814886359	21540 00	2604 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54083678	21540 00	612 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

382 85 9818



20350298

Sequence No. 12

Dowt C	4000 B-	382 85 9818		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		
		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

Click on the fields below and type in your information. Then print the form and mail it to our office.

### TO EXPEDITE PROCESSING, **PLEASE DO NOT STAPLE**

### **Individual Tax Return** 2020

Tax Return is due by April 15, 2021

# City of Cincinnati Income Tax Division

PO Box 637876 Cincinnati OH 45263-7876 Phone: (513) 352-2546 E-file available at:

https://web2.civicacmi.com/Cincinnati

	ler ler_
Namo (s): N A SUMINIT I NII	Entertainer 🔲
Address: 7495 TAHOE LAKE CT APT 207 Refund (Am	ount must be entered on
City/State/Zip MASON OH 45040	a valid refund request)
	nould be Closed
If part-year, resident indicate dates of Cincinnati residency: FromTo	
Part A Tax Calculation – Attach 1st page of Federal 1040, Schedule 1, W-2's and other application	cable schedules
Total Qualifying Wages W-2 Box 5 or  (Total columns B + E from Alternative Tax Calculation Worksheet on page 2 if multiple W-2's)	\$ 23 370 00
2. Less Nontaxable Income (part year or non-residents only) (provide calculations)	\$
3. Taxable Qualified Wages (Line 1 minus Line 2)	\$ 23 370 00
Other Income from Federal Sched. 1, C, E, F, K-1, 1099-MISC, Form W-2G  (Complete Worksheet B on page 2 and enclose copies of all Federal Schedules)	\$
4.b. Other Loss (Worksheet B)(cannot reduce qualifying wages)	\$
5. Cincinnati Taxable Income (Line 3 plus Line 4.a.) Losses on Line 4b do not offset W-2 Income from Line 3	\$ 23 370 00
6. Cincinnati Income Tax (Multiply Line 5 by 2.025% (.02025) See Instructions	\$ 473 00
7 a. Cincinnati Tax Withheld (per W-2s)\$	
7 b. Estimates Paid (including credit from a previous year)\$	
7 c. Other Local Taxes Paid, <b>See Instructions</b> (Enclose W-2s or Other City returns) \$ 101 00	
8. Total Payments and Credits (Lines 7a + 7b + 7c)	\$ 101 00
9. Tax Due (Subtract Line 8 from Line 6) (Amounts less than \$10.00 are not due)	\$ 372 00
10. Overpayment (Line 8 greater than Line 6)	Federal Extension filed If yes, attach copy
11. Amount to be Refunded (Amounts less than \$10.00 will not be refunded)	Yes
12. Credit to Next Year\$	No 🗵
Part B Declaration of Estimated Tax for 2021 – Mandatory if 2020 liability was \$200.00 or mo	oro
13. Total Estimated Income Subject to Tax	\$ 23 370 00
14. Cincinnati Estimated Income Tax Due (Multiply Line 13 by 1.8% (.018)	\$ 421 00
15. Estimated Taxes Withheld from Wages	\$ 101 00
16. Estimated Tax Due after Withholding (Line 14 less Line 15) <b>STOP</b> if this amount is less than \$200.00	\$ 320 00
17. Quarter One Estimated Tax Due Before Credits (25% of Line 16)	\$ 80 00
18. Less Credits (from Line 12 above) or Amounts Already Paid on this Year's Liability	\$
19. Net Estimated Tax Due if Line 17 Minus Line 28 is Greater Than Zero*	\$ 80 00
TOTAL AMOUNT DUE— Line 9 plus Line 19  (Make shocks poughle to "Site of Singingstill or your online at https://wwb2.civiscomi.com/Singingstill	\$ 452 00
(Make checks payable to "City of Cincinnati" or pay online at https://web2.civicacmi.com/Cincinnati)  *Subsequent estimated payments are due 06/15/21, 09/15/21 and 01/18/22	

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Paid Preparer Name	PTIN		y Tax Division return with the	Signature of Taxpayer or Agent	Date
GLOBAL TAXES LLC		preparer sho	wn to the left?		
Name of Firm or Employer 2530	PEBBLE CREEK LN		(E) 110	Signature of Spouse	Date
CUMMING GA 30041	(678)965-9522	(□) YES	(⊠) NO		
Address of Firm or Employer	Telephone Number			Daytime Telephone Number	

### Alternative Tax Calculation Method-Based on ACTUAL Earning Period

<u>A</u>	<u>B</u>	<u>c</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>
Source of Income	Income Period 1	Tax @ 2.1%	Credits	Income Period 2	Tax@ 1.80%	Credits	Total Tax	Total Credits
(W-2, 1099-MISC, Sch C and E)	(Jan 1-Oct 1)	(Income x .021)	Limit to 2.1%	(Oct 2-Dec 31)	(Income x .018)	Limit to 1.8%	( <u>C+F</u> )	<u>(D+G</u> )
TOTALS								

Column A List the various types of income earned in the calendar year. For example, W-2- Employer Name. 1099-MISC Payer Name

Column B Determine how much was earned in the period before October 2, 2020. (Do you have a paystub with a date close to 10/2/2020?)

Column C Multiply Column B by 2.1%

Column D How much tax was paid to Work-In City for Cincinnati Residents ONLY-Limit to 2.1% Tax Rate

Column E Determine how much was earned in the period after October 1, 2020. (Do you have a paystub with a date close to 10/2/2020?)

Column F Multiply Column B by 1.8%

Column G How much tax was paid to Work-In City for Cincinnati Residents ONLY-Limit to 1.8% Tax Rate

Column H Add Tax Due in Columns C and E Enter in Part A on Line 6.

Column I Add Tax Credits in Columns D and G Enter In Part A on Line 7c

# WORKSHEET B - BUSINESS INCOME or LOSS \*\*Enclose copies of all Federal Forms and Schedules used to compute your local income. \*\*

		Column A	Column B	Column C
	Schedules	Income / (Loss) from	Percentage	Cinti Taxable Income
		Federal Schedules	from Sch Y	(Column A x Column B)
B1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C).	\$		\$
B2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from Cincinnati properties).	\$	100.00	\$
B3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Cincinnati tax on entire distributive share)	\$	100.00	\$
B4.	Other Income – Fed, Sch. 1 (1040) Line 8, 1099-MISC, W-2G & Schedule F, etc.	\$		
B5.	Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C) Enclose a worksheet (see form and example on website) showing prior year loss claimed or leave blank and calculate the deduction in the table on the next page	\$( )		
B6.	TOTAL TAX YEAR BUSINESS/OTHER INCOME (LOSS) *			\$

<sup>\*</sup> If Line B6 is a loss, enter in Part A on Line 4.b.

		Column A		Column C
B7.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2015 ()+2016 ()	Total 2015-2016 Losses Available	<b>→</b>	2015-2016 NOL Applied
B8.	SUBTOTAL Taxable Income (B5 less pre-2016 losses)	\$		\$
В9.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2017 ()+2018 ()+2019 () *Loss deduction is the lesser of 50% of B7 of 50% of B8, Col A	Total 2017-2019 Losses Available	<b></b>	2017-2019 NOL Applied (Loss deduct 50% Limit)*
B10.	TOTAL TAXABLE INCOME (B8 less B9 Column C)	\$		\$

- B.7. **NOL Carryforward from tax years 2015-2016**: Operating losses may be carried forward for a maximum period of five tax years and may be used to reduce taxable income in Worksheet B up to 100%.
- B.8. **Subtotal Taxable Income**: B5 less B6 Column C is the remaining Cincinnati Taxable Income after 2015-2016 losses applied.
- B.9. NOL Carryforward from tax years 2017-2019: State law changes limit the deduction allowed for operating losses carried forward from tax years 2018-2021. These losses may be used to reduce taxable income in Worksheet B at the lesser of 50% of the taxable income on M7 or 50% of the losses available in these tax years (8B Column C).
- B.10. Total Income: B7 less B8 Column C. Enter total income on Part A, Line 4a.

For no	ILE Y - BUSINESS APPORTIONMENT FORMULA onresidents who earn a portion of their net profits cinnati.	a. Located Everywhere	b. Located in Cincinnati	c. Percentage (b/a)
STEP 1.	Average Original Cost of Real and Tangible Personal Property  Gross Annual Rent Paid Multiplied by 8  TOTAL STEP 1			
STEP 2. STEP 3. STEP 4.	Wages, Salaries, and Other Compensation Paid  Gross Receipts from Sales Made and/or Work or Services Performed  Total Percentages. (Add Percentages from Steps 1-3)			·
STEP 5.	Apportionment Percentage (Divide Total Percentage by Number of	Percentages Used)		

**LINE 6:** The Cincinnati Tax Rate was decreased from 2.1% to 1.8% effective 10/02/20. To account for the decrease the qualifying wages will be multiplied by the blended rate of 2.0205% which is 2.1% for the months Jan-Sep and 1.8% for the months Oct-Dec. If using the Alternative Tax Method above enter the amount from Column H.

LINE 7a: Enter the amount of Cincinnati Tax withheld by employers.

**LINE 7b**: Enter the amount of estimated tax payments including any amounts paid with an extension. Estimated payments may be subject to the underpayment of estimated tax penalty if not paid timely. The total of the quarterly estimates should equal 100% of the prior year's tax or 90% of the current year's tax