



05 10 21

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

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

Primary taxpayer's SSN (required) 382 85 9818

School district # (see instructions).

check box

check box

SD# 8307

First name N ASHWINI M.I. Last name 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

City MASON State OH ZIP code 45040 Ohio county (first four letters) WARR

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). Ohio Nonresident Statement - See instructions for required criteria.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 382 85 9818

Table with 2 columns: Description (lines 7a-26g) and Amount. Includes sub-rows for 26a-f and 26g. Total amounts are shown on the right.

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.

Primary signature _____ Phone number (513) 693-0953
Spouse's signature _____ Date (MM/DD/YY) _____

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

Preparer's TIN (PTIN) P 02082703

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.

Primary taxpayer's SSN

382 85 9818



20350198

Sequence No. 11

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 10401. 1131 00

Part B - W-2s

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

Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

3. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

4. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 6 - Payer's Ohio number

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 6 - Payer's Ohio number

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

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

Individual Tax Return 2020

City of Cincinnati
Income Tax Division
PO Box 637876
Cincinnati OH 45263-7876
Phone: (513) 352-2546
E-file available at:

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

**Tax Return is due by
April 15, 2021**

<https://web2.civicacmi.com/Cincinnati>

Account Number: _____	SSN: <u>382 85 9818</u>	Please check all that apply: First year filer _____ <input type="checkbox"/> Used Federal Sch C, E, F or K-1 _____ <input type="checkbox"/> Athlete or Entertainer _____ <input type="checkbox"/> Amended Return _____ <input type="checkbox"/> Refund (Amount must be entered on Line 13 to be a valid refund request) _____ <input type="checkbox"/> Account Should be Closed _____ <input type="checkbox"/> Reason: _____
E-Mail: _____	Spouse SSN: _____	
Name (s): <u>N ASHWINI LNU</u>		
Address: <u>7495 TAHOE LAKE CT APT 207</u>		
City/State/Zip <u>MASON OH 45040</u>		
If part-year, resident indicate dates of Cincinnati residency: From _____ To _____		

Part A Tax Calculation – Attach 1st page of Federal 1040, Schedule 1, W-2's and other applicable schedules

1.	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
4.a.	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) <i>See Instructions</i>)		\$ 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, See Instructions (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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.	Amount to be Refunded (Amounts less than \$10.00 will not be refunded).....	\$	
12.	Credit to Next Year.....	\$	

Part B Declaration of Estimated Tax for 2021 – Mandatory if 2020 liability was \$200.00 or more

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) STOP 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 18 is Greater Than Zero*.....		\$ 80 00
20.	TOTAL AMOUNT DUE — Line 9 plus Line 19 (Make checks payable to "City of Cincinnati" or pay online at https://web2.civicacmi.com/Cincinnati)		\$ 452 00

*Subsequent estimated payments are due 06/15/21, 09/15/21 and 01/18/22
*Failure to remit timely estimated payments will result in the assessment of interest and penalties.

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 _____
GLOBAL TAXES LLC
 Name of Firm or Employer 2530 PEBBLE CREEK LN
 CUMMING GA 30041 (678) 965-9522
 Address of Firm or Employer _____ Telephone Number _____

May the City Tax Division discuss this return with the preparer shown to the left?

YES NO

Signature of Taxpayer or Agent _____ Date _____
 Signature of Spouse _____ Date _____
 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
<i>(W-2, 1099-MISC, Sch C and E)</i>	<i>(Jan 1-Oct 1)</i>	<i>(Income x .021)</i>	<i>Limit to 2.1%</i>	<i>(Oct 2-Dec 31)</i>	<i>(Income x .018)</i>	<i>Limit to 1.8%</i>	<i>(C+F)</i>	<i>(D+G)</i>
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. ****

	Schedules	Column A Income / (Loss) from Federal Schedules	Column B Percentage from Sch Y	Column C Cinti Taxable Income (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 losses for up to 5 years and amounts previously claimed or leave blank and calculate the deduction in the table on the next page (Lines B.7 through B.10.)			\$ ()
B6.	TOTAL TAX YEAR BUSINESS/OTHER INCOME (LOSS) *			\$

* 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 \$ _____	➔	2015-2016 NOL Applied \$ _____
B8.	SUBTOTAL Taxable Income (B5 less pre-2016 losses)	\$ _____		\$ _____
B9.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2017 (_____) + 2018 (_____) + 2019 (_____) <i>*Loss deduction is the lesser of 50% of B7 or 50% of B8, Col A</i>	Total 2017-2019 Losses Available \$ _____	➔	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.

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA			
For nonresidents who earn a portion of their net profits in Cincinnati.			
	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.	Wages, Salaries, and Other Compensation Paid.....	_____	_____	_____
STEP 3.	Gross Receipts from Sales Made and/or Work or Services Performed.....	_____	_____	_____
STEP 4.	Total Percentages. (Add Percentages from Steps 1-3).....	_____	_____	_____
STEP 5.	Apportionment Percentage (Divide Total Percentage by Number of Percentages Used).....	_____	_____	_____
	Enter Percentage in Column B of Worksheet			

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