



05 13 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) 050 31 8845

School district # (see instructions).

check box

check box

SD# 8308

First name RAVI KUMAR M.I. Last name KATAKUM

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 2896 MOSSY BRINK CT

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

City MAINEVILLE State OH ZIP code 45039 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. X Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er) Married filing jointly Spouse's SSN Married filing separately

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Check here if you filed the federal extension form 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Line 1: Federal adjusted gross income 66529 00. Line 2a: Additions 00. Line 2b: Deductions 00. Line 3: Ohio adjusted gross income 66529 00. Line 4: Exemption amount 2150 00. Line 5: Ohio income tax base 64379 00. Line 6: Taxable business income 00. Line 7: Line 5 minus line 6 64379 00.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 050 31 8845

Table with 2 columns: Description (lines 7a-26g) and Amount. Includes sub-sections for Ohio nonrefundable credits, Ohio income tax withheld, and refundable credits.

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) 306-1323
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



20350198

Sequence No. 11

050 31 8845

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. 2042 00

**Part B - W-2s**

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 311225519	71447 00	9727 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52796921	71447 00	2042 00
2. 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
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  
050 31 8845



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