

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) 050 31 8845

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# ▶ 8308

First name

RAVI KUMAR

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

M.I. Last name

M.I. Last name

KATAKUM

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

2896 MOSSY BRINK CT

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

Ohio county (first four letters) City ZIP code State

OH 45039 WARR MAINEVILLE

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 qu	alifying widow(er)
Check only one for spouse (if married filing jointly) Resident Part-year Nonresident resident Indicate state			Married filing jointly Spouse's SSN Married filing separately			
Oh	•	e five criteria for irre	See instructions for buttable presumption buttable presumption	on as nonresident.	Check here if you filed the federal Check here if someone else is abl joint return) as a dependent.	
	 Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Included from the federal return if the amount is zero or negative. Place a "-" in the box if the amount is less than zero			at the right	66529 00	
2a.	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)			2a.	00	
2b.	Deductions – Ohio	Schedule A, line 3	99 (INCLUDE SCH	EDULE)	2b.	00
				ne 2b). Place a "-" in		66529 00

	Spouse meets the five criteria for irrebuttable presumption as nonresident.	Check here if someone else is al joint return) as a dependent.	ble to claim you (or your spo	use if
Japer Clip.	 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 of the amount is less than zero	at the right	66529	00
5 2	2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.		00
olapi 2	2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b.		00
101	Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the right if the amount is less than zero		66529	00
	4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents)		2150	00
	5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5.	64379	00
	6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	DULE)6.		00
	7. Line 5 minus line 6 (if less than zero, enter zero)	7.	64379	00





0098

2020 Ohio IT 1040

Individual Income Tax Return



SSN 050 31 8845

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my kno		is \$1.00 or less, no refund will be	
00 00 00 00 27. REFUND (line 24 minus lines 25 and 26g)	IIND 1 27	427	00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	otal 26g.		00
00 00 00	tal 26a		0.0
 25. <u>Original return only</u> – amount of line 24 to be credited toward next year's income tax liability 26. <u>Original return only</u> – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer 	25.		00
24. Overpayment (line 20 minus line 13)	24.	427	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 4 (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT I			00
22. Interest due on late payment of tax (see instructions)			00
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.		00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		2042	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero		2042	
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return		= - J =	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	2042	00
17. Amended return only – amount previously paid with original and/or amended return	17.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.		00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.		00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE))14.	2042	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	1615	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	12.		00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.		00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.	1615	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	0	00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1615	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.		00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1615	00
7a. Amount from line 7 on page 1	7a.	64379	00
7. Amount from line 7 on page 1	70	61270	$\cap \cap$

<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)306-1323

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 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 10401.

2	042	00

Part B -			
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	030 31 6643	Sequence No.
1. P/S		Box 1 - Gross distribution 0 0	Total Box 7 - distribution 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 - 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	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
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
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	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	Box 15 - Ohio income tax withheld 00
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	Box 15 - Ohio income tax withheld 0 0
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