

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.

Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

Primary taxpayer's SSN (required) 858 14 1324

check box

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

SD# ▶ 0903

PRATYUSHA

First name

check box

M.I. Last name **BACHU**

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

M.I. Last name

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

3253 MORRISON AVENUE

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

APT 303

Do not staple or paper clip.

CINCINNATI

City

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

Ohio county (first four letters) ZIP code State

> 45220 HAMI

Residency Status - Check only one for primary			<u>Fili</u>	Filing Status - Check one (as reported on federal income tax return)		
X Resident	Part-year resident	Nonresident	×	Single, head of household or qualifying widow(er)		
Check only one for spouse (if married filing jointly)				Married filing jointly		
Resident	Part-year resident	Nonresident Indicate state		Spouse's SSN Married filing separately		
		See instructions for required ebuttable presumption as nonre		Check here if you filed the federal extension form 4868.		
Spouse m	eets the five criteria for irre	ebuttable presumption as nonre	sident.	Check here if someone else is able to claim you (or your spouse i joint return) as a dependent.	if	
1. Federal adj	1. Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include page 1					

OH

Foreign postal code

	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.	
арег спр.	 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	at the right	
5	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	1.000	
	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. 14477 00	
	6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHE	DULE)6.	
	7. Line 5 minus line 6 (if less than zero, enter zero)	7. 14477 00	





0098

SSN 858 14 1324

2020 Ohio IT 1040

Individual Income Tax Return



Sequence No. 2

14477 00 0 00 00 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b. 0 00 20 00 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9. 0 0.0 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).......10. 00 12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)12. 00 0.0 14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)14. 321 00 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward 00 0.0 00 17. Amended return only – amount previously paid with original and/or amended return17. 321 00 19. Amended return only – overpayment previously requested on original and/or amended return......19. 00 321 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.......21. 0.0 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. 00 24. Overpayment (line 20 minus line 13)24. 321 00 00 26. Original return only – amount of line 24 to be donated: b. State nature preserves c. Breast/Cervical Cancer a. Ohio History Fund 0.0 0.0 0.0 00 Total 26a. d. Wishes for Sick Children e. Wildlife species f. Military injury relief 0.0 0.0

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.

Phone number (513)908-1795 Primary signature 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

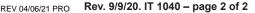
Preparer's TIN (PTIN) P02082703

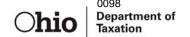
If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

321 00

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

858 14 1324

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.

321 00

Part B -			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	824572697	14760 00	934 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54091782	14760 00	303 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	352079709	2117 00	125 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	53049072	2117 00	18 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

858 14 1324



20350298

Sequence No. 12

Part C -	1099-Rs	030 14 1324	Sequence No.	12
1. P/S		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	
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	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	
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	
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
1. F/3	rayers riiv	00	00	
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	
	Box 0 - Payer's Office fluitiber	00	00	
2 0/0	Davor's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
2. P/S	Payer's TIN	0 0	00	
	Boy 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	
	Box 6 - Payer's Ohio number	Box 7 - State Income	Box 5 - Onio tax withheld	
		00	00	

Ohio Department of Taxation

05 13 21

2020 Ohio Schedule of Credits

858 14 1324

Primary taxpayer's SSN



20280198 c

Sequence No. 7

Nonrefundable Credits

	Nonrefundable Credits		
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	0	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)		00
4.	Senior citizen credit (must be 65 or older to claim this credit)		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)		00
7.	Displaced worker training credit (see instructions for all required documentation; include copies)7.		00
7a.	Campaign contribution credit for Ohio statewide office or General Assembly	0	00
8.	Income-based exemption credit (\$20 times the number of exemptions)	20	00
9.	Total (add lines 2 through 8)9.	20	00
10.	Tax less credits (line 1 minus line 9; if less than zero, enter zero)	0	00
11.	Joint filing credit (see instructions for table). % times line 10, up to \$650	0	00
12.	Earned income credit		00
13.	Ohio adoption credit		00
14.	Nonrefundable job retention credit (include a copy of the credit certificate)14.		00
15.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.		00
16.	Credit for purchases of grape production property		00
17.	InvestOhio credit (include a copy of the credit certificate)		00
18.	Lead abatement credit (include a copy of the credit certificate)		00
19.	Opportunity zone investment credit (include a copy of the credit certificate)		00
20.	Technology investment credit carryforward (include a copy of the credit certificate)20.		00
21.	Enterprise zone day care & training credits (include a copy of the credit certificate)		00
22.	Research & development credit (include a copy of the credit certificate)		00
23.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)23.		00
24.	Total (add lines 11 through 23)24.	0	00
25.	Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	0	00



0098

2020 Ohio Schedule of Credits

Primary taxpayer's SSN 858 14 1324



Sequence No. 8

Nonresident Credit

Date	of nonresidency	to	State of residency			
26.	Nonresident Portion of Ohio adjusted gross in Ohio IT NRC Section I, line 18 (include a copy		00			
27.	Ohio adjusted gross income (Ohio IT 1040, line	ne 3)27.	00			
	Divide line 26 by line 27 and enter the result here Multiply this factor by line 25 to calculate your	,	28.		00	
Kesi	dent Credit					
29.	Portion of Ohio adjusted gross income taxed b state or the District of Columbia while an Ohio Ohio IT RC, line 1a (include a copy)	resident-	00			
30.	Ohio adjusted gross income (Ohio IT 1040, line	ne 3)30.	00			
31.	Divide line 29 by line 30 and enter the result here Multiply this factor by line 25 and enter the reshere	sult	00			
32.	2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.	00			
33.	Enter the lesser of line 31 or line 32. This is yo state abbreviation in the boxes below for each	our Ohio resident tax credit. E I state in which income was s	Enter the two-letter subject to tax33.		00	
34.	Total nonrefundable credits (add lines 9, 24,	, 28 and 33; enter here and o	on Ohio IT 1040, line 9) 34.	20	00	
	Refundable Credits					
35.	Refundable Ohio historic preservation credit (i	include a copy of the credit	certificate) 35.		00	
36.	Refundable job creation credit & job retention c	credit (include a copy of the cr	redit certificate)36.		00	
37.	Pass-through entity credit (include a copy of	the Ohio IT K-1s)	37.		00	
38.	Motion picture & Broadway theatrical production	on credit (include a copy of	the credit certificate)38.		00	
39.	Venture capital credit (include a copy of the o	credit certificate)	39.		00	
40.	Total refundable credits (add lines 35 throug	gh 39; enter here and on Ohio	o IT 1040, line 16)40.		00	