

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) 068 11 1278

Spouse's SSN (if filing jointly)

JAKKANI

▶ If deceased

School district # (see instructions).

check box

check box

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

SD# ▶ 8002

First name ROHIT M.I. Last name

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

M.I. Last name

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

216 GALLERY DR

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

Ohio county (first four letters) City ZIP code State

OH 43040 UNIO MARYSVILLE

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		×	Single, head of household o	r qualifying widow(er)	
Ch	neck 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			
Ol	hio Nonresid	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 fed	deral extension form 4868.	
	Spouse meets	the five criteria for irre	ebuttable presumpti	on as nonresident.		Check here if someone else i joint return) as a dependent.	s able to claim you (or your spouse if	
1.	•	,		10-SR, line 11). Inclu				
				Place a "-" in the box			15914 00	
	. Additions – Ohi	o Schedule A, line 10	(INCLUDE SCHEI	DULE)		2a.	00	
2b.	. Deductions – O	hio Schedule A, line	39 (INCLUDE SCH	EDULE)		2b.	00	
				ne 2b). Place a "-" in			15914 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.	
aper crip.	 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 a if the amount is less than zero	at the right	
5 2 5 2	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 = 0 1 1 0 0	
	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. 13514 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. 13514 00	





0098

2020 Ohio IT 1040

Individual Income Tax Return



SSN 068 11 1278

20000298 Sequence No.

8a. 0 00 8b. Business income tax liability on line 7a (see instructions for tax tables)	7a. Amount from line 7 on page 1.			7a.	13514	00
8c. Income tax liability before credits (line 8a plus line 8b)	8a. Nonbusiness income tax liabili	ty on line 7a (see instruction	ns for tax tables)	8a.	0	00
9. Ohio nomefundable 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 nomefundable credits (line 8c minus line 9; if less than zero, enter zero)	8c. Income tax liability before cred	lits (line 8a plus line 8b)		8c.	0	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.	20	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	10. Tax liability after nonrefundable	e credits (line 8c minus line	9; if less than zero, enter zero)10.	0	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpaym	ent of estimated tax (included)	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.	0	00
15. 00	14. Ohio income tax withheld – Sc	hedule of Ohio Withholding	, part A, line 1 (INCLUDE SC F	HEDULE)14.	456	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. <u>Amended return only</u> – amou	ınt 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.	456	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. <u>Amended return only</u> – overp	payment previously requeste	ed on original and/or amended	d return19.		00
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13					456	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)	•					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	f 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 00 00 d. Wishes for Sick Children e. Wildlife species f. Military injury relief 00 00 27. REFUND (line 24 minus lines 25 and 26g)	24. Overpayment (line 20 minus line)	ne 13)		24.	456	00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief Total 26g. 0 0 0 0 0 0 0 0 0 0 27. REFUND (line 24 minus lines 25 and 26g)	26. Original return only - amoun	t of line 24 to be donated:	•	bility25.		00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief 00 00 27. REFUND (line 24 minus lines 25 and 26g)	00	00	00			
27. REFUND (line 24 minus lines 25 and 26g)	d. Wishes for Sick Children	e. Wildlife species	f. Military injury relief	Total 26g.		00
, <u> </u>				ID DEELING \ 2-		0.0
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is \$1.00 or less, no refund will be issued.						

<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 (330)687-9957

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

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

Preparer's printed name RVSSMANIKUMARAPPANA Phone number (646)727-7157

Preparer's TIN (PTIN) P02090332

f 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.



2035019

Sequence No. 11

Primary taxpayer's SSN

068 11 1278

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

456 00

Part B -	- W-2s		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	461279607	18414 00	1544 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54020955	18414 00	456 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

068 11 1278



20350298

Sequence No. 12

Dowt C	4000 B-	068 11 1278		Sequence No. 12
1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		coquemos rie. I
1. F/3	rayers IIIV	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
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	Day 7
		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
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



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2020 Ohio Schedule of Credits

Primary taxpayer's SSN



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Sequence No. 7

Nonrefundable Credits 068 11 1278

Nomeralidable Credits			
Tax liability before credits (from Ohio IT 1040, line 8c)	1.	0	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		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	7a.	0	00
8. Income-based exemption credit (\$20 times the number of exemptions)	8.	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)	10.	0	00
11. Joint filing credit (see instructions for table). % times line 10, up to \$650	11.	0	00
12. Earned income credit	12.		00
13. Ohio adoption credit	13.		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	16.		00
17. InvestOhio credit (include a copy of the credit certificate)	17.		00
18. Lead abatement credit (include a copy of the credit certificate)	18.		00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.		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)	21.		00
22. Research & development credit (include a copy of the credit certificate)	22.		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)	25.	0	00



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2020 Ohio Schedule of Credits

Primary taxpayer's SSN 068 11 1278



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, lin	e 3)27.	00				
28.	Divide line 26 by line 27 and enter the result here	e (four digits; do not round).					
	Multiply this factor by line 25 to calculate your	nonresident credit	28.		00		
Resi	dent Credit						
29.	Portion of Ohio adjusted gross income taxed be 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, lin	e 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	ult	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. En state in which income was su	oter the two-letter bject to tax33.		00		
34.	Total nonrefundable credits (add lines 9, 24,	, 28 and 33; enter here and on	Ohio IT 1040, line 9) 34.	20	00		
	Refundable Credits						
35.	Refundable Ohio historic preservation credit (i	nclude a copy of the credit o	certificate)35.		00		
36.	Refundable job creation credit & job retention c	redit (include a copy of the cre	dit 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 th	he credit certificate)38.		00		
39.	Venture capital credit (include a copy of the	credit certificate)	39.		00		
40.	Total refundable credits (add lines 35 throug	h 39; enter here and on Ohio I	IT 1040, line 16)40.		00		