

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BHARGAVAKUMAR	Last name CHITTIBOINA	Your social security number 857-93-7458
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 10820 LAKE THAMES DR APT C		Apt. no. C	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. CINCINNATI	State OH	ZIP code 45242	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? **Yes** **No**

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	75,815.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	30.
	8	Other income from Schedule 1, line 9		8	-11,680.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	64,165.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	64,165.
	12	Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	51,765.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,181.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,181.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,181.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,181.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,279.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,279.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	10,279.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,098.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,098.
b	Routing number 042000314	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 7920412942		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 03/28/2021	PTIN P02090332	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (646) 727-7157 Firm's EIN 30-1017196

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
BHARGAVAKUMAR CHITTIBOINA

Your social security number
857-93-7458

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-11,680.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-11,680.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return
BHARGAVAKUMAR CHITTIBOINA

Your social security number
857-93-7458

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	2,038.	2,008.		30.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 30.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	30.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

BHARGAVAKUMAR CHITTIBOINA

Social security number or taxpayer identification number

857-93-7458

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	01/02/20	05/22/20	2,038.	2,008.			30.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2,038.	2,008.			30.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

BHARGAVAKUMAR CHITTIBOINA

857-93-7458

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	THOGURUVARIPALEM NELLORE ANDHRA PRADESH IN 524224				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		320.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		3,247.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,784.		
15	Supplies	15		1,997.		
16	Taxes	16				
17	Utilities.	17		3,972.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		12,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11,680.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-11,680.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		320.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		12,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,680.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-11,680.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



03 28 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) 857 93 7458

If deceased

Spouse's SSN (if filing jointly)

If deceased

School district # (see instructions).

check box

check box

SD# 3101

First name BHARGAVAKUMAR

M.I. Last name CHITTIBOINA

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

M.I. Last name

Address line 1 (number and street) or P.O. Box 10820 LAKE THAMES DR APT C

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

City CINCINNATI

State ZIP code OH 45242

Ohio county (first four letters) HAMI

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)

Ohio Nonresident Statement - See instructions for required criteria. Primary 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 64165 00. Line 2a: Additions 00. Line 2b: Deductions 00. Line 3: Ohio adjusted gross income 64165 00. Line 4: Exemption amount 2150 00. Line 5: Ohio income tax base 62015 00. Line 6: Taxable business income 00. Line 7: Line 5 minus line 6 62015 00.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 857 93 7458

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) 328-6019
Spouse's signature _____ Date (MM/DD/YY) _____

Preparer's printed name RVSSMANIKUMARAPPANA Phone number (646) 727-7157
Preparer's TIN (PTIN) P 02090332

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

857 93 7458

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. 2224 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	980429806	75815 00	10279 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	526502299	75815 00	2224 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
857 93 7458



20350298

Sequence No. 12

Part C - 1099-Rs

1. 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
00

Box 14 - Ohio tax withheld
00

2. 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
00

Box 14 - Ohio tax withheld
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
00

Box 14 - Ohio tax withheld
00

4. 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
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>857 93 7458</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>BHARGAVAKUMAR CHITTIBOINA</u>		
Address: <u>10820 LAKE THAMES DR APT C APT C</u>		
City/State/Zip <u>CINCINNATI OH 45242</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)	\$	75 815 00
2.	Less Nontaxable Income (part year or non-residents only) (provide calculations).....	\$	
3.	Taxable Qualified Wages (Line 1 minus Line 2).....	\$	75 815 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	\$	75 815 00
6.	Cincinnati Income Tax (Multiply Line 5 by 2.025% (.02025) <i>See Instructions</i>)	\$	1 535 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)	\$	1 534 00
8.	Total Payments and Credits (Lines 7a + 7b + 7c).....	\$	1 534 00
9.	Tax Due (Subtract Line 8 from Line 6) (Amounts less than \$10.00 are not due)	\$	1 00
10.	Overpayment (Line 8 greater than Line 6).....	\$	
11.	Amount to be Refunded (Amounts less than \$10.00 will not be refunded).....	\$	
12.	Credit to Next Year.....	\$	
			Federal Extension filed If yes, attach copy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

13.	Total Estimated Income Subject to Tax.....	\$	75 815 00
14.	Cincinnati Estimated Income Tax Due (Multiply Line 13 by 1.8% (.018).....	\$	1 365 00
15.	Estimated Taxes Withheld from Wages.....	\$	1 534 00
16.	Estimated Tax Due after Withholding (Line 14 less Line 15) STOP if this amount is less than \$200.00.....	\$	-169 00
17.	Quarter One Estimated Tax Due Before Credits (25% of Line 16).....	\$	
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*.....	\$	
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)	\$	1 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 (646) 727-7157
 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 E 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).	\$ -11 680 00	100.00	\$ -11 680 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) *			\$ -11 680 00

* 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