



03 08 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) 766 63 4490

If deceased

Spouse's SSN (if filing jointly)

If deceased

School district # (see instructions).

check box

check box

SD# 0201

First name MAHITHA SREE

M.I. Last name TAMMINEEDI

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

M.I. Last name

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

2312 3RD AVE

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

APT 302

City

SEATTLE

State

WA

ZIP code

98121

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 Resident Part-year resident X Nonresident WA

Check only one for spouse (if married filing jointly) Resident Part-year resident Nonresident

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 7 rows of tax information including Federal adjusted gross income, additions, deductions, and tax base.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 766 63 4490

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Use tax due on internet, mail order or other out-of-state purchases, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax liability, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

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) 238-7215
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

766 63 4490



20350198

Sequence No. 11

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. 2678 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	310676865	46568 00	7708 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	51086128	46508 00	1427 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	820544687	35997 00	7490 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	540854783	35997 00	1251 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
766 63 4490



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



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198 Sequence No. 7

03 08 21

766 63 4490

Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Rows include Tax liability before credits, Retirement income credit, Lump sum retirement credit, Senior citizen credit, Lump sum distribution credit, Child care & dependent care credit, Displaced worker training credit, Campaign contribution credit, Income-based exemption credit, Total (add lines 2 through 8), Tax less credits, Joint filing credit, Earned income credit, Ohio adoption credit, Nonrefundable job retention credit, Credit for eligible new employees, Credit for purchases of grape production property, InvestOhio credit, Lead abatement credit, Opportunity zone investment credit, Technology investment credit carryforward, Enterprise zone day care & training credits, Research & development credit, Nonrefundable Ohio historic preservation credit, Total (add lines 11 through 23), and Tax less additional credits.



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

766 63 4490



20280298

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			62305 00
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....			144810 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit		0.4302	2015 00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)		00
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....		00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here		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)		00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....		00
34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)		2015 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	00
39. Venture capital credit (include a copy of the credit certificate)	00
40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).....	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>766 63 4490</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>MAHITHA SREE TAMMINEEDI</u>		
Address: <u>2312 3RD AVE APT 302</u>		
City/State/Zip <u>SEATTLE WA 98121</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)	\$	
2.	Less Nontaxable Income (part year or non-residents only) (provide calculations).....	\$	
3.	Taxable Qualified Wages (Line 1 minus Line 2).....	\$	
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	\$	
6.	Cincinnati Income Tax (Multiply Line 5 by 2.025% (.02025) <i>See Instructions</i>)	\$	
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)	\$	
8.	Total Payments and Credits (Lines 7a + 7b + 7c).....	\$	
9.	Tax Due (Subtract Line 8 from Line 6) (Amounts less than \$10.00 are not due)	\$	
10.	Overpayment (Line 8 greater than Line 6).....	\$	Federal Extension filed If yes, attach copy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.	Amount to be Refunded (Amounts less than \$10.00 will not be refunded).....	\$	
12.	Credit to Next Year.....	\$	

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

13.	Total Estimated Income Subject to Tax.....	\$	
14.	Cincinnati Estimated Income Tax Due (Multiply Line 13 by 1.8% (.018).....	\$	
15.	Estimated Taxes Withheld from Wages.....	\$	
16.	Estimated Tax Due after Withholding (Line 14 less Line 15) STOP if this amount is less than \$200.00.....	\$	
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)	\$	

*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 (678) 965-9522
 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).	\$	100.00	\$
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) *			\$

* 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