



■ Taxpayer Information (Use BLACK Ink Only)

Your legal last name SREEPADA		Legal first name ANURADHA		M.I.	Your social security number 027591534
If joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number 179619948
Legal name of estate, trust, partnership, or corporation					FEIN
Address (number and street) 915 BLACKMORE DR				Apt. no.	Daytime phone number
City or post office DELAWARE	State OH	Zip code 43015	Email address ANANTH.RUDROJU@GMAIL.COM		

■ Attachments – Submit this form only if you electronically filed your return or homestead credit claim. Do NOT submit this form if you are filing a paper return or homestead credit claim.

Check the applicable box(es) to identify the attachments.

- Amended return filed on Form 1, 1NPR, or X-NOL – Attach forms, documents and/or schedules that support the item(s) changed, as needed.
- Angel investment credit (Schedule VC) – Attach a copy of the new business venture certification form provided by the Wisconsin Economic Development Corporation (WEDC) and the tax credit verification form issued by the WEDC. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Business development credit (Schedule BD) – Attach a copy of the certification form and the tax credit verification from WEDC. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Community rehabilitation program credit (Schedule CM) – Attach signed Part II of Schedule CM. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Development zones credit (Schedule DC) – Attach a copy of your certification to claim tax benefits and the verification of expenses from WEDC. Also attach a statement from WEDC verifying the amount of credit for environmental remediation and job creation or retention. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Early stage seed investment credit (Schedule VC) – Attach a copy of the certification issued by WEDC to the business and to the fund manager and a statement from the fund manager containing (1) name and address of the fund manager and (2) for each investment, the date, total amount of investment, amount invested in a qualified new business venture, and amount of tax credit. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Economic development credit (Schedule ED) – Attach a copy of your certification and the notice of eligibility to receive tax benefits from the WEDC. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Electronics and Information Technology Manufacturing Zone Credit (Schedule EIT) – Attach a copy of your tax benefit certification issued by the WEDC. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Eligible veterans and surviving spouses property tax credit – Attach real estate tax bill(s) for all taxes paid in 2019, proof of payment, your Wisconsin Department of Veterans Affairs certification, if required, and any other documentation requested in the instructions.
- Employee college savings account contribution credit (Schedule ES) – If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1.
- Enterprise zone jobs credit (Schedule EC) – Attach a copy of your certification to claim tax benefits and the verification of your expenses from WEDC. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.
- Farmland preservation credit (Schedule FC or FC-A) – See the instructions for the schedule you are filing for the required attachments.
- Historic rehabilitation credit (Schedule HR) – See Schedule HR for the required attachments.
- Homestead credit (Schedule H or H-EZ) – Attach required documents (W-2s, W-2Gs, 1099-Rs, 1098-Ts, original rent certificate(s), tax bill(s), legal documents, and statements). Attach a copy of Schedule GL if using electronic software that does not submit the Schedule GL as part of the electronic return.
- Jobs tax credit (Schedule JT) – Attach a copy of your certification to claim tax benefits issued by WEDC and the notice of eligibility to receive tax benefits that reports the amount of tax benefit from WEDC. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.

PAPER CLIP required attachments here

Your legal name ANURADHA SREEPADA	Social security number or FEIN 027591534
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Low-income housing credit (Schedule LI) – Attach a copy of the allocation certificate issued by Wisconsin Housing and Economic Development Authority. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.

Manufacturing and agriculture credit (Schedule MA-M or MA-A) – If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1.

Manufacturing investment credit (Schedule MI) – Attach a copy of the certification from the Department of Commerce. If credit is from a pass-through entity, attach a copy of your Schedule 5K-1, 3K-1, or 2K-1 instead.

Model Form for legislators who make the sec. 162(h) election – If using electronic filing software that does not submit the SPL-01 Model Form as part of the electronic return, attach a copy of the 2019 Model Form.

Request for closing certificate for fiduciaries (Schedule CC) – *Estates* – Enter decedent's social security number in the box labeled "Your social security number" under Taxpayer Information above. Attach a copy of the decedent's will and the probate inventory. *Trusts* – Attach a copy of the trust instrument and three years of accountings. (Submit attachments and Form W-RA only if Schedule CC was electronically filed.)

Sale of investment in a qualified Wisconsin business (Schedule QI) – Attach information showing your computation of the allocation of gain eligible for the exclusion.

Tax-option (S) corporation, partnership, limited liability company, trust, or estate adjustments - Attach a copy of your Schedule 5K-1, 3K-1, or 2K-1.

Tax paid to another state (Schedule ET-OS) – Attach a copy of the tax-option (S) corporation's or partnership's income or franchise tax return(s) from the other state(s). If the entity is claiming credit for tax paid to another state on behalf of their shareholder(s) or partner(s) on a composite income tax return, attach a copy of the composite income tax return from the other state.

Tax paid to another state (Schedule OS) – Attach a copy of your income tax return from the other state(s) and withholding statements or a copy of your Schedule 3K-1 or 5K-1 if credit is based on tax paid by a pass-through entity.

Other – Attach any other documents you were instructed to attach when e-filing.

Purpose of Form

Use Form W-RA to submit supporting documentation when you electronically file an income or franchise tax return and claim any of the credits or items listed. Many of the above items require documentation from the WEDC. Legislators making the special section 162(h) election must mail the Model Form to the department when using electronic filing software that does not submit the Model Form as part of the electronic return.



Paper clip your attachments to Form W-RA. Refunds can be processed faster if you use paper clips instead of staples.

CAUTION Use Form W-RA only to submit supporting documentation required for the box(es) checked. Do **not** submit other correspondence or appeals or a paper copy of your tax return or homestead credit claim with Form W-RA.

When to File

Form W-RA and required attachments must be mailed to the department within 48 hours of receipt of your Wisconsin acknowledgment. Refunds may not complete processing until Form W-RA and attachments have been received.

Note Individuals and tax practitioners filing on behalf of individuals required to send the Form W-RA attachments to the department may transmit this data in an electronic file over the internet. To submit Form W-RA attachments electronically, go to <https://tap.revenue.wi.gov/WRA/>.

Where to File

Send Form W-RA and all attachments to: Wisconsin Department of Revenue, PO Box 897, Madison WI 53708-8977

Failure to mail Form W-RA timely to the correct address with all attachments will result in a delay in issuing a refund.

Note If you use a mail service provider that is not the U.S. Postal Service, deliver to: Mail Stop 1-151, Wisconsin Department of Revenue, 2135 Rimrock Road, Madison WI 53713.

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of November 1, 2019:
Chapter 71, Wis. Stats.

For the year Jan. 1-Dec. 31, 2019, or other tax year

Note Check here if an amended return beginning _____, 2019 ending _____, 20____.

DO NOT STAPLE

Your legal last name SREEPADA	Legal first name ANURADHA	M.I.	Your social security number 027591534
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number 179619948
Home address (number and street). If you have a PO Box, see page 11. 915 BLACKMORE DR		Apt. no.	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2019. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town WESTERVILLE
City or post office DELAWARE	State OH	Zip code 43015	
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input checked="" type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/> If married, fill in spouse's SSN above and full name here <input type="checkbox"/>			County of DOOR School district number See page 60 5457
Legal last name RUDROJU		Legal first name ANANTHACHARY	
Special conditions <input type="checkbox"/>			

See page 5 before assembling return

Use BLACK Ink ● **Print numbers like this → 0 1 2 3 4 5 6 7 8 9** **Not like this → Ø 1 4 7** ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	<u>80252.00</u>
	Form W-2 wages included in line 1		<u>80252.00</u>
2	State and municipal interest (see page 13)	2	<u>0.00</u>
3	Capital gain/loss addition (see page 14)	3	<u>.00</u>
4	Other additions } Fill in code number and amount, see page 14. } Fill in total other additions on line 4.		<u>.00</u>
	<u>.00</u> <u>.00</u> <u>.00</u> <u>.00</u> ...	4	<u>.00</u>
5	Add the amounts in the right column for lines 1 through 4	5	<u>80252.00</u>
6	Taxable refund of state income tax (from federal Form 1040 or 1040-SR, Schedule 1 , line 1)	6	<u>.00</u>
7	United States government interest	7	<u>.00</u>
8	Unemployment compensation (see page 16)	8	<u>.00</u>
9	Social security adjustment (see page 17)	9	<u>.00</u>
10	Capital gain/loss subtraction (see page 17)	10	<u>.00</u>
11	Other subtractions } Fill in code number and amount, see page 18. } Fill in total other subtractions on line 11.		<u>.00</u>
	<u>.00</u> <u>.00</u> <u>.00</u>		
	<u>.00</u> <u>.00</u>	11	<u>.00</u>
12	Add lines 6 through 11	12	<u>.00</u>
13	Subtract line 12 from line 5. This is your Wisconsin income	13	<u>80252.00</u>

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I-1010i (R, 11-19)

NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	80252.00
15	Standard deduction. See table on page 58, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 32 and check here <input type="checkbox"/>	15	0.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	80252.00
17	Exemptions (Caution: See page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	17a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	17b	.00
c	Add lines 17a and 17b	17c	700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	79552.00
19	Tax (see table on page 51)	19	4702.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 34)	21	.00
22	School property tax credit		
a	Rent paid in 2019—heat included <u>.00</u> } Find credit from table page 36	22a	.00
	Rent paid in 2019—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2019 <u>.00</u> Find credit from table page 37	22b	.00
23	Working families tax credit (see page 37)	23	0.00
24	Married couple credit. Enclose Schedule 2, page 4	24	.00
25	Nonrefundable credits from line 34 of Schedule CR	25	.00
26	Net income tax paid to another state. Enclose Schedule OS ... <input type="checkbox"/> OH	26	77.00
27	Add lines 20 through 26	27	77.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax	28	4625.00
29	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 40) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	29	.00
30	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	e	Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f	Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g	Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	30i	.00
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42) <u>.00</u> x .33 =	31	.00
32	Other penalties (see page 42)	32	.00
33	Add lines 28, 29, 30i, 31 and 32	33	4625.00
34	Wisconsin tax withheld. Enclose withholding statements	34	4508.00
35	2019 estimated tax payments and amount applied from 2018 return	35	.00
36	Earned income credit. Number of qualifying children <input type="checkbox"/>		
	Federal credit <u>.00</u> x <u> </u> % =	36	.00




Name(s) shown on Form 1		Your social security number
ANURADHA SREEPADA		027591534
NO COMMAS; NO CENTS		
37	Farmland preservation credit. a Schedule FC, line 17	37a <u> .00</u>
	b Schedule FC-A, line 13	37b <u> .00</u>
38	Repayment credit (see page 44)	38 <u> .00</u>
39	Homestead credit. Enclose Schedule H or H-EZ.	39 <u> .00</u>
40	Eligible veterans and surviving spouses property tax credit . . .	40 <u> .00</u>
41	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	41 <u> .00</u>
42	AMENDED RETURN ONLY—Amounts previously paid (see page 47)	42 <u> .00</u>
43	Add lines 34 through 42	43 <u> 4508.00</u>
44	AMENDED RETURN ONLY—Amounts previously refunded (see page 47)	44 <u> .00</u>
45	Subtract line 44 from line 43	45 <u> 4508.00</u>
46	If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID	46 <u> 0.00</u>
47	Amount of line 46 you want REFUNDED TO YOU	47 <u> 0.00</u>
48	Amount of line 46 you want APPLIED TO YOUR 2020 ESTIMATED TAX	48 <u> 0.00</u>
49	If line 45 is smaller than line 33, subtract line 45 from line 33. This is the AMOUNT YOU OWE . Paper clip payment to front of return	49 <u> 117.00</u>
50	Underpayment interest. Fill in exception code—See Sch. U <u> </u> Also include on line 49 (see page 49)	50 <u> .00</u>

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 50)? **Yes** Complete the following. **No**

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

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 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here
 ▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Daytime phone _____

I-010ai

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 33)

1 Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	<u>.00</u>
2 Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	<u>.00</u>
3 Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	<u>.00</u>
4 Casualty losses from federal Schedule A (Form 1040 or 1040-SR).	4	<u>.00</u>
5 Add lines 1 through 4	5	<u>.00</u>
6 Fill in your standard deduction from line 15 on page 2 of Form 1.	6	<u>.00</u>
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	<u>0.00</u>
8 Rate of credit is .05 (5%)	8	<u>x .05</u>
9 Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	<u>.00</u>

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 38)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	<u>.00</u>	<u>.00</u>
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	<u>.00</u>	<u>.00</u>
3 Combine lines 1 and 2. This is earned income. 3	<u>.00</u>	<u>.00</u>
4 Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income. 4	<u>.00</u>	<u>.00</u>
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	<u>.00</u>	<u>.00</u>
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6		<u>.00</u>
7 Rate of credit is .03 (3%). 7		<u>x .03</u>
8 Multiply line 6 by line 7. Fill in here and on line 24 on page 2 of Form 1. 8		<u>.00</u>

Do not fill in more than \$480.



Schedule **OS**

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

Attach to your Wisconsin Form 1, 1NPR, or 2

2019

Name(s) shown on Form 1, 1NPR, or 2 ANURADHA SREEPADA	Identifying number 027-59-1534
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To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2019 and have paid 2019 state income tax **on the same income** to Wisconsin and another state.

**Be sure to enclose a copy of your
tax return from the other state(s).**

**NO COMMAS
NO CENTS**



		State 1	State 2
PART I – Income From Other State	Postal abbr. →	O H	__ __
<u>1</u> Wages, salaries, tips, etc	1	2930.00	.00
<u>2</u> Business income / loss	2	.00	.00
<u>3</u> Capital gain / loss	3	.00	.00
<u>4</u> Other gains / losses	4	.00	.00
<u>5</u> IRA distributions, pensions, and annuities	5	.00	.00
<u>6</u> Rental real estate, royalties, partnerships, S corporations, trusts, etc	6	.00	.00
<u>7</u> Farm income / loss	7	.00	.00
<u>8</u> Unemployment compensation	8	.00	.00
<u>9</u> Social security benefits	9	.00	.00
<u>10</u> Other income _____	10	.00	.00
<u>11</u> Add lines 1 through 10 in each column	11	2930.00	.00
Adjustments to Income			
<u>12</u> Deductible part of self-employment tax	12	.00	.00
<u>13</u> Self-employed SEP, SIMPLE, and qualified plans	13	.00	.00
<u>14</u> Self-employed health insurance deduction	14	.00	.00
<u>15</u> IRA deduction	15	.00	.00
<u>16</u> Other adjustments to income _____	16	.00	.00
<u>17</u> Add lines 12 through 16 in each column	17	.00	.00
<u>18</u> Total income taxed by other state – subtract line 17 from line 11	18	2930.00	.00
PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax)			
<u>19</u> Income taxable to both Wisconsin and other state (see instructions)	19	2930.00	.00
<u>20</u> Total income taxed by the other state (see instructions)	20	2930.00	.00
<u>21</u> Divide line 19 by line 20. Carry the decimal to four places and fill in on line 21. If line 20 is less than line 19, enter 1.0000	21	1 . 0 0 0 0	__ __ __ __
<u>22</u> From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions)	22	77.00	.00
<u>23</u> Multiply line 21 by line 22. Round the result to the nearest dollar. If tax was paid to another state and passed through to you by a tax-option (S) corpora- tion, limited liability company, or partnership, go on to Part III. Otherwise, skip lines 25 through 29 and go on to Part IV. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 23 on line 35	23	77.00	.00

Name(s) shown on Form 1, 1NPR, or 2 ANURADHA SREEPADA	Identifying number 027-59-1534
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NO COMMAS; NO CENTS

PART III – Calculation of Credit (Tax-option (S) Corporation, Limited Liability Company, and Partnership Income and Franchise Tax)

	State 1	State 2
24 Postal abbreviation for state to which tax was paid 24	<u> O </u> <u> H </u>	<u> — </u> <u> — </u>
25 Income taxable to both Wisconsin and other state (see instructions) 25	<u> 0.00 </u>	<u> .00 </u>
26 Total income taxed by the other state (see instructions) 26	<u> 0.00 </u>	<u> .00 </u>
27 Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000 27	<u> — </u> <u> — </u> <u> — </u> <u> — </u>	<u> — </u> <u> — </u> <u> — </u> <u> — </u>
28 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) 28	<u> 0.00 </u>	<u> .00 </u>
29 Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36 29	<u> .00 </u>	<u> .00 </u>

PART IV - Credit Allowed

30 Income taxable to both Wisconsin and other state (see instructions) 30	<u> 2930.00 </u>	<u> .00 </u>
31 Wisconsin income from Form 1, line 13, Form 1NPR, line 31, or Form 2, see instructions 31	<u> 80252.00 </u>	<u> .00 </u>
32 Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.000 32	<u> 0. </u> <u> 0 </u> <u> 3 </u> <u> 6 </u> <u> 5 </u>	<u> — </u> <u> — </u> <u> — </u> <u> — </u>
33 Fill in the Wisconsin net income tax from: • Form 1, line 19, less the amounts on lines 20 through 25 • Form 1NPR, line 46, less the amounts on lines 47 through 50 • Form 2, line 6c, less the amount on line 7 33	<u> 4702.00 </u>	<u> .00 </u>
34 Multiply line 32 by line 33. Round the result to the nearest dollar 34	<u> 172.00 </u>	<u> .00 </u>
35 Fill in the amount from line 23 35	<u> 77.00 </u>	<u> .00 </u>
36 Fill in the amount from line 29 36	<u> .00 </u>	<u> .00 </u>
37 Add lines 35 and 36 37	<u> 77.00 </u>	<u> .00 </u>
38 Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37 38	<u> 77.00 </u>	<u> .00 </u>
39 Add the amounts in each column of line 38. Fill in the total here 39		<u> 77.00 </u>
40 If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS 40		<u> .00 </u>
41 Add lines 39 and 40. This is your credit for tax paid to another state (see instructions) 41		<u> 77.00 </u>





2019 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



19000133 Sequence No. 1

04 17 20

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 a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required) 027 59 1534 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 9999

First name ANURADHA M.I. Last name SREEPADA

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 915 BLACKMORE DR

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

City DELAWARE State OH ZIP code 43015 Ohio county (first four letters) FRAN

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

Residency Status - Check only one for primary: Full-year resident, Part-year resident, Nonresident Indicate state WI. Filing Status - Check one (as reported on federal income tax return): Single, head of household or qualifying widow(er), Married filing jointly, Married filing separately Spouse's SSN 179 61 9948. Ohio Nonresident Statement - See instructions for required criteria.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



MM-DD-YY Code

2019 Ohio IT 1040 Individual Income Tax Return



19000233 Sequence No. 2

SSN 027 59 1534

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 and penalty due on late filing or 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 _____
Spouse's signature _____ Date (MM/DD/YY) _____

Check here to authorize your preparer to discuss this return with the Department
Preparer's printed name APPANA RUPA VENKATA SATY 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

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



19280133

Sequence No. 7

04 17 20

027 59 1534

Nonrefundable Credits

Do not staple or paper clip.

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2091	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
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	0	00
10. Total (add lines 2 through 9)	10.	0	00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero).....	11.	2091	00
12. Joint filing credit (see instructions for table). % times the amount on line 11.....	12.	0	00
13. Earned income credit	13.		00
14. Ohio adoption credit.....	14.		00
15. Nonrefundable job retention credit (include a copy of the credit certificate).....	15.		00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.		00
17. Credit for purchases of grape production property	17.		00
18. InvestOhio 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 12 through 23)	24.	0	00
25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero).....	25.	2091	00



2019 Ohio Schedule of Credits

Primary taxpayer's SSN
027 59 1534



19280233

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)			26. 77322 00
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			27. 80252 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit			28. 0.9634 2014 00

Resident Credit

Do not staple or paper clip.

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident			29. 00
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			30. 00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here			31. 00
32. Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia			32. 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			33. 00
34. Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) ..			34. 2014 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)			35. 00
36. Refundable job creation credit & job retention credit (include a copy of the credit 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 credit (include a copy of the credit certificate)			38. 00
39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)			39. 00
40. Venture capital credit (include a copy of the credit certificate)			40. 00
41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)			41. 00