Do not staple or paper clip. 0033 Department of **Taxation**

2019 Ohio IT 1040

Individual Income Tax Return





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 it claiming a Net Ope	rating Loss (NOL) car	ryback. Include Ohio Schedule II	NOL.
Primary taxpayer's SSN (required)	If deceased	Spouse's SSN (if filing jointly)	

179 61 9948

▶ If deceased Spouse's SSN (if filing jointly) ▶ If deceased

Enter school district # for this return (see instructions).

check box

check box

SD# ▶ 1201

First name ANANTHACHARY

Do not staple or paper clip.

M.I. Last name RUDROJU

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.)

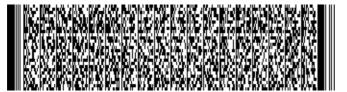
ZIP code Ohio county (first four letters) City State

43015 OH DELA DELAWARE

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

Residency Status – Check only one for primary			<u>Fili</u>	Filing Status – Check one (as reported on federal income tax return)				
×	Full-year	Part-year	Nonresident Indicate state		Single, head of household or q	ualifying widow(er)		
Che	resident ck only one for sp	resident ouse (if married fi	ling jointly)		Married filing jointly			
	Full-year resident	Part-year resident	Nonresident	×	Married filing separately	Spouse's SSN 027 59 1534		
Oh	Ohio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.				Check here if you filed the federal extension form 4868.			
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.			
. 1 [edoral adjusted	grass income (fr	om the federal 1040, line 8h). Include	2 2 2 2 2	nd	·		

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.
1. Federal adjusted gross income (from the federal 1040, line 8b). Include page 2 of your federal return if the amount is zero or negative. Place a "-" in the book if the amount is less than zero	x at the right
2 2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a. 00
2b.Deductions – Ohio Schedule A, line 38 (INCLUDE SCHEDULE)	2b. 00
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	10516100
Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J) Number of exemptions claimed: 2	4. 3700 00
5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5. 101461 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. 101461 00



MM-DD-YY Code

0033

2019 Ohio IT 1040



19000233 Sequence No. 2

SSN 179 61 9948

Individual Income Tax Return

7a.Amount from line 7 on page 1			7a.	101461	00
8a. Nonbusiness income tax liabil	ity on line 7a (see instructions	s for tax tables)	8a.	2928	00
8b. Business income tax liability –	- Ohio Schedule IT BUS, line	14 (INCLUDE SCHEDULE)	8b.		00
8c. Income tax liability before cred	dits (line 8a plus line 8b)		8c.	2928	00
9. Ohio nonrefundable credits –	Ohio Schedule of Credits, line	e 34 (INCLUDE SCHEDULE).	9.	0	00
10.Tax liability after nonrefundabl	le credits (line 8c minus line 9	; if less than zero, enter zero).	10.	2928	00
11. Interest penalty on underpaym	nent of estimated tax (include	Ohio IT/SD 2210)	11.		00
12. Use tax due on Internet, mail of the Check here to certify that no u	order or other out-of-state pur use tax is due	chases (see instructions).	×12.		00
13. Total Ohio tax liability before	e withholding or estimated pay	ments (add lines 10, 11 and 1	12)13.	2928	00
14.Ohio income tax withheld (inc	lude copies of W-2, box 17;	W-2G, box 15; 1099-R, box	12)14.	3598	00
15. Estimated and extension payr from last year's return					00
16.Refundable credits – Ohio Scl	hedule of Credits, line 41 (INC	CLUDE SCHEDULE)	16.		00
17. Amended return only – amo	unt previously paid with origin	al and/or amended return	17.		00
18. Total Ohio tax payments (ad	ld lines 14, 15, 16 and 17)		18.	3598	00
19. Amended return only – over	payment previously requested	d on original and/or amended	return19.		00
20. Line 18 minus line 19. Place a "-		nount is less than zero THERWISE, continue to line		3598	00
21. Tax liability (line 13 minus line					00
22. Interest and penalty due on late t	filing or late payment of tax (see	instructions)	22.		00
23. TOTAL AMOUNT DUE (line (if amended return) and ma					00
24. Overpayment (line 20 minus li	ine 13)		24.	670	00
25. Original return only – amour 26. Original return only – amour a. State nature preserves		ard 2020 income tax liability	25.		00
00	00	00			
d. Wildlife species	e. Military injury relief	f. Ohio History Fund	Total 26g.		00
00	00	00			
27. REFUND (line 24 minus lines	<u> </u>			670	00
Sign Here (required): I have re	ead this return. Under penalties of	perjury, I declare that, to the best o	of my knowledge If your refund	is \$1.00 or less, no refund will be	e issued.

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.

(440)227-2002Primary signature Phone number

Spouse's signature_ _ Date (MM/DD/YY).

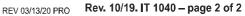
Check here to authorize your preparer to discuss this return with the Department Preparer's printed name <u>APPANA_RUPA_VENKATA_SATY</u> Phone number <u>(646) 727-7157</u>

Preparer's TIN (PTIN) **P** 02090332

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





04 17 20

Ohio Schedule J

Department of Dependents Claimed on the Ohio IT 1040 Return



Use only black ink/UPPERCASE letters.

Tax Year

Primary taxpayer's SSN (required)

2019

179 61 9948

Sequence No. 9

<u>Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.</u> Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY - required)	Dependent's relationship to you (required)
946 94 0666 Dependent's first name (required)	12 14 2007 M.I. Dependent's last name (required)	SON
SAI RITHVIK	RUDROJU	
2. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY – required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's last name (required)	
3. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY – required)	Dependent's relationship to you (required)
o. Dopondonico don (roquirou)	Dopondonte date of Brian (MM BB 1111 Tequinos)	Bopondonio roladonomp to you (roquirou)
Dependent's first name (required)	M.I. Dependent's last name (required)	
4. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY – required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's last name (required)	
5. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY – required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's last name (required)	
6. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY – required)	Dependent's relationship to you (required)
, , ,	` ` ,	
Dependent's first name (required)	M.I. Dependent's last name (required)	
- • p • · · · · · · · · · · · · · · · · ·		
7. Dependent's SSN (required)	Dependent's date of birth (MM-DD-YYYY – required)	Dependent's relationship to you (required)
1. Dependents 3314 (required)	Dependents date of bitti (wiwi-DD-1111 - Tequired)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's last name (required)	



TR-25	City of Columbus, Income Tax Division City Income Tax Return For Individuals	201
IN-23	City Income Tax Return For Individuals	

					Primary So	ocial Securi	ty Number	Check the appr	•	
ANANTHACHA		RUDRO	· ·		179 61	9948			Line 6	mount must be placed in 6B for this return to be
First name and middle	ınıtial	Last name	•		Spouse's S	ocial Secur	ity Number			dered a valid refund request)
ANURADHA	aala firat	SREEP			027 59				בט ייי	
If a joint return, spous					Filing statu		s	hould your account	be inacti	vated? YES NO
915 BLACKM					Single			YES, explain		
DELAWARE		ОН	<u>4</u> 	3015	Marrie	d-Filing .	, ',, -			
City		State	Zip	code	For Tax (id you file a City rel	turn in 20	18? YES NO
					FOI TAX (Jilice C	JSe			
Taxpayer phone numb	er									
		nd payment is due, you m mount can be found in Box		r money order						
Residence char	nge in 2	2019 (If applicable)								
Did you change reside	ence du	ring 2019?	YES X	NO	0 "					
If YES, enter date of i	move:						f business			
	-		•		Trade name			<u> </u>		
Previous Address (nur	nber and	street)			Cities of em	nployment	COLUMBU	5		
City, State, Zip Code					City of resid	dence	DELAWAR	 E		
Part A	TAY	ADI E WACES	Associated the	20 and /or W. O.C	,					
		(ABLE WAGES		2s and /or W-2 G		, -			_	VADI E WAS SEE
		dress where work was PHYS	•			entage of ti	me worked from			AXABLE WAGES
JP MORGAN	CHAS	SE BANK NA,500	STANTON CE	ARISTIANA	ROAD				(+) (+)	112,254.
If you have more than to	wo emplo	oyers, please attach a stateme	ent listing all employers.			ADJUS	TMENTS		(-)	
						NET W	AGES (enter in	Column B below)	(=)	112,254.
Part B TA	Y C	ALCULATION	Complete Form	IP-21 for 2020 if	2010 not tax	dua ia n	than 600	^		
rait D IF	M C	ALGULATION	Complete i orini	111-21 101 2020 11	ZUIS HEL LAX	aue is ii	iore than \$20	u.		
COLUMN A		COLUMN B	COLUMN C				OLUMN E	COLUMN		COLUMN G
	CODE			COLUI	MN D	C			LD (W-2), ERSHP, O CITY D, OR	COLUMN G NET TAX DUE (Box 1)
COLUMN A		COLUMN B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC.	COLUMN C INCOME FROM NE PROFITS, RENTS, A OTHER TAXABLE INC	COLUI TOTAL TOTAL TAXABLE	MN D	C AX	OLUMN E	COLUMN LESS TAX WITHHE PAID BY A PARTN PAID DIRECTLY WHERE EARNE CAMPAIGN CONTR CREDIT	LD (W-2), ERSHP, O CITY D, OR	NET TAX DUE
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Rev. 11/14/19 REV 03/13/20 PRO

PO Box 182158 Columbus, Ohio 43218-2158