



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) 179 61 9948 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 1201

First name ANANTHACHARY 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.)

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

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

Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) 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



SSN 179 61 9948

Table with 3 columns: Line number, Description, and Amount. Includes lines 7a through 27, covering tax liability, credits, and refund calculations.

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 (440) 227-2002
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



Ohio Schedule J Dependents Claimed on the Ohio IT 1040 Return



19230133

Use only black ink/UPPERCASE letters.

Tax Year	Primary taxpayer's SSN (required)	Sequence No. 9
04 17 20	2019 179 61 9948	

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. 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	12 14 2007	SON
Dependent's first name (required)	M.I. Dependent's last name (required)	

SAI RITHVIK	RUDROJU
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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)
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)	

7. 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)	

Do not staple or paper clip.



Staple W-2s to the back of this page

ANANTHACHARY <small>First name and middle initial</small> RUDROJU <small>Last name</small> ANURADHA <small>If a joint return, spouse's first name and initial</small> SREEPADA <small>Last name</small> 915 BLACKMORE DR <small>CURRENT home address (number and street)</small> DELAWARE OH 43015 <small>City State Zip code</small> Taxpayer phone number If you are a first time filer and payment is due, you must attach a check or money order for the amount due. This amount can be found in Box 5.	Primary Social Security Number 179 61 9948 Spouse's Social Security Number 027 59 1534	Check the appropriate box if: <input type="checkbox"/> REFUND <small>(An amount must be placed in Line 6B for this return to be considered a valid refund request)</small> <input type="checkbox"/> AMENDED Tax year _____ Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Did you file a City return in 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Residence change in 2019 (If applicable) Did you change residence during 2019? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, enter date of move: _____ Previous Address (number and street) _____ City, State, Zip Code _____	For Tax Office Use Occupation or nature of business _____ Trade name /DBA _____ Cities of employment COLUMBUS City of residence DELAWARE
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Part A TAXABLE WAGES Attach W-2s and /or W-2 G.

Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home.	TAXABLE WAGES
JP MORGAN CHASE BANK NA, 500 STANTON CHRISTIANA ROAD	(+) 112,254.
	(+)
If you have more than two employers, please attach a statement listing all employers.	(-)
NET WAGES (enter in Column B below)	(=) 112,254.

Part B TAX CALCULATION Complete Form IR-21 for 2020 if 2019 net tax due is more than \$200.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT	NET TAX DUE (Box 1)
COLUMBUS	01	112,254.		112,254.	2.5%	2,806.	2,806.	0.

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY.....	2	
3. BALANCE DUE (LINE 1 LESS LINE 2). If Line 2 is greater than Line 1, enter amount (in brackets) here.....	3	0.
4. PENALTY: 15% \$ _____ + INTEREST \$ _____ <small>(see instructions) (see instructions)</small>	4	
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less	5	
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1).....	6	
A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate—▶	6A	
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) —▶	6B	

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES Complete the following NO

▶ Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE 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 are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Sign Here Your Signature ▶ _____ Date _____

If a joint return, both must sign Spouse's Signature ▶ _____ Date _____

Paid Preparer's Use Only Signature ▶ _____ Date 04/17/2020 PTIN 30-1017196 Phone # (646) 727-7157

MAILING INFORMATION

NO Payment Enclosed:
 Mail to: Columbus Income Tax Division
 PO Box 182437
 Columbus, Ohio 43218-2437

Payment Enclosed:
 Make payable to: CITY TREASURER
 Mail to: Columbus Income Tax Division
 PO Box 182158
 Columbus, Ohio 43218-2158

Staple check or money order HERE