| Ending Total Security Name Provided | Form R | 2021 INCOME TAX RETURN 2021 | | | | Fiscal Years Fill in Dates Beginning Ending | | | | |
|--|---|---|---|---------------------------------------|-----------------------|---|-----------------------|-----------------|--------|--|
| DESTINATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL OF Ending Date | | | | | | | | | | |
| CICIPATION OF PENICHAL SINES ACTURED SOUR PENONSHIP SINES SINES SINES SOUR PENONSHIP SINES | File by | OF ESTIMATED TAY EVEN THOUGH DECLADATION WAS ACCUPATE AND DAID IN THE | | | | | | | | |
| DICATE BETTERN SOLD PROPERTIONS BETTERN FOR 20197 ADDITION OF COLUMN TABLES ADDITION OF COLUMN TO A SECURITY SOLD PROPERTY OF COLUMN TABLES | OCCUPATION OR PRINCIPAL | _! | | | | | , | Yes | No | |
| DOYON TRANSE DISTORTED NET INCOME (TITLE) SOURCE SON Spokes SSN Sp | INDICATE SOLE PROPRIETOR | RSHIP | | ARE YOU A RESIDE | NT? · · · · | | | × | | |
| A | | | | DID YOU FILE A RET | TURN FOR 2019 | 9? | [| | | |
| A | ACCOUNT NUMBER | | | HAS INTERNAL REV INCOME TAX LIABIL | ENUE SERVIC | E INCREASED YOU | R | | | |
| SEEN FILEDY SPACE SEEN FILEDY SPACE SEEN FILEDY SPACE SEEN FILEDY SPACE SPAC | Date moved in | | | | | | | | | |
| This Space For Tax Office Use Only | | | | | | | · · · · <u> </u> \ | <u> </u> 177 | | |
| DIL A SH | SREE HARSHA CHEVUI | LA | | | | , |) OID-4- | 1// | | |
| DIL A SH | 0.660 | | | · | | • | | | | |
| Name | | 0 | ш 45242 | | | | | | | |
| Interest Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy of W-2 Form(s) City Where Employed City Tax Withheld Wages, Etc. | | | | | | | | | | |
| Interest Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy of W-2 Form(s) City Where Employed City Tax Withheld Wages, Etc. | On Our Records. Make Corrections Wi Missing. Attach Copy of Federal Return Otherwise Returns Will Be Questioned | nere Necessary. Add Social Security Num in And Schedules in Lieu of Page 2 Schedi this all lines Applicable to Taxpayer Are No. | ber/Federal ID Number If ules C, E, and H. of Completed | | | | | | | |
| 1a TOTALS (if above is fully taxable and your only income, go next to Line 7) | | | | onuses, Commiss | sions, Tips, | Etc. Attach Co | py Of W-2 | 2 Forr | n(s) | |
| 1a TOTALS (if above is fully taxable and your only income, go next to Line 7). | Employer's Name (Attac | ch Copy of W-2 Form(s)) | City Where Er | City Tax | x Withheld Wages, Etc | | | | | |
| 2 OTHER INCOME: FROM PAGE 2 3 TOTAL INCOME: FROM PAGE 2 3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 86508 | MICRONET IT SOLUT | IONS INC | BLUE ASH | | | 0 | | 86 | 508 | |
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| 2 OTHER INCOME: FROM PAGE 2 3 TOTAL INCOME: FROM PAGE 2 3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 86508 | | | | | | | | | | |
| 3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 86508 | | | | | | | | 86 | 508 | |
| 4 a TEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) | | | | | | | | | | |
| DIJUST- ENTSTO COME DEDUCT DEDUCT DIJUST- DEDUCT DIJUST- DEPUT | | , | | | | | | 86 | 508 | |
| DJUST- EINTS TO | | · | • | | | | | | | |
| Sa ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 86508 | ADJUST- C DIFFERENCE | | | | | | | | | |
| C LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) 6 AMOUNT SUBJECT TO BLUE ASH CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) | MENISIO | | | | • | | | 86 | 508 | |
| AX 7 BLUE ASH CITY TAX RATE 1.250% 1081 | b Amount of | Line 5a Allocable (| % from | step 5 Schedule Y | ′) | | | | | |
| AX 7 BLUE ASH CITY TAX RATE 1.250 % 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above | | | | • | • | <u> </u> | | | | |
| 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above | | | | | | | | | | |
| LLOWABLE REDITS b Payments and credits on 2022 Declaration of Estimated Tax | <u> </u> | | | oove | | 0 | | | 081 | |
| REDITS c Earned income taxes paid City of (Resident individuals only) TOTAL CREDITS ALLOWABLE. D TOTAL CREDITS ALCOWABLE AND TOTAL CREDITS ALLOWABLE. D TOTAL CREDITS ALCOWABLE AND TOTAL CREDITS ALLOWABLE AND TOTAL CREDITS AN | | , , , | , | | | 0 | | | | |
| TOTAL CREDITS ALLOWABLE 9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing 1081 109 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax \$ Refunded \$ ECLARATION OF ESTIMATED TAX FOR 2022 11 Total Income Subject to Tax \$ x \$ 11 \$ 12 Estimated Tax Withheld \$ 12 Estimated Tax Withheld \$ 13 Total Estimated Tax (Line 11 - Line 12) \$ 14 Credit From Line 10 \$ 15 Net Estimated Tax Due (Line 13 - Line 14) \$ 16 First Quarter 2022 Estimated Payment Due (1/4 of Line 15) \$ 16 First Quarter 2022 Estimated Payment Due (1/4 of Line 15) \$ 1081 1 | CREDITS | c Earned income | | (Resident | | | | | | |
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| Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax . \$ Refunded . \$ ECLARATION OF ESTIMATED TAX FOR 2022 I1 Total Income Subject to Tax \$ x * * . 11 \$ | 9 BALANCE OF TAX DU | | | | | | | 1 | | |
| Refunded | | • | | - ' | | | | | | |
| Total Income Subject to Tax \$ x \$ \$ \$ \$ \$ \$ \$ | Enter Amount of line 10 | • | | | | | | | | |
| I2 Estimated Tax Withheld | DECLARATION OF ESTIMA | | | . у | | | | | | |
| 13 Total Estimated Tax (Line 11 - Line 12) | • | · | | | | | | | | |
| 14 Credit From Line 10 | | | | | | | | | | |
| Net Estimated Tax Due (Line 13 - Line 14) | | | | | | | | | | |
| 17 Total Due With This Return (Add Lines 9 and 16) | 15 Net Estimated Tax Due | e (Line 13 - Line 14) | | | | . 15 \$ | | | | |
| CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16 YAM PRIYA RAM SAGAR GUPTA TALLAM 04/13/2022 GNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE LOBAL TAXES LLC | | | | | | | | | | |
| YAM PRIYA RAM SAGAR GUPTA TALLAM 04/13/2022 GNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE LOBAL TAXES LLC SIGNATURE OF TAXPAYER OR AGENT DATE | | | | | | | | 1 | 081 | |
| GNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE LOBAL TAXES LLC | IT IS TRUE, CORRECT AND COMPLE | ETE AND THAT THE FIGURES USED HE | EREIN ARE THE SAME AS FOR | FEDERAL INCOME TAX | PURPOSES. | DGE AND BELIEF | OHYB99 | 01 09 | /27/16 | |
| | | | | TURE OF TAXPAYER OF | R AGENT | | | | DATE | |
| 530 PERRIE CREEK IN | GLOBAL TAXES LLC | | | | | | | | | |
| | 2530 PEBBLE CREEK | | | | | | | | | |
| UMMING GA 30041 DDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE | CUMMING ADDRESS OR NAME AND ADDRESS | | | TURE OF SPOUSE | | | | | DATE | |
| this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? | If this return was prepared by a tax | practitioner, may we contact your prac | ctitioner directly with questions | regarding the preparat | ion of this retu | rn? YES | NO | | | |