



03 04 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 538 87 1930

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 3101

First name MEENAKSHI VAISH

M.I. Last name VALLURI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 522 RIDDLE ROAD

Address line 2 (apartment number, suite number, etc.) APT 17

City CINCINNATI

State ZIP code OH 45220

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. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

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.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Description, Amount, and Total. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



21000298 Sequence No. 2

SSN 538 87 1930

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. Unpaid use tax, 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 due, 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) 652-6663

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Check here to authorize your preparer to discuss this return with the Department.

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



# 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

538 87 1930



21350198

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**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. 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 1040 .....1. 1966 00

### Part B - W-2s

|        |                                    |   |                                     |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P      | 753033627                          | 69220 00                                | 8216 00                             |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        | 52589094                           | 69220 00                                | 1966 00                             |
| 2. 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                                  |
| 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                                  |



# 2021 Schedule of Ohio Withholding

Primary taxpayer's SSN  
538 87 1930



21350298

Sequence No. 12

## Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total  
distribution

Box 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  
distribution

Box 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  
distribution

Box 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  
distribution

Box 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

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: MEENAKSHI VAISHNAVI
Last name: VALLURI
Your social security number: 538-87-1930
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 522 RIDDLE ROAD
Apt. no.: 17
City, town, or post office: CINCINNATI
State: OH
ZIP code: 45220
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents)

Main tax calculation table with 15 rows (1-15) and columns for descriptions, sub-rows (a, b, c), and final amounts. Total taxable income: 53,870.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

|                                      |  |            |        |
|--------------------------------------|--|------------|--------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 7,601. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |        |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 7,601. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |        |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |        |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |        |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 7,601. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.     |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 7,601. |
| <b>25</b>                            | Federal income tax withheld from:  |            |        |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 8,216. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |        |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |        |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 8,216. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |        |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No <input type="checkbox"/></span>  | <b>27a</b> |        |
|                                      | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> |            |        |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |        |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |        |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |        |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |        |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |        |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |        |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |        |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 8,216. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 615.   |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 615.   |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 041000124 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |        |
|                                      | <b>d</b> Account number 4154015377   |            |        |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |        |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |        |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |        |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

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

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (513) 652-6663 Email address VAISH.2594@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/04/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MEENAKSHI VAISHNAVI VALLURI

Your social security number  
538-87-1930

**Part I Additional Income**

|           |   |               |           |
|-----------|---|---------------|-----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |               |           |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |
| <b>8</b>  | Other income:   |               |           |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b>     |           |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b>     |           |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b>     |           |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b>     |           |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b>     |           |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b>     |           |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b>     |           |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b>     |           |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b>     |           |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b>     |           |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b>     |           |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b>     |           |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b>     |           |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b>     |           |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   |               | <b>10</b> |

**Part II Adjustments to Income**

|            |  |            |        |
|------------|--|------------|--------|
| <b>11</b>  | Educator expenses . . . . .  | <b>11</b>  |        |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  | <b>12</b>  |        |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>13</b>  |        |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>14</b>  |        |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>15</b>  |        |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>16</b>  |        |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   | <b>17</b>  |        |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   | <b>18</b>  |        |
| <b>19a</b> | Alimony paid . . . . .   | <b>19a</b> |        |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____  |            |        |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |        |
| <b>20</b>  | IRA deduction . . . . .  | <b>20</b>  |        |
| <b>21</b>  | Student loan interest deduction . . . . .  | <b>21</b>  | 2,500. |
| <b>22</b>  | Reserved for future use . . . . .  | <b>22</b>  |        |
| <b>23</b>  | Archer MSA deduction . . . . .   | <b>23</b>  |        |
| <b>24</b>  | Other adjustments:   |            |        |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |        |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |        |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |        |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |        |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |        |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |        |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |        |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |        |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |        |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |        |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |        |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |        |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   | <b>25</b>  |        |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   | <b>26</b>  | 2,500. |