# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er s name	Social secur	ity num	ber
BHU	SHAN S PATIL	336-69	-932	7
Spouse	's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er year you a	are au	thorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	83,668.
2	Total tax		2	11,396.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,395.
4	Amount you want refunded to you		4	
5	Amount you owe		5	1.
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cor	ov of v	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	E
				ERO firm name		

9	9	3	2	7	as mv
Ent don	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8	 	 	6 all zer	 9	8 9	Э

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
	ERO Must Retain This Form — Se Don't Submit This Form to the IRS Unless		
For Demonstrate Deduction Act	Notice and company to complete the standard to the		Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/22 PRO

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 1	545-00	)74 IR	S Use Only	y—Do not	write or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the nison is a child but not your dependent	ame of	-	separately use. If you	. ,				` '		, 0	low(er) (QW) he qualifying	
Your first name	e and mi	ddle initial	Last na	me							Your s	ocial securi	ity number	
BHUSHAN	S		PATI	L							336-	-69-932	:7	
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	e's social se	curity number	
9261 DE	ERCR	r and street). If you have a P.O. box, see OSS PKWY				Ctot	ła.	7	Apt. 1 2A	10.	Check	here if you	i <b>on Campaign</b> , or your ntly, want \$3	
		ce. If you have a foreign address, also co	omplete s	paces bei	OW.	Stat			IP code		to go t	o this fund.	Checking a	
BLUE AS					e de la colotat	OF OF			15236		-	box below will not change your tax or refund.		
Foreign countr	y name			-oreign pr	ovince/state	e/count	.y		oreign po	stal code	your te			
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise dis	spose of a	ny fina	ncial intere	est in a	any virtı	ual curre	ency?	Yes	X No	
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur					a depende	ent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are bl	ind S	oouse	: 🗌 Was	born l	before .	January	2, 1957	🗌 ls b	lind	
Dependent	<b>s</b> (see	instructions):		(2) S	Social secur	ty	(3) Relation			(4) 🖌 if c	qualifies fo	or (see instru	uctions):	
If more	<b>(1)</b> F	irst name Last name			number		to yo	bu	C	hild tax c	credit	dit Credit for other dependents		
than four dependents,													<u> </u>	
see instruction	s ——													
and check										<u> </u>				
here 🕨 🔄														
Attach	1	Wages, salaries, tips, etc. Attach F	L Í	N-2.	· · ·	• •		• •	• •	• •	. 1		83,668.	
Sch. B if	2a	· ·	2a				axable inte			• •	. 2			
required.	3a		3a				ordinary div		s	• •	. 3			
	/ 4a		4a 5a				axable am		• •	• •	. 4			
Standard	5a 6a		5a 6a				axable am axable am		• •		. 6			
Deduction for –	7	Capital gain or (loss). Attach Sche		required	d If not rea				• •		. 0			
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin					, check hei	с.	• •	. •	. 8			
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •		· <u> </u>		83,668.	
<ul><li>\$12,550</li><li>Married filing</li></ul>	10	Adjustments to income from Sche											007000.	
jointly or	11	Subtract line 10 from line 9. This is	-								► <u>1</u>		83,668.	
Qualifying widow(er),	12a	Standard deduction or itemized			-			12a					007000.	
\$25,100 " • Head of	b	Charitable contributions if you take		`		,	-	12b		,				
household,	c										. 12	2c	12,550.	
\$18,800 If you checked	13	Qualified business income deduct											,	
any box under Standard	14												12,550.	
Deduction, see instructions.	15	Taxable income. Subtract line 14											71,118.	
	)													

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

Form **1040** (2021)

n, <b>both</b> must sign. Date Spouse's occ	IRS? See ▶ Yes. Complete Personal ide number (PIN g schedules and statements, and ) is based on all information of wh tion If RE ENGINEER (se Cupation If 18590@GMAIL.COM Date PTIN JLAM 03/14/2022 P020 Pt	to the best ich prepare the IRS sen otection PII ee inst.) ▶ [ the IRS sen entity Prote ee inst.) ▶ [ 82703	er has any knowledge. It you an Identity N, enter it here It your spouse an action PIN, enter it here Check if: Self-employed 678) 965–9522		
Phone no. ► The that I have examined this return and accompanyin pomplete. Declaration of preparer (other than taxpayer Date Your occupation SOFTWAR SOFTWAR A both must sign. Date Spouse's occupation S28 Email address BHUSHAN Preparer's signature M SYAM PRIYA RAM SAGAR GUPTA TAL AXES LLC	IRS? See ▶ Yes. Complete Personal ide number (PIN g schedules and statements, and ) is based on all information of wh tion If RE ENGINEER (se Cupation If 18590@GMAIL.COM Date PTIN JLAM 03/14/2022 P020 Pt	to the best ich prepare the IRS sen otection PII ee inst.) ▶ [ the IRS sen entity Prote ee inst.) ▶ [ 82703	No     t of my knowledge an     er has any knowledge.     it you an Identity     N, enter it here     it your spouse an     ection PIN, enter it her     Check if:         Self-employed		
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Phone no. ► The that I have examined this return and accompanyin pomplete. Declaration of preparer (other than taxpayer Date Your occupation SOF'TWAR n, both must sign. Date Spouse's occ	IRS? See Personal ide number (PIN g schedules and statements, and ) is based on all information of wh tion If RE ENGINEER (set cupation If Id (set CE Set CE Set	to the best ich prepare the IRS sen otection PII ee inst.) ▶ [ the IRS sen entity Prote	No t of my knowledge an er has any knowledge. It you an Identity N, enter it here It your spouse an		
Phone no. ► The that I have examined this return and accompanyin complete. Declaration of preparer (other than taxpayer Date Your occupation SOFTWAR	IRS? See . ► Yes. Complete Personal ide number (PIN g schedules and statements, and ) is based on all information of wh tion If RE ENGINEER (set	to the best ich prepare the IRS sem otection PII æ inst.) ►	No t of my knowledge an er has any knowledge. It you an Identity N, enter it here		
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Phone	IRS? See ► <b>Yes.</b> Complet Personal ide	ntification			
	IRS? See				
er person to discuss this return with the			1.		
e instructions)			1.		
ct line 33 from line 24. For details on how to p	pay, see instructions	37			
nt applied to your 2022 estimated tax					
x x x x x x x x x x x x x x	<u> </u>				
Routing number       X					
nt <b>refunded to you.</b> If Form 8888 is attached,	check here ►	35a			
24, subtract line 24 from line 33. This is the a	mount you overpaid	34			
These are your total payments		33	11,395.		
ugh 31. These are your total other payments	and refundable credits	32			
line 15					
ee instructions					
dit from Form 8863, line 8	. 29				
or additional child tax credit from Schedule 88	12 <b>28</b>				
ncome					
lection   <b>27b</b>					
you satisfy all the other requirements for t age 18, to claim the EIC. See instructions ►					
born after January 1, 1998, and before					
)	. 27a				
ents and amount applied from 2020 return.		26			
		25d	11,395.		
ons)	· · · · ·				
	. <b>25</b> b				
	. <b>25a</b> 11,395				
eld from:					
is your <b>total tax</b>			11,396.		
employment tax, from Schedule 2, line 21			0.		
18. If zero or less, enter -0			11,396.		
		21			
		20			
redit or credit for other dependents from Sche		10	11,350.		
			11,396.		
			11,396.		
,	e, line 3	eck if any from Form(s):       1       8814       2       4972       3        .	e, line 3		

Do not staple or paper clip. 0098 Department of Taxation

03 14 22

## 2021 Ohio IT 1040

**Individual Income Tax Return** Use only black ink/UPPERCASE letters.



21000198 Sequence No. 1

	AMENDED RET	URN - Check he	ere and include Oh	io IT RE	Ξ.	NOL	CARR	YBACK - Check	k here and inc	clude Schedule IT NC	DL.
F	Primary taxpayer's SSN 336 69 932		✓ If deceased	Sp	oouse's SSN (if	filing join	itly)	✓ If decease	ed So	chool district # 3120	
F	irst name BHUSHAN			M.I. S	Last name PATIL						
S	Spouse's first name (if f	filing jointly)		M.I.	Last name						
A	Address line 1 (number 9261 DEERCF										
A	Address line 2 (apartme APT 2A	ent number, suite	e number, etc.)								
C	City					State	ZIP o	code	Ohio county	(first four letters)	
	BLUE ASH					OH	45	236	HAMI		
F	Foreign country (if the r	nailing address	is outside the U.S	)		Foreign	n postal	code			
Ē	Residency Status	– Check only o	ne for primary			Filin	g Stati	<b>us</b> – Check one	e (as reported	on federal income tax	return)
	K Resident	Part-year resident	Nonresident Indicate stat				-	nead of househo	old or qualifyi	ng widow(er)	
(	Check only one for spo Resident	use (if filing join Part-year resident	tly) Nonresident Indicate stat					filing jointly filing separately	1	Spouse's SSN	
0	Ohio Nonresident						Fodoral	extension filers	- check here		
	Primary meets the Spouse meets the					ľ	f someo			use if filing jointly) as a	а
er	1. Federal adjusted g if negative	•			,			1.		83668	00
e or pa	a.Additions – Ohio Sc	hedule of Adjust	ments, line 10 ( <b>in</b>	clude s	chedule)			2a.			00
stapl 2	b. Deductions – Ohio S	Schedule of Adju	istments, line 39 (i	nclude	schedule)			2b.			00
Do not staple or pap	3. Ohio adjusted gross if negative							3.		83668	00
_	4. Exemption amount ( Number of exemption							4.		1900	00
	5. Ohio income tax bas	• • •				_		5.		81768	00
	6. Taxable business in	come – Ohio Sc	hedule IT BUS, lin	e 13 ( <b>in</b>	clude sched	ule)		6.			00
	7. Taxable nonbusines	s income (line 5	minus line 6; if ne	gative,	enter zero)			7.		81768	00
		MARSONS.1877.88	A BORDON BOX BOWER	en de la comp	140002502500						
	n (siz) → . 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Y AND NO DA ANG	TRANCTAL REPORT			Ş.					
								)3/01/22 PRO	MM-D	D-YY Code 1040 – page 1 of 2	

SSN 336 69 9327

### 2021 Ohio IT 1040



Individual Income Tax Return

			21000298 Sequenc	e No. 2		
7a.Amount from line 7 on page 1	7a.		81768	00		
8a.Nonbusiness income tax liability on line 7a (see instructions f	or tax tables)	8a.	2089	00		
8b. Business income tax liability - Ohio Schedule IT BUS, line 14	8b.		00			
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2089	00			
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 3	9.	0	00			
10. Tax liability after nonrefundable credits (line 8c minus line 9; i	10.	2089	00			
11. Interest penalty on underpayment of estimated tax (include (	Ohio IT/SD 2210)	11.		00		
12. Unpaid use tax (see instructions)		12.		00		
13. Total Ohio tax liability before withholding or estimated payn	nents (add lines 10, 11 and 12)	13.	2089	00		
14. Ohio income tax withheld – Schedule of Ohio Withholding, pa income statements)		14.	2476	00		
15. Estimated and extension payments (from Ohio IT 1040ES an from last year's return		15.		00		
16.Refundable credits – Ohio Schedule of Credits, line 44 (inclu	de schedule)	16.		00		
17. <u>Amended return only</u> – amount previously paid with original	and/or amended return	17.		00		
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		18.	2476	00		
19. Amended return only – overpayment previously requested of	on original and/or amended return	19.		00		
20. Line 18 minus line 19. Place a "-" in the box if negative		20	2476	00		
If line 20 is MORE THAN line 13, skip to line 24. OT						
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore t	he "-" and add line 20 to line 13	21.		00		
22. Interest due on late payment of tax (see instructions)		22.		00		
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio</b> (if amended return) and make check payable to "Ohio Treas				00		
24. Overpayment (line 20 minus line 13)		24.	387	00		
25. Original return only - portion of line 24 carried forward to ne	xt year's tax liability	25.		00		
26. Original return only – portion of line 24 you wish to donate: a. Military Injury Relief b. Ohio History Fund	c. Nature Preserves/Scenic Rivers					
00 00	00					
d. Breast/Cervical Cancer e. Wishes for Sick Children	f. Wildlife Species	26g.		00		
00 00	00		207	0.0		
27. <b>REFUND</b> (line 24 minus lines 25 and 26g) Sign Here (required): I have read this return. Under penalties of per-			387			
and belief, the return and all enclosures are true, correct and complete.	sjury, i declare that, to the best of my knowled		our refund is \$1.00 or less, no refund will b you owe \$1.00 or less, no payment is nec			
Primary signature	_ Phone number(409)812-8528		NO Payment Included – Mail t Ohio Department of Taxation P.O. Box 2679	o:		
Spouse's signature		_	Columbus, OH 43270-2679			
Check here to authorize your preparer to discuss this return with the Department. Payment Included – Mail to:						
Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u>	_ Phone number (678)965-9522	—	P.O. Box 2057			
Preparer's TIN (PTIN) P 02082703 Columbus, OH 43270-2057						



### 2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

336 69 9327

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
 2476 00

<u>Part B -</u> 1. P/S P	- <b>W-2s</b> Box b - EIN 260518877	Box 1 - Wages, tips, other compensation 83668 00	Box 2 - Federal income tax withheld 11395 00
	Box 15 - Employer's Ohio ID number 52788482	Box 16 - Ohio wages, tips, etc. 83668 00	Box 17 - Ohio income tax 2476 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
	II KSURLABRIGURERUSLAKS	NASI KATANGAN NATIONAN KATANGAN KATAN	





Pa	art C -	1099-Rs
1.	P/S	Payer's TIN

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

#### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

### 2021 Schedule of Ohio Withholding Primary taxpayer's SSN

336 69 9327

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Total

Total

Total

distribution

distribution

Distribution code Box 14 - Ohio tax withheld

00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 03/01/22 PRO



Form R	Form R				Fiscal Years Fill in Dates			
	2021 INC	BLUE ASH CITY	DN	2021	Beginning Ending			
File by File by Filed by EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.					And File Within 4 Months of Ending Date			
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	_1				<u> </u>	Yes	No	
INDICATE SOLE PROPRIETOR	SHIP		ARE YOU A RESIDE	NT? • • •		🗙		
WHETHER EMPLO		DID YOU FILE A RE	TURN FOR 201	9?				
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL REV INCOME TAX LIABIL	ENUE SERVIC	E INCREASED YOU	JR		
		336-69-9327 Spouse SSN				· · · · ·		
Date moved in		Spouse SSN	IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED?					
Date moved out					,	,	<u> </u>	
BRUSHAN 5 PAILL			This Space	e For Tax O	ffice Use Only	,		
9261 DEERCROSS PKW BLUE ASH Your Name, Address and Social Securit On Our Records. Make Corrections Whi Missing, Attach Copy of Federal Return Otherwise, Returns Will Be Questioned		OH 45236 Ited Above As They Appear Imber/Federal ID Number If						
				- ·		011105		
Enter Employer's Name, WI Employer's Name (Attack		City Where Er			Withheld	Opy Of W-2 Fo Wages, Etc		
REMOTE TIGER INC					1046	0 /	<u>,</u> 3668	
REMOTE TIGER THE					1010	0	5000	
						8	3668	
INCOME       2       OTHER INCOME: FROM PAGE 2							2660	
-	T DEDUCTIBLE (FROM LINI			,		8	3668	
	T TAXABLE (FROM LINE L S	,						
ADJUST- C DIFFERENCE	E BETWEEN LINES 4a and b TO B	,						
MENTS TO INCOME       5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used)						8	3668	
b Amount of Line 5a Allocable ( % from step 5 Schedule Y)								
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) .							3668	
TAX 7 BLUE ASH CITY TAX RATE 1.250%							1046	
<ul> <li>8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above</li> <li>b Payments and credits on 2022 Declaration of Estimated Tax</li> </ul>					1046			
ALLOWABLE CREDITS	c Earned income	2022 Declaration of Estim	(Resident individuals only)					
ONEDITO	taxes paid City of							
TOTAL CREDITS ALLOWABLE							1046	
9 BALANCE OF TAX DU 10 OVERPAYMENT CLAIN	· · ·	•	•		0			
Enter Amount of line 10		ur 2022 Estimated Tax	• ,		0			
DECLARATION OF ESTIMAT		_						
11 Total Income Subject to		X%			. 11 \$			
12       Estimated Tax Withheld         13       Total Estimated Tax (Line 11 - Line 12)					+			
13       13       14       Credit From Line 10       13       14								
15       Net Estimated Tax Due (Line 13 - Line 14)					· · _			
16         First Quarter 2022 Estimated Payment Due (1/4 of Line 15).         16								
	turn (Add Lines 9 and 16)							
I CERTIFY I HAVE EXAMINED THIS RI IT IS TRUE, CORRECT AND COMPLE	ETURN INCLUDING ACCOMPANYIN TE AND THAT THE FIGURES USED	G SCHEDULES AND STATEMENT HEREIN ARE THE SAME AS FOR	TS AND TO THE BEST OF FEDERAL INCOME TAX	OF MY KNOWLE K PURPOSES.	EDGE AND BELIEF	OHYB9901	09/27/16	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/14/2022 SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT							DATE	
GLOBAL TAXES LLC		2.1.2 0.0141						
2530 PEBBLE CREEK	T.N							
CUMMING	GA 3004	11						
ADDRESS OR NAME AND ADDRESS			TURE OF SPOUSE				DATE	
If this return was prepared by a tax p	practitioner, may we contact your pr	actitioner directly with questions	regarding the preparat	tion of this retu	rn? YES	NO		