Kavya Prathyusha Chekka - 020446191 - Aramark Master Company

W-2C

4444	For Official Use Only OMB No. 1545-0008	Safe, accurate,	Visit the IRS website at www.irs.gov
		FAST! USE	at www.irs.gov
a Employer's name, address, and ZIP c		C Tax year/Form corrected 2019/W-2	d Employee's correct SSN 123-27-8718
	ood & Sup Svcs amark Campus, LLC	€ Corrected SSN and/or name (Check the incorrect on form previously filed.)	ls box and complete boxes f and/or g if
	Box 8018 hia, PA 19101		
Finitadelp	mia, FA 19101	Complete boxes f and/or g only if incom	rect on form previously filed
		f Employee's previously reported SSN 999-	-47-1603
b Employer's Federal EIN	2573585	g Employee's previously reported nam	е
		h Employee's first name and initial Kavya Prathyusha	Last name Suff. Chekka
Note: Only complete money fields that corrections involving MQGE, see the C	t are being corrected (exception: for General Instructions for Forms W-2 and W-		Jefferson Avenue ati, OH 45220
3, under Specific Instructions for Form	W-2c, boxes 5 and 6).	i Employee's address and ZIP code	
Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12 See instructions for box 12	12 See instructions for box 12
13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay		
14 Other (see instructions)	14 Other (see instructions)		
	State Correct	ion Information	
Previously reported	Correct information	Previously reported	Correct information

15 State	15 State	15 State
Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax	17 State income tax	17 State income tax
Locality Corr	ection Information	
Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name
	Employer's state ID number 16 State wages, tips, etc. 17 State income tax Locality Corr Correct information 18 Local wages, tips, etc. 19 Local income tax	Employer's state ID number 16 State wages, tips, etc. 17 State income tax 17 State income tax Locality Correction Information Correct information Previously reported 18 Local wages, tips, etc. 19 Local income tax Page 10 number 18 State ID number 18 State wages, tips, etc.

Copy B -- To Be Filed with Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 8-2014)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

4444	For Official Use Only OMB No. 1545-0008						
a Employer's name, address, and ZIP	Code	C Tax year/Form corrected 2019/W-2	d Employee's correct SSN 123-27-8718				
Agent For A	ramark Campus, LLC	Corrected SSN and/or name (Check incorrect on form previously filed.)	this box and complete boxes f and/or g if				
Philadel	phia, PA 19101	Complete boxes f and/or g only if inco	orrect on form previously filed				
		f Employee's previously reported SS	SN 9-47-1603				
b Employer's Federal EIN	3-2573585	g Employee's previously reported na	me				
		h Employee's first name and initial Kavya Prathyusha	Last name Suf				
		Unit 8, 324	13 Jefferson Avenue				
	at are being corrected (exception: for General Instructions for Forms W-2 and W- m W-2c, boxes 5 and 6).		nati, OH 45220				
Previously reported	Correct information	Previously reported	Correct information				
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld				
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld				
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld				
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips				
9	9	10 Dependent care benefits	10 Dependent care benefits				
11 Nonqualified plans	11 Nonqualified plans	12 See instructions for box 12	12 See instructions for box 12				
13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay						
14 Other (see instructions)	14 Other (see instructions)						
	State Correct	tion Information					
Previously reported	Correct information	Previously reported	Correct information				
15 State	15 State	15 State	15 State				
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number				
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.				

| 17 State income tax |
|----------------------------|----------------------------|----------------------------|----------------------------|
| | Locality Corr | ection Information | |
| Previously reported | Correct information | Previously reported | Correct information |
| 18 Local wages, tips, etc. |
| 19 Local income tax |
| 20 Locality name | 20 Locality name | 20 Locality name | 20 Locality name |
| | | | |

Copy 2 -- To Be Filed with Employee's State, City, or Local Income Tax Return

Form **W-2c** (Rev. 8-2014)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

Kavya Prathyusha Chekka - 020446191 - Aramark Master Company $W\hbox{-}2$

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser: https://turbotax.intuit.com/affiliate/ultipaper



Form W-2 Wage & Tax Statement 2019 Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's soc	ial security r	number	1 Wages, tips, o	other compensation	2	Federal inco	ome t	ax with	held		
999-47-160	13		1498.50			76.76					
c Employer's nan	ne, address,	and ZIP code	3 Social security	y wages	4	Social secur	rity ta	x withh	ield		
A	٠ ٥ ٢		0.00			0.00					
Aramark Fo	oo & Sup Aramark	Svcs Campus, LLC	5 Medicare wag	es and tips	6	Medicare ta	x witl	hheld			
POJBox 80	18		0.00			0.00					
Philadelph USA	11a, PA 1	19101	7 Social security	y tips	8	Allocated tip	ps				
OSA			0.00			0.00					
b Employer ident	ification num	nber (EIN)	9		10	Dependent	care	benefits	;		
23-2573585	İ					0.00					
e Employee's nar	ne, address,	and ZIP code	11 Nonqualified p	olans		Statutory			Third-party		
Kayya Prat	hvusha (`hekka	0.00			employee	plan		sick pay		
Qnit 8, 32	43 Jeff	Chekka erson Avenue 220	0.00								
Cincinnati	, OH 452	220	12 See instructio	12 See instructions for box 12			14 Other				
15 State Employer's st	ate ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 L	ocal income tax		20 Localit	y name		
OH 52-30259	22	1498.50	10.95	1498.50	31.4	48	C	H Cinc	innati		

Form W-2 Wage & Tax Statement 2019 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, oth	er compensation		Federal inc	ome tax	withheld
999-47-1603	1498.50			76.76		
c Employer's name, address, and ZIP code	3 Social security v	vages	4	Social secu	rity tax	withheld
Anomark Food & Com Coop	0.00			0.00		
Aramark Food & Sup SVCS Agent For Aramark Campus, IIC	5 Medicare wages	and tips	6	Medicare ta	ax withh	eld
Aramark Food & Sup Svcs Agent For Aramark Campus, LLC P.O. Box, 8018	0.00			0.00		
Philadelphia, PA 19101 USA	7 Social security t	ips	8	Allocated ti	ps	
USA	0.00			0.00		
b Employer identification number (EIN)	9 Verification code	!	10	Dependent	care be	nefits
23-2573585				0.00		
e Employee's name, address, and ZIP code	11 Nonqualified pla	ns		Statutory employee	Retiren plan	nent Third-party sick pay
Kavya Prathyusha Chekka Unit 8, 3243 Jefferson Avenue Cincinnati, OH 45220	0.00					
Cincinnati, OH 45220	12 See instructions	12 See instructions for box 12				
15 State Employer's state ID No. 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local incom	e tax	20 Locality name
OH 52-3025922 1498.50	10.95					

Form W-2 Wage & Tax Statement 2019 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social securi 999-47-1603	ty number	1 Wages, tips, 4	other compensation	2 Federal income 76.76	e tax withheld	
c Employer's name, addre	•	3 Social securit	y wages	4 Social security 0.00	tax withheld	
Aramark Food & S Agent For Aramai P.O.Box.8018	Sup Svcs ok Campus, LLC	5 Medicare wag 0.00	es and tips	6 Medicare tax v	vithheld	
Philadelphia, PA USA	A 19101	7 Social securit 0.00	y tips	8 Allocated tips 0.00		
b Employer identification in 23 - 2573585	number (EIN)	9 Verification co	ode	10 Dependent car 0.00	e benefits	
e Employee's name, addre Kavya Prathyusha Unit 8, 3243 Je	·	11 Nonqualified 0.00	plans		etirement Third-party an sick pay	
Cincinnati, OH 2	15220	12 See instruction	ons for box 12	14 Other		
15 State Employer's state ID No. OH 52-3025922	16 State wages, tips, etc. 1498.50	17 State income tax 10.95	18 Local wages, tips, etc. 1498.50	19 Local income tax 31.48	20 Locality name OH Cincinnati	

Form 1040-NR-EZ

U.S. Income Tax Return for Certain Nonresident Aliens With No Dependents

OMB No. 1545-0074

2019

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form1040NREZ for instructions and the latest information.

	Your fi	rst name and middle initial		Last name			Ider	ntifying r	number (see instructions)
	KAVY	'A PRATHYUSHA		CHEKKA			12	3-27-8	718
Please print	Preser	nt home address (number, street, and a	apt. no., or run	al route). If you h	nave a P.O. box, se	e instructions.			
or type.	3241	JEFFERSON AVENUE, ap. APT	8						
See	City, to	own or post office, state, and ZIP code	e. If you have a	foreign address	s, also complete sp	aces below. See inst	ructions.		
separate instructions.	CINC	INNATI, OHIO 45220							
ii isti uctioi is.	Foreig	n country name		Foreign prov	vince/state/county		For	eign po	ostal code
Filing Status	1								
Check only one box	1	Single nonresident alien	2	! ∐ Marrie	d nonresident	alien			
	3	Wages, salaries, tips, etc. At	tach Form	s) W-2				3	2375
	4	Taxable refunds, credits, or o	-	-				4	0
	5	Scholarship and fellowship g						5	0
	6	Total income exempt by a trea			-	1 1			
Attach	7	Add lines 3, 4, and 5						7	2375
Form(s)	8	Scholarship and fellowship gr				8		•	
W-2 or	9	Student loan interest deduct				9	0		
1042-S	10					-	Ŭ	10	2375
here.	11	Subtract the sum of line 8 and Itemized deductions. See the	he instructi	ons for limits	Standard Ded	uction Allowed Under U.	S	11	12200
Also	12	Reserved				rax reaty		12	12200
attach	13	Reserved						13	
Form(s) 1099-R if	14	Taxable income. Subtract lin						14	0
tax was	15	Tax. Find your tax in the tax				•	•	15	0
withheld.	16	Unreported social security a						16	0
withinola.	17	Add lines 15 and 16. This is					.515 ►	17	
	18a	Federal income tax withheld	-			18a		-17	0
	b	Federal income tax withheld	•	•		18b	77 0		
	19	2019 estimated tax payments an		. ,		19	0		
	20	Credit for amount paid with I		•		20	U		
	21	Add lines 18a through 20. Th					. ▶	21	77
	22	If line 21 is more than line 17, su						22	77 77
Refund	23a	Amount of line 22 you want ref						23a	77
	b	Routing number 0 4 4	0 0 0		c Type: 🛛 (vinge	20a	
	d	Account number 5 7 6	9 3 8	0 7 7	C Type.		virigs		
Direct	e	If you want your refund ch			ress outside tl	ne United State	s not		
deposit?		shown above, enter that add		i to an add	coo catolac ti	io office otato	0 1101		
See instructions.									
instructions.									
	24	Amount of line 22 you want appli	ied to your 2	020 estimated	ltax ▶	24			
Amount	25	Amount you owe. Subtract line					>	25	0
You Owe	26	Estimated tax penalty (see inst				26			
		1 ,	,			-			
Third	Бо уо	u want to allow another person to c	discuss this re	eturn with the II	RS? See instruction	ons. Yes. Co	mplete t	he follo	owing. No
Party				51		Personal i	dontifica	tion	
Designee	Desigr name	neer's		Phone no. ▶		number (P		.tioii [
Sign	Under	penalties of perjury, I declare that I h		this return and		hedules and stateme	ents, and		
_		elief, they are true, correct, and accurer (other than taxpayer) is based on all					ed during	the ta	x year. Declaration of
Here	p. opa.	or (care: aran tarpayor) to sacca on a		· ·····o·· proparo	The any thromody	,			
Keep a copy of	\ \ \ \	our signature		Date	Your occupation	in the United States	If the IF	RS sent y	ou an Identity Protection
this return for your records.		No.		06/07/2020	STUDENT		PIN, er here (s	iterit j	
	Print/Typ	pe preparer's name	Preparer's sig		ı	Date		- 1	PTIN
Paid							Check self-emp	if oloyed	
Preparer	Firm's na	ame ▶	1			Firm's EIN ▶	' 	-	
Ose Offing	Firm's ac					Phone no.	<u> </u>		
		cv Act. and Paperwork Reduction	n Act Notic	e see instruc	etions	Cat No. 21534N	F	orm 1 (040-NR-EZ (2019)

Form 1040-NR-EZ (2019) Page **2**

Schedule OI – Other Information (see instructions) Answer all questions Of what country or countries were you a citizen or national during the tax year? Α INDIA В In what country did you claim residence for tax purposes during the tax year? INDIA C D Were you ever: 1. A U.S. citizen? ☐ Yes X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that may apply to you. If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration Ε status on the last day of the tax year. F1 If "Yes," indicate the date and nature of the change. ▶ List all dates you entered and left the United States during 2019. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent Date entered United States | Date departed United States Date entered United States | Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy 08/10/2019 н Give number of days (including vacation, non-workdays, and partial days) you were present in the United States during: 2017 ______ 0 , 2018 _____ 0 , and 2019 _____ 144 ____. If "Yes," give the latest year and form number you filed ▶ Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (b) Tax treaty (c) Number of months (d) Amount of exempt (a) Country claimed in prior tax years income in current tax year article (e) Total. Enter this amount on Form 1040-NR-EZ, line 6. Do not enter it on line 3 or line 5 . . . 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?

Are you claiming treaty benefits pursuant to a Competent Authority determination? . . . If "Yes," attach a copy of the Competent Authority determination letter to your return.

3.

☐ Yes ☒ No

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Attachment

► Go to www.irs.gov/Form8843 for the latest information.

For the year January 1-December 31, 2019, or other tax year Sequence No. 102 Department of the Treasury , 2019, and ending Internal Revenue Service beginning , 20 Your first name and initial Last name Your U.S. taxpayer identification number, if any KAVYA PRATHYUSHA **CHEKKA** 123-27-8718 Fill in your Address in country of residence Address in the United States addresses only if 3241 JEFFERSON AVENUE 120/201, ANANDA NILAYAM, KALYAN NAGAR you are filing this APT 8 **HYDERABAD** form by itself and INDIA 500018 CINCINNATI, OH 45220 not with your tax return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/10/2019 b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. _____ Of what country or countries were you a citizen during the tax year? INDIA 2 What country or countries issued you a passport? INDIA Enter your passport number(s) ► M4276355 Enter the actual number of days you were present in the United States during: 2019 144 2018 0 2017_0 b Enter the number of days in 2019 you claim you can exclude for purposes of the substantial presence test ▶ 144 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2019 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2019 ► _____ Enter the type of U.S. visa (J or Q) you held during: ► 2013____ 2016 2017 2018_____ . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained in the instructions. Part III **Students** Enter the name, address, and telephone number of the academic institution you attended during 2019 ▶ UNIVERSITY OF CINCINNATI, 2600 CLIFTON AVENUE, CINCINNATI, 45221, 5135566000 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2019 ► BRITTNEY SMITH, 2600 CLIFTON AVENUE, CINCINNATI, OH, 45221, 5135566000 Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2013_ 2016 2018 . If the type of visa you held during any 2017 of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States. During 2019, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status 13 in the United States or have an application pending to change your status to that of a lawful permanent

If you checked the "Yes" box on line 13, explain ▶ _____

☐ Yes X No

14

Form 8843 (2019) Page **2**

Part	V Professional Athletes	
15	Enter the name of the charitable sports event(s) in the United States in which you competed during 2019 competition ▶	
16	Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefite event(s) ▶	d from the sports
Part	Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contribute organization(s) listed on line 16. V Individuals With a Medical Condition or Medical Problem	
17a	Describe the medical condition or medical problem that prevented you from leaving the United States	
b	Enter the date you intended to leave the United States prior to the onset of the medical condition or medical on line 17a ▶	
С	Enter the date you actually left the United States ▶	
18	Physician's Statement:	
	I certify that	
	Name of taxpayer	
	was unable to leave the United States on the date shown on line 17b because of the medical condition of described on line 17a and there was no indication that his or her condition or problem was preexisting.	r medical problem
	Name of physician or other medical official	
	Physician's or other medical official's address and telephone number	
	Physician's or other medical official's signature	Date
Sign I only i are fil this fo	Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of me they are true, correct, and complete. In a sum of the penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of me they are true, correct, and complete.	y knowledge and belief,
not w your t	ax 06.	07.20
returr	Your signature Your signature	Date

Form **8843** (2019)

',	e's Federal Income Tax Re	2019 1545-00	08	s's State Income Tax Return	[OH] 2019 OMB No. 1545-0008
a Employee's social security number 123-27-8718	1 Wages, tips, other comp. 876.80		a Employee's social security number 123-27-8718	1 Wages, tips, other comp. 876.80	2 Federal income tax withheld
b Employer ID number	3 Social security wages	4 Social security tax withheld	b Employer ID number	3 Social security wages	4 Social security tax withheld
35-2079709	5 Medicare wages and tips	6 Medicare tax withheld	35-2079709	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, ar			c Employer's name, address, a		
CC Holdings Ir 2159 Glebe Str Suite 270 Carmel, IN 460	reet		CC Holdings Ir 2159 Glebe Str Suite 270 Carmel, IN 460	reet	
d Control number B5620 6863			d Control number B5620 6863		
e Employee's name, address, a Kavya Prathyus 3241 Jeffersor Cincinnati, Of	sha Chekka 1 Ave		e Employee's name, address, a Kavya Prathyus 3241 Jeffersor Cincinnati, OF	sha Chekka 1 Ave	
7 Social security tips	8 Allocated tips	9 Advance EIC payment	7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans		10 Dependent care benefits	11 Nonqualified plans	
12a	13 Statutor	y employee Retirement plan 3rd-party sick	pay 12a	13 Statutory emp	loyee Retirement plan 3rd-party sick pay
12b	14 Other		12b	14 Other	
12c			12c		
12d			12d		
N/A	N/A	N/A	ОН 53-049072	876.80	6.96
15 State Employer's State ID#	16 State wages, tips, etc.		15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A	18 Local wages, tips, etc.	19 Local income tax N/A	20 Locality name N/A
Form W-2 Wage and Tax State This information is being furnish	ement ned to the Internal Revenue Service	Dept. of the Treasury	- IRS Form W-2 Wage and Tax Stat	ement	Dept. of the Treasury - IR

Do not staple or paper clip. Department of Taxation

2019 Ohio IT 1040

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



Prim	ary	tax	paye	er's	SSN	l (re	quir	ed)	_	•	▶ If	•	,		•	pous		ude (SSN (ing j						••	If d	ecea	ase	d	Ente						for ction
1	2	3	2	2	7	8	7	1	8																						SD		`	`-			9 9
First	nar	me									С	nec	k bo		/l.l.	La	st r	name									ch	eck	box	(30	# "		3	3		5 5
K	Α	V	Υ	Α		Р	R	Α	Т	Н	ΥL	J	з н			(н Е	K	K	Α																
Spo	use'	's fiı	st na	am	e (on	ly if	maı	rried	filin	g joir	ntly)			Ν	/l.l.	La	st r	name																			
Add	ess	s lin	e 1 (nur	nber	and	l str	eet)	or P.	.O. E	ох																										
3		4			J	Е		F			s c	1 (1	Α	٧	/ E	N	ΙU	Е																		
Add	ess	lin	e 2 (apa	artme	ent r	uml	ber,	suite	nur	nber,	etc	.)																								
	Р			8																																	
City																			5	State	Э	ZIF	Рсс	ode				Oh	nio c	count	y (firs	t fou	ır let	tters	s)		
С	I	N	С	1	N	N	Α	Т	ı											0	Н	4	1 5	5 2	2	2	0										
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2019 Ohio IT 1040

19000202	Sequence No. 2

SSN 1 2 3 2 7 8 7 1 8

Individual Income Tax Return

7a. Amount from line 7 on page 1			2 5	0 0		
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.		0	0 0		
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.			0 0		
8c. Income tax liability before credits (line 8a plus line 8b)	8c.		0	0 0		
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.		2 0	0 0		
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.		0	0 0		
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.			0 0		
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due				0 0		
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)			0	0 0		
	🗆		1 8	0 0		
14. Ohio income tax withheld (include copies of W-2 , box 17 ; W-2G , box 15 ; 1099-R , box 12)	14.		111			
from last year's return	15.			0 0		
16. Refundable credits – Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE)	16.			0 0		
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.			0 0		
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.		1 8	0 0		
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.			0 0		
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.		1 8	0 0		
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.						
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.			0 0		
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.			0 0		
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE	2 3.			0 0		
24. Overpayment (line 20 minus line 13)	24.		1 8	0 0		
25. Original return only – amount of line 24 to be credited toward 2020 income tax liability	25.			0 0		
a. State nature preserves b. Breast/Cervical Cancer c. Wishes for Sick Children						
0 0 0 0 0 0				00		
d. Wildlife species e. Military injury relief f. Ohio History Fund	.26g.			0 0		
00 00 00						
27. REFUND (line 24 minus lines 25 and 26g)	2 7.		1 8	0 0		
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.		und is \$1.00 or less, no re				
Primary signature Phone number	'	we \$1.00 or less, no payr Payment Included		-		
Spouse's signature Date (MM/DD/YY) 06/07/20 Ohio			O Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679			
Check here to authorize your preparer to discuss this return with the Department	F	Payment Included -	– Mail to	0:		
Preparer's printed name <u>ENCHO YORDANOV</u> Phone number <u>888 203 8900</u> Preparer's TIN (PTIN) P 0 1 4 7 4 6 5 9		Ohio Department of P.O. Box 205 Columbus, OH 432	57			

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2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

1 2 3 2 7 8 7 1 8



Sequence No. 7

			00	quen	CC IN	J. 1
		Nonrefundable Credits		0	0	Ω
	1.	Tax liability before credits (from Ohio IT 1040, line 8c)		U	U	U
	2.	Retirement income credit (see instructions for table; include 1099-R forms)			0	0
	3.	Lump sum retirement credit (see instructions for worksheet; include a copy)			0	0
	4.	Senior citizen credit (must be 65 or older to claim this credit)			0	0
	5.	Lump sum distribution credit (see instructions for worksheet; include a copy)			0	
	6.	Child care & dependent care credit (see instructions for worksheet; include a copy)6.			0	
	7.	Displaced worker training credit (see instructions for all required documentation; include copies)7.			0	
	8.	Campaign contribution credit for Ohio statewide office or General Assembly			0	
	9.	Income-based exemption credit (\$20 times the number of exemptions)		2 0		
11 12 12 13 14 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		Total (add lines 2 through 9)	2	2 0	0	
	11.	Tax less credits (line 1 minus line 10; if less than zero, enter zero)		0	0	
		Joint filing credit (see instructions for table). % times the amount on line 1112.			0	
	13.	Earned income credit			U	U
	14.	Ohio adoption credit			0	0
	15.	Nonrefundable job retention credit (include a copy of the credit certificate)			0	
	16.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 16.				0
	17.	Credit for purchases of grape production property			0	
	18.	InvestOhio credit (include a copy of the credit certificate)			0	
		Opportunity zone investment credit (include a copy of the credit certificate)			0	0
	20.	Technology investment credit carryforward (include a copy of the credit certificate)				
	21.	Enterprise zone day care & training credits (include a copy of the credit certificate)				0
	22.	Research & development credit (include a copy of the credit certificate)				0
	23.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)23.				0
	24.	Total (add lines 12 through 23)				0
	25.	Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)25.		0	0	0

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2019 Ohio Schedule of Credits

Primary taxpayer's SSN

1 2 3 2 7 8 7 1 8



Sequence No. 8

Nonr	esident Credit		
Date	of nonresidency 0 1 0 1 1 9 to 1 2 3 1 1 9 State of residency	I N	
26.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)26.	0 0	
27.	Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)27.	0 0	
28.	Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit	. 28.	0 0
Resi	dent Credit		
29.	Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident 29.	0 0	
30.	Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)30.	0 0	
31.	Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here	0 0	
32.	Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia	0 0	
33.	Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	. 33.	0 0
34.	Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).	. 34.	2 0 0 0
	Refundable Credits		
35.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	. 35.	0 0
36.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.	0 0
37.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	. 37.	0 0
38.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	. 38.	0 0
39.	Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	. 39.	0 0
40.	Venture capital credit (include a copy of the credit certificate)	. 40.	0 0
41.	Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)	. 41.	0 0