

Kavya Prathyusha Chekka - 020446191 - Aramark Master Company

W-2C

4 4 4 4 4	For Official Use Only OMB No. 1545-0008	Safe, accurate, file FAST! Use	Visit the IRS website at www.irs.gov																																
a Employer's name, address, and ZIP code Aramark Food & Sup Svcs Agent For Aramark Campus, LLC P O Box 8018 Philadelphia, PA 19101		c Tax year/Form corrected 2019/W-2	d Employee's correct SSN 123-27-8718																																
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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	17 State income tax	17 State income tax	17 State income tax
Locality Correction Information			
Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	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	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

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

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

Corrected Wage and Tax Statement

Department of the Treasury

Internal Revenue Service

44444	For Official Use Only OMB No. 1545-0008		
a Employer's name, address, and ZIP code <p style="text-align:center;">Aramark Food & Sup Svcs Agent For Aramark Campus, LLC P O Box 8018 Philadelphia, PA 19101</p>	c Tax year/Form corrected 2019/W-2		d Employee's correct SSN 123-27-8718
	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) Complete boxes f and/or g only if incorrect on form previously filed		
	f Employee's previously reported SSN 999-47-1603		
	g Employee's previously reported name		
b Employer's Federal EIN 23-2573585	h Employee's first name and initial Kavya Prathyusha		Last name Chekka
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		Suff. <p style="text-align:center;">Unit 8, 3243 Jefferson Avenue Cincinnati, OH 45220</p>	
i Employee's address and ZIP code			
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 Correction 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	17 State income tax	17 State income tax	17 State income tax
Locality Correction Information			
Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	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	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)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

Kavya Prathyusha Chekka - 020446191 - Aramark Master Company

W-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/ultpaper>



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 social security number 999-47-1603		1 Wages, tips, other compensation 1498.50		2 Federal income tax withheld 76.76		
c Employer's name, address, and ZIP code Aramark Food & Sup Svcs Agent For Aramark Campus, LLC P O Box 8018 Philadelphia, PA 19101 USA		3 Social security wages 0.00		4 Social security tax withheld 0.00		
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00		
		7 Social security tips 0.00		8 Allocated tips 0.00		
b Employer identification number (EIN) 23-2573585		9		10 Dependent care benefits 0.00		
e Employee's name, address, and ZIP code Kavya Prathyusha Chekka Unit 8, 3243 Jefferson Avenue Cincinnati, OH 45220		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
		12 See instructions for box 12		14 Other		
15 State OH	Employer's state ID No. 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 W-2 Wage & Tax Statement 2019
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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

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Department of the Treasury - Internal Revenue Service

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

2019

Department of the Treasury Internal Revenue Service

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

Personal information section including name, address, and identifying number.

Filing Status section with checkboxes for Single nonresident alien and Married nonresident alien.

Main tax calculation section with lines 3 through 21, including wages, deductions, and total tax.

Refund section (lines 22-24) including routing and account numbers for direct deposit.

Amount You Owe section (lines 25-26) for total tax liability and penalties.

Third Party Designee section for allowing another person to discuss the return with the IRS.

Sign Here section with signature line, date, occupation, and identity protection PIN.

Paid Preparer Use Only section for preparer name, signature, date, and firm information.

Schedule OI—Other Information (see instructions)
Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? INDIA
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? **Yes** **No**
- D** Were you ever:
1. A U.S. citizen? **Yes** **No**
2. A green card holder (lawful permanent resident) of the United States? **Yes** **No**
 If you answer "Yes" to **(1)** or **(2)**, see Pub. 519, chapter 4, for expatriation rules that may apply to you.
- E** 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 status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? **Yes** **No**
 If "Yes," indicate the date and nature of the change. ► _____
- G** 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 intervals, **check the box for Canada or Mexico** and skip to item H **Canada** **Mexico**

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
08/10/2019	

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** 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
- I** Did you file a U.S. income tax return for any prior year? **Yes** **No**
 If "Yes," give the latest year and form number you filed ► _____
- J** 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.

1. 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.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(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? **Yes** **No**
- 3.** Are you claiming treaty benefits pursuant to a Competent Authority determination? **Yes** **No**
 If "Yes," attach a copy of the Competent Authority determination letter to your return.

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

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

For the year January 1—December 31, 2019, or other tax year beginning _____, 2019, and ending _____, 20_____.

Department of the Treasury Internal Revenue Service

Your first name and initial KAVYA PRATHYUSHA Last name CHEKKA Your U.S. taxpayer identification number, if any 123-27-8718

Fill in your addresses only if you are filing this form by itself and not with your tax return

Address in country of residence
120/201, ANANDA NILAYAM, KALYAN NAGAR - HYDERABAD INDIA 500018

Address in the United States
3241 JEFFERSON AVENUE APT 8 CINCINNATI, OH 45220

Part I General Information

- 1a 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.
F1
- 2 Of what country or countries were you a citizen during the tax year? INDIA
- 3a What country or countries issued you a passport? INDIA
- b Enter your passport number(s) ► M4276355
- 4a 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

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2019 ► _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2019 ► _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ► 2013 _____ 2014 _____
2015 _____ 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.
- 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2013 through 2018)? Yes No
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

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2019 ► _____
UNIVERSITY OF CINCINNATI, 2600 CLIFTON AVENUE, CINCINNATI, 45221, 5135566000
- 10 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
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2013 _____ 2014 _____
2015 _____ 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.
- 12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? Yes No
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.
- 13 During 2019, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? Yes No
- 14 If you checked the "Yes" box on line 13, explain ► _____

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2019 and the dates of competition ▶ _____

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶ _____

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part 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 problem described on line 17a ▶ _____

c 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 or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

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 here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

▶ _____
Your signature

06.07.20
▶ _____
Date

Copy B - For Employee's Federal Income Tax Return		2019		OMB No. 1545-0008
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 35-2079709	3 Social security wages	4 Social security tax withheld		
	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code CC Holdings Inc 2159 Glebe Street Suite 270 Carmel, IN 46032				
d Control number B5620 6863				
e Employee's name, address, and ZIP code Kavya Prathyusha Chekka 3241 Jefferson Ave Cincinnati, OH 45220				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a		13 Statutory employee Retirement plan 3rd-party sick pay		
12b		14 Other		
12c				
12d				
	N/A	N/A	N/A	
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	N/A	N/A	N/A	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee'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	2 Federal income tax withheld			
b Employer ID number 35-2079709	3 Social security wages	4 Social security tax withheld			
	5 Medicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code CC Holdings Inc 2159 Glebe Street Suite 270 Carmel, IN 46032					
d Control number B5620 6863					
e Employee's name, address, and ZIP code Kavya Prathyusha Chekka 3241 Jefferson Ave Cincinnati, OH 45220					
7 Social security tips	8 Allocated tips	9 Advance EIC payment			
10 Dependent care benefits	11 Nonqualified plans				
12a		13 Statutory employee Retirement plan 3rd-party sick pay			
12b		14 Other			
12c					
12d					
	OH 53-049072	876.80	6.96		
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
	N/A	N/A	N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Do not staple or paper clip.



Department of Taxation

2019 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



19000102

Sequence No. 1

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) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 9 9 9 9

First name M.I. Last name K A V Y A P R A T H Y U S H C H E K K A

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 3 2 4 1 J E F F E R S O N A V E N U E

Address line 2 (apartment number, suite number, etc.) A P T 8

City State ZIP code Ohio county (first four letters) C I N C I N N A T I O H 4 5 2 2 0

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

Residency Status - Check only one for primary Full-year resident Part-year resident Nonresident Indicate state I N Check only one for spouse (if married filing jointly) Full-year 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.

Check here if you filed the federal extension form 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

1. Federal adjusted gross income (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero. 2 3 7 5 0 0 2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE) 0 0 2b. Deductions - Ohio Schedule A, line 38 (INCLUDE SCHEDULE) 0 0 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero. 2 3 7 5 0 0 4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J) 2 3 5 0 0 0 Number of exemptions claimed: 1 5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero) 2 5 0 0 6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE) 0 0 7. Line 5 minus line 6 (if less than zero, enter zero) 2 5 0 0

Do not write in this area; for department use only.

MM-DD-YY Code

2019 Ohio IT 1040

Individual Income Tax Return



19000202

Sequence No. 2

SSN 1 2 3 2 7 8 7 1 8

7a. Amount from line 7 on page 1	7a.	00	00	25	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	00	00	00	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	00	00	00	00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	00	00	00	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	20	00	00	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	00	00	00	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	00	00	00	00
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.....	12.	00	00	00	00
		<input checked="" type="checkbox"/>			
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	00	00	00	00
14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12).....	14.	18	00	00	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	00	00	00	00
16. Refundable credits – Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE)	16.	00	00	00	00
17. Amended return only – amount previously paid with original and/or amended return	17.	00	00	00	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	18	00	00	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	00	00	00	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	18	00	00	00
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.	00	00	00	00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	00	00	00	00
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"	23.	00	00	00	00
24. Overpayment (line 20 minus line 13)	24.	18	00	00	00
25. Original return only – amount of line 24 to be credited toward 2020 income tax liability.....	25.	00	00	00	00
26. Original return only – amount of line 24 to be donated:					
a. State nature preserves	b. Breast/Cervical Cancer	c. Wishes for Sick Children			
00	00	00			
d. Wildlife species	e. Military injury relief	f. Ohio History Fund			
00	00	00			
		Total	18	00	00
27. REFUND (line 24 minus lines 25 and 26g).....	27.	YOUR REFUND ▶		18	00

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 _____

▶ Spouse's signature _____ Date (MM/DD/YY) 06/07/20

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

Preparer's printed name ENCHO YORDANOV Phone number 888 203 8900

Preparer's TIN (PTIN) P 0 1 4 7 4 6 5 9

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

2019 Ohio Schedule of Credits



Primary taxpayer's SSN

1 2 3 2 7 8 7 1 8

19280202

Sequence No. 8

Nonresident 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

Resident 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 31. 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 32. 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