



02 18 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 897 01 3701

✓ If deceased

Spouse's SSN (if filing jointly) 750 40 9936

✓ If deceased

School district # 8307

First name SAURABH

M.I. Last name SHANDILYA

Spouse's first name (if filing jointly) SHWETA

M.I. Last name KARMSHEEL

Address line 1 (number and street) or P.O. Box 3691 HUDSON HILLS LN

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

City MASON

State ZIP code OH 45040

Ohio county (first four letters) WARR

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). X Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). Single, head of household or qualifying widow(er). X 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: Line number, Description, and Amount. Includes 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



SSN 897 01 3701

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) 526-0136

Spouse's signature _____ Date _____

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

Preparer's printed name RVSSMANIKUMARAPPANA Phone number (646) 727-7157

Preparer's TIN (PTIN) P 02090332

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

897 01 3701



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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 10401. 5827 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	980429806	136050 00	11873 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52650229	136050 00	4892 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	132805758	41198 00	391 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52537480	41198 00	935 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
897 01 3701



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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



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

897 01 3701



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Sequence No. 7

02 18 22

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	4913	00
2. Retirement income credit (see instructions for table; include 1099-R forms).....	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy).....	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit).....	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy).....	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy).....	6.		00
7. Displaced worker training credit (see instructions for all required documentation; include copies).....	7.		00
8. Campaign contribution credit for Ohio statewide office or General Assembly.....	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions).....	9.	0	00
10. Total (add lines 2 through 9).....	10.	0	00
11. Tax less credits (line 1 minus line 10; if negative, enter zero).....	11.	4913	00
12. Joint filing credit (see instructions for table). 5 % times line 11, up to \$650.....	12.	246	00
13. Earned income credit.....	13.		00
14. Home school expenses credit.....	14.		00
15. Scholarship donation credit.....	15.		00
16. Nonchartered, nonpublic school tuition credit.....	16.		00
17. Ohio adoption credit.....	17.		00
18. Nonrefundable job retention credit (include a copy of the credit certificate).....	18.		00
19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	19.		00
20. Grape production credit.....	20.		00
21. InvestOhio credit (include a copy of the credit certificate).....	21.		00
22. Lead abatement credit (include a copy of the credit certificate).....	22.		00
23. Opportunity zone investment credit (include a copy of the credit certificate).....	23.		00
24. Technology investment credit carryforward (include a copy of the credit certificate).....	24.		00
25. Enterprise zone day care & training credits (include a copy of the credit certificate).....	25.		00
26. Research & development credit (include a copy of the credit certificate).....	26.		00



2021 Ohio Schedule of Credits

Primary taxpayer's SSN

897 01 3701



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Sequence No. 8

27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	27.	00
28. Total (add lines 12 through 27)	28.	246 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	4667 00

Nonresident Credit

Dates of Ohio residency	to	Other state of residency	
30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....			00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)			32a.
32. Nonresident credit (line 29 times line 32a)	32.		00

Resident Credit

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)	33.	00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....	35a.	
35. Line 29 times line 35a	35.	00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)	36.	00
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	37.	00
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..	38.	246 00

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	39.	00
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	00
41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	41.	00
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.	00
43. Venture capital credit (include a copy of the credit certificate)	43.	00
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	00



2021 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

897 01 3701



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02 18 22

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
791 73 8486	03 02 2006	DAUGHTER

Dependent's first name	M.I.	Dependent's last name
SHRIJA		SHANDILYA

2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
786 88 7059	07 18 2018	SON

Dependent's first name	M.I.	Dependent's last name
SHRIAN		SHANDILYA

3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
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Dependent's first name	M.I.	Dependent's last name
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4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
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Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
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Dependent's first name	M.I.	Dependent's last name
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