Do not staple or paper clip. 0098 Department of Taxation

AMENDED RETURN - Check here and include Ohio IT RE.

03 28 22

2021 Ohio IT 1040

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



NOL CARRYBACK - Check here and include Schedule IT NOL.

21000198 Sequence No. 1

	Primary taxpayer's SSN 892 15 980		If deceased	•	use's SSN (81 92	• •	y) V If dece	ased S	School district # 2503					
	First name MAHESH				Last name KAKARI	LA								
	Spouse's first name (if t CHANDANA	filing jointly)			Last name KONGAI	RA								
	Address line 1 (number 1337 WESTM	,												
	Address line 2 (apartme	ent number, suite nur	nber, etc.)											
	City COLUMBUS					State OH	ZIP code 43220	Ohio county FRAN	y (first four letters)					
	Foreign country (if the r	mailing address is ou	tside the U.S.)			Foreign	postal code							
	Residency Status	Residency Status – Check only one for primary K Resident Part-year Nonresident resident Indicate state						Filing Status – Check one (as reported on federal income tax return) Single, head of household or qualifying widow(er)						
	Check only one for spo X Resident	Check only one for spouse (if filing jointly)					 Married filing jointly Spouse's SSN Married filing separately 							
	Ohio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident. Federal extension filers - check here. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.													
paper clip.	1. Federal adjusted g if negative	ross income (federa			,				81545	00				
o	2a.Additions – Ohio Sc	hedule of Adjustmen	ts, line 10 (inclu	ude sch	nedule)		2a.			00				
staple	2b.Deductions – Ohio S	Schedule of Adjustme	ents, line 39 (inc	clude s	chedule)		2b.			00				
Do not staple	3. Ohio adjusted gross if negative	s income (line 1 plus l			3.		81545	00						
	4. Exemption amount (4.		3800	00				
	•	Number of exemptions including you and your spouse/dependents, if applicable 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)						—						
	6. Taxable business in	come – Ohio Schedu	lle IT BUS, line	13 (inc l	lude sched	ule)	6.			00				
	7. Taxable nonbusines	s income (line 5 min	us line 6; if nega	ative, er	nter zero)		7.		77745	00				
							REV 03/22/22 PRO		DD-YY Code					

2021 Ohio IT 1040



Individual Income Tax Return

SSN 892 15 9805			(oturn	21000298 Sequence	ce No. 2
7a. Amount from line 7 on page 1.			7a.	77745	
8a.Nonbusiness income tax liabili	ity on line 7a (see instructions f	or tax tables)	8	a. 1958	00
8b. Business income tax liability –	Ohio Schedule IT BUS, line 14	(include schedule)	8	b.	00
8c. Income tax liability before cred	dits (line 8a plus line 8b)		8	c. 1958	00
9. Ohio nonrefundable credits – 0	Ohio Schedule of Credits, line 3	88 (include schedule)		9. 0	00
10. Tax liability after nonrefundable	e credits (line 8c minus line 9; i	f negative, enter zero)	1	0. 1958	00
11. Interest penalty on underpaym	nent of estimated tax (include (Ohio IT/SD 2210)	1	1.	00
12. Unpaid use tax (see instruction	ns)		1:	2.	00
13. Total Ohio tax liability before	withholding or estimated paym	nents (add lines 10, 11 a	ind 12)1	3. 1958	00
14. Ohio income tax withheld – Sc income statements)	chedule of Ohio Withholding, pa			4. 2414	00
15. Estimated and extension paym from last year's return	nents (from Ohio IT 1040ES an			5.	00
16. Refundable credits – Ohio Sch	nedule of Credits, line 44 (inclu	de schedule)	1	6.	00
17. <u>Amended return only</u> – amou	unt previously paid with original	and/or amended return	1 [.]	7.	00
18. Total Ohio tax payments (add	d lines 14, 15, 16 and 17)		1	8. 2414	00
19. <u>Amended return only</u> – overp	payment previously requested o	on original and/or amen	ded return1	9.	00
20. Line 18 minus line 19. Place a "-				0. 2414	00
	AN line 13, skip to line 24. OT				0.0
21. Tax due (line 13 minus line 20)					00
22. Interest due on late payment o				2.	00
23. TOTAL AMOUNT DUE (line (if amended return) and make	21 plus line 22). Include Ohio e check payable to "Ohio Treas			3.	00
24. Overpayment (line 20 minus lin	ne 13)		24	4. 456	00
 25. <u>Original return only</u> – portion 26. <u>Original return only</u> – portion a. Military Injury Relief 	of line 24 you wish to donate:	xt year's tax liability c. Nature Preserves/Sc		5.	00
00	00	00			
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species	Total 26g] .	00
00	00	00			
27. REFUND (line 24 minus lines				7. 456	00
Sign Here (required): I have read and belief, the return and all enclosure		erjury, I declare that, to the b	est of my knowledge	If your refund is \$1.00 or less, no refund will b If you owe \$1.00 or less, no payment is nece	
Primary signature		Phone number (401)225-8043	NO Payment Included – Mail t Ohio Department of Taxation	
Spouse's signature				P.O. Box 2679 Columbus, OH 43270-2679	
Check here to authorize your prep	parer to discuss this return with the l	Department.		Payment Included – Mail to: Ohio Department of Taxation	
Preparer's printed name <u>SYAM</u> PR	IYA RAM SAGAR GUP	Phone number (678)	965-9522	P.O. Box 2057	
	Preparer's TIN	(PTIN) P 020827	03	Columbus, OH 43270-2057	



2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

892 15 9805

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
 2414 00

<u>Part B -</u> 1. P/S P		Box 1 - Wages, tips, other compensation 81545 00	Box 2 - Federal income tax withheld 14744 00
	Box 15 - Employer's Ohio ID number 53049202	Box 16 - Ohio wages, tips, etc. 81545 00	Box 17 - Ohio income tax 2414 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
	III kencur understaten de	n ar fan Naen an foar de tracting in the	







Pa	art C	<u>- 1099-Rs</u>
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

892 15 9805

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

Box 14 - Ohio tax withheld 00

Distribution code

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 03/22/22 PRO



			ne Tax Retui				Security Numbe	r C	heck the a	appropria	ate box	cif:	
MAHESH		KAKAR	тл			15 98		_	Check the appropriate box if: (An amount must be placed in Line 6B for this return to be				
First name and midd	lle initial	Last name			_		Security Numb					r this return to be d a valid refund request	
CHANDANA		KONGA	RA			92 5:				DED	Tax yea	r	
f a joint return , spo nitial	ouse's first r	hame and Last name	•		Filing s		240						
1337 WESTM	IORELAI	ND CT										d? YES NO	
CURRENT home ad					_ [] Sin	•	ling lointly	lf Y	ES, explain				
COLUMBUS		OH	4322	0			ling Jointly ling Separate	- -					
City		OH State	Zip code				<u> </u>	Did	l you file a Ci	ty return ir	1 2020?	YES N	
					For Ia	ax Offi	ce Use						
Faxpayer phone nur	mber												
f you are a first tim	e filer and	payment is due, you mu	ust attach a check or mone	ey order									
or the amount due	. This amou	unt can be found in Box	: 5.										
Residence cha	nge in 202 [.]	1 (If applicable)											
id you change resid	lence during	20212											
, ,					Occup	ation or na	ature of business						
YES, enter date of	move:				Trade	name /DB	A						
					- Cities (of employ	ment COLU	MBUS	 }				
Previous Address (nui	mber and stre	eet)			Chics				-				
City, State, Zip Code					-								
Jiry, State, Zip Gode					City of	residence	<u>COLU</u>	MBUS	;				
Part A	ТАХА	BLE WAGES	Attach W-2s and	d /or W-2	G.								
				a whice all for a second			e ef time werke	l fue un la			TAVA		
			ICALLY performed. If you we	orked from n	iome, state p	ercentag	e of time worked	a from h	ome.	(.)	IAAA	BLE WAGES	
320, LLC,5	9455 R.	INGS RD SUIT	E 500							(+)		81,545.	
										(+)			
you have more than t	hree employe	ers, please attach a statem	ent listing all employers			1	NET WAGES (er	ter in C	olumn B bel	(+)		81,545.	
•										•••)(=)		01,919.	
Part B T		LCULATION	Complete Form IR-21	for 2022 i	f 2021 net	tax due	e is more tha	n \$200.	•				
COLUMN A		COLUMN B	COLUMN C	COLU	IMN D		COLUMN	E	COLL			COLUMN G	
CITY	CODE SA	NCOME FROM WAGES, ALARIES, COMMISSIONS, ETC. from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTA TAXABLE	L NET INCOME	TAX RATE	TAX DUE		LESS TAX WITHHELD (PAID BY A PARTNERS PAID DIRECTLY TO C WHERE EARNED, O CAMPAIGN CONTRIBU CREDIT		P, ' Y	NET TAX DUE	
COLUMBUS	01	81,545.	0.	81	,545.	2.5%	2,03	39.	1	L,631		408	
LESS CREDITS I	FOR <u>ESTIN</u>	ATED TAX PAYMENT	<u>S AND OVERPAYMENT</u>	FROM PRI	OR YEAR I	RETURN	I ONLY	Ī	2				
	COLUMN	GLESS LINE 2) If Line	2 is greater than Column G	. enter amou	int (in bracke	ets) here		L		Γ	3	408	
		,	•			,					4		
PENALIY: 15% \$	• (see instruc	tions) + INTEREST\$	(see instructions)								-		
			TE: NO PAYMENT IS DU								5	408	
OVERPAYMENT	CLAIMED	(IF LINE 2 EXCEEDS	COLUMN G)					6					
			,										
			<u>ED</u> to your next year tax e										
B. Enter the amo	unt from Li	ne 6 you want <u>REFUNI</u>	DED (must be greater that	n \$10.00) –			6	В					
hird Do y	/ou want to	allow another persor	n to discuss this matter v	vith the Cit	y of Colum	bus? (se	ee instructions)		YES Com	plete the	followin	ng 🗙 NO	
arty		Designee's Name:			Phone #:	``	,	Ĺ	SSN:				
esignee	The		return (and accompanying ashe			complete -	eturn for the tayoh						
SIGNATUR	they h	I stated, and that the figures nation may be released to the nave not claimed credit on thi	return (and accompanying sched s used are the same as used for tax administration of the city of re s return for any taxes withheld to compare the requested they must a	or federal inco sidence and th another muni	ome tax purpo ne I.R.S. Colum icipality for whi	ses and u nbus reside ch they ha	nderstands that th nts also declare th ve requested and/o	is LU at NO	Paymer	nt Enclo	osed:		
i gn You Iere ^{Sign}	r ^{receiv} nature	ea a retund. It a refund is sub	sequently requested, they must a	mena this retui		edit claimed	accordingly.		P	O Box 1	82437	me Tax Division o 43218-2437	
ere ⁹					Date			- Pa	yment E				
a joint return, Spol	use s			1									
	use s nature				Date				ke payable	to: CIT		EASURER	
oth must sign Sign			Date			30-10)17196		ke payable	to: CIT to: Col		s Income Tax Div	

Rev. 12/1/2021

Staple check or money order HERE

104	_	rtment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		⁽⁹⁹⁾ 202	21	OMB No. 154	5-0074	IRS Use Onl	y—Do not	write or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your dependen	ame of	ed filing separately your spouse. If you				· /		, ,	low(er) (QW) he qualifying	
Your first name	e and mi	ddle initial	Last na	me					Your s	ocial securi	ity number	
MAHESH			KAKA	RLA					892-	15-980	5	
If joint return, s	spouse's	first name and middle initial	Last na	me					Spouse	's social se	curity number	
CHANDAN.	A		KONG	JARA					981-	92-524	0	
Home address	s (numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ential Electi	ion Campaign	
1337 WE	STMO	RELAND CT,								here if you		
City, town, or p	post offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP co	ode			ntly, want \$3 Checking a	
COLUMBU	S				OF	ł	432	20	Ŭ Ŭ	low will not	0	
Foreign countr	ry name		F	Foreign province/stat	e/count	y	Foreig	n postal code	your ta	your tax or refund.		
										Vou You	Spouse	
At any time du	uring 20	21, did you receive, sell, exchange	, or othe	rwise dispose of a	ny fina	incial interest	in any	virtual curre	ency?	Yes	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•	— .		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are blind S	pouse	: 🗌 Was bo	orn befo	ore January	2, 1957	🗌 ls b	lind	
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relations	hip	(4) 🗸 if e	qualifies f	or (see instru	uctions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax of	credit	edit Credit for other dependen		
than four												
dependents, see instruction	ıs ——											
and check												
here 🕨 📃												
	1	Wages, salaries, tips, etc. Attach	eorm(s) ۱	N-2					. 1		81,545.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	st.		. 2	b		
required.	3a	Qualified dividends	3a		bО	rdinary divide	ends .		. 3	b		
·) 4a	IRA distributions	4a		bΤ	axable amour	nt		. 4	b		
	5a	Pensions and annuities	5a		b T	axable amour	nt		. 5	b		
Standard	6a	Social security benefits	6a		bΤ	axable amour	nt		. 6	b		
• Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check here		🕨		'		
Married filing	8	Other income from Schedule 1, lin	ie 10						. 8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-	come				► <u>9</u>)	81,545.	
 Married filing jointly or 	10	Adjustments to income from Sche							. 1			
Qualifying	11	Subtract line 10 from line 9. This is				· · · ·	· ·		▶ 1	1	81,545.	
widow(er), \$25,100	_12a	Standard deduction or itemized	deduct	ions (from Schedu	le A)	12	2a	25,10	0.			
 Head of household, 	b	Charitable contributions if you take	the star	idard deduction (se	e instr	uctions) 12	2b					
\$18,800	с								. 12	2c	25,100.	
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 8995 or For	m 899	5-A			. 1			
Standard	14	Add lines 12c and 13								a	2E 100	
Deduction,	1	Taxable income. Subtract line 14							. 1		<u>25,100.</u> 56,445.	

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

Form **1040** (2021)

Form 1040 (2021)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6,373.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	6,373.
	19	Nonrefundable child tax cree						19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,373.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	6,373.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25 a 14	,744.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,744.
If you have a	26	2021 estimated tax payment						26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	,		_				
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See					,400.	1	
	31	Amount from Schedule 3, lir				31	,	1	
	32	Add lines 27a and 28 throug				-	lits 🕨	32	1,400.
	33	Add lines 25d, 26, and 32. T						33	16,144.
	34	If line 33 is more than line 24						34	9,771.
Refund	35a	Amount of line 34 you want				•		35a	9,771.
Direct deposit?	►b	Routing number 0 4 4							
See instructions.	►d	Account number 3 6 7							
	36	Amount of line 34 you want a							
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee									X No
		signee's		Phone Personal					
		ne 🕨		no. 🕨			oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·		Date	Your occupation				nt you an Identity
	. 10	ur signature		Dale	Four occupation				IN, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	·					_		tity Prote inst.)	ection PIN, enter it here
your roooraor			-		HOME MAKE			Inst.)	
		one no. (401)225-804		Email address	kakarla257	714@gmail.co			Ohaala ife
Paid		parer's name	Preparer's signat			Date	PTIN	0000	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1 03/28/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TA			07 20041				678)965-9522
		m's address ► 2530 Pebb		n Cummin	0		Firm	's EIN ▶	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/19/22 PRO			Form 1040 (2021)