Form **37**

Regional Income Tax Agency
RITA Individual Income Tax Return **2021**
Do not use staples, tape or glue

◆ RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD: 440.526.5332
ritaohio.com

Your social security number	Spouse's social security number
035239453	

Your first name and middle initial	Last name
BANU VENKATA SANDEEP	KOMMURI

If a joint return, spouse's first name and middle initial	Last name

CURRENT MAILING address (number and street)	Apt #
11620 CHEYENNE TRIAL	A

City, state, and ZIP code
PARMA HEIGHTS   OH   44130

Daytime phone number	Evening phone number
301 500 7698	

Filing Status:
[X] Single or Married Filing Separately
[ ] Joint

If you have an EXTENSION check here and attach a copy: [ ] EXTENSION

If this is an AMENDED return, check here: [ ]
In the space provided below, state why you are filing an AMENDED return. Attach an explanation if you require additional space.

[   ]

Residency Status in RITA Municipalities:
[X] Full-Year [ ] Part-Year [ ] Non-Resident

City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/village/township, city/village/township and address in the appropriate boxes. **Why?** Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date	City/ Village/ Township	Address
01/01/2021	PARMA HEIGHTS	11620 CHEYENNE TRIAL CLEVELAND OH 44130

Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 **ONLY** (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6		
	W-2/W-2 G Income (see instructions for qualifying wages)	Local/City Tax Withheld for Workplace/ Winning Municipality	Local/City Tax Withheld for Resident Municipality	**Workplace/ Winning Municipality** (City or village where you worked)	**Resident Municipality** (City or village where you lived)	Dates Wages Were Earned		Date of winnings
						From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY
Paperclip Local/City copy of W-2/W-2G Forms and Check or Money Order Here Do not use staples, tape or glue	81645			PARMA HEIGHTS	PARMA HEIGHTS	010121	123121	
			For Full or Part Year Residents in RITA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, Line 4a; and enter Column 3 Total onto Page 2, Line 7a. For Non-Residents required to file or workplace wages – Go to Page 3, Schedule K, Line 34 to calculate tax due.				
Totals	81645							

⚠ Caution

Tax balances are due by **April 18, 2022.** Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RITA to calculate your taxes, please use the online eFile system at ritaohio.com. It is easy to use, secure and will calculate your taxes immediately.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

_____
Your Signature   Date

_____
Spouse's Signature if a joint return   Date

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/27/2022
Preparer's Name (Please Print)   Date
2530 PEBBLE CREEK LN
CUMMING GA 30041   30-1017196
Preparer's Signature   ID Number

May RITA discuss this return with the preparer shown above? [ ] Yes [X] No **Preparer Phone #:** 678 965 9522

Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.

Section B

For NON W-2/ Schedule income see Pages 3-5 before starting **Section B**.	**1 a** Total W-2/W-2G income from Page 1, Section A, Column 1.	**1a**	81645

b Total self-employment, rental, partnership, and (if applicable) S-Corp. income as well as any other taxable income from Page 3, Schedule J, Line 29, Column 7. If less than zero, enter -0-.	**1b**	0

2 **Total taxable income.** Add Lines 1a and 1b. → **2** 81645

3 Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: 0.03000 → **3** 2449

Withheld taxes shown on your W-2 forms are reported on either Line 4a or 7a.

4 a Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. **Do not** enter estimated tax payments. → **4a**

b Direct payments from Page 3, Schedule K, Line 37. **Do not** enter tax withheld from your wages and/or estimated tax payments on this line. → **4b**

5 a Add Lines 4a and 4b. → **5a**

b Total tentative **credit** from Credit Rate Worksheet, Column E **located at the bottom of this page**. Your resident municipality's credit rate: 0.02000 → **5b**

c Enter the smaller of Line 5a or Line 5b. → **5c**

If your resident city/village has a **Credit Rate of 0%;** enter -0- on Line 5b, 5c and Line 6 and **go to Line 7a.** You **do not need to** complete the **Credit Rate Worksheet.**

6 Multiply Line 5c by the **credit factor** of your resident municipality from the tax table. Your resident municipality's credit factor: 1.00000 → **6**

7 a Tax withheld for your resident municipality from Page 1, Section A, Column 3. **Do not** enter estimated tax payments (see instructions). → **7a**

b Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality (from Worksheet R) → **7b**

8 **Total credits allowable.** (Add Lines 6, 7a, and 7b.) → **8**

9 Subtract Line 8 from Line 3. → **9** 2449

10 Tax on non-withheld wages from Page 3, Schedule K, Line 34. → **10**

11 Tax on Schedule J Income from Page 3, Line 33, Column 7. → **11** 0

12 **TAX DUE RITA BEFORE ESTIMATED PAYMENTS.** Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions). ▶ **12** 2449

Refunds: To avoid delays in processing your refund, mail your return to the PO BOX address listed in the lower right hand corner of this page.

Refunds of tax withheld from your wages must be applied for on Form 10A. Download Form 10A at ritaohio.com

13 2021 Estimated Tax Payments made to RITA. **Do not** enter tax withheld from your W-2s. **Only** include payments made for the 2021 tax year. → **13**

14 Credit carried forward from 2020. → **14**

15 **TOTAL CREDITS AND ESTIMATED PAYMENTS.** Add Lines 13 and 14. → **15**

16 **Balance Due.** If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is $10 or less, enter -0-. ▶ **16** 2449

17 If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter **OVERPAYMENT**. → **17**

18 Amount you want **credited to your 2022 estimated tax.** → **18**

19 Amount to be **refunded.** You may not split an overpayment between a refund and a credit. Amounts $10 or less will not be refunded. Allow 90 days for your refund. → **19**

20 a Enter **2022 estimated tax** in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23. ▶ **20a**

b Enter first quarter estimate (1/4 of Line 20a). → **20b**

21 Subtract Line 18 from Line 20b. → **21**

22 **TOTAL DUE** by April 18, 2022. Add Lines 16 and 21. → **22** 2449

Estimated Taxes (Line 20a): If your estimated tax liability is $200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your estimate or use Worksheet 1 in the instructions to calculate your estimate. **Note**: If Line 20a is left blank, RITA will calculate your estimate. Use Form 32 EST-EXT to pay 6/15/22, 9/15/22 and 1/15/23 estimates.

Credit Rate Worksheet (enter each wage separately):

A Wages/Income earned outside of resident municipality	B Credit Rate for resident municipality from tax table	C Maximum credit (multiply Column A by Column B)	D Workplace tax withheld/paid	E Tentative Credit Enter lesser of Columns C or D
Enter amount from WORKSHEET L, Row 17, Column 7				
Total Tentative Credit: Enter on Section B, Line 5b, above.				

Mail your return with W-2s and a copy of your federal schedules to:
With payment made payable to RITA:
Regional Income Tax Agency
PO Box 6600
Cleveland, OH 44101-2004
Without payment:
Regional Income Tax Agency
PO Box 94801
Cleveland, OH 44101-4801
Refund with an **amount on Line 19:**
Regional Income Tax Agency
PO Box 89409
Cleveland, OH 44101-6409

Taxpayer: BANU VENKATA SANDEEP KOMMURI   SSN: 035-23-9453

2021	Form 37, Page 2, Line 5b and 6 Smart Worksheet

City	NR Sch J	Income earned outside resi. city	Credit limit rate	A Maximum tax subject to credit limit	B City tax	C Lower of col **A** or **B**	D Tax Credit Factor	E Col **C** times col **D**
PARMA HEIGHTS:								

Line 5b tentative credit...

Line 6 credit...

2021

Form 37, Page 2, City Income Allocation Worksheet

Resident City #1: <u>PARMA HEIGHTS</u>   From: <u>01/01/21</u> To: <u>12/31/21</u>

City	W2 Employer, W-2 G Payee or Schedule J	NR Sch J	Non-Rita Wages	From	To	Resident Percent	Income	Resident Total
PARMA HEIGHTS				01/01/21	12/31/21	100.00	81645	81645
Total allocated to resident period								81645