



02 25 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 627 59 0489

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

5707

First name KRUTHI MEGHANA

M.I. Last name ANUMANDLA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

1932 EVANGELINE DR

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

City MIAMISBURG

State ZIP code OH 45342

Ohio county (first four letters) MONT

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). 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.

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: Description, Amount, and Code. Rows include 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 627 59 0489

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 (203) 428-7460

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

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

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

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

627 59 0489



21350198

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 1040 .....1. 580 00

**Part B - W-2s**

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	161610439	32901 00	5290 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52783601	32901 00	580 00
2. 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
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  
627 59 0489



21350298

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

Form R  
File by

2021

MIAMISBURG CITY  
INCOME TAX RETURN

2021

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates  
Beginning  
Ending  
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY . . . . .			Yes	No
INDICATE WHETHER	SOLE PROPRIETORSHIP		<input checked="" type="checkbox"/>	
	EMPLOYEE			
	OTHER			
ACCOUNT NUMBER	ACCOUNT TYPE	SSN		
		627-59-0489		
Date moved in . . . . .		Spouse SSN		
Date moved out . . . . .				
KRUTHI MEGHANA ANUMANDLA				
		ARE YOU A RESIDENT? . . . . .	<input checked="" type="checkbox"/>	
		DID YOU FILE A RETURN FOR 2019? . . . . .		
		HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? . . . . .		
		IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED? . . . . .		
		YOUR LOCAL PHONE NUMBER . . . . .	(203) 428-7460	

1932 EVANGELINE DR  
MIAMISBURG OH 45342

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

**This Space For Tax Office Use Only**

**Enter Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)**

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
AEROSEAL LLC	MIAMISBURG	740	32901

<b>INCOME</b>	<b>1 a</b> TOTALS (if above is <b>fully taxable</b> and your <b>only</b> income, go next to Line 7) . . . . .	740	32901
	<b>2</b> OTHER INCOME: FROM PAGE 2 . . . . .		
	<b>3</b> TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . .		32901
<b>ADJUSTMENTS TO INCOME</b>	<b>4 a</b> ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD		
	<b>b</b> ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT		
	<b>c</b> DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) . . . . .		
	<b>5 a</b> ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) . . . . .		32901
	<b>b</b> Amount of Line 5a Allocable ( _____ % from step 5 Schedule Y) . . . . .		
	<b>c</b> LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) . . . . .		
<b>TAX</b>	<b>6</b> AMOUNT SUBJECT TO MIAMISBURG CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . .		32901
	<b>7</b> MIAMISBURG CITY TAX RATE 2.250% . . . . .		740
<b>ALLOWABLE CREDITS</b>	<b>8</b> CREDITS: <b>a</b> Tax withheld by employer(s) as shown on line 1a above . . . . .	740	
	<b>b</b> Payments and credits on 2022 Declaration of Estimated Tax . . . . .		
	<b>c</b> Earned income (Resident individuals only) taxes paid City of _____ . . . . .		
	TOTAL CREDITS ALLOWABLE . . . . .		740
	<b>9</b> BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . .		
	<b>10</b> OVERPAYMENT CLAIMED (if Line 8 Exceeds Line 7, Enter Difference in Box at Right) . . . . .	0	
	Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax . . . \$ _____		
	Refunded . . . . . \$ _____		

**DECLARATION OF ESTIMATED TAX FOR 2022**

<b>11</b> Total Income Subject to Tax	\$ _____ x _____ %	<b>11</b>	\$ _____
<b>12</b> Estimated Tax Withheld . . . . .		<b>12</b>	\$ _____
<b>13</b> Total Estimated Tax (Line 11 - Line 12) . . . . .		<b>13</b>	\$ _____
<b>14</b> Credit From Line 10 . . . . .		<b>14</b>	\$ _____
<b>15</b> Net Estimated Tax Due (Line 13 - Line 14) . . . . .		<b>15</b>	\$ _____
<b>16</b> First Quarter 2022 Estimated Payment Due (1/4 of Line 15) . . . . .		<b>16</b>	\$ _____
<b>17</b> Total Due With This Return (Add Lines 9 and 16) . . . . .		<b>17</b>	\$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2022  
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES  NO