



02 27 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 108 87 8332

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

0903

First name VIVEK

M.I. Last name KASHYAP

Spouse's first name (if filing jointly)

M.I. Last name

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

310 BRYANT AVE

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

APT 54

City

CINCINNATI

State

OH

ZIP code

45220

Ohio county (first four letters)

HAMI

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)

Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

X Married filing separately

759 14 1092

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 Total. 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 108 87 8332

Table with 3 columns: Line number, Description, and Amount. Includes lines 7a through 27, covering tax liability, payments, and 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) 500-2575
Spouse's signature _____ Date _____
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

108 87 8332



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 10401. 2584 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	463306859	85021 00	12701 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	53055521	85021 00	2584 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
108 87 8332



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 MASON 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 . . .

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER

ACCOUNT NUMBER ACCOUNT TYPE SSN 108-87-8332

Date moved in Date moved out

VIVEK KASHYAP
310 BRYANT AVE APT 54
CINCINNATI OH 45220

Table with 2 columns: Question, Yes/No. Includes questions about residency, 2019 return filing, and amended returns.

This Space For Tax Office Use Only

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.

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

Table with 4 columns: Employer's Name, City Where Employed, City Tax Withheld, Wages, Etc. Entry: INTELLIGRATED SERVICES, LLC, 1018, 90881

Income and Tax Summary Table. Includes lines 1a through 9, 10. Totals: 1018, 90881. Tax: 1018. Balance of tax due: 1018.

DECLARATION OF ESTIMATED TAX FOR 2022. Lines 11-17. Total Due With This Return: 17 \$

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.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER: SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/27/2022

GLOBAL TAXES LLC, 2530 PEBBLE CREEK LN, CUMMING GA 30041

SIGNATURE OF SPOUSE

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 []



Individual Tax Return 2021

**Tax Return is due by
April 18, 2022**

City of Cincinnati
Income Tax Division
PO Box 637876
Cincinnati OH 45263-7876
Phone: (513) 352-2546
E-file available at:

<https://web2.civicacmi.com/Cincinnati>

Account Number: _____	SSN: <u>108 87 8332</u>	Please check all that apply: First year filer <input type="checkbox"/> Used Federal Sch C, E, F or K-1 <input type="checkbox"/> Athlete or Entertainer <input type="checkbox"/> Amended Return <input type="checkbox"/> Refund (Amount must be entered on Line 13 to be a valid refund request) <input type="checkbox"/> Account Should be Closed <input type="checkbox"/> Reason: _____
E-Mail: _____	Spouse SSN: _____	
Name (s): <u>VIVEK KASHYAP</u>		
Address: <u>310 BRYANT AVE APT 54</u>		
City/State/Zip <u>CINCINNATI</u> <u>OH 45220</u>		
If part-year, resident indicate dates of Cincinnati residency: From _____ To _____		

Part A Tax Calculation – Attach 1st page of Federal 1040, Schedule 1, W-2's and other applicable schedules

1.	Total Qualifying Wages See instructions - Use W-2 Box 5 (For multiple W-2's complete Worksheet A on Page 2)	\$	90 881 00
2.	Federal Form 2106 Expenses are no longer allowed (SEE IRS PUBLICATION 5307)		XXXXXXXXXXXXXXXXXXXX
3.		XXXXXXXXXXXXXXXXXXXX
4.	Less Nontaxable Income (part year or non-residents only) (provide calculations).....	\$	
5.	Taxable Qualified Wages (Line 1 minus Line 4).....	\$	90 881 00
6.	Other Income or (Loss) from Federal Sch 1, C, E, F, K-1, 1099-MISC, Form W-2G (Complete Worksheet B on page 2 and enclose copies of all Federal Schedules)...	\$	
7.	Cincinnati Taxable Income (Line 5 plus Line 6) Losses on Line 6 do not offset W-2 Income from Line 5	\$	90 881 00
8.	Cincinnati Income Tax (Multiply Line 7 by 1.8% (.018) See Instructions	\$	1 636 00
9 a.	Cincinnati Tax Withheld (per W-2s).....	\$	
9 b.	Estimates Paid (including credit from a previous year).....	\$	
9 c.	Other Local Taxes Paid, See Instructions (Enclose W-2s or Other City returns)	\$	1 018 00
10.	Total Payments and Credits (Lines 9a + 9b + 9c).....	\$	1 018 00
11.	Tax Due (Subtract Line 10 from Line 8) (Amounts less than \$10.00 are not due)	\$	618 00
12.	Overpayment (Line 10 greater than Line 8).....	\$	Federal Extension filed If yes, attach copy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13.	Amount to be Refunded (Amounts less than \$10.00 will not be refunded)	\$	
14.	Credit to Next Year.....	\$	

Part B Declaration of Estimated Tax for 2022 – Mandatory if 2021 liability was \$200.00 or more

15.	Total Estimated Income Subject to Tax.....	\$	90 881 00
16.	Cincinnati Estimated Income Tax Due (Multiply Line 15 by 1.8% (.018)).....	\$	1 636 00
17.	Estimated Taxes Withheld from Wages.....	\$	1 018 00
18.	Estimated Tax Due after Withholding (Line 16 less Line 17) STOP if this amount is less than \$200.00.....	\$	618 00
19.	Quarter One Estimated Tax Due Before Credits (25% of Line 18).....	\$	155 00
20.	Less Credits (from Line 14 above) or Amounts Already Paid on this Year's Liability.....	\$	
21.	Net Estimated Tax Due if Line 19 Minus Line 20 is Greater Than Zero*.....	\$	155 00
22.	TOTAL AMOUNT DUE — Line 11 plus Line 21 (Make checks payable to "City of Cincinnati" or pay online at https://web2.civicacmi.com/Cincinnati)	\$	773 00

*Subsequent estimated payments are due 06/15/22, 09/15/22 and 01/16/23
*Failure to remit timely estimated payments will result in the assessment of interest and penalties.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.



Paid Preparer Name _____ PTIN _____ GLOBAL TAXES LLC Name of Firm or Employer 2530 PEBBLE CREEK LN CUMMING GA 30041 (678)965-9522 Address of Firm or Employer _____ Telephone Number _____	May the City Tax Division discuss this return with the preparer shown to the left? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Signature of Taxpayer or Agent _____ Date _____ Signature of Spouse _____ Date _____ Daytime Telephone Number _____
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WORKSHEET A - SALARIES, WAGES, TIPS, AND OTHER COMPENSATION
(To be completed by taxpayers who receive W-2 income from more than one source)
****Enclose copies of all W-2s used to compute your local income****

Employer	City Where Employed	Qualifying Wages (Box 5 on W-2)	Cincinnati Tax Withheld (Box 19 on W-2)	Other City Tax Withheld (Box 19 on W-2)
INTELLIGRATED SERVICES, LLC	MASON	90 881 00		1 018 00
Totals (Enter Total Qualifying Wages on Line 1, Page 1)		90 881 00		1 018 00

WORKSHEET B - BUSINESS INCOME or LOSS
****Enclose copies of all Federal Forms and Schedules used to compute your local income. ****

	Schedules	Column A Income / (Loss) from Federal Schedules	Column B Percentage from Sch Y	Column C Cinti Taxable Income (Column A x Column B)
B1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C).	\$		\$
B2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from Cincinnati properties).	\$	100.00	\$
B3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Cincinnati tax on entire distributive share)	\$	100.00	\$
B4.	Other Income – Fed, Sch. 1 (1040) Line 8, 1099-MISC, W-2G & Schedule F, etc.	\$		\$
B5.	Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C) Enclose a worksheet (see form and example on website) showing prior year losses for up to 5 years and amounts previously claimed or leave blank and calculate the deduction in the table on the next page (Lines B.7 through B.10.)			\$ ()
B6.	Total Tax Year Business/Other Income (Loss) Combine Lines 1 through 5 and enter this amount on Page 1, Line 6			\$

		Column A		Column C
B7.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2016 (_____) + 2017 (_____)	Total 2016-2017 Losses Available \$ _____		2016-2017 NOL Applied \$ _____
B8.	SUBTOTAL Taxable Income (B5 less pre-2016 losses)	\$ _____		\$ _____
B9.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2018 (_____) + 2019 (_____) + 2020 (_____) <i>*Loss deduction is the lesser of 50% of B7 or 50% of B8, Col A</i>	Total 2018-2020 Losses Available \$ _____		2018-2020 NOL Applied (Loss deduct 50% Limit)* \$ _____
B10.	TOTAL TAXABLE INCOME (B8 less B9 Column C)	\$ _____		\$ _____

B.7. **NOL Carryforward from tax years 2016-2017:** Operating losses may be carried forward for a maximum period of five tax years and may be used to reduce taxable income in Worksheet B up to 100%.

B.8. **Subtotal Taxable Income:** B5 less B6 Column C is the remaining Cincinnati Taxable Income after 2016-2017 losses applied.

B.9. **NOL Carryforward from tax years 2018-2020:** State law changes limit the deduction allowed for operating losses carried forward from tax years 2018-2021. These losses may be used to reduce taxable income in Worksheet B at the lesser of 50% of the taxable income on M7 or 50% of the losses available in these tax years (8B Column C).

B.10. **Total Income:** B7 less B8 Column C. Enter total income on Part A, Line 4a.

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

For nonresidents who earn a portion of their net profits in Cincinnati.

a. Located Everywhere

b. Located in Cincinnati

c. Percentage (b/a)

STEP 1.	Average Original Cost of Real and Tangible Personal Property	_____	_____	_____
	Gross Annual Rent Paid Multiplied by 8.....	_____	_____	_____
	TOTAL STEP 1.....	_____	_____	_____
STEP 2.	Wages, Salaries, and Other Compensation Paid.....	_____	_____	_____
STEP 3.	Gross Receipts from Sales Made and/or Work or Services Performed.....	_____	_____	_____
STEP 4.	Total Percentages. (Add Percentages from Steps 1-3).....	_____	_____	_____
STEP 5.	Apportionment Percentage (Divide Total Percentage by Number of Percentages Used).....	_____	_____	_____
	Enter Percentage in Column B of Worksheet			

LINE 9a: Enter the amount of Cincinnati Tax withheld by employers.

LINE 9b: Enter the amount of estimated tax payments including any amounts paid with an extension. Estimated payments may be subject to the underpayment of estimated tax penalty if not paid timely. The total of the quarterly estimates should equal 100% of the prior year's tax or 90% of the current year's tax