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CHANDANA MOPUR

703-97-1589

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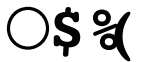
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2021 Ohio IT 1040

Individual Income Tax Return

Use only black ink/UPPERCASE letters.



21000198 Sequence No. 1

02 05 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required)
703 97 1589

If deceased

Spouse's SSN (if filing jointly)

If deceased

School district #

5703

First name
CHANDANA

M.I. Last name
MOPUR

Spouse's first name (if filing jointly)

M.I. Last name

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

941 WILMINGTON AVE

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

APT E

City

DAYTON

State

OH

ZIP code

45420

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

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

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.

1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative.....	..1.	64160 00
2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule).....	2a.	00
2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule).....	2b.	00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative.....	..3.	64160 00
4. Exemption amount (include Schedule of Dependents if applicable).....	4.	2150 00
Number of exemptions including you and your spouse/dependents, if applicable: 1		
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero).....	5.	62010 00
6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule).....	6.	00
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).....	7.	62010 00



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 703 97 1589

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 (937) 830-8021

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

703 97 1589



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. 2088 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	843694013	69710 00	9492 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54150648	69710 00	2088 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
703 97 1589



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



PAYMENT DUE
PLEASE REMIT TO:
CITY OF DAYTON
PO BOX 643700
CINCINNATI, OH 45264-3700

2021 CITY OF DAYTON INDIVIDUAL INCOME TAX RETURN

RETURN WITH PAYMENT DUE BY APRIL 18, 2022
90% of Estimated Tax Liability due by January 15, 2023

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

CHANDANA MOPUR

941 WILMINGTON AVE APT E
DAYTON OH 45420

Is this Dayton Tax Return: Single Joint Filing

TAX ID # OR SS # 703 97 1589

TAX ID # OR SS # _____

Your phone # (937) 830-8021

Your Email address MOPUR.CHANDANA70@GMAIL.COM

May we contact you by secured email? Yes No

Are you a Dayton resident? Yes No

Did you file a Dayton Return last year? Yes No

Did you file on a different Tax ID# last year? Yes No
If so, please list Tax ID# _____

Did You Move during this tax year? Yes No

Old address _____

Date Moved in _____ or Date Moved Out _____

If you moved more than once during the year, attach list to tax return showing addresses and dates

All supporting W-2's and Federal Schedules must be submitted with this return

Please Complete Work Sheet On Reverse Side Before Completing Section A

PLEASE ATTACH CHECK AND WAGE STATEMENTS (W-2'S) HERE

SECTION A TOTAL TAXABLE INCOME

- Wages, Salaries, Tips, and Other Employee Compensation-Use highest wage figure on W-2. See Section A on back of return. (Part year residents must pro-rate their income based on time lived in Dayton.) \$ 69 710 00
- Other Taxable Income or Deductions from Reverse Side..... \$ _____
- Taxable Income (Add Lines 1 through 2)..... \$ 69 710 00
- Dayton Tax Due @ 2.5% of Line 3** \$ 1 743 00
- Payments and Credits:

A. Dayton Tax Withheld	\$ <u>1 743 00</u>	OFFICE USE ONLY
B. Other City Tax Withheld	\$ _____	
C. Estimated Taxes Paid/Prior Year Credit	\$ _____	
D. Other Credits /Partnership Payments.....	\$ _____	
- Total Payments and Credits (Add Lines 5A through 5D) \$ 1 743 00
- Balance of Tax Due (Line 4 minus Line 6)** \$ _____
- Penalty \$ _____ Interest \$ _____ Total Penalty/Interest \$ _____
- Amount Due: Make Checks Payable to City of Dayton**..... \$ _____
- If Overpayment: Credit to Estimated Taxes \$ _____ or Refund \$ 0 00
If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.

SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2022

- Estimated Income Subject To Tax \$ 69 710 00 @ 2.5% = \$ 1 743 00
- Estimated Tax Withheld By Your Employer(s) \$ _____
- Total Estimated Tax Due (Line 11 minus Line 12) \$ 1 743 00
- Credit From Prior Tax Year..... \$ _____
- Net Estimated Tax Due (Line 13 minus Line 14) \$ 1 743 00
- Estimated Tax Amount Due is 22.5% of Line 15 (First Payment)..... \$ _____
- TOTAL AMOUNT DUE (Line 9 plus Line 16) AMOUNT ENCLOSED:** \$ _____

SECTION C CREDIT CARD PAYMENTS

To help keep your information secure, credit card payments will be accepted by telephone at (937) 333-3500 or online at <https://www.daytonohio.gov/paytax>. If paying by telephone, select "Option 2" to connect to the tax system, and then press "Option 1" to make a payment. To speak to a customer service representative during normal business hours, select "Option 2" and then "Option 0".

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by \$200.00 or 10% of tax due) I will be charged an underpayment penalty if I fail to make required estimated tax payments. If this return was prepared by a tax professional, may we contact them directly? Yes No

X

Tax Preparer Signature

(678) 965-9522
Tax Preparer Phone #

Taxpayer Signature

Spouse Signature

SECTION D RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME CHECK APPROPRIATE EXPLANATION(S)

- Retired with No Taxable Income
- All Tax Withheld @ 2.5% By My Employer
- Lived and Worked Outside Of Dayton
- Active Duty Military
- Business or Rental Sold on _____ to _____ or Closed on _____
- I certify that I had NO Schedules E, C, K1, 2106, 4797, or 1099-MISC. income or losses reported on my Federal Tax Return.

SECTION A TOTAL W-2 WAGES

Employer's Name	Work Address	Dayton tax	Other City Tax	Total Taxable Wages*
SPACEWALK SYSTEMS INC	DAYTON	1 743 00		69 710 00
Total Taxable Wages*				69 710 00

*Total Taxable Wages: Box 5 is usually, but not always, the highest gross wage. Use the largest amount from boxes 1, 3, 5, or 18, of your W-2 tax forms. **Please provide a written explanation if Box 5 is not the highest wage figure.**

SECTION E OTHER INCOME OR LOSS AND FORM 2106 EXPENSE

List all income as reported to the IRS on each of the following attached Schedules or Forms. Copies of the Federal Income Tax Return and/or various applicable Federal Schedules are required to be included with your tax return.

	Profit and/or Loss		Profit and/or Loss		Profit and/or Loss
Schedule C		Form 4797		Schedule K-1	
Schedule C		Form 1099-MISC		Schedule K-1	
Schedule E		Form 1099-MISC		Other	
Schedule E		Form 1099-MISC		Other	
Total to Line 2		Total to Line 2		Total to Line 2	

Please note losses are not deductible against W-2 wages. Schedule of Net Operating Loss (NOL) carryforward is required to be attached to this return for supporting documentation.

Form 2106 expenses are deductible from wages for reservists, performing artists, fee-basis government officials, and disabled employees. IRS Form 1040 and supporting schedules are required to be attached to this return for supporting documentation.

SCHEDULE Y ALLOCATION OF PROFITS

	a. Located Everywhere	b. Located in Dayton	c. Percentage (b ÷ a)
1. Original Cost of Real and Tangible Personal Property	_____	_____	_____ %
Gross Annual Rentals Paid Multiplied by 8	_____	_____	_____ %
Total Step 1	_____	_____	_____ %
2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
3. Wages, Salaries and Other Compensation Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Total Percentages/Number of Percentages Used)	_____	_____	_____ %

Additional addresses or comments: _____

IMPORTANT INFORMATION: MAIL RETURN WITH:

- PAYMENT DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 643700, Cincinnati, OH 45264-3700
- NON-PAYMENT OR ZERO BALANCE DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830
- REFUND REQUEST TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830

Completed tax returns will be accepted through the Fax as an original document. All necessary information and attachments must be included. Income tax preparation service will be provided only to those households earning \$35,000 or less. In the event your check is returned unpaid for insufficient funds or uncollected funds, we may electronically debit your account for the principal amount of the check. A return check fee, currently \$25.00, as set forth by the Director of Finance, will be assessed.

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