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*Please detach here.*  
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**OHIO IT 40P**

REV 02/14/22 PRO

03 01 22

Tax Year

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

**Original Income Tax Payment Voucher**

**2021**

KARTHIK REDDY ADDULA



Use UPPERCASE letters  
to print the first three letters of

Taxpayer's  
last name

Spouse's last name  
(only if joint filing)

1921 CAMBRIDGE DRIVE

ADD

KENT

OH 44240

**Make payment payable to:** Ohio Treasurer of State

**Sending with return - Mail to:** Ohio Department of Taxation,  
P.O. Box 2057, Columbus, OH 43270-2057

**Sending without return - Mail to:** Ohio Department of Taxation,  
P.O. Box 182131, Columbus, OH 43218-2131

Taxpayer's SSN 085 35 1312

VRN

**98**

Spouse's SSN  
(only if joint filing)

**Amount of  
Payment** →

\$ 21.00

085351312 & 0521 5 000000000 0 402



03 01 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 085 35 1312

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 6705

First name KARTHIK REDDY

M.I. Last name ADDULA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 1921 CAMBRIDGE DRIVE

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

City KENT

State ZIP code OH 44240

Ohio county (first four letters) PORT

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary Resident X Part-year resident Nonresident TX

Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident

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 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 085 35 1312

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 (234) 281-7688

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

085 35 1312



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. 13 00

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	232573585	1874 00	0 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52302592	1874 00	13 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  
085 35 1312



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



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

085 35 1312



21280198

Sequence No. 7

03 01 22

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	756	00
2. Retirement income credit (see instructions for table; include 1099-R forms) .....	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy) .....	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit) .....	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy) .....	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy) .....	6.		00
7. Displaced worker training credit (see instructions for all required documentation; include copies) .....	7.		00
8. Campaign contribution credit for Ohio statewide office or General Assembly .....	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions) .....	9.	0	00
10. Total (add lines 2 through 9) .....	10.	0	00
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	756	00
12. Joint filing credit (see instructions for table). % times line 11, up to \$650 .....	12.	0	00
13. Earned income credit .....	13.		00
14. Home school expenses credit .....	14.		00
15. Scholarship donation credit .....	15.		00
16. Nonchartered, nonpublic school tuition credit .....	16.		00
17. Ohio adoption credit .....	17.		00
18. Nonrefundable job retention credit (include a copy of the credit certificate) .....	18.		00
19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	19.		00
20. Grape production credit .....	20.		00
21. InvestOhio credit (include a copy of the credit certificate) .....	21.		00
22. Lead abatement credit (include a copy of the credit certificate) .....	22.		00
23. Opportunity zone investment credit (include a copy of the credit certificate) .....	23.		00
24. Technology investment credit carryforward (include a copy of the credit certificate) .....	24.		00
25. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	25.		00
26. Research & development credit (include a copy of the credit certificate) .....	26.		00



# 2021 Ohio Schedule of Credits

Primary taxpayer's SSN

085 35 1312



21280298

Sequence No. 8

27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	27.	00
28. Total (add lines 12 through 27) .....	28.	0 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	756 00

### Nonresident Credit

Dates of Ohio residency 06 01 21 to 12 31 21 Other state of residency TX

30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	30.	40115 00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....	31.	41989 00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) .....	32a.	0.9553
32. Nonresident credit (line 29 times line 32a) .....	32.	722 00

### Resident Credit

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy) .....	33.	00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....	35a.	
35. Line 29 times line 35a .....	35.	00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy) .....	36.	00
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax .....	37.	00
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..	38.	722 00

### Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	39.	00
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	40.	00
41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	41.	00
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.	00
43. Venture capital credit (include a copy of the credit certificate) .....	43.	00
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	00

Your social security number 085351312	Spouse's social security number	
Your first name and middle initial KARTHIK REDDY	Last name ADDULA	
If a joint return, spouse's first name and middle initial	Last name	
<b>CURRENT MAILING</b> address (number and street) 1921 CAMBRIDGE DRIVE		Apt #
City, state, and ZIP code KENT OH 44240		
Daytime phone number 234 281 7688	Evening phone number	

**Filing Status:**

- 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:**

- 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	KENT	1921 CAMBRIDGE DRIVE KENT OH 44240

**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.**

Paperclip Local/City copy of W-2W-2G Forms and Check or Money Order Here Do not use staples, tape or glue	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
	1874		42	KENT	KENT	010121	123121	
<b>Totals</b>	1874		42	<b>For Full or Part Year Residents in RITA Municipalities</b> - 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 <b>Non-Residents</b> required to file on workplace wages - Go to Page 3, Schedule K, Line 34 to calculate tax due.				
Caution	Tax balances are due by <b>April 18, 2022</b> . 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 _____	SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2022
Spouse's Signature if a joint return _____	Date _____	Preparer's Name (Please Print) _____ Date _____ 2530 PEBBLE CREEK LN _____ 30-1017196 CUMMING GA 30041
		Preparer's Signature _____ ID Number _____

May RITA discuss this return with the preparer shown above?  Yes  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**

<b>For NON W-2/ Schedule income</b> see Pages 3-5 before starting Section B.	<b>1 a</b> Total W-2/W-2G income from Page 1, Section A, Column 1.	<b>1a</b>	1874	42
	<b>b</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-.	<b>1b</b>	0	
	<b>2 Total taxable income.</b> Add Lines 1a and 1b.	<b>2</b>	1874	
<b>Withheld taxes</b> shown on your W-2 forms are reported on either Line 4a or 7a.	<b>3</b> Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: <u>0.02250</u>	<b>3</b>		42
	<b>4 a</b> Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. <b>Do not</b> enter estimated tax payments.	<b>4a</b>		
	<b>b</b> Direct payments from Page 3, Schedule K, Line 37. <b>Do not</b> enter tax withheld from your wages and/or estimated tax payments on this line.	<b>4b</b>		
	<b>5 a</b> Add Lines 4a and 4b.	<b>5a</b>		
	<b>b</b> Total tentative <b>credit</b> from Credit Rate Worksheet, Column E <b>located at the bottom of this page.</b> Your resident municipality's credit rate: <u>0.02250</u>	<b>5b</b>		
	<b>c</b> Enter the smaller of Line 5a or Line 5b.	<b>5c</b>		
	<b>6</b> Multiply Line 5c by the <b>credit factor</b> of your resident municipality from the tax table. Your resident municipality's credit factor: <u>1.00000</u>	<b>6</b>		
	<b>7 a</b> Tax withheld for your resident municipality from Page 1, Section A, Column 3. <b>Do not</b> enter estimated tax payments (see instructions).	<b>7a</b>	42	
	<b>b</b> Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality (from Worksheet R)	<b>7b</b>		
	<b>8 Total credits allowable.</b> (Add Lines 6, 7a, and 7b.)	<b>8</b>		
<b>9</b> Subtract Line 8 from Line 3.	<b>9</b>	0		
<b>10</b> Tax on non-withheld wages from Page 3, Schedule K, Line 34.	<b>10</b>			
<b>11</b> Tax on Schedule J Income from Page 3, Line 33, Column 7.	<b>11</b>	0		
<b>12 TAX DUE RITA BEFORE ESTIMATED PAYMENTS.</b> Add Lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions).	<b>12</b>		0	
<b>13</b> 2021 Estimated Tax Payments made to RITA. <b>Do not</b> enter tax withheld from your W-2s. <b>Only</b> include payments made for the 2021 tax year.	<b>13</b>			
<b>14</b> Credit carried forward from 2020.	<b>14</b>			
<b>15 TOTAL CREDITS AND ESTIMATED PAYMENTS.</b> Add Lines 13 and 14.	<b>15</b>			
<b>16 Balance Due.</b> If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0-.	<b>16</b>			
<b>17</b> If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter <b>OVERPAYMENT</b> .	<b>17</b>	0		
<b>18</b> Amount you want <b>credited to your 2022 estimated tax.</b>	<b>18</b>			
<b>19</b> Amount to be <b>refunded.</b> 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.	<b>19</b>			
<b>20 a</b> Enter <b>2022 estimated tax</b> in full (see instructions). Estimates are due <u>4/15/22, 6/15/22, 9/15/22 and 1/15/23.</u>	<b>20a</b>			
<b>b</b> Enter first quarter estimate (1/4 of Line 20a).	<b>20b</b>			
<b>21</b> Subtract Line 18 from Line 20b.	<b>21</b>		21	
<b>22 TOTAL DUE</b> by April 18, 2022. Add Lines 16 and 21.	<b>22</b>			

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



