

Form R  
File by

2021

WESTERVILLE 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  
744-58-8945  
Spouse SSN

Date moved in . . . . .  
Date moved out . . . . .

YASWANTHI TUPAKULA

995 EDGINGTON DR S APT 203

COLUMBUS OH 43240

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.

ARE YOU A RESIDENT? . . . . .	Yes	No
DID YOU FILE A RETURN FOR 2019? . . . . .		X
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 . . . . .	(469) 662-4525	

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
JP MORGAN CHASE BANK NA	WESTERVILLE CITY	106	5313

<b>INCOME</b>	1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) . . . . .	106	5313
	2 OTHER INCOME: FROM PAGE 2 . . . . .		
	3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . .		5313
<b>ADJUSTMENTS TO INCOME</b>	4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD		
	b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT		
	c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) . . . . .		
	5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) . . . . .		5313
	b Amount of Line 5a Allocable ( _____ % from step 5 Schedule Y) . . . . .		
	c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) . . . . .		
<b>TAX</b>	6 AMOUNT SUBJECT TO WESTERVILLE CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . .		5313
	7 WESTERVILLE CITY TAX RATE 2.000% . . . . .		106
	8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above . . . . .	106	
<b>ALLOWABLE CREDITS</b>	b Payments and credits on 2022 Declaration of Estimated Tax . . . . .		
	c Earned income taxes paid City of _____ (Resident individuals only)		
	TOTAL CREDITS ALLOWABLE . . . . .		106
	9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . .		
	10 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

11	Total Income Subject to Tax	\$ _____ x _____ %	11	\$ _____
12	Estimated Tax Withheld . . . . .		12	\$ _____
13	Total Estimated Tax (Line 11 - Line 12) . . . . .		13	\$ _____
14	Credit From Line 10 . . . . .		14	\$ _____
15	Net Estimated Tax Due (Line 13 - Line 14) . . . . .		15	\$ _____
16	First Quarter 2022 Estimated Payment Due (1/4 of Line 15) . . . . .		16	\$ _____
17	Total Due With This Return (Add Lines 9 and 16) . . . . .		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. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/04/2022  
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