

2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



Do not staple or paper clip.

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 846 69 8028	✓ If deceased	Spouse's SSN (if f	iling jointly)	✓ If deceased	School district # 2503
First name AJAYKANTH REDDY	ı	M.I. Last name SATTI			
Spouse's first name (if filing jointly)	1	M.I. Last name			
Address line 1 (number and street) or 3615 CYPRESS CLUBY					
Address line 2 (apartment number, su	uite number, etc.)				
City COLUMBUS				code 3219	Ohio county (first four letters) FRAN
Foreign country (if the mailing address	s is outside the U.S.)		Foreign posta	Il code	
Residency Status - Check only	one for primary		Filing Sta	tus - Check one	(as reported on federal income tax return)
X Resident Part-year resident	Nonresident Indicate state	>	-		ld or qualifying widow(er)
Check only one for spouse (if filing jo Resident Part-year resident	Nonresident Indicate state	>		d filing jointly	Spouse's SSN
Ohio Nonresident Statemen Primary meets the five criteria for			Federa	l extension filers	- check here.
Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.					
Federal adjusted gross income if negative	•	,		1.	15659 00
2a.Additions – Ohio Schedule of Adju	stments, line 10 (includ	le schedule)		2a.	00
2b. Deductions – Ohio Schedule of Ad	ljustments, line 39 (incl	ude schedule)		2b.	00
Ohio adjusted gross income (line if negative				3.	15659 00
Exemption amount (include Sche Number of exemptions including yo				4.	2400 00
5. Ohio income tax base (line 3 minu	is line 4; if negative, ente	er zero)		5.	13259 00
6. Taxable business income – Ohio S	Schedule IT BUS, line 13	3 (include schedu	le)	6.	00
7. Taxable nonbusiness income (line	5 minus line 6; if negati	ve, enter zero)		7.	13259 00

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Code

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2021 Ohio IT 1040

Individual Income Tax Return



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7a. Amount from line 7 on page 1			7a.	210	13259	00
8a. Nonbusiness income tax liability on line 7a	a (see instructions	for tax tables)		8a	0	00
						00
8b.Business income tax liability – Ohio Scheo	iule II 605, lille I	4 (include scriedule).		ou.		
8c. Income tax liability before credits (line 8a	plus line 8b)			8c.	0	00
9. Ohio nonrefundable credits – Ohio Sched	ule of Credits, line	38 (include schedule)	9.	20	00
10. Tax liability after nonrefundable credits (lin	e 8c minus line 9;	if negative, enter zero)		10.	0	00
11. Interest penalty on underpayment of estim	ated tax (include	Ohio IT/SD 2210)		11.		00
12.Unpaid use tax (see instructions)				12.		00
13. Total Ohio tax liability before withholding	or estimated pay	ments (add lines 10, 11	and 12)	13.	0	00
14. Ohio income tax withheld – Schedule of C income statements)	0.1	, ,		14.	397	00
15. Estimated and extension payments (from from last year's return		, .	•	15.		00
16.Refundable credits – Ohio Schedule of Cr	edits, line 44 (incl	ude schedule)		16.		00
17. <u>Amended return only</u> – amount previous	ly paid with origina	al and/or amended retu	rn	17.		00
18. Total Ohio tax payments (add lines 14, 1	5, 16 and 17)			18.	397	00
19. Amended return only – overpayment pre	viously requested	on original and/or ame	nded return	19.		00
20. Line 18 minus line 19. Place a "-" in the box it	negative			20.	397	00
If line 20 is MORE THAN line 13,						0.0
21. Tax due (line 13 minus line 20). If line 20 is	s negative, ignore	the "-" and add line 20	to line 13	21.		00
22. Interest due on late payment of tax (see in	structions)			22.		00
23. TOTAL AMOUNT DUE (line 21 plus line (if amended return) and make check pays				23.		00
24. Overpayment (line 20 minus line 13)				24.	397	00
25. Original return only – portion of line 24 ca 26. Original return only – portion of line 24 ya a. Military Injury Relief b. Ohio Hi	ou wish to donate:	ext year's tax liability c. Nature Preserves/\$		25.		00
00	00	00				0.0
d. Breast/Cervical Cancer e. Wishes	for Sick Children	f. Wildlife Species	Total 26	Sg.		00
00	00	00				
27. REFUND (line 24 minus lines 25 and 26g	<u> </u>			27.	397	00
Sign Here (required): I have read this return.	Under penalties of p	erjury, I declare that, to the	e best of my knowledge	If your refund is \$1.00 c	r less, no refund will be	e issued.

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) 838-6051

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

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2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

846 69 8028

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 397 00 and on line 14 of your Ohio IT 10401.

Part B -		Dec 4. We was fire all the constraints	Don O. Fordered in comment of withhold
1. P/S P	Box b - EIN 262555832	Box 1 - Wages, tips, other compensation 15296 00	Box 2 - Federal income tax withheld 2258 00
	Box 15 - Employer's Ohio ID number 54150918	Box 16 - Ohio wages, tips, etc. 15296 00	Box 17 - Ohio income tax 397 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



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2021 Schedule of Ohio Withholding Primary taxpayer's SSN

846 69 8028



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Sequence No. 12

Dt O	4000 B-	846 69 8028		Sequence No. 1
	1099-Rs	Box 1 - Gross distribution		ocquence No. 1
1. P/S	Payer's TIN	0.0	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		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		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Day 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Day 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld 00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
	D 40 01: 4 4 1D 4			
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
0. 171		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4	- Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	Box 0 - Payer S Office Humber	00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
Z. F/3	i ayor o iliv	00	DOX 4	00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00

Nonrefundable Credits



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2021 Ohio Schedule of Credits

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Primary taxpayer's SSN 846 69 8028





Nonretundable Credits		
1. Tax liability before credits (from Ohio IT 1040, line 8c)	0	00
2. Retirement income credit (see instructions for table; include 1099-R forms)		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)		00
4. Senior citizen credit (must be 65 or older to claim this credit)		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)		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	0	00
9. Income-based exemption credit (\$20 times the number of exemptions)	20	00
10. Total (add lines 2 through 9)	20	00
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	0	00
12. Joint filing credit (see instructions for table). % times line 11, up to \$65012.	0	00
13. Earned income credit		00
14. Home school expenses credit		00
15. Scholarship donation credit		00
16. Nonchartered, nonpublic school tuition credit		00
17. Ohio adoption credit		00
18. Nonrefundable job retention credit (include a copy of the credit certificate)		00
19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 19.		00
20. Grape production credit		00
21. InvestOhio credit (include a copy of the credit certificate)		00
22. Lead abatement credit (include a copy of the credit certificate)		00
23. Opportunity zone investment credit (include a copy of the credit certificate)		00
24. Technology investment credit carryforward (include a copy of the credit certificate)		00
25. Enterprise zone day care & training credits (include a copy of the credit certificate)		00
26. Research & development credit (include a copy of the credit certificate)		00



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2021 Ohio Schedule of Credits

Primary taxpayer's SSN 846 69 8028



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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.	0	00
Nonr	resident Credit			
Date	s of Ohio residency to Other state of re	sidency		
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30.	00		
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31.	00		
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)			
32.	Nonresident credit (line 29 times line 32a)	32.		00
Resi	dent 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)	00		
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)34.	00		
	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)35a.			
35.	Line 29 times line 35a35.	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, lin	e 9) 38.	20	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	te)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