

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

| | | |
|--|------------------|--|
| First Name & Middle Initial (if joint or combined return, enter both) | Last Name | B Your Social Security Number |
| LIKITHA | KODAVALI | 802-99-1017 |
| Present Home Address | | A Spouse's Social Security Number |
| 423 MARSH TRIAL CIRCLE | | |
| City, State and Zip Code | | Online Filed Return <input type="checkbox"/> |
| ATLANTA GA 30328 | | |

| Part I Tax Return Information | A Spouse | B Yourself |
|---|-----------------|-------------------|
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | 75,626. |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 75,626. |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | 2,106. |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | 42. |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | 92. |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) | | |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) | | 50. |

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2021 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2021 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2021 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

| | | | |
|----------------|------|--|------|
| Your Signature | Date | Spouse's Signature (If Filing Status 2 or 4, BOTH must sign) | Date |
|----------------|------|--|------|

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

| | | |
|--|------------------|---|
| ERO's Signature GLOBAL TAXES LLC | 03-18-22 Date | SSN/PTIN 301017196 |
| Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041 | | Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Address, City, State and Zip | 03-18-22 Date | EIN P02082703 |
| Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | | SSN/PTIN |
| Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041 | | Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Address, City, State and Zip | | 301017196 EIN |

2021 Virginia Nonresident Income Tax Return

Due May 1, 2022



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| | | | | | |
|--|--|------------------------------|--------------------------|--|--|
| First Name LIKITHA | MI | Last Name KODAVALI | Suffix | Your Social Security Number 802-99-1017 | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only) | MI | Last Name | Suffix | Spouse's Social Security Number | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route) 423 MARSH TRIAL CIRCLE | | | | Your Birth Date (mm-dd-yyyy) 1 2 - 1 4 - 1 9 9 4 | |
| City, Town or Post Office ATLANTA | | State GA | ZIP Code 30328 | Spouse's Birth Date (mm-dd-yyyy) - - | |
| State of Residence OH | Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. MONTGOMERY | | | | Locality Code 121 |
| | | | | <input type="checkbox"/> City OR <input checked="" type="checkbox"/> County | |

| | | | |
|-------------------------------|--|--|---|
| Check Applicable Boxes | <input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/> | <input type="checkbox"/> Name(s) or Address Different than Shown on 2020 VA Return | <input type="checkbox"/> Overseas on Due Date |
| | <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman | EIC Claimed on federal return \$ _____ .00 |

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

| | | | | |
|--------------------------|--------------------------------|--------------------------|--------------------------|------------------------|
| You | Spouse if Filing Status 2 or 3 | Dependents | Total Section 1 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | X \$930 = 930 |
| You 65 or over | Spouse 65 or over | You Blind | Spouse Blind | Total Section 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X \$800 = |

| | | | | |
|----|---|----|-------|----|
| 1 | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> | 1 | 75626 | 00 |
| 2 | Additions from Schedule 763 ADJ, Line 3..... | 2 | | 00 |
| 3 | Add Lines 1 and 2 | 3 | 75626 | 00 |
| 4 | Age Deduction (See instructions and the Age Deduction Worksheet)..... You | 4a | | 00 |
| | Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b..... Spouse | 4b | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. | 5 | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return. | 6 | | 00 |
| 7 | Subtractions from Schedule 763 ADJ, Line 7..... | 7 | | 00 |
| 8 | Add Lines 4a, 4b, 5, 6, and 7 | 8 | | 00 |
| 9 | Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3 | 9 | 75626 | 00 |
| 10 | Itemized Deductions from Virginia Schedule A, if applicable. See instructions..... | 10 | | 00 |
| 11 | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions..... | 11 | 4500 | 00 |
| 12 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above..... | 12 | 930 | 00 |
| 13 | Deductions from Schedule 763 ADJ, Line 9..... | 13 | | 00 |
| 14 | Add Lines 10, 11, 12 and 13 | 14 | 5430 | 00 |
| 15 | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9..... | 15 | 70196 | 00 |
| 16 | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)..... | 16 | 3.0 | % |
| 17 | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)..... | 17 | 2106 | 00 |
| 18 | Income Tax from Tax Table or Tax Rate Schedule..... | 18 | 42 | 00 |



| | |
|--------------------------------------|--------------------------------|
| Your Name LIKITHA KODAVALI | Your SSN 802-99-1017 |
|--------------------------------------|--------------------------------|

| | | | | |
|-----|--|-----|----|----|
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1. | 19a | 92 | 00 |
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1. | 19b | | 00 |
| 20 | 2021 Estimated Tax Payments. | 20 | | 00 |
| 21 | 2020 overpayment credited to 2021 estimated tax. | 21 | | 00 |
| 22 | Extension Payment - submitted using Form 7601P. | 22 | | 00 |
| 23 | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17. | 23 | | 00 |
| 24 | Total credits from Schedule OSC. | 24 | | 00 |
| 25 | Credits from Schedule CR, Section 5, Line 1A. | 25 | | 00 |
| 26 | Total payments and credits. Add Lines 19a through 25. | 26 | 92 | 00 |
| 27 | If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE . | 27 | | 00 |
| 28 | If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT . | 28 | 50 | 00 |
| 29 | Amount of overpayment on Line 28 to be CREDITED TO 2022 ESTIMATED INCOME TAX. | 29 | | 00 |
| 30 | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6. | 30 | | 00 |
| 31 | Other Voluntary Contributions from Schedule VAC, Section II, Line 14. | 31 | | 00 |
| 32 | Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. | 32 | | 00 |
| 33 | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due. | 33 | | 00 |
| 34 | Add Lines 29 through 33. | 34 | | 00 |
| 35 | If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . <input type="checkbox"/> Check here if paying by credit or debit card - See instructions. | 35 | | 00 |
| 36 | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU . | 36 | 50 | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

| | | | | |
|---|---|---------------------------------|-----------------------------------|----------------------------------|
| DIRECT BANK DEPOSIT | Your Bank Routing Transit Number | Your Bank Account Number | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only No International Deposits | <input type="text"/> | <input type="text"/> | | |

Nonresident Allocation Percentage

| | | A - All Sources | B - Virginia Sources |
|--|----|------------------------|-----------------------------|
| 1. Wages, salaries, tips, etc. | 1 | 76323 00 | 2340 00 |
| 2. Interest income | 2 | 00 | 00 |
| 3. Dividends | 3 | 00 | 00 |
| 4. Alimony received | 4 | 00 | 00 |
| 5. Business income or loss | 5 | 00 | 00 |
| 6. Capital gain or loss/capital gain distributions | 6 | 642 00 | 0 00 |
| 7. Other gains or losses | 7 | 00 | 00 |
| 8. Taxable pensions, annuities and IRA distributions | 8 | 00 | |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc. | 9 | 00 | 00 |
| 10. Farm income or loss | 10 | 00 | 00 |
| 11. Other income | 11 | 00 | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1. | 12 | 00 | |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3. | 13 | 00 | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here. | 14 | 76965 00 | 2340 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 | | 3.0% |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at **www.tax.virginia.gov**.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

| | | | |
|---|---|---|---------------------------|
| Your Signature | Your Phone Number (937) 829-4822 | Date | |
| Spouse's Signature (If a joint return, both must sign) | Spouse's Phone Number | Preparer's PTIN P02082703 | Vendor Code 1555 |
| Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC | Preparer's Phone Number (678) 965-9522 | Filing Election Code 7 |
| | | | ID Theft PIN |

2021 Schedule INC/CG

802991017

Report all W-2s, 1099s & VK-1s with VA Withholding



LIKITHA

KODAVALI

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 802991017 | W | 92. | 833519424 | 30833519424F001 | 2340. |

| Total VA Withholding | SSN | VA Withholding |
|--------------------------------|-----------|----------------|
| You | 802991017 | 92. |
| Spouse | | |
| Total # of W-2s, 1099s & VK-1s | 01 | |

To avoid delays - be sure to enter all information, including the Employer's FEIN.



2021 Form M1, Individual Income Tax

Do not use staples on anything you submit.

LIKITHA KODAVALI 802991017 12141994
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____
 Spouse's Social Security Number _____ Spouse's Date of Birth _____

423 MARSH TRIAL CIRCLE _____
 Current Home Address Check if Address is: New Foreign

ATLANTA _____ GA _____ 30328 _____
 City State ZIP Code

2021 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

| | | | |
|------------------------------|-----------------------------|-----------------------|---------------------------------------|
| Dependent 1 First Name _____ | Dependent 1 Last Name _____ | Dependent 1 SSN _____ | Dependent 1 Relationship to You _____ |
| Dependent 2 First Name _____ | Dependent 2 Last Name _____ | Dependent 2 SSN _____ | Dependent 2 Relationship to You _____ |
| Dependent 3 First Name _____ | Dependent 3 Last Name _____ | Dependent 3 SSN _____ | Dependent 3 Relationship to You _____ |

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Democratic/Farmer-Labor . . . 12 Grassroots/Legalize Cannabis 14 Legal Marijuana Now 17
 Republican 11 Independence 13 Libertarian 16 General Campaign Fund 99

Your Code _____ Spouse's Code _____

From Your Federal Return (see instructions)

| | | | |
|--------------------------------|---------------------------------|-----------------|---------------------------|
| <u>76323</u> | <u>0</u> | <u>0</u> | <u>62776</u> |
| A. Wages, salaries, tips, etc. | B. IRA, pensions, and annuities | C. Unemployment | D. Federal taxable income |

| | | | |
|-----------|--|------------|--------------|
| 1 | Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) | 1 ■ | <u>75626</u> |
| 2 | Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) | 2 ■ | _____ |
| 3 | Add lines 1 and 2. | 3 | <u>75626</u> |
| 4 | Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) | 4 ■ | <u>12525</u> |
| 5 | Exemptions (determine from instructions). | 5 ■ | _____ |
| 6 | State income tax refund from line 1 of federal Schedule 1. | 6 ■ | _____ |
| 7 | Subtractions from line 32 of Schedule M1M and line 22 of Schedule M1MB (see instructions) | 7 ■ | _____ |
| 8 | Total subtractions. Add lines 4 through 7. | 8 | <u>12525</u> |
| 9 | Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. | 9 | <u>63101</u> |
| 10 | Tax from the table in the Form M1 instructions | 10 | <u>3899</u> |



11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____

12 Add lines 10 and 11 12 _____ 3899

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 _____ 1553


13a ■ 3 0 6 6 0 13b ■ 7 6 9 6 5

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____ 1553

16 Amount from line 18 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 _____ 1553

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____ 1553

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ _____ 1895

21 Minnesota estimated tax and extension payments made for 2021 21 ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) ... 22 ■ _____

23 Total payments. Add lines 20 through 22 23 _____ 1895

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ _____ 342

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings _____
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2022 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
9378294822
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____

KODAVAILILIKITHA@GMAIL.COM
Email Address

03182022
Date (MM/DD/YYYY)

SYAM@GTAXFILE.COM
Preparer's Email Address

P02082703
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2021 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



2021 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

LIKITHA KODAVALI 802991017
 Your First Name and Initial Your Last Name Your Social Security Number

 Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: OH
 (MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____
 (MM/DD/YYYY) (MM/DD/YYYY)

| | A. Total Amount | B. Minnesota Portion |
|---|-----------------------------|--------------------------|
| 1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040 or 1040-SR) | 1 <u>76323</u> | <u>30660</u> |
| 2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) | 2 _____ | _____ |
| 3 Business income or loss (from line 3 of federal Schedule 1) | 3 _____ | _____ |
| 4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) | 4 <u>642</u> | <u>0</u> |
| 5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) | 5 _____ | _____ |
| 6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) | 6 _____ | _____ |
| 7 Farm income or loss (from line 6 of federal Schedule 1) | 7 _____ | _____ |
| 8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1) | 8 _____ | _____ |
| 9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) | 9 _____ | _____ |
| 10 Bonus depreciation addition from line 1 of Schedule M1MB | 10 <input type="checkbox"/> | <input type="checkbox"/> |
| 11 If you entered an amount on line 9 of Schedule M1REF, see instructions | 11 <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Suspended loss from line 4 of Schedule M1MB | 12 <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Other required additions from Schedule M1M and M1AR (see instructions) | 13 <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Federal adjustments from Schedule M1NC (See instructions) | 14 <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Add lines 1 through 14 for each column | 15 <u>76965</u> | <u>30660</u> |

If your Minnesota gross income is below \$12,525, see instructions.

| | | |
|--|-------------|----------|
| 16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1) | 16 _____ | _____ |
| 17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1) | 17 _____ | _____ |
| 18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1) | 18 _____ | _____ |
| 19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1) | 19 _____ | _____ |
| 20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) | 20 <u>0</u> | <u>0</u> |



| | | | | |
|----|---|----|-------------|--------------|
| 21 | Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) | 21 | _____ | _____ |
| 22 | Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■ | 22 | _____ | _____ |
| 23 | Social Security benefit from line 12 of Schedule M1M (see instructions). 23 ■ | 23 | _____ | _____ |
| 24 | Subtraction for federal bonus depreciation from line 10 of Schedule M1MB 24 ■ | 24 | _____ | _____ |
| 25 | Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M) 25 | 25 | _____ | _____ |
| 26 | Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) 26 | 26 | _____ | _____ |
| 27 | Add lines 16 through 26 for each column 27 | 27 | _____ 0 | _____ 0 |
| 28 | Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,525 or the result is zero or less, enter 0 28 | 28 | _____ | _____ 30660 |
| 29 | Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 29 | 29 | _____ 76965 | _____ |
| 30 | Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 30 | 30 | _____ | _____ .39836 |
| 31 | Amount from line 12 of Form M1 31 | 31 | _____ | _____ 3899 |
| 32 | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 32 | 32 | _____ | _____ 1553 |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

LIKITHA KODAVALI 802991017
 Your First Name and Initial Last Name Your Social Security Number

 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

| A | B—Box 13 | C—Box 15 | D—Box 16 | E—Box 17 |
|-------------------------|---|--|---|--|
| If the Form W-2 is for: | If Retirement Plan box is checked, mark an X below. | Employer's seven-digit Minnesota Tax ID Number | State wages, tips, etc. <i>(round to nearest whole dollar)</i> | Minnesota tax withheld <i>(round to nearest whole dollar)</i> |
| • you, enter 1 | | | | |
| • spouse, enter 2 | | | | |
| a1 <u>1</u> | b1 <input type="checkbox"/> | c1 MN <u>5175991</u> | d1 <u>30660</u> | e1 <u>1895</u> |
| a2 _____ | b2 <input type="checkbox"/> | c2 MN _____ | d2 _____ | e2 _____ |
| a3 _____ | b3 <input type="checkbox"/> | c3 MN _____ | d3 _____ | e3 _____ |
| a4 _____ | b4 <input type="checkbox"/> | c4 MN _____ | d4 _____ | e4 _____ |
| a5 _____ | b5 <input type="checkbox"/> | c5 MN _____ | d5 _____ | e5 _____ |

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 1895

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

| A | B | C | D |
|---|---|--|--|
| If the Form 1099, W-2G, or 1042-S is for: | Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer) | Income amount (see the table on the back for amounts to include) | Minnesota tax withheld (round to nearest whole dollar) |
| • you, enter 1 | | | |
| • spouse, enter 2 | | | |
| a1 _____ | b1 MN _____ | c1 _____ | d1 _____ |
| a2 _____ | b2 MN _____ | c2 _____ | d2 _____ |
| a3 _____ | b3 MN _____ | c3 _____ | d3 _____ |
| a4 _____ | b4 MN _____ | c4 _____ | d4 _____ |

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
 Enter the total here and on line 20 of Form M1 **4 ■ 1895**

**Include this schedule with your Form M1.
 If required, include Schedules KPI, KS, and KF.**



03 18 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 802 99 1017

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

5703

First name LIKITHA

M.I. Last name KODAVALI

Spouse's first name (if filing jointly)

M.I. Last name

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

423 MARSH TRIAL CIRCLE

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

City ATLANTA

State ZIP code GA 30328

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. 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). 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: Line number, Description, and Amount. Includes lines 1 through 7 for Federal adjusted gross income, additions, deductions, and taxable income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 802 99 1017

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 (937) 829-4822

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

802 99 1017



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. 1208 00

Part B - W-2s

| | | | |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | P 980429806 | 43323 00 | 5624 00 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | 52650229 | 43323 00 | 1208 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
802 99 1017



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

802 99 1017



21280198 Sequence No. 7

03 18 22

Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes items like 'Tax liability before credits', 'Retirement income credit', 'Total (add lines 2 through 9)', and 'Tax less credits'.



2021 Ohio Schedule of Credits

Primary taxpayer's SSN
802 99 1017



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. | 1821 00 |

Nonresident Credit

| Dates of Ohio residency | to | Other state of residency | |
|--|----|--------------------------|------|
| 30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | | | 00 |
| 31. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | | 00 |
| 32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) | | | 32a. |
| 32. Nonresident credit (line 29 times line 32a) | | | 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) | | | 32929 00 |
| 34. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | | 75626 00 |
| 35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)..... | | | 35a. 0.4354 |
| 35. Line 29 times line 35a | | | 793 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) | | | 1595 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 | | | 793 00 |
| MN VA | | | |
| 38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. | | | 793 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 |



IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

| | |
|-----------------------------------|--------------------|
| Taxpayer name LIKITHA KODAVALI | SSN 802 99 1017 |
|-----------------------------------|--------------------|

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

| | (A) Income Taxed | | (B) Tax Paid | | (A) Income Taxed | | (B) Tax Paid |
|----|---------------------|--|-----------------|--|---------------------|-------|-----------------|
| AL | 00 | | 00 | | MN | 30660 | 1553 |
| AR | 00 | | 00 | | MO | 00 | 00 |
| AZ | 00 | | 00 | | MS | 00 | 00 |
| CA | 00 | | 00 | | MT | 00 | 00 |
| CO | 00 | | 00 | | NC | 00 | 00 |
| CT | 00 | | 00 | | ND | 00 | 00 |
| DC | 00 | | 00 | | NE | 00 | 00 |
| DE | 00 | | 00 | | NH | 00 | 00 |
| GA | 00 | | 00 | | NJ | 00 | 00 |
| HI | 00 | | 00 | | NM | 00 | 00 |
| IA | 00 | | 00 | | NY | 00 | 00 |
| ID | 00 | | 00 | | OK | 00 | 00 |
| IL | 00 | | 00 | | OR | 00 | 00 |
| IN | 00 | | 00 | | PA | 00 | 00 |
| KS | 00 | | 00 | | RI | 00 | 00 |
| KY | 00 | | 00 | | SC | 00 | 00 |
| LA | 00 | | 00 | | UT | 00 | 00 |
| MA | 00 | | 00 | | VA | 2269 | 42 |
| MD | 00 | | 00 | | VT | 00 | 00 |
| ME | 00 | | 00 | | WI | 00 | 00 |
| MI | 00 | | 00 | | WV | 00 | 00 |

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits 1a. 32929 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 1595 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

Is this Dayton Tax Return: Single Joint Filing
TAX ID # OR SS # 802 99 1017
TAX ID # OR SS # _____
Your phone # (937) 829-4822
Your Email address KODAVALLIKITHA@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

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

LIKITHA KODAVALI

423 MARSH TRIAL CIRCLE
ATLANTA GA 30328

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.) \$ 43 323 00
- Other Taxable Income or Deductions from Reverse Side..... \$ _____
- Taxable Income (Add Lines 1 through 2)..... \$ 43 323 00
- Dayton Tax Due @ 2.5% of Line 3** \$ 1 083 00
- Payments and Credits:

| | | |
|---|--------------------|-----------------|
| A. Dayton Tax Withheld | \$ <u>1 083 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) \$ 1 083 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 \$ 43 323 00 @ 2.5% = \$ 1 083 00
- Estimated Tax Withheld By Your Employer(s) \$ _____
- Total Estimated Tax Due (Line 11 minus Line 12) \$ 1 083 00
- Credit From Prior Tax Year..... \$ _____
- Net Estimated Tax Due (Line 13 minus Line 14) \$ 1 083 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

Taxpayer Signature

(678) 965-9522
Tax Preparer Phone #

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* |
|----------------------|--------------|------------|----------------|----------------------|
| TATA CONSULTANCY | DAYTON | 1 083 00 | | 43 323 00 |
| | | | | |
| Total Taxable Wages* | | | | 43 323 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.