lowa Department of

2021 IA 8453-IND x Declaration for an e-File Return

REVENUE lowal	Iowa Individual Income Tax Declaration for an e-File Return							
				tax.iowa.gov				
Your first name, middle initial, and last name <u>SALEEM SHAIK</u>	Spouse's first name, middle initial, and las	st name _						
Your Social Security Number 352-93-0672	Spouse's Social Security Number							
Home address, City, State, ZIP <u>1921</u> CAMBRIDGE DRIVE	KENT OH 44240							
Part I Tax Return Information	B. Spouse (filing status 3	3)	1	A. You or Joint				
1. Iowa Net Income (IA 1040, line 26 A & B)								
2. Total Tax (IA 1040, line 42 A & B)	2B	.00	2A	00. <u>1,195</u>				
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)	3B	.00	3A	.00 <u>922</u>				
4. Amount to be Refunded (IA 1040, line 68)			4	.00 <u>269</u>				
5. Total Amount Due (IA 1040, line 73)			5	.00				
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)								
6. I do not want direct deposit or direct debit.								
 I consent that my refund be directly deposited as designated bel as an agent to receive the refund. 	low. If I have filed a joint return, this is an irre	vocable	appointm	nent of the other spouse				
I authorize the Iowa Department of Revenue (IDR) and its design financial institution account indicated below for payment of my in to this account on(the payment/settle electronic payment of taxes to receive confidential information authorization is to remain in full force and effect until I notify IDF 515-281-3114 or idreft@iowa.gov. Payment cancellation requess date. Note: This electronic withdrawal from your bank account w block on this account, contact your financial institution to request Name of financial institution:CHASE_BANK	ndividual lowa taxes owed on this return, and ement date). I also authorize the financial ins n necessary to answer inquiries and resolv R to terminate the authorization. To revoke (o sts must be received no later than five busine will be identified with the ACH Company ID 4-	the finar stitution in re issues ancel) a ess days 4260045	ncial inst nvolved i s related paymen prior to 74. If you	itution to debit the entry in the processing of the I to the payment. This t, I must contact IDR at the payment/settlement u currently have a debit				

Routing Number	0 4	4	0	0	0	0	3 '	7 T	⁻ he	first	two	digit	s mu	st	be 0	1 th	rough	12 or 2	21	through	32
Account Number	59	5	0	5	9	5	9	0													
Type of Account:	Savings					C	Checl	king]	X												

Will this refund go to (or payment come from) an account outside the United States? Yes
No X

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your	Signature

Date

Spouse Signature If a joint return, 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 entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the lowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer □	Check if self- employed □	ERO PTIN
Firm's name (or yours if _{GI} self-employed) Address, City, State, ZIP ₂₅	FEIN 30-1017196 Phone Number (678)965-9522			
Paid Preparer	RIYA RAM SAGAR GUPTA TALLAM	Date 03/02/2022	Check if self- employed □	Preparer PTIN P02082703
Firm's name (or yours if self-employed) Address, City, State, ZIP	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN C	UMMING GA 30041		FEIN 30-1017196 Phone Number (678)965-9522

2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning	// and ending//										
Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).											
Your last name:	Your first name/middle initial:										
SHAIK	SALEEM										
Spouse's last name:	Spouse's first name/middle initial:										



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 1921 CAMBRIDGE DRIVE

City, State, ZIP: KENT OH 44240

Spouse SSN:

Your SSN: 352-93-0672

Step	2 Filing	Sta	tus: Mark one box only							
1	X Sing	le: V	Vere you claimed as a dependent on another person's lowa return? Yes 🗌 No 🗴	Email Ad	ldress:					
2	Mari	ied f	filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check th	iis box if you o	r your spouse were	65 or older as of	12/31/21.		
3	Mari	ied f	filing separately on this combined return. Spouse use column B.	Resident	ce on 12/31/2	1: County No. 00	Sch	ool District No	.9999	
4	Mar	ied f	filing separate returns. Spouse's name:	SSN:			Net Incom	e: \$		
5	Hea	d of	household with qualifying person. If qualifying person is not claimed as a dependent on this retu	Irn, enter the per	rson's name a	nd SSN below.				
6	Qua	lifyin	g widow(er) with dependent child. Name:		SSN:					
Step	3 Exem	ptio	uns	B. Spou	use (Filing Sta	itus 3 ONLY)		A. You	or Joint	
a.	Person	al Cr	redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3		X \$ 40 =	\$	A	1 X\$4	40 = \$	40
b.	Enter 1	for e	each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind		X \$ 20 =	\$	A	X \$ 2	20 = \$	
c.	Depend	lents	s: Enter 1 for each dependent		X \$ 40 =	\$	A	X\$4	40 = \$	
d.	Enter fi	rst na	ames of dependents here		e. Total	\$		e.	. Total \$	40
Step	4 Repo	rtab	le Social Security benefits as calculated on line 13 of lowa Social Security Worksheet	B. Spou	se/Status 3	A	A. Ye	ou or Joint	•	
			B. Spor	use/Status 3	A. Y	ou or Joint	B. Spouse/Sta	tus 3	A. Y	'ou or Joint
Step Gross		1.	Wages, salaries, tips, etc 1.	.00		<u>38,308</u> .00				
Incon		2.	Taxable interest income. If more than \$1,500, complete Sch. B 2.	.00		.00				
_		3.	Ordinary dividend income. If more than \$1,500, complete Sch. B 3.	.00		.00				
		4.	Taxable alimony received 4.	.00	-	.00				
		5.	Business income/(loss). See instructions 5.	.00	-	.00			Use only]
		6.	Capital gain/(loss). See instructions	.00		378.00		blue or b ink, no p		
		7.	Other gains/(losses). See instructions	.00		.00		or red in		
		8.	Taxable IRA distributions	.00	-	.00				
		9.	Taxable pensions and annuities	.00	-	.00				
		10.	Rents, royalties, partnerships, estates, etc. See instructions 10.	.00		-4,300.00				
		11.	Farm income/(loss). See instructions 11.	.00		.00				
		12.	Unemployment compensation. See instructions 12.	.00		.00				
		13.	Gambling winnings 13.	.00		.00				
		14.	Other income, bonus depreciation, and section 179 adjustment 14.	.00		.00				
		15.	Gross Income. Add lines 1-14			15		00 🔺 _	34,	<u>. 38</u> 6 .00
Step Adjus		16.	Payments to an IRA, Keogh, or SEP 16.	.00		.00				
ment Incon	s to	17.	Deductible part of self-employment tax 17.	.00		.00				
meon		18.	Health insurance premium	.00		0.00				
		19.	Penalty on early withdrawal of savings 19.	.00		.00				
		20.	Alimony paid 20.	.00		.00				
		21.	Pension/retirement income exclusion 21.	.00		.00				
		22.		.00		.00				
		23.	Iowa capital gain deduction. Must include corresponding IA 100 23.	.00	A	.00				
		24.	Other adjustments	.00		.00				
		25.	Total adjustments. Add lines 16-24					.00 🔺		0.00
		26.	Net Income. Subtract line 25 from line 15			26.			34	<u>,38</u> 6 _{.00}
Step Fede		27.	Federal income tax refund/overpayment received in 2021 27.	.00	A	.00				
Taxes		28.	Self-employment/household employment/other federal taxes	.00	A	.00				
and Quali	neu	29.	Addition for federal taxes. Add lines 27 and 28			29.		.00		0.00
Dedu tions		30.	Total. Add lines 26 and 29			30.		.00	34	, <u>386</u> .00
		31.	Federal tax withheld in 2021, federal estimated tax payments made 31.			2 006				
		32.	in 2021, and federal taxes paid in 2021 for 2020 and prior years Qualified business income deduction. 50.0% (.50) of federal	.00	' <u> </u>	<u>3,906</u> .00				
			amount. See instructions	.00	▲	.00				
		33.	DPAD 199A(g) deduction. 50.0% (.5) of federal amount 33.	.00		.00				
		34.	Total federal tax and other qualified deductions. Add lines 31, 32, and 33					.00		.00 <u>,906</u>
		35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2			35.		00 ▲	30	0, <u>480</u> .00
			REV 02/19/	22 PRO				41-00	INT 01 (10/0	8/2021)

2021 Step 8	IA 36.	1040, page 2 BALANCE. From side 1, line 35		ouse/Status 3		A. You or Joint 	B. Spouse/St	atus 3 .00		A. You or Joint 30 , 480.00				
Taxable Income	37.	Deduction. Check one box Itemized.(Include IA Schedule A)	Standard	I X) 🔺	2,130.00				
	38.							.00	•	28,350.00				
Step 9	39.	Tax from tables or alternate tax	39.	.0	•	1,19	5							
Tax, Credits,	40.	lowa lump-sum tax. See instructions					<u>.00</u>							
and Check-	41.	l l		.00.			.00							
off Contri-	42.	Total tax. ADD lines 39, 40, and 41.					00	.00	0	1,195.00				
butions	43.	Total exemption credit amount(s) from Step 3, side 1		.0		٦٢.	0.00	00	, .	<u> </u>				
	44.	Tuition and textbook credit for dependents K-12		00 0		4	.00							
	45.	Volunteer firefighter/EMS/reserve peace officer credit.					.00							
	46.	Total credits. ADD lines 43, 44, and 45.				46			40.00					
_	47.		.00											
	48.	Credit for nonresident or part-year resident. Must include IA 126	.00		<u> </u>									
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter a						.00		502.00				
		Out-of-state tax credit. Must include IA 130.						.00		653.00				
	50.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter :						.00		.00				
	51.							.00		<u> </u>				
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax Cred						.00		.00				
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, er						.00		<u> </u>				
	54.	School district surtax or EMS surtax. Take percentage from table Total state and local tax. ADD lines 53 and 54						.00		0.00				
	55.							.00	_	<u>653</u> .00				
		56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here												
	JI													
		Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Vete TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add				evention 57d: 🔺				.00 653 _{.00}				
Step 10	59.	Iowa Fuel Tax Credit. Must include IA 4136)		.00			.00				
Credits	60.	Check One: Child and Dependent Care Credit OR		00	, –		00			_				
		▲ Early Childhood Development Credit	60.	.0	•		.00							
	61.		·	.0			00 0.00							
	62. Other refundable credits. Include IA 148 Tax Credits Schedule 62													
	63. lowa income tax withheld													
	64.	Estimated and voucher payments made for tax year 2021				.00								
	65.					922.00								
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter h	ere					66.		922.00				
Step 11	67.	If line 66 is more than line 58, subtract line 58 from line 66. This	67.		269.00									
Refund	68.	Amount of line 67 to be REFUNDED.								269.00				
	6	8a. Routing number: 0 4 4 0 0	0 0	3 7	68b.	Type Checki	ng X	Sa	- ivings					
			0 0 .	5 7	002	Type entern	·9 ×		vilige					
	6	8c. Account number: 5 9 5 0 5	9 5	9 0										
	69.	Amount of line 67 to be applied to your 2022 estimated tax	69	.0)		00							
Step 12 Pay	70.							70.	A	.00				
,	71.	Penalty for underpayment of estimated tax from IA 2210, IA 221			nualize			71.	A	.00				
	72.	, <u> </u>		Interest			Enter total		-	.00				
	73.							73.		.00				
Step 13	,	e undersigned, declare under penalties of perjury or false certificat plete.	e, that I have ex	amined this r	eturn,	and, to the best of	f my knowledge	and be	elief, it	is true, correct, and				
		'												
SIGN HERE														
	Vou	r signature Date Che	ck if deceased	Date of	death		r's signature	GUPTA	. TALL	ANO 3 / 0 2 / 2 0 2 2 Date				
SIGN	Tour			Date of	ucau		0							
HERE	Snot	use's signature Date Che	ck if deceased	Date of	doath		082703 r's PTIN		30-	<u>-1017196</u> Firm's FEIN				
	Зро	-	(781)518-		ueau	Fiepare		8)9	65-(9522				
				phone numbe	er		Daytime							
							,							
						ADDRESS: low PO	a Income Tax D BOX 9187, Des	ocum Moine	ent Pr es IA 5					



REV 02/19/22 PRO

2021 IA 126



				ta	ax.iowa.gov
Name(s): SALEEM SHAIK	Social Security Nu	umber:	352-93	8-067	2
Mark the appropriate box for you and	your spouse	B. Sp	oouse	Α. Υ	'ou or Joint
A nonresident of Iowa for all of 2021					
A part-year resident of Iowa during 2021					\mathbf{X}
	Date moved into lowa:				
			<u></u>		
	Date moved out of lowa:			04/	30/21
A full-year resident of Iowa during 2021					
Iowa-Source Income			ouse	A. Y	'ou or Joint
1. Wages, salaries, tips, etc		1	.00)	19,443. 00
2. Taxable interest income)	.00
3. Ordinary dividend income)	.00
4. Taxable alimony received		4	.00)	.00
5. Business income or (loss))	.00
6. Capital gain or (loss))	<u>0</u> .00
7. Other gains or (losses)		7	.00)	.00
8. Taxable IRA distributions)	.00
9. Taxable pensions and annuities		9	.00)	.00
10. Rents, royalties, partnerships, estat	tes, etc	10	.00)	0.00
11. Farm income or (loss))	.00
12. Unemployment compensation					.00
13. Gambling winnings					.00
14. Other income, bonus depreciation,					.00
15. lowa gross income. Add lines 1-14					<u>19,443</u> .00
16. Payments to an IRA, Keogh, or SE					.00
17. Deductible part of self-employment					.00
18. Health insurance premium					.00
19. Penalty on early withdrawal of savin					.00
20. Alimony paid			.00		.00
21. Pension/retirement income exclusion			.00		.00
22. Moving expense deduction into lov					.00
23. Iowa capital gain deduction					.00
24. Other adjustments					.00
25. Total adjustments. Add lines 16-24		25	.00		.00
26. Iowa net income. Subtract line 25 fr					<u>19,443</u> .00
27. All-source net income from IA 1040	, line 26	27	.00)	<u>34,386</u> .00
28. Iowa income percentage: Divide lin	e 26 by line 27 and enter				
percentage rounded to nearest tent	5				_
no more than 100.0% and no less t	•		%	, D	56.5 %
29. Nonresident/part-year resident cred			······ ,		······································
Subtract the percentage on line 28		29.	%	, D	43.5 %
30. Iowa tax on total income from IA 10					1,195.00
31. Total credits from IA 1040, line 46					40.00
32. Tax after credits. Subtract line 31 fr					1,155.00
33. Nonresident/part-year resident cred		-			
percentage on line 29. Enter this ar		33	.00) _	502 .00



INT 41-126a (07/07/2021)

Do not staple or paper clip. 0098 Department of Taxation

03 02 22

2021 Ohio IT 1040

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



21000198 Sequence No. 1

AMENDED RETURN - Check he	ere and include Ohi	o IT RE	-	NOL CARRYBACK - Check here and include Schedule IT NOL.								
Primary taxpayer's SSN (required) 352 93 0672	✓ If deceased	Sp	oouse's SSN (if	filing join	tly) ✔ If de	eceased	School district # 0203					
First name SALEEM		M.I.	Last name SHAIK									
Spouse's first name (if filing jointly)		M.I.	Last name									
Address line 1 (number and street) or F 1921 CAMBRIDGE DRI												
Address line 2 (apartment number, suit	e number, etc.)											
City KENT				State OH	ZIP code 44240		county (first four letters) RT					
Foreign country (if the mailing address	is outside the U.S.))		Foreign	postal code							
Residency Status - Check only c	one for primary			Filin	1 Status – Che	eck one (as re	ported on federal income tax	return)				
Resident X Part-year resident	Nonresident Indicate state		IA			•	qualifying widow(er)	,				
Check only one for spouse (if filing join Resident Part-year resident	tly) Nonresident Indicate state				/arried filing join /arried filing sep	-	Spouse's SSN					
Ohio Nonresident Statement	- See instructions f	for requ	ired criteria									
Primary meets the five criteria for ir	rebuttable presumpt	tion as r	ionresident.	F	ederal extensio	n filers - cheo	ck here.					
Spouse meets the five criteria for ir	rebuttable presumpt	ion as n	onresident.		f someone can cla lependent, check		our spouse if filing jointly) as a	a				
1. Federal adjusted gross income (f if negative							34386	00				
2a. Additions – Ohio Schedule of Adjus	tments, line 10 (inc	lude so	chedule)		2a.			00				
2b. Deductions – Ohio Schedule of Adju	ustments, line 39 (i	nclude	schedule)		2b.			00				
 2b. Deductions – Ohio Schedule of Adju 3. Ohio adjusted gross income (line 1 if negative					3.		34386	00				
 4. Exemption amount (include Sched Number of exemptions including you 					4.		2400	00				
5. Ohio income tax base (line 3 minus				_	5.		31986	00				
6. Taxable business income – Ohio So	hedule IT BUS, line	e 13 (in	clude schedı	ıle)	6.			00				
7. Taxable nonbusiness income (line 5	minus line 6; if neg	gative, e	enter zero)		7.		31986	00				
							MM-DD-YY Code					

2021 Ohio IT 1040



Individual Income Tax Return

SSN 352 93 0672			Cotarin	21000298 Sequend	ce No 2
7a.Amount from line 7 on page 1.			7a.	31986	
8a.Nonbusiness income tax liabili	ity on line 7a (see instructions fo	or tax tables)	8	a. 539	00
8b.Business income tax liability –	Ohio Schedule IT BUS, line 14	(include schedule)	81	b.	00
8c. Income tax liability before cred	dits (line 8a plus line 8b)		8	c. 539	00
9. Ohio nonrefundable credits – 0	Ohio Schedule of Credits, line 3	88 (include schedule)		9. 243	00
10. Tax liability after nonrefundable	e credits (line 8c minus line 9; if	f negative, enter zero)	1	0. 296	00
11. Interest penalty on underpaym	nent of estimated tax (include C	Ohio IT/SD 2210)	1	1.	00
12. Unpaid use tax (see instruction	ns)		12	2.	00
13. Total Ohio tax liability before	withholding or estimated paym	nents (add lines 10, 11 a	nd 12)1	3. 296	00
14. Ohio income tax withheld – Sc income statements)	chedule of Ohio Withholding, pa			4. 405	00
15. Estimated and extension payn from last year's return	nents (from Ohio IT 1040ES and			5.	00
16. Refundable credits – Ohio Sch	nedule of Credits, line 44 (inclu	de schedule)	1	6.	00
17. <u>Amended return only</u> – amou	unt previously paid with original	and/or amended return	1 ⁻	7.	00
18. Total Ohio tax payments (ad	d lines 14, 15, 16 and 17)		1	8. 405	00
19. <u>Amended return only</u> – overp	payment previously requested c	on original and/or amend	ded return1	9.	00
20. Line 18 minus line 19. Place a "-				0. 405	00
	HAN line 13, skip to line 24. OT				00
21. Tax due (line 13 minus line 20)					00
22. Interest due on late payment of	· · · · · · · · · · · · · · · · · · ·			2.	00
23. TOTAL AMOUNT DUE (line (if amended return) and make	e check payable to "Ohio Treas			3.	00
24. Overpayment (line 20 minus lin	ne 13)		24	4. 109	00
 25. <u>Original return only</u> – portion 26. <u>Original return only</u> – portion a. Military Injury Relief 	of line 24 you wish to donate:	xt year's tax liability c. Nature Preserves/Sco		5.	00
00	00	00			
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species	Total 26g] .	00
00	00	00			
27. REFUND (line 24 minus lines				7. 109	00
Sign Here (required): I have read and belief, the return and all enclosure	ad this return. Under penalties of pe are true, correct and complete.	rjury, I declare that, to the b	est of my knowledge	If your refund is \$1.00 or less, no refund will b If you owe \$1.00 or less, no payment is nec	
Primary signature		Phone number (781)518-6005	NO Payment Included – Mail t Ohio Department of Taxation P.O. Box 2679	
Spouse's signature				Columbus, OH 43270-2679	
	parer to discuss this return with the I	-		Payment Included – Mail to: Ohio Department of Taxation	
Preparer's printed name <u>SYAM PF</u>	<u>XIYA RAM SAGAR GUP</u>	Phone number (678)	965-9522	P.O. Box 2057 Columbus, OH 43270-2057	
	Preparer's TIN	(PTIN) P 0208270	03	Golumbus, OF 43270-2057	



2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

352 93 0672

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
 405 00

Part B -	- <u>W-2s</u>		
1. P/S P	Box b - EIN 232573585	Box 1 - Wages, tips, other compensation 2385 00	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number 52302592	Box 16 - Ohio wages, tips, etc. 2385 00	Box 17 - Ohio income tax 18 00
2. P/S P	Box b - EIN 814055190	Box 1 - Wages, tips, other compensation 35923 00	Box 2 - Federal income tax withheld 3906 00
	Box 15 - Employer's Ohio ID number 54105333	Box 16 - Ohio wages, tips, etc. 16480 00	Box 17 - Ohio income tax 387 00
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. 0 0	Box 17 - Ohio income tax 0 0
4. 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. 0 0	Box 17 - Ohio income tax 0 0
5. 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. 0 0	Box 17 - Ohio income tax 0 0
6. 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. 0 0	Box 17 - Ohio income tax 0 0
7. 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. 0 0	Box 17 - Ohio income tax
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<u>Part C - 1099-Rs</u>						
1.	P/S	Payer's TIN				

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

2021 Schedule of Ohio Withholding Primary taxpayer's SSN

352 93 0672

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298 Sequence No. 12

Box 7 -Distribution code distribution

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Total

Total

Total

distribution

distribution

Box 14 - Ohio tax withheld 00

Distribution code

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 02/14/22 PRO



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2021 Ohio Schedule of Credits Use only black ink/UPPERCASE letters.



Primary taxpayer's SSN 352 03 0672

21280198 Sequence No. 7

Instruction Nonefundable Credits 1. Tax liability before credits (from Ohio IT 1040, line 8c) 1. 539 00 2. Retirement income credit (see instructions for worksheet: include a copy) 3. 00 3. Lump sum retirement credit (see instructions for worksheet: include a copy) 3. 00 4. Senior alizan credit (use 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 worksheet; include a copy) 6. 00 9. Income-based exemption credit (\$20 times the number of exemptions) 9. 0. 00 10. Total (add lines 2 through 9) 5. 0. 0. 0. 11. Tax leas credits (line 1 minus line 10; if negalive, enter zoro) 11. 539 00 11. Tax leas credits (line 1 minus line 10; if negalive, enter zoro) 12. 0. 0. 13. Earned income credit 54 55 0. 0. 14. Home school expenses credit 14. 0. 0. 0. 15. Scholarship donation credit 14. 0. 0. 0. 0. 0.	03	02 22	Primary taxpayer's SSN 352 93 0672		21280198	Sequer	nce No
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. 000 9. Income-based exemption credit (S20 times the number of exemptions) 9. 0. 00 10. Total (add lines 2 through 9) 10. 0.0 00 11. Tax less credits (ine 1 minus line 10; if negative, enter zero) 11. 539 00 12. Joint filing credit (see instructions for table) % times line 11, up to \$550 12. 0.00 13. Earned income credit 13. 00 14. 00 14. Home school expenses credit 15. 00 15. 00 15. Nonchartered, nonpublic school tution credit (include a copy of the credit certificate) 18. 00 00 19. Credit for eligible new employee	1.			1.	Į	539	00
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	25.	Enterprise zone day care & training credits ((include a copy of the credit certificate)	25.			
以后: Andra Andry	26.			26.			00





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27.	Nonrefundable Ohio historic preserva	tion credit (include a	copy of the cre	dit certificate)27.			00
28.	Total (add lines 12 through 27)					0	00
29.	Tax less additional credits (line 11 mir	nus line 28; if negativ	e, enter zero)			539	00
Nonr	resident Credit						
Date	s of Ohio residency 05 02	1 21 to 12	31 21	Other state of residency	IA		
30.	Nonresident Portion of Ohio adjusted Ohio IT NRC Section I, line 18 (includ			15521 00			
31.	Ohio adjusted gross income (Ohio IT	1040, line 3)31.		34386 00			
32a.	Divide line 30 by line 31 (four decimals) if greater than 1, enter 1.0000)	; do not round;		0.4513			
32.	Nonresident credit (line 29 times line	32a)				243	00
Resi	dent Credit						
	Portion of Ohio adjusted gross incom state or the District of Columbia while Ohio IT RC, line 1a (include a copy).	an Ohio resident -		00			
34.	Ohio adjusted gross income (Ohio IT	1040, line 3)34		00			
	Divide line 33 by line 34 (four decimals; if greater than 1, enter 1.0000)	do not round;					
35.	Line 29 times line 35a			00			
36.	2021 income tax liability after credits another state or the District of Columi Ohio IT RC, line 1b (include a copy)	bia -		00			
37.	Resident credit (enter the lesser of lin in the boxes below for each state in w	e 35 or line 36) Ente	r the two-letter sta				00
38.	Total nonrefundable credits (add lir	nes 10, 28, 32 and 37	; enter here and c	on Ohio IT 1040, line 9)38.		243	00
		Refundable Cred	its				
39.	Refundable Ohio historic preservation	n credit (include a co	opy of the credit	certificate)			00
40.	Refundable job creation credit & job re	etention credit (includ e	e a copy of the cre	dit certificate)40.			00
41.	Pass-through entity credit (include a	copy of the Ohio IT	K-1s)				00
42.	42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 42.						00
43.	Venture capital credit (include a cop	y of the credit certif	icate)				00
44.	Total refundable credits (add lines 3	39 through 43; enter h	nere and on Ohio	IT 1040, line 16)44.			00