

Your first name, middle initial, and last name SALEEM SHAIK Spouse's first name, middle initial, and last name \_\_\_\_\_  
 Your Social Security Number 352-93-0672 Spouse's Social Security Number \_\_\_\_\_  
 Home address, City, State, ZIP 1921 CAMBRIDGE DRIVE KENT OH 44240

Part I Tax Return Information	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>34,386</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>1,195</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>922</u> .00
4. Amount to be Refunded (IA 1040, line 68).....	4. _____	<u>269</u> .00
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.  
 7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CHASE BANK

Routing Number 

0	4	4	0	0	0	0	3	7
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

5	9	5	0	5	9	5	9	0											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings  Checking

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

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 Iowa 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 <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>03/02/2022</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

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: SHAIK Your first name/middle initial: 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 Status: Mark one box only

Form with checkboxes for filing status: Single, Married joint, Married separate, Head of household, Qualifying widow(er).

Step 3 Exemptions

Table for exemptions: Personal Credit, Blind, Dependents, Total.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Form for Social Security benefits: B. Spouse/Status 3, A. You or Joint.

Main income table with columns for B. Spouse/Status 3, A. You or Joint, and A. You or Joint.

NOTE: Use only blue or black ink, no pencils or red ink.

Table for adjustments to income: Payments to IRA, Deductible part of self-employment tax, etc.

Table for federal taxes and qualified deductions: Federal income tax refund, Self-employment taxes, etc.



2021 IA 1040, page 2

Step 8 Taxable Income
36. BALANCE. From side 1, line 35
37. Deduction. Check one box
38. TAXABLE INCOME. SUBTRACT line 37 from line 36
Step 9 Tax, Credits, and Check-off Contributions
39. Tax from tables or alternate tax
40. Iowa lump-sum tax. See instructions
41. Iowa alternative minimum tax. Must include IA 6251.
42. Total tax. ADD lines 39, 40, and 41.
43. Total exemption credit amount(s) from Step 3, side 1.
44. Tuition and textbook credit for dependents K-12.
45. Volunteer firefighter/EMS/reserve peace officer credit.
46. Total credits. ADD lines 43, 44, and 45.
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero.
50. Out-of-state tax credit. Must include IA 130.
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.
55. Total state and local tax. ADD lines 53 and 54.
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.
Fish/Wildlife 57a: State Fair 57b: Firefighters/Veterans 57c: Child Abuse Prevention 57d: Enter here...

Step 10 Credits
59. Iowa Fuel Tax Credit. Must include IA 4136.
60. Check One: Child and Dependent Care Credit OR Early Childhood Development Credit
61. Iowa earned income tax credit. 15.0% (.15) of federal credit
62. Other refundable credits. Include IA 148 Tax Credits Schedule.
63. Iowa income tax withheld.
64. Estimated and voucher payments made for tax year 2021.
65. TOTAL. ADD lines 59 through 64 and enter here
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here

Step 11 Refund
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.
68. Amount of line 67 to be REFUNDED.
68a. Routing number: 0 4 4 0 0 0 0 3 7
68b. Type Checking X Savings
68c. Account number: 5 9 5 0 5 9 5 9 0
69. Amount of line 67 to be applied to your 2022 estimated tax.

Step 12 Pay
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used.
72. Penalty and interest
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE
Your signature Date Check if deceased Date of death
Spouse's signature Date Check if deceased Date of death
SYAM PRIYA RAM SAGAR GUPTA TALLAM 3/02/2022 Preparer's signature Date
P02082703 30-1017196 Preparer's PTIN Firm's FEIN
(781) 518-6005 Daytime telephone number
(678) 965-9522 Daytime telephone number

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



Name(s): SALEEM SHAIK Social Security Number: 352-93-0672

**Mark the appropriate box for you and your spouse**

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2021	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
A part-year resident of Iowa during 2021	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
Date moved into Iowa: _____		
Date moved out of Iowa: _____		<u>04/30/21</u>
A full-year resident of Iowa during 2021	<input type="checkbox"/>	<input type="checkbox"/>

**Iowa-Source Income**

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc. ....	1. _____ .00	19,443.00
2. Taxable interest income .....	2. _____ .00	.00
3. Ordinary dividend income.....	3. _____ .00	.00
4. Taxable alimony received.....	4. _____ .00	.00
5. Business income or (loss) .....	5. _____ .00	.00
6. Capital gain or (loss) .....	6. _____ .00	0.00
7. Other gains or (losses).....	7. _____ .00	.00
8. Taxable IRA distributions .....	8. _____ .00	.00
9. Taxable pensions and annuities.....	9. _____ .00	.00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0.00
11. Farm income or (loss) .....	11. _____ .00	.00
12. Unemployment compensation.....	12. _____ .00	.00
13. Gambling winnings.....	13. _____ .00	.00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	.00
15. Iowa gross income. Add lines 1-14 .....	15. _____ .00	▲ 19,443.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	.00
17. Deductible part of self-employment tax.....	17. _____ .00	.00
18. Health insurance premium .....	18. _____ .00	.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. Moving expense deduction <b>into</b> Iowa only.....	22. _____ .00	.00
23. Iowa capital gain deduction.....	23. _____ .00	.00
24. Other adjustments.....	24. _____ .00	.00
25. Total adjustments. Add lines 16-24 .....	25. _____ .00	▲ .00
26. Iowa net income. Subtract line 25 from line 15 .....	26. _____ .00	19,443.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	34,386.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% .....	28. _____ %	56.5 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% .....	29. _____ %	43.5 %
30. Iowa tax on total income from IA 1040, line 39 .....	30. _____ .00	1,195.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	1,155.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	502.00





03 02 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 352 93 0672

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

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 P.O. Box

1921 CAMBRIDGE DRIVE

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

City KENT

State ZIP code OH 44240

Ohio county (first four letters) PORT

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

Foreign postal code

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

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

Filing Status - Check one (as reported on federal income tax return) X Single, head of household or qualifying widow(er)

Married filing jointly Spouse's SSN Married filing separately

Ohio Nonresident Statement - See instructions for required criteria Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: 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 352 93 0672

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (781) 518-6005

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

352 93 0672



21350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 405 00

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	232573585	2385 00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52302592	2385 00	18 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	814055190	35923 00	3906 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54105333	16480 00	387 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  
352 93 0672



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

352 93 0672



21280198

Sequence No. 7

03 02 22

## Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	539	00
2. Retirement income credit (see instructions for table; <b>include 1099-R forms</b> ) .....	2.		00
3. Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> ) .....	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; <b>include a copy</b> ) .....	5.		00
6. Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> ) .....	6.		00
7. Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> ) .....	7.		00
8. Campaign contribution credit for Ohio statewide office or General Assembly .....	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions) .....	9.	0	00
10. Total (add lines 2 through 9) .....	10.	0	00
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	539	00
12. Joint filing credit (see instructions for table).                      % times line 11, up to \$650 .....	12.	0	00
13. Earned income credit .....	13.		00
14. Home school expenses credit .....	14.		00
15. Scholarship donation credit .....	15.		00
16. Nonchartered, nonpublic school tuition credit .....	16.		00
17. Ohio adoption credit .....	17.		00
18. Nonrefundable job retention credit ( <b>include a copy of the credit certificate</b> ) .....	18.		00
19. Credit for eligible new employees in an enterprise zone ( <b>include a copy of the credit certificate</b> ) ...	19.		00
20. Grape production credit .....	20.		00
21. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....	21.		00
22. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....	22.		00
23. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....	23.		00
24. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....	24.		00
25. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....	25.		00
26. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....	26.		00



# 2021 Ohio Schedule of Credits

Primary taxpayer's SSN  
352 93 0672



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.	539 00

### Nonresident Credit

Dates of Ohio residency 05 01 21 to 12 31 21 Other state of residency IA

30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	30.	15521 00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....	31.	34386 00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) .....	32a.	0.4513
32. Nonresident credit (line 29 times line 32a) .....	32.	243 00

### Resident Credit

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy) .....	33.	00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....	35a.	
35. Line 29 times line 35a .....	35.	00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy) .....	36.	00
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax .....	37.	00
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..	38.	243 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