Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
AZHAGIRY SUNDARAMOORTHY	652-87-	-9574
Spouse's name	Spouse's soci	ial security number
JANANI RAJAPANDIAN	APPLIE	D FOR
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 100,125.
2 Total tax		2 8,478.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 15,338.
4 Amount you want refunded to you		4 6,860.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amount of the income tax return to the in		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electrofor rejection of the traction the U.S. Treasury are nt indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general content or	erate my PIN	9 5 7 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e >	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general section to enter or general section. ■ ERO firm name Column	-	as my
signature on the income tax return (original or amended) I am now authorizing.		ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	e ▶	
Practitioner PIN Method Returns Only—continue b	elow	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided	submitting this retu	irn in accordance with the
ERO's signature ▶ Date	e▶	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	hous	ehold (HOF	l)		ifying surv ise (QSS)	iving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH o	r QSS	S box, ente	r the c	•	` ,	e qualifying
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	y number
AZHAGIR	Z		SUND	ARAMOORTHY					6.	52-8	37-9574	<u> </u>
If joint return, s	pouse's	first name and middle initial	Last na	me					Sp	ouse's	s social sec	urity number
JANANI			RAJA	PANDIAN					A.	PPLI	ED FOR	٤
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	- 1			n Campaign
_7722 LUC							\Box	N27			ere if you,	or your tly, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code				Checking a
MIDDLEBU	JRG I	HEIGHTS			OH		44	130			ow will not	change
Foreign country	y name		F	Foreign province/sta	ate/count	У	Fore	ign postal co	de yo	ur tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	⊠ No
Standard		eone can claim: You as a de				a dependent		, (
Deduction	_	Spouse itemizes on a separate retu	•			•						
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo		fore Janua			☐ Is bli	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) Check th	e box it	qualif	ies for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	er dependents
than four												
dependents, see instruction	s ——											
and check	. —											<u> </u>
here L											L	
Income	1a	Total amount from Form(s) W-2, k	,	,						1a	9	9,975.
Attack Forms(s)	b	Household employee wages not r	•							1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	•	•						1c		
attach Forms	d	Medicaid waiver payments not re		. ,	ee instru	ictions)				1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6.					•			1g		
get a Form W-2, see	h :	Other earned income (see instruction	,				. i			1h		0.
instructions.	i -	Nontaxable combat pay election (Add lines 1a through 1h	see iiisii	uctions)		1				1z		9,975.
Attach Sch. B	z 2a	Tax-exempt interest	2a		 ь т	 axable interes				2b		<i>J</i> , <i>J</i> , <i>J</i> , <i>J</i> ,
if required.	3a	Qualified dividends	3a	150.		rdinary divide				3b		150.
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for—	6a	Social security benefits	6a			axable amoun				6b		
Single or Married filing	С	If you elect to use the lump-sum e		method, check he								
separately, \$12,950	7	Capital gain or (loss). Attach Sche		•	•	,				7		
Married filing	8	Other income from Schedule 1, lir			•					8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total	income	.				9	10	0,125.
surviving spouse,	10	Adjustments to income from Sche	edule 1, I	ine 26						10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This i	s your a c							11	10	0,125.
household, \$19,400	12	Standard deduction or itemized	•	-						12		25,900.
If you checked	13	Qualified business income deduc-				5-A				13		
any box under Standard	14	Add lines 12 and 13								14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This	is your t	axable incon	ne			15		4,225.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if any fro	m Form(s): 1	8814	4 2 4972	3 🗌			16	8,478.
Credits	17	Amount from Schedule 2, line 3 .							17	
	18	Add lines 16 and 17							18	8,478.
	19	Child tax credit or credit for other dep	pendents fron	n Schedı	ule 8812				19	
	20	Amount from Schedule 3, line 8 .							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero of	or less, enter	-0					22	8,478.
	23	Other taxes, including self-employme	ent tax, from S	Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your total	al tax						24	8,478.
Payments	25	Federal income tax withheld from:								
-	а	Form(s) W-2				25a	15	,338		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	15,338.
If you have a	26	2022 estimated tax payments and an	nount applied	from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Schedu	ule 8812 .			28				
	29	American opportunity credit from For	rm 8863, line	8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15 .				31				
	32	Add lines 27, 28, 29, and 31. These a	are your total	other pa	yments and refu	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. These are	your total pa	yments					33	15,338.
Refund	34	If line 33 is more than line 24, subtract	ct line 24 from	n line 33.	This is the amou	nt you	overpaid		34	6,860.
riciana	35a	Amount of line 34 you want refunded	d to you. If Fo	rm 8888	is attached, ched	ck here			35a	6,860.
Direct deposit?	b	Routing number 0 4 1 0 0			c Type: 🛛 🗙	Chec	king 🗌	Savings		
See instructions.	d	Account number 4 1 3 2 3	7 4 3 (0 1						
	36	Amount of line 34 you want applied t	o your 2023 (estimate	d tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is to For details on how to pay, go to www			see instructions .				37	
	38	Estimated tax penalty (see instruction	ns)			38				
Third Party Designee		you want to allow another person tructions	to discuss t	his retur	n with the IRS?		Yes. C	omplete	below.	⊠ No
	De	signee's		Phone			Pers	onal iden	tification	
	na	me		no.			num	ber (PIN)		
Sign Here		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Dec								
TICIC	Yo	ur signature	Date		Your occupation					nt you an Identity
						י ד ישרה	ממחד		tection P e inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must	sign. Date		SOFTWARE I		NEEK			t your spouse an
Keep a copy for your records.	Sμ	ouse's signature. If a joint return, both must	. sigii. Date		HOME MAKER			lde		ection PIN, enter it here
	——Ph	one no. (440)403-5720	Email	address	SAZHAGIRY		IL.COM			
			r's signature			Date		PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM F	PRIYA RAM	SAGAR	GUPTA TALLAM	03/	18/2023	P0208	32703	Self-employed
Preparer		m's name GLOBAL TAXES LI				1 7 .	., _ 0 _ 0			678)965-9522
Use Only		n's address 245 ROONEY CT I		ICK N	J 08816				n's EIN	84-3171965
								1		4040

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52**

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 652-87-9574 AZHAGIRY SUNDARAMOORTHY

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1		X S∈	elf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions	44	200
11 12	Add lines 9 and 10	11	3,450.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	3,450.
13	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		rate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	



tax.iowa.gov

, , ,	our first name, middle initial, and last name: AZHAGIRY SUNDARAMOORTHY				Spouse's first name, middle initial, and last name: <u>JANANI RAJAPANDIA</u>						
Part I Tax Return Information 1. Iowa Net Income (M. 1040, line 26 A & B)	Social Security Number: 652-		Spouse's Social Security Number: APPLIED FOR								
Part Tax Return Information (filling status 3)	address, City, State, ZIP: 772	22 LUCERNE DR,	N27		MIDI	DLEBURG	HEIGHTS OH	44130			
2. Total Tax (IA 1040, line 42 A & B)	Part I Tax Return Information	1							A. You or Joint		
2. Total Tax (IA 1040, line 42 A & B)						1B	,	1A			
3. lows income Tax Withheld (IA 1040, line 63 A & B)									5,093.0		
4. Amount to be Refunded (IA 1040, line 68)											
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.											
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.	5. Total Amount Due (IA 10-	40, line 73)						5.	40 .0		
6. 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 spans an agent to receive the refund. I authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry it all authorizes the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry it is account on contact of the control of the payment of my individual lowa taxes owed on this return, and the financial institution to debit the to this account on contact of the payment	Part II Declaration of Taxpaye	r (Be sure to keep a copy	of the tax ret	turn.)					<u> </u>		
as an agent to receive the refund.											
Infancial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution to debit the to this account on (the payments etitlement date). I also authorize the financialistution involved in the processing of electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. authorization is to remain in full force and effect until Inoffly IRO to terminate the authorization. To cancel and effect until Inoffly IRO to terminate the authorization. To cancel and the payment cancellation requests must be received no later than five business days prior to the payment/terminate the authorization. This electronic withdrawal from your bank account with the ACH Company ID 442604071, you currently have a debit block or 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: Routing Number Account Number Type of Account: 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, attachmes and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. If further declare the amounts shown on the copy of my electronic income tax return. Including accompanying schedula attachments, and statements be sent to the lowa Department of Revenue (DR) through the Internal Revenue Service (IRS) by my Electronic Return Originic (ERO), in addition, by using software to prepare and transmit my return electronically. I consent that my including accompanying schedula attachments, and statements be sent to the lowa Department of Revenue (DIR) through the Internal Revenue Service (IRS) by my Electronic Return Originic (ERO), and difficult to the dis			ted as design	nated below	v. If I have filed a	joint return	n, this is an irrevocable	appointm	nent of the other spou		
Account Number Type of Account: Savings Checking No Will this refund go to (or payment come from) an account outside the United States? Yes No Under penalties of payiny, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachme and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare 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 schedule (RRO). In addition, by using software to prepare and transmit my return electronically. I consent to the disclosure to IDR of all information pertaining to transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic certurn has been accepted. In the event this rejected, I suithorize IDR to inform my ERO and/or transmitter when my electronic certurn has been accepted. In the event this rejected, I suithorize IDR to inform my ERO and/or transmitter when my electronic certurn has been accepted. In the event this rejected, I suithorize IDR to disclosure to IDR or all information shorts in Interest onsent that my refund be directly deposted as designated in Part II and declare that the information shorts in Interest in the IDR and Interest of the IDR and Interest of 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 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 taxpayer's signature before submitting this return to the IRS. In have provided the taxpayer with a copy of all form	electronic payme authorization is to 3114 or idreft@io This electronic wi account, contact y	ent of taxes to receive co o remain in full force and e owa.gov. Payment cancella ithdrawal from your bank a your financial institution to	confidential in effect until I n ation requests account will b	formation notify IDR to s must be re se identified	necessary to an o terminate the a eceived no later t I with the ACH C	swer inquii uthorizatior than five bu ompany ID	ries and resolve issuent. To cancel a payment isiness days prior to the 4426004574. If you cu	es related t, I must o e paymen urrently ha	I to the payment. The contact IDR at 515-28 it/settlement date. Not ave a debit block on the		
Type of Account: Savings Checking No Under penalities of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachmen and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare 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 schedule attachments, and statements be sent to the lows Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originic (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 transmission of my tax return electronically. I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filled a balance due return 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 onsent that my refund be directly deposited as designated in Part II and declare that the information win IPArt II is correct. If the processing of my returefund, or direct debit is delayed, I authorize IDR to disclose to my ERQ and/or transmitter the reason(s) for the delay or the date the refund was ser understand that this declaration with required attachments must be forwarded upon request to IDR. Pour Signature Date Spouse Signature - If a joint return, both must sign. Date Part III Declaration of Electronic Return Originator (ERQ) and Part Perparer 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 only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return	Routing Number			The first t	two digits must	be 01 thro	ugh 12 or 21 through	າ 32.			
Type of Account: Savings Checking No No No No No No No No No N	Account Number			1 1							
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, attachment and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare the amounts in Part I above are the amounts shown on the copy of my electronic more tax return. Including accompanying schedulation attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Origins (ERO). In addition, by using software to prepare and transmit my return electronically, I consent the disclosure to IDR of all information pertaining to 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 this rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return 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 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 retrefund, 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 ser 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 tentries on form IA 8453-IND are completed in the lowa Modernized e-Fine		Savings	Checking	 1 □							
Under penalties of peijury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachmen and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare the amounts in Part I above are the amounts shown on the copy of my electronic more tax return. I consent that my return, including accompanying schedule attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Origina (ERO). In addition, by using software to prepare and transmit my return electronically. I consent that my return electronic per prepare and transmit of the solid information pertaining to 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 this is rejected, 1 authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filled a balance due return understand that if IDR does not receive full and timely payment of my tax liability I will remain liabile for the tax liability and all applicable penalties and interest 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 retrefund, 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 serunderstand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature 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 only a collector, I am not responsible for reviewing the return and only declare that th	•	· ·	•				–				
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 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 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 he followed all other requirements described in the lowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 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, whicheve 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 decl that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, the area for yours if self-employed and penalties of penaltie	attachments, and statements I (ERO). In addition, by using stransmission of my tax return e is rejected, I authorize IDR to understand that if IDR does not consent that my refund be dirrefund, or direct debit is dela	be sent to the Iowa Depa software to prepare and electronically. I authorize I or identify the reasons for to receive full and timely pectly deposited as design ayed, I authorize IDR to deposite to the sent to	transmit my transmit my transmit my DR to inform rejection so bayment of mated in Part I disclose to m	venue (IDR return electorn electorn electorn my ERO at that the ready tax liability and declary ERO ar	through the Int tronically, I cons nd/or transmitter eturn can be con ty I will remain lia are that the infornad/or transmitter	ernal Reve ent to the when my e rected and able for the mation show the reason	nue Service (IRS) by I disclosure to IDR of a lectronic return has be retransmitted. If I hav tax liability and all app wn in Part II is correct.	my Electro all informa en accept re filed a olicable pe . If the pro	onic Return Originator ation pertaining to the ted. In the event that it balance due return, I enalties and interest. I occssing of my return,		
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 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 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 he followed all other requirements described in the lowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 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, whicheve 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 decl that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, the are true, correct, and complete. I have based this declaration on all information available to me. Check if also paid	Your Signature		Date		Spouse Sign	ature - If a j	joint return, both must	sign.	Date		
ERO Signature Date Date Date Check if self- employed □ ERO PTIN FEIN 88-2145487 FEIN 88-2145487 Phone Number (678) 965-9522 Paid Preparer Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/18/2023 FIRM's name (or yours if self-employed) FEIN 84-3171965 FEIN 84-3171965	I declare that I have reviewed only a collector, I am not res taxpayer's signature before su followed all other requirements 8453-IND should not be sent I later, to which the IA 8453-INI that I have examined the above	I the above taxpayer's retipionsible for reviewing the abmitting this return to the is described in the lowa M to IDR, but must be retain D relates was filed. I will the taxpayer's return and a	urn and that e return and lRS. I have lodernized e- ned by the EF make a copy accompanying	entries on only decla provided th File (MeF) RO for a pe available to g schedules	form IA 8453-INI re that this form le taxpayer with a Information for exide of three yea to IDR upon reques, attachments, a available to me.	accurately a copy of a -File Provious rs from the lest. If I am	reflects the data on Il forms and informatio ders publication. I under due date of the return a paid preparer, under	the return on to be fil- erstand the or the fili er penaltie	 I have obtained the ed with IDR and have at the original form IA ing date, whichever is as of perjury, I declare 		
Firm's name (or yours if self-employed) Address, City, State, ZIP Paid Preparer Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/18/2023 FEIN 88-2145487 Phone Number (678) 965-9522 Check if self-employed Preparer PTIN P02082703 Firm's name (or yours if self-employed) Address City, State, ZIP GLOBAL TAXES LLC FEIN 84-3171965 Phone			Date		also paid			<u>TIN</u>			
Self-employed) Address, City, State, ZIP Address, City, State, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone Number (678) 965-9522 Paid Preparer Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/18/2023 Check if self-employed Preparer PTIN P02082703 Firm's name (or yours if self-employed) Self-employed) Address, City, State, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Preparer PTIN P02082703 FEIN 84-3171965 Phone		LOBAL TAXES LL	ıC				FEIN	88-2	145487		
Paid Preparer Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/18/2023 Check if self- employed □ Preparer PTIN P02082703 Filn 84-3171965 Self-employed) Address Of Notes 7/D	self-employed)			ICK NJ	08816		Phone				
Firm's name (or yours if self-employed) Self-employed) Address City Otto 7/D	Paid Preparer						self-	,	•		
self-employed) Phone		GLOBAL TAXES L	LC								
	self-employed)			אדרי אי	T 08816		Phone				

tax.iowa.gov



Save time, file returns, and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

- Complete using blue or black ink. Do not use gel pens or red ink on checks. Do not staple.
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- Period ending: Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2022, would be entered as: 123122.
- Payment amount: Enter dollars and cents. The two boxes separated to the right on the amount line 4. are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- When paying by check, make checks payable to lowa Department of Revenue. 5.
- Mail your payment on or before the due date with this voucher to: 6.

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

	cut	: here									
owa Department of Revenue	INT	REV 03/02/23 PRO	ual I	nco	me	Тах			10 ent \		
200665287957431231224	1224 4										
		SSN:	6	5	2	8	7	9	5	7	4
Print name: SUNDARAMOORTHY, AZHAO	GIRY										
Address: 7722 LUCERNE DR, N27		Period ending: –				1	2	3	1	2	2
City, State, ZIP: MIDDLEBURG HEIGHT	rs OH 44130	Payment amount:						4	0	0	0
Phone: <u>440-403-5720</u>											



PO Box 9187 Des Moines IA 50306-9187 Make checks payable to:

Iowa Department of Revenue. When you pay lowa Department of Revenue by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (03/31/2022)



			ividual Income Tax Ret	urn										
	,	beginning/	/ and ending/_ ur Social Security Number (SSN).	/			OK BANKALIANI	DEBLIK DOM BURG	OT 48 SOUT	Carleton incares	u. 108 - 108	P 4. 1. 11 1 1 1 1 1 1	0.00 1111	
Your last		spaces. Fou must mil in you	Your first name/middle initial:					202 H2024	MW			(5 8)\$(98)		
SUNDA Spouse's		IOORTHY	AZHAGIRY Spouse's first name/middle initial:		<u> </u>									
RAJA!			Spouse's first name/middle initial: JANANI				ið em Braid		9000		8K9K		XIII	
	-	ddress (number and street, a CERNE DR , N27	partment, lot, or suite number) or PO Box:											
City, State		ERNE DR, NZI												
MIDDI	LEBU	RG HEIGHTS OH	44130											
Spouse	SSN:Z	APPLIED FOR	Your SSN: 652-87-9574											
Step 2 Fil	ing Sta	tus: Mark one box only												
1 8	Single: V	Vere you claimed as a depend	dent on another person's lowa return? Yes	No	Ema	Email Address:								
2 X N	/larried f	arried filing a joint return. (Two-income families may benefit by using status 3 or 4.) Check this box if you or your spouse were 65 or older as of 12/31/22.												
3 1	Married filing separately on this combined return. Spouse use column B. Residence on 12/31/22: County No. 0 0 School District No. 0 0 0													
4	/larried f	filing separate returns. Sp	ouse's name:		▲SSN:				Ne	et Income: \$				
5 F	lead of	household with qualifying per	son. If qualifying person is not claimed as a deper	ndent on this	return, enter the	e pers	on's name an	d SSN below.						
6	Qualifyin	ng widow(er) with dependent o	hild. Name:				SSN:							
Step 3 Ex	cemptio	ons			B.	Spous	se (Filing Statu	us 3 ONLY)			A. You o	r Joint		
		,	f filing status 2 or 5); Col. B: Enter 1 if filing status		<u> </u>			\$		2	X \$ 40	<u>-</u>	80	
			der and/or 1 for each taxpayer who is blind					\$	_ 🐧 _		X \$ 20	<u> </u>		
		s: Enter 1 for each dependent. ames of dependents here			-	—	X \$ 40 = e. Total	\$ \$	_ ^_		X \$ 40) = \$ Stal Stall	80	
			as calculated on line 13 of lowa Social Security	. Workshoot	, p.c		e/Status 3		_	A. You or		Ψ	- 00	
Step 4 Kt	вропар	ne Social Security beliefits a	is calculated on line 13 of lowa Social Security	-	Spouse/Status	<u>. </u>			D. Cno	<u> </u>			ı or Joint	
Step 5	1.	Wages, salaries, tips, et	с		•	.00		ou or Joint 99 , 975.00	в. эро	use/Status 3		A. YO	I OF JOINE	
Gross Income	2.		. If more than \$1,500, complete Sch. B			.00		.00.						
_	3.	Ordinary dividend incom	ne. If more than \$1,500, complete Sch. B	3.		.00		150.00						
	4.	Taxable alimony receive	ed	4.		.00		.00						
	5.	•	See instructions			.00		.00		N	OTE: U	se only		
	6.	• • •	instructions			.00		.00			ue or bl			
	7.		ee instructions			.00		.00			k, no pe r red ink			
	8.	Taxable IRA distribution	S	8.		.00	-	.00				-		
	9.	Taxable pensions and a	nnuities	9.		.00		.00						
	10.	Rents, royalties, partner	ships, estates, etc. See instructions	10.		.00		.00						
	11.	Farm income/(loss). See	e instructions	11.		.00		.00						
	12.	Unemployment compen	sation. See instructions	12.		.00		.00						
	13.	Gambling winnings		13.		.00		.00						
	14.	Other income, bonus de	preciation, and section 179 adjustment	14.		.00		0.00						
	15.	Gross Income. Add lines	: 1-14					15		.00	A	100,1	<u>. 2</u> 5 .00	
Step 6 Adjust-	16.	Payments to an IRA, Ke	ogh, or SEP	16		.00		.00						
ments to Income	17.	·	mployment tax			.00		.00						
	18.	•	m			.00		<u> </u>						
	19.		wal of savings			.00		.00						
	20.					.00	. —	.00						
	21.		me exclusion			00	_	.00						
	22.	- '	ion from federal form 3903tion. Must include corresponding IA 100			.00		.00						
	23.	schedule				.00	<u> </u>	.00						
	24.	•				.00		.00						
	25.	,	lines 16-24							.00	_	100	0.00	
Stop 7	26.		e 25 from line 15							.00	<u> </u>	100,	125 _{.00}	
Step 7 Federal	27.		nd/overpayment received in 2022					4,876.00						
Taxes and Qualified	20		hold employment/other federal taxes s. Add lines 27 and 28					00 29.				1	976	
Deduction	30.		2929							.00			876.00	
			2022, federal estimated tax payments mad	_						.00	_	TU5,	001.00	
		in 2022, and federal tax	es paid in 2022 for 2021 and prior years			.00		<u>15,338</u> .00)					
	32.		ne deduction. 75.0% (.75) of federal s	32.		.00	A	.00)					
	33.		n. 75.0% (.75) of federal amount			_	A	.00.						
	34.	Total federal tax and oth	ner qualified deductions. Add lines 31, 32,					34.		.00	_	15,	338.00	
	35.	Balance. Subtract line 3	4 from line 30. Enter here and on line 36, բ	oage 2				35.		.00	A	89,	663.00	



Step 8	IA 36.	1040, page 2 BALANCE. From side 1, line 35	B. Spouse/Sta		A. You or Joint	B. Spouse/Sta	atus 3	A. You or Joint 89,663.00
Taxable ncome	37.	Deduction. Check one box 🛕 Itemized.(Include IA Schedule A)	Standard X		37	7.	.00	5,450.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36				3.	.00	84,213.00
Step 9 Tax,	39.	Tax from tables or alternate tax	39.	.00	5.0	93.00		
Credits,	40.	Iowa lump-sum tax. See instructions			<u> </u>			
and Check-	41.	lowa alternative minimum tax. Must include IA 6251	41.	00		.00		
off Contri-	42.	Total tax. ADD lines 39, 40, and 41				00	00	5,093.00
butions	43.	Total exemption credit amount(s) from Step 3, side 1				8 0 .00		<u> </u>
	44.	Tuition and textbook credit for dependents K-12	44.	00				
_	45.	Volunteer firefighter/EMS/reserve peace officer credit						
	46.	Total credits. ADD lines 43, 44, and 45	•				.00	80.00
_	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, 6					00 .00 🛦	5,013.00
	48.	Credit for nonresident or part-year resident. Must include IA 12	6 and federal return		48	3.	00 _	4,604.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter					00 _ _	409.00
	50.	Out-of-state tax credit. Must include IA 130.					00 _ _	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter				-	00 _ _	4.0.0
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax Cre					00 _ _	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, 6						409.00
	54.	School district surtax or EMS surtax. Take percentage from tab						
	55.	Total state and local tax. ADD lines 53 and 54						
	56.	TOTAL state and local tax before contributions. Combine colum					00 ^	409.00
	57.	Contributions will reduce your refund or add to the amount you					00.	<u> </u>
		Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Ve	eterans 57c: ▲ Ch d line 56 and line 57 and					00
Step 10 Credits	59.	Iowa Fuel Tax Credit. Must include IA 4136	59.	.00 🛦		.00		
credits	60.	Check One: Child and Dependent Care Credit OR	·					
	_	▲ Early Childhood Development Credit	60.	.00 🛦	<u> </u>	.00		
	61.	lowa earned income tax credit. 15.0% (.15) of federal credit	·			0.00		
	62.	Other refundable credits. Include IA 148 and/or Schedule CC				.00		
	63.	lowa income tax withheld	63.	.00 🛦	36	59.00		
	64.	Estimated and voucher payments made for tax year 2022	64.	.00 🛦	<u> </u>	.00		
	65.	TOTAL. ADD lines 59 through 64 and enter here				<u>59</u> .00		
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter	here				66.	369 .00
Step 11 Refund	67.	If line 66 is more than line 58, subtract line 58 from line 66. This	s is the amount you overp	aid			67.	.00
	68.	Amount of line 67 to be REFUNDED.				REFUND	68.	.00
	68	8a. Routing number:		681	b. Type Check	king	Saving	gs
	68	8c. Account number:						
			60					
Step 12		Amount of line 67 to be applied to your 2023 estimated tax		00		00	70.	
Pay	70. 71.	•					70. A	<u>+0</u> .00
	72.	Penalty and interest 72a. Penalty .00	72.	.00				
	73.	TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.	▲ 72b. Interest			D. Enter total / THIS AMOUNT	73.	40,00
Step 13		e undersigned, declare under penalties of perjury or false certifica plete.	ate, that I have examined	this returr	n, and, to the best	of my knowledge	and belief	f, it is true, correct, and
SIGN								
HERE		A			SYAM :	PRIYA RAM SAGAR	GUPTA TA	LLAM03/18/2023
	Your	signature Date Ch	neck if deceased Da	te of deat		rer's signature		Date
SIGN HERE		A			P02	2082703	8	4-3171965
_	Spot	use's signature Date Ch	neck if deceased Da	te of deat		rer's PTIN		Firm's FEIN
		_	(440)403-5720					-9522
			Daytime telephone n	umber		Daytime	telephon	e number

This return is due May 1st, 2023. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: lowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue





tax.iowa.gov

Name(s): A SUNDARAMOORTHY & J RAJAPANDIAN	Social Security Numbe	r:652-8	37-9574
Mark the appropriate box for you and your spo	ouse E	3. Spouse	A. You or Joint
A nonresident of lowa for all of 2022		⊠ ▲	X
A part-year resident of Iowa during 2022			
	a mayad into layyay		
	e moved into lowa:		
Dat	e moved out of lowa:		
A full-year resident of Iowa during 2022			
Iowa-Source Income	E	3. Spouse	A. You or Joint
1. Wages, salaries, tips, etc		.0	0 8,176.00
2. Taxable interest income	2.	.0	.00
3. Ordinary dividend income			
4. Taxable alimony received			
5. Business income or (loss)			
6. Capital gain or (loss)			
7. Other gains or (losses)			
8. Taxable IRA distributions			
9. Taxable pensions and annuities			
10. Rents, royalties, partnerships, estates, etc			
11. Farm income or (loss)			
12. Unemployment compensation			
13. Gambling winnings			
14. Other income, bonus depreciation, and secti			
15. Iowa gross income. Add lines 1-14			
16. Payments to an IRA, Keogh, or SEP			
17. Deductible part of self-employment tax			
18. Health insurance premium			
19. Penalty on early withdrawal of savings			
20. Alimony paid	20.	.0	
21. Pension/retirement income exclusion	21.	.0	
22. Moving expense deduction into lowa only			
23. lowa capital gain deduction	23.	.0	
24. Other adjustments			
25. Total adjustments. Add lines 16-24	25.		0.00
26. Iowa net income. Subtract line 25 from line 1	526.	.0	
27. All-source net income from IA 1040, line 26.			
28. Iowa income percentage: Divide line 26 by li			
percentage rounded to nearest ten-thousand		6%).	
This can be no more than 100.0% and no le			% 8.1658 %
29. Nonresident/part-year resident credit percen			
Subtract the percentage on line 28 from 100	.0%29.	9,	% <u>91.8342</u> %
30. Iowa tax on total income from IA 1040, line 3	3930.	.0	
31. Total credits from IA 1040, line 46	31.	.0	
32. Tax after credits. Subtract line 31 from line 3	032.	.0	
33. Nonresident/part-year resident credit. Multip			
percentage on line 29. Enter this amount on		.0	0 4,604.00





2022 Ohio IT 1040

Individual Income Tax Return



22000198

Sequence No. 1

03 18 23

Do not staple or paper clip.

Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL. School district # Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased 652 87 9574 APP IE FOR 7705 First name M.I. Last name AZHAGIRY SUNDARAMOORTHY Spouse's first name (if filing jointly) M.I. Last name JANANI RAJAPANDIAN Address line 1 (number and street) or P.O. Box 7722 LUCERNE DR Address line 2 (apartment number, suite number, etc.) APT N27 Ohio county (first four letters) City ZIP code State MIDDLEBURG HEIGHTS OH 44130 CUYA Foreign country (if the mailing address is outside the U.S.) Foreign postal code

<u>₹e</u>	<u>sidency Sta</u>	tus – Check only o	ne for primary	Filing Status - Check one (as reported on federal income tax					
×	Resident	Part-year resident	Nonresident Indicate state	Single, head of household or qualifying widow(er)					
Ch	eck only one for	spouse (if filing joint	ly)	× Married filing jointly					
×	Resident	Part-year resident	Nonresident ▶▶ Indicate state	Spouse's SSN Married filing separately					
<u>Oł</u>			See instructions for required criteria ebuttable presumption as nonresident.	Federal extension filers - check here.					
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or your spouse if filing jointly) dependent, check here.					

	dependent, check here.	
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a if negative		100125
2 2a.Additions – Ohio Schedule of Adjustments, line 10 (include schedule)	2a.	
2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)	2b.	
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in	the box if negative3.	100125
Exemption amount (include Schedule of Dependents if applicable) Number of exemptions including you and your spouse/dependents, if applicable		3800
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5.	96325
6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedu	ıle)6.	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	96325





2022 Ohio IT 1040

Individual Income Tax Return



SSN 652 87 9574

22000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	96325
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2555
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2555
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	208
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	2347
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	2347
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2956
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
17. Amended return only – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	2956
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	2956
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
22. Interest due on late payment of tax (see instructions)	22.	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	609
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	609
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.	If your refund is \$1.00 or les If you owe \$1.00 or less, n	
▶ Primary signature Phone number (440)403-5720	NO Payment Inc Ohio Departme	
Spouse's signature Date	P.O. Bo Columbus, OH	x 2679
Check here to authorize your preparer to discuss this return with the Department. Preparer's printed name Phone number	Payment Inclu	
SYAM PRIYA RAM SAGAR GUP (678)965-9522	Ohio Departme	ent of Taxation

Preparer's TIN (PTIN) P 02082703

2022 IT 1040 - page 2 of 2

REV 02/14/23 PRO

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN



22280198

Sequence No. 7

Primary taxpayer's SSN 652 87 9574

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1. 2	555
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	C
9.	Income-based exemption credit	9.	C
10.	Total (add lines 2 through 9)	10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11. 2	555
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	C
13.	Earned income credit	13.	
14.	Home school expenses credit (include copies of all required documentation)	14.	
15.	Scholarship donation credit (include copies of all required documentation)	15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16.	
17.	Vocational job credit (include a copy of the credit certificate)	17.	
18.	Ohio adoption credit	18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	
21.	Grape production credit	21.	
22.	InvestOhio credit (include a copy of the credit certificate)	22.	
23.	Lead abatement credit (include a copy of the credit certificate)	23.	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	24.	



2022 Ohio Schedule of Credits

Primary taxpayer's SSN 652 87 9574



Sequence No. 8

25	. Technology investment credit carryforward (include a copy of the credit certificate)	25.	
26	. Enterprise zone day care & training credits (include a copy of the credit certificate)	26.	
27	. Research & development credit (include a copy of the credit certificate)	27.	
28	. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	28.	
29	. Total (add lines 12 through 28)	29.	0
30	. Tax less additional credits (line 11 minus line 29; if negative, enter zero)	30.	2555
Non	resident Credit		
Date	es of Ohio residency to Other state of residen	ncy	
31	. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)		
32	. Ohio adjusted gross income (Ohio IT 1040, line 3) 32.		
33a	. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)		
33	. Nonresident credit (line 30 times line 33a)	33.	
Resi	ident Credit		
34	. Resident credit – Ohio IT RC, line 7 (include a copy)	34.	208
35	. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) .	35.	208
	Refundable Credits		
36	. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	36.	
37	. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	37.	
38	. Pass-through entity credit (include a copy of the Ohio IT K-1s)	38.	
39	. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	39.	
40	. Venture capital credit (include a copy of the credit certificate)	40.	
41	. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	41.	



2022 Schedule of Ohio Withholding

Sequence No. 11

Use only black ink/UPPERCASE letters. Use whole dollars only. Primary taxpayer's SSN

652 87 9574

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. 2956

Part B - W-2s						
1. P/S P	Box b - EIN 043512883	Box 1 - Wages, tips, other compensation 23528	Box 2 - Federal income tax withheld 3548			
-						
	Box 15 - Employer's Ohio ID number 52611906	Box 16 - Ohio wages, tips, etc. 23528	Box 17 - Ohio income tax 750			
	52011900		750			
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
P	223529088	68271	10385			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax			
	52539197	68271	2206			
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax			
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax			
		3 , 1 ,				
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
5. F/S	DOX D - LIIV	Box 1 Wages, apo, outer compensation	Box 2 T GdGraf moorne tax withmord			
	Pay 15 Employer's Ohio ID number	Day 16. Ohio wagaa tina ata	Box 17 - Ohio income tax			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Official fiction tax			
		David Warran Karanthan and San	Down C. Forderskin and Association and			
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax			
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax			



2022 Schedule of Ohio Withholding Primary taxpayer's SSN

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D 40	4000 B	652 87 9574		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
Port D	W 2Go			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	eral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	eral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	eral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	eral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	eral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	5 - Ohio tax withheld



2022 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

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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. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **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	(A) Income Taxed	(B) Tax Paid
AL		KS	NH		
AR		KY	NJ		
AZ		LA	NM		
CA		MA	NY		
СО		MD	OK		
СТ		ME	OR		
DC		MI	PA		
DE		MN	RI		
GA		MO	SC		
HI		MS	UT		
IA 8176	409	MT	VA		
ID		NC	VT		
IL		ND	WI		
IN		NE	wv		
1 Sum of all Column A amounts 1 8176					
1. Sum of all Column A amounts					
2. Sum of all Column B amounts					409
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)				100125	
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 14.					0.0816
5. Ohio Schedule of Credits, line 30 minus Ohio Schedule of Credits, line 33. If negative, enter zero					2555
6. Multiply line 4 by line 56.					208
7. Ohio Resident Credit. Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 34					208
■ 数6c(2)元とは数4.266c(25c)39。例4の15/CE259 25/CE25252525252525252535 ■					

