2022 Ohio IT 1040

Individual Income Tax Return



Sequence No. 1

02 26 23

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

AMENDED RETURN - Check here and include Ohio IT RE.

538 87 1930

If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 3101

First name

MEENAKSHI VAISH

Primary taxpayer's SSN (required)

M.I. Last name VALLURI

Spouse's first name (if filing jointly)

M.I. Last name

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

5112 MILLENIA WATERS DR,

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

APT 1310.

City

State

ZIP code

Ohio county (first four letters)

ORLANDO

FL32839

HAMI

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

Foreign postal code

Residency S	tatus	 Check only 	one for primary
Resident	×	Part-year	Nonresid

Resident

Part-vear resident

Nonresident >> Indicate state

FI

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

Check only one for spouse (if filing jointly)

Resident

paper clip

Do not staple or

Part-vear resident

Nonresident **>>** Indicate state

Married filing jointly

Spouse's SSN

82343

82343

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Federal extension filers - check here.

REV 02/14/23 PRO

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

1	. Federal adjusted	gross income	(federal	1040 or	1040-SR,	line 11).	Place a '	'-" in th	e box
	if negative								

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ...

4. Exemption amount (include Schedule of Dependents if applicable).......4. Number of exemptions including you and your spouse/dependents, if applicable:

1900 80443 80443





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Individual Income Tax Return



SSN 538 87 1930

7a.Amount from line 7 on page 1		7a.	80443
8a. Nonbusiness income tax liability on line 7a (s	see instructions for tax tables)	8a.	2022
8b.Business income tax liability – Ohio Schedule	e IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plu-	s line 8b)	8c.	2022
9. Ohio nonrefundable credits - Ohio Schedule	of Credits, line 35 (include schedule)	9.	869
10. Tax liability after nonrefundable credits (line 8	3c minus line 9; if negative, enter zero)	10.	1153
11. Interest penalty on underpayment of estimate	ed 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.	1153
14. Ohio income tax withheld – Schedule of Ohio income statements)	Withholding, part A, line 1 (include schedule and	14.	1357
	io IT 1040ES and IT 40P), and credit carryforward	15.	
16.Refundable credits – Ohio Schedule of Credi	ts, line 41 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously p	oaid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15,	16 and 17)	18.	1357
19. <u>Amended return only</u> – overpayment previo	ously requested on original and/or amended return	19.	
	egativeip to line 24. OTHERWISE, continue to line 21.	20.	1357
•	egative, ignore the "-" and add line 20 to line 13	21.	
22.Interest due on late payment of tax (see instr	uctions)	22.	
23. TOTAL AMOUNT DUE (line 21 plus line 22 IT 40XP (if amended return) and make chec	2). Include Ohio IT 40P (if original return) or k payable to "Ohio Treasurer of State" AMOUNT I	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)		24.	204
26. Original return only - portion of line 24 you	ed forward to next year's tax liability wish to donate: y Injury Relief c. Ohio History Fund	25.	
d. Nature Preserves/Scenic Rivers e. Breast	t/Cervical Cancer f. Wishes for Sick Children	otal26g.	
	YOUR REF	UND ▶ 27.	204
<u>Sign Here (required)</u> : I have read this return. Un and belief, the return and all enclosures are true, correct	nder penalties of perjury, I declare that, to the best of my knowledge and complete.	If your refund is \$1.00 or less If you owe \$1.00 or less, n	
	Phone number (513) 652-6663	NO Payment Incl Ohio Departme	
Spouse's signature Check here to authorize your preparer to discuss the	Date his return with the Department.	P.O. Box Columbus, OH	x 2679

Preparer's printed name ______SYAM_PRIYA_RAM_SAGAR_GUP Phone number ______(678) 965-9522

Preparer's TIN (PTIN) P 02082703

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



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Sequence No. 7

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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.	2022
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.	2022
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 538 87 1930



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.	2022
Nonresident Credit		
Dates of Ohio residency 01 01 22 to 07 31 22 Other state of residency	${ t FL}$	
31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)31.		
32. Ohio adjusted gross income (Ohio IT 1040, line 3)		
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.	869
Resident Credit		
34. Resident credit – Ohio IT RC, line 7 (include a copy)	34.	
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.	869
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.	



2022 Schedule of Ohio Withholding

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

Sequence No. 11

Primary taxpayer's SSN

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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

Part B - W-2s

7. P/S Box b - EIN

Box 15 - Employer's Ohio ID number

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. 1357

I alt D			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	753033627	46949	6110
	Box 15 - Employer's Ohio ID number 52589094	Box 16 - Ohio wages, tips, etc. 46949	Box 17 - Ohio income tax 1357
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
2	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	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
5. 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
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

Box 1 - Wages, tips, other compensation

Box 16 - Ohio wages, tips, etc.



Box 2 - Federal income tax withheld

Box 17 - Ohio income tax

2022 Schedule of Ohio Withholding Primary taxpayer's SSN

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		538 87 1930		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		Box 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		Box 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		Box 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		Box 14 - Ohio tax withheld
Dowt D	W 200			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - 1	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Dort E	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - 1	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld