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

Subm	ssion Identification Number (SID)			
Taxpaye	er's name	Social securit	y numb	er
PRA	SHANT K KUNDESHWAR	752-42-	-0020)
Spouse	s name	Spouse's soc	ial secu	rity number
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing.)
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	70,764.
2	Total tax		2	8,339.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,642.
4	Amount you want refunded to you		4	303.
5 Part	Amount you owe	· · · ·	5 s	our roturn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
to send for any Agent is payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectled in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminated the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the palic dentification number (PIN) below is my signature for the income tax return (original or amended) I arnow the part of	tter, or electro- ction of the tr S. Treasury ar cated in the ta n to debit the the authoriza- lests must be processing of ayment. I furt	ansmise and its d ax preparently to ation. To receive the ele- her ack	urn originator (ERO sion, (b) the reasor esignated Financia aration software fo to this account. This or revoke (cancel) ared no later than 2 ectronic payment oknowledge that the
	yer's PIN: check one box only			
X		mv PIN 2	0 0	2 0 as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.			
Yours	ignature ▶ Date ▶			
C	ole DINI about and have only			
Spous	se's PIN: check one box only	na DINI		
	I authorize to enter or generate :	-	er five o	as my digits, but
	signature on the income tax return (original or amended) I am now authorizing.			all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Spous	e's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	Certification and Authentication — Practitioner PIN Method Only			
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 6 er all zei	1 9 8 9 ros
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	ırn in a	ccordance with the
FRO'e	signature ▶ Date ▶			
	ERO Must Retain This Form — See Instructions			

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

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

OMB No. 1545-0074

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

Filing Status	X	Single Married filing jointly	Marri	ed filing separatel	y (MFS)	Head of	hous	ehold (HOH	l)		ifying survi	ving	
Check only one box.	If you	u checked the MFS box, enter th	e name of	vour spouse. If vo	u check	ed the HOH o	r OSS	Shox ente	r the c		se (QSS)	aualifying	
one box.		on is a child but not your depend		your opouco. Il yo	u 0110011		ų Q O (<i>5</i> 50%, 01110		11110	riarrio ii tire	quamynig	
Your first name	and mi	ddle initial	Last na	ame					Yo	our so	cial security	number	
PRASHANT	' K		KUNI	DESHWAR						752-42-0020			
		first name and middle initial	Last na									rity number	
, , ,									'			•	
Home address (numbe	r and street). If you have a P.O. box,	see instruct	ions.				Apt. no.	Pr	esider	itial Election	n Campaign	
11629 TIMBER RIDGE LN						' '				Check here if you, or your			
		ce. If you have a foreign address, also	complete s	spaces below.	Sta	te	ZIP	code			f filing jointl		
SHARONVILLE					OF	I	45	- C 4 1 '		_	this fund. C w will not c	•	
Foreign country name				Foreign province/sta	ate/count	ty	Fore	ign postal co	_		or refund.	9-	
											You	Spouse	
Digital	At an	y time during 2022, did you: (a)	receive (as	a reward, award,	or payr	nent for prope	rty o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose									Yes	⊠ No	
Standard	Som	eone can claim:	depender	nt Your spo	ouse as	a dependent							
Deduction		Spouse itemizes on a separate re	turn or yo										
Ago/Plindness	Vari	Word born before January	1059	Are blind	Spouse	. D Was box	rn ha	fore Janua	n, O 1	050	☐ Is blir		
		Were born before January	2, 1936 [T	•			(4) Check th	, ,				
Dependents	•	· ·		(2) Social secunumber	urity	(3) Relationsh to you	nip			· 1	,	er dependents	
If more than four	(1) [rst name Last name		Tidiliboi		10 you		Child tax cre		. ,		ar dependents T	
dependents,									_	-		<u></u>	
see instructions	. —								<u> </u> 	+	<u>_</u>	<u></u>	
and check here								<u>L</u>	<u></u> 7		 -	<u></u>	
	1a	Total amount from Form(s) W-2) hov 1 (ea	e inetructions)						1a		8,264.	
Income	b	Household employee wages no		,			•		•	1b		0,204.	
Attach Form(s)	c	Tip income not reported on line					•		•	1c			
W-2 here. Also	d	·	,				•		•	1d			
attach Forms W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e					
1099-R if tax	f							1f					
was withheld.	g g	Wages from Form 8919, line 6		•			•		•	1g			
If you did not get a Form	h	•					•			1h		0.	
W-2, see	i	,	her earned income (see instructions)										
instructions.	z	Add lines 1a through 1h .								1z	7	8,264.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
if required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a		b T	axable amoun	t.			4b			
Standard	5a	Pensions and annuities	5a			axable amoun				5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t.			6b			
Single or Married filing	С	If you elect to use the lump-sur	n election	method, check he	ere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach So	hedule D i	if required. If not r	equired	, check here				7			
Married filing	8	Other income from Schedule 1	, line 10		·					8		7,500.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b	, 7, and 8.	This is your total	income	e				9		0,764.	
surviving spouse, \$25,900	10	Adjustments to income from So								10			
Head of	11	Subtract line 10 from line 9. Th	is is your a	djusted gross in	come					11	7	0,764.	
household, \$19,400	12	Standard deduction or itemiz	ed deduct	tions (from Sched	ule A)					12		2,950.	
If you checked	13	Qualified business income ded	uction fron	n Form 8995 or Fo	orm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If	zero or les	ss, enter -0 This	is your t	taxable incom	ne			15	5	7,814.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	2 3 🗌		16	8,339.
Credits	17	Amount from Schedule 2, lin	ie 3					17	7
	18	Add lines 16 and 17						18	8,339.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19)
	20	Amount from Schedule 3, lin	ie 8					20)
	21	Add lines 19 and 20						21	ı
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,339.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,339.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	8,	642.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25	d 8,642.
If	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	;
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from							
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31					credits	32	2
	33	Add lines 25d, 26, and 32. T	•	-	-			33	8,642.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the am	ount you	verpaid	34	303.
neiulia	35a	Amount of line 34 you want				-	-	. 35	a 303.
Direct deposit?	b	Routing number 0 5 1			c Type:			vings	
See instructions.	d	Account number 8 9 2	1 3 7 0	9 9			ľ		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe		'			
You Owe		For details on how to pay, g		•		ns		37	7
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IR	S? See			
Designee ²	ins	structions				[Yes. Com	nplete below	v. 🔀 No
		signee's		Phone				al identificatio	on
	naı			no.			number	,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	pioto: Boolaration	Date	Your occupatio		an innormation		sent you an Identity
	10	ur signature		Date	Tour occupatio	11			PIN, enter it here
Joint return?					SOFTWARE	ENGIN	EER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I						sent your spouse an	
Keep a copy for your records.								Identity Pr	rotection PIN, enter it here
,		(004)050 050	•						
		one no. (304)972-952		Email address	PKUNDESH				01 1 16
Paid		eparer's name	Preparer's signat		OIIDMA	Date		PTIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALL	AM 01/1	1/2023 P	0208270	
Use Only		m's name GLOBAL TA			- 00055				. (678)965-9522
			Y CT E BRU	NSWICK N				Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01	/02/23 PRO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

PRASHANT K KUNDESHWAR

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence I	
Your soci	al security	number
752-42	_0020	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-7,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С		8c		
d	9	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	8m		
n	`	8n		
0	· / / / / / / / / / / / / / / / / / / /	80		
р	•	8p		
q	·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- /		
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	E 500
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.	or 1040-NR. line 8	10	-7,500.

Schedule 1 (Form 1040) 2022 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis governmen	t 🗆	
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN		_	
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction			
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	· • • • • • • • • • • • • • • • • • • •	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	_	
f		24f	_	
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	` <i>'</i>	2411		
٠	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect			
		24i		
		24j		
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2-1)		
		24k		
z	Other adjustments. List type and amount:	2110		
_	2	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2022 Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

PRA	SHANT K KUNDESHWAR					7	752-42	2-0020		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you are	an indiv	vidual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	1099? S	See ins	structions		. \(\text{Y}\epsilon	s X No	-
1a	Physical address of each property (street, city, state, ZIF									_
										_
A B	BALAJI RESIDENCY HYDERABAD TELANGANA I	LN 50	18207							_
C										-
1b	Type of Property 2 For each rental real estate prope	vrtv. liot	ad		Eo	ir Rental F	Person	ol Hoo		-
10	(from list below) above, report the number of fair	rental :	and		1 4	Days	Da		QJV	
Α	personal use days. Check the Qu	JV box	only	Α		365		0		-
В	if you meet the requirements to f			В						_
С	qualified joint venture. See instru	ictions		С						
Туре	of Property:					•			•	
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc	l	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	e)			
						Properties				_
Incor	ne·	1		Α		В	'. 		С	-
3	Rents received	3			00.					-
4	Royalties received	4								_
Ехре	nses:									_
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	40.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		6	30.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13								_
14	Repairs	14		2,1						_
15	Supplies	15		1,8	50.					_
16	Taxes	16		2 6	ГО					_
17 18	Utilities	17 18		2,6	50.					_
19	Depreciation expense or depletion	19								-
20	Total expenses. Add lines 5 through 19	20		8,1	00					-
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		0,1	00.					-
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-7,5	00.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(7,50	0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a	(500.			
b	Total of all amounts reported on line 4 for all royalty properties	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	8,1	100.			
24	Income. Add positive amounts shown on line 21. Do no		-				24	/	7 500	_
25	Losses. Add royalty losses from line 21 and rental real estat						25	(7,500.	_)
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-7,500.	

2022 Ohio IT 1040

Individual Income Tax Return



22000198

Sequence No. 1

01 11 23

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. Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 752 42 0020 0903 First name M.I. Last name PRASHANT K KUNDESHWAR Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 11629 TIMBER RIDGE LN Address line 2 (apartment number, suite number, etc.) APT 2 Ohio county (first four letters) City State ZIP code SHARONVILLE OH 45241 HAMI Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary **Filing Status** – Check one (as reported on federal income tax return) Nonresident | Resident Part-year X Single, head of household or qualifying widow(er) Indicate state resident Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-vear Nonresident **>** resident Indicate state Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here. Do not staple or paper clip 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 70764 if negative..... 2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)......2b. 70764 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 2150 Number of exemptions including you and your spouse/dependents, if applicable: 68614 68614





REV 01/03/23 PRO

2022 Ohio IT 1040

Individual Income Tax Return



SSN 752 42 0020

7a. Amount from line 7 on page 1	a.	68614
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1641
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.	1641
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1641
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.	1641
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2133
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.	2133
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.	2133
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
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"	UE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	492
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	tal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	IND ▶ 27.	492
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 less, no refund If you owe \$1.00 or less, no payment	
▶ Primary signature Phone number(304)972-9520	NO Payment Included – I	•
Spouse's signature Date	Ohio Department of Tax P.O. Box 2679	
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43270-2	2679
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522	Payment Included – Ma Ohio Department of Tax	
Preparer's TIN (PTIN) P 02082703	P.O. Box 2057 Columbus, OH 43270-2	

2022 IT 1040 - page 2 of 2

REV 01/03/23 PRO



2022 Schedule of Ohio Withholding

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

Sequence No. 11

Primary taxpayer's SSN 752 42 0020

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 2133 and on line 14 of your Ohio IT 10401.

Part B - 1. P/S P	W-2s Box b - EIN 465491792	Box 1 - Wages, tips, other compensation 78264	Box 2 - Federal income tax withheld 8642
-	Box 15 - Employer's Ohio ID number 54051077	Box 16 - Ohio wages, tips, etc. 78264	Box 17 - Ohio income tax 2133
2. 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. 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
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

752 42 0020



D 10	4000 P	752 42 0020	Sequence No. 1
	1099-Rs	Box 1 - Gross distribution	Sequence No. 1
1. P/S	Payer's TIN	DOX 1 - GLOSS distribution	Total Box 7 - distribution 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 Box 7 - distribution 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 Box 7 - distribution 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 Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> 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 - 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
Dowt E	4000 NEC-		
1. P/S	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 - Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld