

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SWATHI MOOLY	Social security number 869-57-1774
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are 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	99,137.
2 Total tax	2	14,576.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,192.
4 Amount you want refunded to you	4	2,616.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	1	7	7	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: SWADEEP KUMAR MALLAMPETA

Your first name and middle initial: SWATHI
Last name: MOOLY
Your social security number: 869-57-1774
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 763-48-7822
Home address (number and street). If you have a P.O. box, see instructions. 679 EAST ROYAL LANE
Apt. no. 1091
City, town, or post office. If you have a foreign address, also complete spaces below. IRVING
State TX
ZIP code 75039
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Dependents (see instructions):
Table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income
Table with columns: Description, Amount
1a Total amount from Form(s) W-2, box 1 (see instructions) 110,387.
b Household employee wages not reported on Form(s) W-2
c Tip income not reported on line 1a (see instructions)
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)
e Taxable dependent care benefits from Form 2441, line 26
f Employer-provided adoption benefits from Form 8839, line 29
g Wages from Form 8919, line 6
h Other earned income (see instructions) 0.
i Nontaxable combat pay election (see instructions) 1i
z Add lines 1a through 1h 110,387.

Attach Sch. B if required.
Table with columns: Description, Amount
2a Tax-exempt interest 2a
b Taxable interest 2b
3a Qualified dividends 3a
b Ordinary dividends 3b
4a IRA distributions 4a
b Taxable amount 4b
5a Pensions and annuities 5a
b Taxable amount 5b
6a Social security benefits 6a
b Taxable amount 6b

Standard Deduction for—
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.
Table with columns: Description, Amount
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 7
8 Other income from Schedule 1, line 10 -11,250.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 99,137.
10 Adjustments to income from Schedule 1, line 26 10
11 Subtract line 10 from line 9. This is your adjusted gross income 99,137.
12 Standard deduction or itemized deductions (from Schedule A) 12,950.
13 Qualified business income deduction from Form 8995 or Form 8995-A 13
14 Add lines 12 and 13 12,950.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 86,187.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 14,576.

Table for Payments (lines 25-33). Includes federal income tax withheld (17,192) and total payments (17,192).

Table for Refund (lines 34-36). Shows overpaid amount of 2,616 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation (SYSTEMS ANALYST), and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

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

Your social security number
869-57-1774

Part 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. Attach Schedule E		5	-11,250.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-11,250.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

SWATHI MOOLY

869-57-1774

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A L1-103SWASTHIKA PHASE-1 SARJAPURA, BIDARAGUPPE BENGALURU, KARNATAKA IN 562107

B
C

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
				A	B	C	<input type="checkbox"/>
A	3			365		0	<input type="checkbox"/>
B							<input type="checkbox"/>
C							<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		Properties:		
		A	B	C
3	Rents received	3	540.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6	210.	
7	Cleaning and maintenance	7	1,490.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	1,320.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	2,720.	
15	Supplies	15	2,900.	
16	Taxes	16		
17	Utilities	17	3,150.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	11,790.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-11,250.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,250.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	540.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	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		
e	Total of all amounts reported on line 20 for all properties	23e	11,790.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,250.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-11,250.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Please detach here.

OHIO IT 1040ES REV 02/07/23 PRO 02 13 23
Individual Estimated Income Tax
(Voucher 1) Due APRIL 18, 2023

Tax Year

2023

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

SWATHI MOOLY



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (if filing jointly)

MOO

679 EAST ROYAL LANE, 1091

IRVING

TX 75039

98

Taxpayer's SSN

869 57 1774

Spouse's SSN (only if joint filing)

Amount of Payment



\$

647.00

869571774 4 0123 0 763487822 2 400

Please detach here.

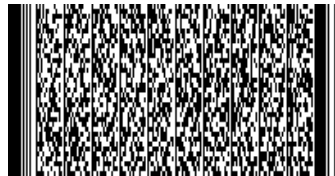
OHIO IT 1040ES REV 02/07/23 PRO 02 13 23
Individual Estimated Income Tax
(Voucher 2) Due JUNE 15, 2023

Tax Year

2023

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

SWATHI MOOLY



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (if filing jointly)

MOO

679 EAST ROYAL LANE, 1091

IRVING

TX 75039

98

Taxpayer's SSN

869 57 1774

Spouse's SSN (only if joint filing)

Amount of Payment →

\$

647.00

869571774 4 0223 8 763487822 2 400

Please detach here.

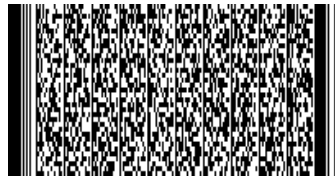
OHIO IT 1040ES REV 02/07/23 PRO 02 13 23
Individual Estimated Income Tax
(Voucher 3) Due SEPTEMBER 15, 2023

Tax Year

2023

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

SWATHI MOOLY



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (if filing jointly)

MOO

679 EAST ROYAL LANE, 1091

IRVING

TX 75039

98

Taxpayer's SSN

869 57 1774

Spouse's SSN (only if joint filing)

Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 1460, Columbus, OH 43216-1460

Amount of Payment



\$

647.00

869571774 4 0323 6 763487822 2 400

Please detach here.

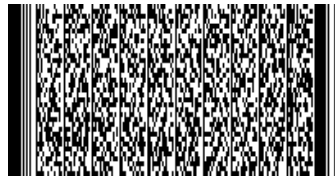
OHIO IT 1040ES REV 02/07/23 PRO 02 13 23
Individual Estimated Income Tax
(Voucher 4) Due JANUARY 16, 2024

Tax Year

2023

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

SWATHI MOOLY



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (if filing jointly)

MOO

679 EAST ROYAL LANE, 1091

IRVING

TX 75039

98

Taxpayer's SSN

869 57 1774

Spouse's SSN (only if joint filing)

Amount of Payment



\$

647.00

869571774 4 0423 4 763487822 2 400

Please detach here.

OHIO IT 40P

REV 02/07/23 PRO

02 13 23

Tax Year

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

Original Income Tax Payment Voucher

2022

SWATHI MOOLY



Use UPPERCASE letters
to print the first three letters of

Taxpayer's
last name

Spouse's last name
(if filing jointly)

679 EAST ROYAL LANE APT 1091

MOO

IRVING

TX 75039

98

Taxpayer's SSN

869 57 1774

Spouse's SSN
(only if joint filing)

Make payment payable to: Ohio Treasurer of State
Sending with return - Mail to: Ohio Department of Taxation,
P.O. Box 2057, Columbus, OH 43270-2057

Sending without return - Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

**Amount of
Payment** →

\$

2645.00

869571774 4 0522 3 763487822 2 402

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 13 23

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

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 869 57 1774

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 1804

First name SWATHI

M.I. Last name MOOLY

Spouse's first name (if filing jointly)

M.I. Last name

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

679 EAST ROYAL LANE

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

APT 1091

City

IRVING

State

TX

ZIP code

75039

Ohio county (first four letters)

CUYA

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

Foreign postal code

Residency Status - Check only one for primary

X Resident Part-year resident Nonresident Indicate state

Check only one for spouse (if filing jointly)

Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

X Married filing separately 763 48 7822

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

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

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2022 Ohio IT 1040
Individual Income Tax Return



SSN 869 57 1774

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (97237), 8a. Nonbusiness income tax liability (2588), 8b. Business income tax liability (2588), 8c. Income tax liability before credits (2588), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (2588), 11. Interest penalty (57), 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (2645), 14. Ohio income tax withheld (2645), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (2645), 19. Amended return only overpayment, 20. Line 18 minus line 19, 21. Tax due (2645), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (2645), 24. Overpayment, 25. Original return only, 26. Original return only (a-f), 27. REFUND (YOUR REFUND).

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Primary signature _____ Phone number (440) 454-4797
Spouse's signature _____ Date _____
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057



2022 Ohio IT/SD 2210
Interest Penalty on Underpayment of Ohio Individual Income,
School District Income and Pass-Through Entity Tax

Include with your 2022 Ohio tax return.

Use UPPERCASE letters.

Complete this section if you are filing Ohio IT 1040 or SD 100.

Primary taxpayer's SSN (required)

8 6 9 5 7 1 7 7 4

Spouse's SSN (if filing jointly)

[Empty box for spouse's SSN]

First name

S W A T H I

M.I.

[Empty box for M.I.]

Last name

M O O L Y

Spouse's first name (if filing jointly)

[Empty box for spouse's first name]

M.I.

[Empty box for spouse's M.I.]

Last name

[Empty box for spouse's last name]

Complete this section if you are filing Ohio IT 4708, IT 1140, IT 1041, or SD 100E.

FEIN

[Empty box for FEIN]

Decedent's SSN (estates)

[Empty box for decedent's SSN]

Name of pass-through entity, trust or estate

[Empty box for name of pass-through entity]

Additional line, if necessary, for name of pass-through entity, trust or estate

[Empty box for additional line]

Total interest penalty due (from page 2, line 8 or page 3, line 6).....

5 7 . 0 0

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.



10211411

Taxpayer's name SWATHI MOOLY Taxpayer's FEIN/SSN 869 57 1774

2022

Part I – Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708

Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due. See page 4 for definitions and line references.

Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. 2022 Ohio income taxes paid (timely paid* 2022 estimated payments plus withholding plus 2021 credit carryforward) 1. 00
2. 2022 Ohio income tax liability (total tax minus total credits) 2. 2588 00
3. 2021 Ohio income tax liability (total tax minus total credits) 3. 2195 00
4. Multiply line 2 by 90% (.90) 4. 2329 00
5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b. 5a. Yes No
5b. Did you timely file a 2021 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d. 5b. Yes No
5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d. 5c. Yes No
5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6. 5d. Yes No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II. 6. 2195 00

*Do not include any estimated payments that were made after their respective due date.

Part II – Calculating the Interest Penalty Due

Table with 4 columns: A (4/18/22 - 25%), B (6/15/22 - 50%), C (9/15/22 - 75%), D (1/17/23 - 100%). Rows include calculations for interest penalty due based on line 6 amounts and ratios.

Note: Payment due dates – the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.