|                              | Do not staple or paper clip.               |   | <i>c</i>                      | 2022 Ohio IT 1040<br>Individual Income Tax Return |                               |            |   |                           |                        |                  |  |
|------------------------------|--|---|-------------------------------|---|-------------------------------|------------|---|---------------------------|------------------------|------------------|--|
|                              |  | Taxation  | Use only black i              |   |                               |            |   | only.                     | 22000198               |                  |  |
|                              | 01 26 23                                   |   |                               |   |                               |            |   | omy                       | 22000190               | Sequence No. 1   |  |
|                              | AMENDED RET                                | <b>URN</b> - Check here   | and include Ohio              | IT RE   |                               | NOL        | CARRYBACK -                               | Check here and            | l include Sched        | ule IT NOL.      |  |
|                              | Primary taxpayer's SSI<br>653 53 445       |   | If deceased                   |   | use's SSN (if fili<br>33 27 9 |            | r) 🗸                                      | If deceased               | School dis<br>2513     |                  |  |
|                              | First name<br>VISWANATH                    | SAMPA   |                               | M.I.  | Last name<br>BATTIN           | A          |   |                           |                        |                  |  |
|                              | Spouse's first name (if<br>PRAGATHI        | filing jointly)   |                               | M.I.  | Last name<br>KANCHA           | RLA        |   |                           |                        |                  |  |
|                              | Address line 1 (numbe<br>4865 CASTL        | ,   | . Box                         |   |                               |            |   |                           |                        |                  |  |
|                              | Address line 2 (apartm                     | ent number, suite r   | umber, etc.)                  |   |                               |            |   |                           |                        |                  |  |
|                              | City                                       |   |                               |   |                               | State      | ZIP code                                  | Ohio cou                  | inty (first four lette | ers)             |  |
|                              | DUBLIN                                     |   |                               |   |                               | OH         | 43016                                     | FRAI                      | N                      |                  |  |
|                              | Foreign country (if the                    | mailing address is  | outside the U.S.)             |   |                               | Foreign    | postal code                               |                           |                        |                  |  |
|                              | Residency Status                           | <u>s</u> – Check only one   | for primary                   |   |                               | Filing     | <b>g Status</b> – Che                     | ck one (as repor          | ted on federal in      | come tax return) |  |
|                              | X Resident                                 | Part-year<br>resident   | Nonresident<br>Indicate state | ••  |                               | s          | Single, head of h                         | ousehold or qua           | lifying widow(er       | )                |  |
|                              | Check only one for spo<br>X Resident       | ouse (if filing jointly)<br>Part-year<br>resident   | Nonresident<br>Indicate state | ••  |                               |            | Narried filing join<br>Narried filing sep | -                         | Spouse's S             | SSN              |  |
|                              | Ohio Nonresiden<br>Primary meets the       | <b>t Statement</b> – Stephen en alle statements and the statement of the statem |                               |   |                               | F          | ederal extension                          | <b>n filers</b> - check h | iere.                  |                  |  |
|                              | -  | e five criteria for irreb   |                               |   |                               |            | someone can cla<br>ependent, check        |                           | spouse if filing jo    | pintly) as a     |  |
| Do not staple or paper clip. | 1. Federal adjusted g<br>if negative       |   |                               |   | ,                             |            |   | 1.                        |                        | 190842           |  |
| ole or pa                    | 2a.Additions – Ohio So                     | chedule of Adjustme   | ents, line 10 ( <b>inclı</b>  | ıde so  | chedule)                      |            |   | 2a.                       |                        |                  |  |
| t stap                       | 2b. Deductions - Ohio                      | Schedule of Adjust  | ments, line 39 ( <b>in</b> e  | lude  | schedule)                     |            |   | 2b.                       |                        |                  |  |
| Do not                       | 3. Ohio adjusted gross                     | s income (line 1 plu  | s line 2a minus lir           | ie 2b).   | . Place a "-" in              | the box if | f negative                                | 3.                        |                        | 190842           |  |
|                              | 4. Exemption amount<br>Number of exemption |   |                               |   |                               |            |   | 4.                        |                        | 3800             |  |
|                              | 5. Ohio income tax ba                      | ase (line 3 minus lin   | e 4; if negative, er          | nter ze   | ero)                          |            |   | 5.                        |                        | 187042           |  |
|                              | 6. Taxable business ir                     | ncome – Ohio Sche   | dule IT BUS, line             | 13 ( <b>in</b>                                    | clude schedu                  | le)        |   | 6.                        |                        |                  |  |
|                              | 7. Taxable nonbusines                      | ss income (line 5 m   | inus line 6; if nega          | ative, e  | enter zero)                   |            |   | 7.                        |                        | 187042           |  |
|                              |  |   |                               |   |                               |            |   | M                         | M-DD-YY                | Code             |  |

REV 01/19/23 PRO

2022 IT 1040 - page 1 of 2

## 2022 Ohio IT 1040 Individual Income Tax Return



| SSN 653 53 4450 Individual Income Tax Return  | 22000298 Sequence No. 2  |
|---|--|
| 7a. Amount from line 7 on page 17a  |  |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)   | 8a. 6117   |
| 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. 6117   |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)  | 9. 306   |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)   |  |
| 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. 5811   |
| 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 ( <b>include schedule and</b><br>income statements)   |  |
| 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 ( <b>include schedule</b> )  |  |
| 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)   |  |
| 19. Amended return only – overpayment previously requested on original and/or amended return  |  |
| 20. Line 18 minus line 19. Place a "-" in the box if negative   | 20. 6655   |
| 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  |  |
| 22. Interest due on late payment of tax (see instructions)  |  |
| 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" AMOUNT DU  | JE ▶ 23.   |
| 24. Overpayment (line 20 minus line 13)   |  |
| <ul> <li>25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability</li> <li>26. <u>Original return only</u> – portion of line 24 you wish to donate: <ul> <li>a. Wildlife Species</li> <li>b. Military Injury Relief</li> <li>c. Ohio History Fund</li> </ul> </li> </ul> |  |
| d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children   | al26g.   |
| 27. REFUND (line 24 minus lines 25 and 26g)YOUR REFUN   | ND ▶ 27. 844   |
| Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge  | your refund is \$1.00 or less, no refund will be issued.   |
| and belief, the return and all enclosures are true, correct and complete.  Primary signature Phone number (614)969-9090   | If you owe \$1.00 or less, no payment is necessary.<br>NO Payment Included – Mail to:                  |
| Spouse's signature Date   | Ohio Department of Taxation<br>P.O. Box 2679   |
| Check here to authorize your preparer to discuss this return with the Department.   | Columbus, OH 43270-2679  |
| Preparer's printed name Phone number (646)727-7157 Preparer's TIN (PTIN) P 02090332   | Payment Included – Mail to:<br>Ohio Department of Taxation<br>P.O. Box 2057<br>Columbus, OH 43270-2057 |
|   | - 2022 IT 1040 page 2 of 2   |



## 2022 Ohio Schedule of Credits Use only black ink. Use whole dollars only. Primary taxpayer's SSN 653 53 4450



8 Sequence No. 7

01 26 23

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.   | 6117             |
| 2.  | Retirement income credit (include 1099-R forms)2.   |                  |
| 3.  | Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)                       |                  |
| 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)                     |                  |
| 6.  | Child care & dependent care credit (include a copy of the worksheet)                                |                  |
| 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 Assembly8.                        | 0                |
| 9.  | Income-based exemption credit9.   | 0                |
| 10. | Total (add lines 2 through 9)10.  | 0                |
| 11. | Tax less credits (line 1 minus line 10; if negative, enter zero)11.                                 | 6117             |
| 12. | Joint filing credit (see instructions for table). 5 % times line 11, up to \$650                    | 306              |
| 13. | Earned income credit  |                  |
| 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)        |                  |
| 17. | Vocational job credit (include a copy of the credit certificate)17.                                 |                  |
| 18. | Ohio adoption credit  |                  |
| 19. | Nonrefundable job retention credit (include a copy of the credit certificate)                       |                  |
| 20. | Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)  |                  |
| 21. | Grape production credit   |                  |
| 22. | InvestOhio credit (include a copy of the credit certificate)  |                  |
| 23. | Lead abatement credit (include a copy of the credit certificate)                                    |                  |
| 24. | Opportunity zone investment credit (include a copy of the credit certificate)                       |                  |
|     |   | REV 01/10/23 RPO |



|   | 2022 Ohio Sched<br>Primary taxpayer<br>653 53 4 | r's SSN                  | 22280298 |                |
|---|---|--------------------------|----------|----------------|
|   | 000 00 -  | 1450                     |          | Sequence No. 8 |
| 25. Technology investment credit carryfo  | orward ( <b>include a copy of the credit c</b>  | ertificate)              | 25.      |                |
| 26. Enterprise zone day care & training   | credits (include a copy of the credit of        | certificate)             | 26.      |                |
| 27. Research & development credit ( <b>inc</b>  | lude a copy of the credit certificate)          |                          | 27.      |                |
| 28. Nonrefundable Ohio historic preserv   | ation credit ( <b>include a copy of the cre</b> | dit certificate)         |          |                |
| 29. Total (add lines 12 through 28)   |   |                          | 29.      | 306            |
| 30. Tax less additional credits (line 11 m  | inus line 29; if negative, enter zero)          |                          | 30.      | 5811           |
| Nonresident Credit  |   |                          |          |                |
| Dates of Ohio residency   | to  | Other state of residency |          |                |
| 31. Nonresident Portion of Ohio adjuste<br>Ohio IT NRC Section I, line 18 ( <b>incl</b> |   |                          |          |                |
| 32. Ohio adjusted gross income (Ohio II   | <sup>-</sup> 1040, line 3) 32.                  |                          |          |                |
| 33a. Divide line 31 by line 32 (four decimals if greater than 1, enter 1.0000)          | s; do not round;                                | 33a.                     |          |                |
| 33. Nonresident credit (line 30 times line  | 9 33a)  |                          | 33.      |                |
| Resident Credit   |   |                          |          |                |
| 34. Resident credit – Ohio IT RC, line 7  | (include a copy)                                |                          | 34.      |                |
| 35. Total nonrefundable credits (add li   | nes 10, 29, 33 and 34; enter here and           | on Ohio IT 1040, line 9) | 35.      | 306            |
|   | Refundable Credits                              |                          |          |                |
| 20 Definidable Obia bistoria recomuniti   |   |                          | 20       |                |

| 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.  |



**hio** Department of Taxation

# 2022 Schedule of Ohio Withholding



22350198

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

Primary taxpayer's SSN

Sequence No. 11

## 653 53 4450

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

#### Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 6655

| <u>Part B -</u><br>1. P/S<br>S |   | Box 1 - Wages, tips, other compensation 47269   | Box 2 - Federal income tax withheld 5291  |
|--------------------------------|---|---|---|
|                                | Box 15 - Employer's Ohio ID number $54076772$ | Box 16 - Ohio wages, tips, etc.<br>47269        | Box 17 - Ohio income tax<br>1305          |
| 2. P/S<br>S                    | Box b - EIN<br>270007828                      | Box 1 - Wages, tips, other compensation<br>6360 | Box 2 - Federal income tax withheld<br>96 |
|                                | Box 15 - Employer's Ohio ID number 52683339   | Box 16 - Ohio wages, tips, etc.<br>2400         | Box 17 - Ohio income tax<br>47            |
| 3. P/S<br>P                    | Box b - EIN<br>311688884                      | Box 1 - Wages, tips, other compensation 166492  | Box 2 - Federal income tax withheld 25294 |
|                                | Box 15 - Employer's Ohio ID number 52624592   | Box 16 - Ohio wages, tips, etc.<br>166492       | Box 17 - Ohio income tax 5303             |
| 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 \_\_\_\_\_

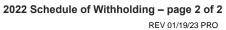


ence No. 12

|                           |   | Primary taxpayer's SSN              |                       | 22350298                     |
|---------------------------|---|-------------------------------------|-----------------------|------------------------------|
|                           | 1000 5                                    | 653 53 4450                         |                       | Sequence No.                 |
|                           | <u>1099-Rs</u><br>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          |
| 2. P/S                    | Payer's TIN                               | Box 1 - Gross distribution          | Total<br>distribution | Box 7 -<br>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<br>distribution | Box 7 -<br>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<br>distribution | Box 7 -<br>Distribution code |
|                           | Box 15 - Payer's Ohio number              | Box 4 - Federal income tax withheld | Box 14                | - Ohio tax withheld          |
|                           |   |                                     |                       |                              |
| <u>Part D -</u><br>1. P/S | <u>W-2Gs</u><br>Payer's federal ID number | Box 1 - Reportable winnings         | Box 4 - Federa        | I 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 - Federa        | I income tax withheld        |
|                           | Box 13 - Ohio state ID number             | Box 14 - Ohio state winnings        | Box 15                | i - Ohio income tax withheld |
| 3. P/S                    | Payer's federal ID number                 | Box 1 - Reportable winnings         | Box 4 - Federa        | I income tax withheld        |
|                           | Box 13 - Ohio state ID number             | Box 14 - Ohio state winnings        | Box 15                | i - Ohio income tax withheld |
| Devit F                   |   |                                     |                       |                              |
| <u>Part E -</u><br>1. P/S | <u>1099-NECs</u><br>Payer's TIN           | Box 1 - Nonemployee compensation    | Box 4 - Federa        | l 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 - Federa        | l income tax withheld        |
|                           |   |                                     | -                     |                              |

Box 7 - State income

Box 6 - Payer's Ohio number



Box 5 - Ohio tax withheld



# **bio** Department of Taxation

# 2022 Schedule of School District Withholding

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

Complete a separate schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN

School District #

List your and your spouse's (if filing jointly) W-2 and 1099-R forms **only if they have school district 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**.

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

#### Part A - Total Withholding

|             |   | the school district entered above. Enter here and c |            | 4695                                |
|-------------|---|---|------------|-------------------------------------|
| Part        | <u>B - W-2s</u>                               |   |            |                                     |
| 1. P/S<br>S | Box b - EIN<br>821627978                      | Box 1 - Wages, tips, other compensation 47269       |            | ederal income tax withheld          |
|             | Box 15 - Employer's Ohio ID number $54076772$ | Box 18 - School district wages 52667                | B          | ox 19 - School district tax<br>1317 |
| 2. P/S<br>S | Box b - EIN<br>270007828                      | Box 1 - Wages, tips, other compensation<br>6360     | Box 2 - Fe | ederal income tax withheld<br>96    |
|             | Box 15 - Employer's Ohio ID number 52683339   | Box 18 - School district wages 2400                 | B          | ox 19 - School district tax<br>48   |
| 3. P/S<br>P | Box b - EIN<br>311688884                      | Box 1 - Wages, tips, other compensation 166492      |            | ederal income tax withheld          |
|             | Box 15 - Employer's Ohio ID number 52624592   | Box 18 - School district wages                      | B          | ox 19 - School district tax<br>3330 |
| 4. P/S      | Box b - EIN                                   | Box 1 - Wages, tips, other compensation             | Box 2 - Fe | ederal income tax withheld          |
|             | Box 15 - Employer's Ohio ID number            | Box 18 - School district wages                      | B          | ox 19 - School district tax         |
| 5. P/S      | Box b - EIN                                   | Box 1 - Wages, tips, other compensation             | Box 2 - Fe | ederal income tax withheld          |
|             | Box 15 - Employer's Ohio ID number            | Box 18 - School district wages                      | B          | ox 19 - School district tax         |
| <u>Part</u> | <u>C - 1099-Rs</u>                            |   |            |                                     |
| 1. P/S      | 5 Payer's TIN                                 | Box 1 - Gross distribution                          | Box 4 - Fe | ederal income tax withheld          |
|             | Box 15 - Payer's Ohio number                  | Box 19 - School district distribution               | В          | ox 17 - School district tax         |



| Form R   | ]   |  |  |                             |                     | ars Fill in Dat             | es       |
|--|---|--|--|-----------------------------|---------------------|-----------------------------|----------|
|  | 2022 INC  | COME TAX RETU  | IRN  | 2022                        | Beginning<br>Ending |                             |          |
| File by  | THIS RETURN MUST BE FI  | LED BY EVERYONE REQUIRE<br>THOUGH DECLARATION WAS    | D TO SUBMIT A DEC                          | LARATION                    | And File            | Within 4 Mont<br>nding Date | hs       |
| OCCUPATION OR PRINCIPAL<br>BUSINESS ACTIVITY   | _'  |  |  |                             |                     | Ye                          | s No     |
| INDICATE SOLE PROPRIETOR   | RSHIP   |  | ARE YOU A RESIDE                           | NT? • • • •                 |                     | <b>×</b>                    | :        |
| WHETHER  | OYEE OTHER  |  | DID YOU FILE A RE                          | TURN FOR 202                | 1?                  |                             |          |
| ACCOUNT NUMBER   | ACCOUNT TYPE  | SSN  | HAS INTERNAL REV                           | ENUE SERVIC                 | E INCREASED YOU     | JR                          |          |
|  |   | 653-53-4450  | INCOME TAX LIABIL                          |                             |                     | · · · · ·                   |          |
| Date moved in  |   | Spouse SSN   | IF SO, HAS AN AME<br>BEEN FILED?           |                             |                     |                             |          |
| Date moved out   |   | 133-27-9420  | YOUR LOCAL PHON                            | IE NUMBER .                 | (614                | 1)969-909                   | 0        |
| VISWANATH SAMPATH  |   |  | This Space                                 | e For Tax O                 | ffice Use Only      | ,                           |          |
| PRAGATHI KANCHARLA<br>4865 CASTLESTONE I   |   |  |  |                             |                     |                             |          |
| DUBLIN   | JK  | ОН 43016   |  |                             |                     |                             |          |
| Your Name, Address and Social Securi<br>On Our Records. Make Corrections Wh<br>Missing. Attach Copy of Federal Return<br>Otherwise, Returns Will Be Questioned | ty Number/Federal ID Number Are Pri-<br>iere Necessary. Add Social Security N<br>And Schedules in Lieu of Page 2 Sch<br>if all lines Applicable to Taxpaver Are |  | -  |                             |                     |                             |          |
| Enter Employer's Name, W   |   |  | onuses, Commis                             | sions, Tips                 | , Etc. Attach C     | opy Of W-2 F                | orm(s)   |
| Employer's Name (Attac   | h Copy of W-2 Form(s))  | City Where E   | mployed                                    | City Tax                    | Withheld            | Wages, E                    | tc       |
| GATHI ANALYTICS LI   | C   |  |  |                             | 1317                |                             | 52667    |
| UNITED SOFTWARE GF   | ROUP INC  |  |  |                             | 48                  |                             | 6360     |
| ERP ANALYSTS INC   |   |  |  |                             | 3330                | 1                           | 66492    |
|  | f above is fully taxable and  |  |  |                             |                     | 2                           | 25519    |
|  | COME: FROM PAGE 2<br>COME (TOTAL OF LINES 1 /   |  |  |                             |                     | -                           |          |
|  | T DEDUCTIBLE (FROM LIN  |  |  |                             |                     |                             | 68892    |
|  | T TAXABLE (FROM LINE L  | ,  |  |                             |                     |                             |          |
| ADJUST- C DIFFERENCI   | E BETWEEN LINES 4a and b TO E   | ,  |  |                             |                     |                             |          |
| MENISIO  | D NET INCOME (Line 3 plus   |  | -  | -                           |                     | 1                           | 68892    |
|  | Line 5a Allocable (   |  | step 5 Schedule                            |                             |                     |                             | 00072    |
| c LESS ALL   | OCABLE NET LOSS PER PR  | REVIOUS INCOME TAX R                                 | ETURNS (Submit                             | Schedule)                   | [                   |                             |          |
| 6 AMOUNT S   | SUBJECT TO DUBLIN   | CITY INCOME  | TAX (Line 5a OR                            | 5b LESS LI                  | NE 5c)              | 1                           | 68892    |
|  | CITY TAX RATE 2.0   |  |  |                             |                     |                             | 3378     |
| 8 CREDITS:   | a Tax withheld by employe   |  |  |                             | 3378                |                             |          |
| ALLOWABLE  | <ul> <li>b Payments and credits or</li> <li>c Earned income</li> </ul>  | n 2022 Declaration of Estim                          | Resident                                   |                             |                     |                             |          |
| CREDITS  | taxes paid City of  |  | individuals only)                          |                             |                     |                             |          |
|  |   | TOTAL CREDITS ALLOW                                  |  |                             | ►                   |                             | 3378     |
|  | IE (Line 7 Less Line 8) Mak   | -  | -  | hen Filing                  |                     |                             |          |
| 10 OVERPAYMENT CLAIN<br>Enter Amount of line 10  | MED (If Line 8 Exceeds Line   | 7, Enter Difference in Box<br>our 2023 Estimated Tax | •  |                             | 0                   |                             |          |
| Enter Amount of line to  |   |  |  |                             | -                   |                             |          |
| DECLARATION OF ESTIMA  |   |  | Ť  |                             |                     |                             |          |
| 11 Total Income Subject to   | Tax \$  | X§   |  |                             | 11 \$               |                             |          |
|  | 1   |  |  |                             | ·· <b>12</b> \$     |                             |          |
| ,  | ne 11 - Line 12)  |  |  |                             | <b>13</b> Ş         |                             |          |
|  | (Line 13 - Line 14)   |  |  |                             | 14 Ş<br>15 S        |                             |          |
|  | nated Payment Due (1/4 of L   |  |  |                             |                     |                             |          |
| 17 Total Due With This Re  | turn (Add Lines 9 and 16) .   |  |  |                             | <b>17</b> \$        |                             |          |
| I CERTIFY I HAVE EXAMINED THIS R<br>IT IS TRUE, CORRECT AND COMPLE   |   |  | TS AND TO THE BEST (<br>FEDERAL INCOME TA) | OF MY KNOWLI<br>K PURPOSES. | EDGE AND BELIEF     | OHYB9901                    | 09/27/16 |
| RVSSMANIKUMARAPPAN<br>SIGNATURE OF PERSON PREPARIN   |   | DATE SIGNA   | TURE OF TAXPAYER O                         | R AGENT                     |                     |                             | DATE     |
| GLOBAL TAXES LLC   |   |  |  |                             |                     |                             |          |
| 245 ROONEY CT  |   |  |  |                             |                     |                             |          |
| E BRUNSWICK  | NJ 088  |  |  |                             |                     |                             |          |
| ADDRESS OR NAME AND ADDRESS<br>If this return was prepared by a tax  |   |  | TURE OF SPOUSE                             | tion of this rate           | rn? YES             |                             | DATE     |
| in this retaining was highly a ray a ray b   | processioner, may we contact your pl  | racationici anectiy with questions                   | regarding the higher                       |                             |                     |                             | 1        |

| Form R   | ]   |   |                                       |                            |                 | ars Fill in D             | ates  |         |
|--|---|---|---------------------------------------|----------------------------|-----------------|---------------------------|-------|---------|
|  | 2022 INC  | FRANKLIN CITY<br>OME TAX RETUR                        | N                                     | 2022                       | Beginning       |                           |       |         |
| File by  | THIS RETURN MUST BE FILI  | ED BY EVERYONE REQUIRED T<br>HOUGH DECLARATION WAS AC | O SUBMIT A DECI                       | ARATION                    |                 | Within 4 Mo<br>nding Date | onths |         |
| OCCUPATION OR PRINCIPAL<br>BUSINESS ACTIVITY   | J   |   |                                       |                            | <u> </u>        | Ň                         | Yes   | No      |
| INDICATE SOLE PROPRIETOR   | RSHIP   |   | ARE YOU A RESIDE                      | NT? • • •                  |                 | Г                         | ×     |         |
| WHETHER EMPLO  |   |   | DID YOU FILE A RET                    | URN FOR 202                | 1?              | [                         |       |         |
| ACCOUNT NUMBER   |   |   | HAS INTERNAL REV<br>INCOME TAX LIABIL |                            |                 |                           |       |         |
| Date moved in  |   | Spouse SSN  | IF SO, HAS AN AME                     |                            |                 |                           |       |         |
| Date moved out   | 1   | 33-27-9420  | YOUR LOCAL PHON                       |                            |                 |                           |       |         |
| VISWANATH SAMPATH  | KU BATTINA  |   | -                                     |                            | office Use Only | ,                         | 190   |         |
| PRAGATHI KANCHARLA<br>4865 CASTLESTONE I   |   |   |                                       |                            | ,               |                           |       |         |
| DUBLIN   |   | ОН 43016  |                                       |                            |                 |                           |       |         |
| Your Name, Address and Social Securi<br>On Our Records. Make Corrections Wh<br>Missing. Attach Copy of Federal Return<br>Otherwise, Returns Will Be Questioned |   |   |                                       |                            |                 |                           |       |         |
|  | here Employed, And 2022 G   |   | uses, Commis                          | sions, Tips                | , Etc. Attach C | opy Of W-2                | 2 For | m(s)    |
| Employer's Name (Attac   | h Copy of W-2 Form(s))  | City Where Emp  | oloyed                                | City Tax                   | Withheld        | Wages                     | , Etc |         |
| GATHI ANALYTICS LI   | C   |   |                                       |                            | 1317            |                           | 52    | 2667    |
| UNITED SOFTWARE GR   | ROUP INC  |   |                                       |                            | 48              |                           | 6     | 5360    |
| ERP ANALYSTS INC   |   |   |                                       |                            | 3330            |                           | 166   | 5492    |
|  | f above is <b>fully taxable</b> and y                                 |   |                                       |                            |                 |                           | 225   | 5519    |
|  | COME: FROM PAGE 2<br>COME (TOTAL OF LINES 1 A                         |   |                                       |                            |                 |                           | F 0   |         |
|  | T DEDUCTIBLE (FROM LINE   |   |                                       |                            |                 |                           | 52    | 2667    |
|  | TTAXABLE (FROM LINE L S   | ,   |                                       |                            |                 |                           |       |         |
| ADJUST- c DIFFERENCI   | E BETWEEN LINES 4a and b TO BE  | ,   |                                       | R-)                        |                 |                           |       |         |
| MENISIO  | D NET INCOME (Line 3 plus o   |   |                                       |                            |                 |                           | 52    | 2667    |
| <b>b</b> Amount of   | Line 5a Allocable (   | % from st   | ep 5 Schedule Y                       | )                          | 🗍               |                           |       |         |
| c LESS ALLO  | OCABLE NET LOSS PER PRI   | EVIOUS INCOME TAX RET                                 | URNS (Submit S                        | Schedule)                  | [               |                           |       |         |
| 6 AMOUNT S   | SUBJECT TO FRANKLIN   | I CITY INCOME TA                                      | AX (Line 5a OR                        | 5b LESS LI                 | NE 5c)          |                           | 52    | 2667    |
|  | IN CITY TAX RATE 2  |   |                                       |                            |                 |                           | 1     | L053    |
| 8 CREDITS:   | a Tax withheld by employer  |   |                                       |                            | 1317            |                           |       |         |
| ALLOWABLE<br>CREDITS   | <ul><li>b Payments and credits on 2</li><li>c Earned income</li></ul> |   | ed lax<br>(Resident                   |                            |                 |                           |       |         |
| CREDITS  | taxes paid City of  |   | individuals only)                     |                            |                 |                           |       |         |
|  |   | TOTAL CREDITS ALLOWAR                                 |                                       |                            |                 |                           | 1     | L317    |
|  | IE (Line 7 Less Line 8) Make  | -   | -                                     | hen Filing                 |                 |                           |       |         |
| 10 OVERPAYMENT CLAIN<br>Enter Amount of line 10  | MED (If Line 8 Exceeds Line 7   | , Enter Difference in Box at<br>ir 2023 Estimated Tax | •                                     |                            | 264             |                           |       |         |
|  | ,   |   | \$                                    | 264                        | ī               |                           |       |         |
| DECLARATION OF ESTIMA  |   |   | т                                     | 20.                        |                 |                           |       |         |
| 11 Total Income Subject to   | Tax \$  | X ⅔   |                                       |                            | 11 \$           |                           |       |         |
|  | 1   |   |                                       |                            | · · 12 \$       |                           |       |         |
| (  | ne 11 - Line 12)  |   |                                       |                            | ·· 13 \$        |                           |       |         |
|  |   |   |                                       |                            | 14 ş<br>15 \$   |                           |       |         |
|  | nated Payment Due (1/4 of Lir   |   |                                       |                            |                 |                           |       |         |
|  | turn (Add Lines 9 and 16)   |   |                                       |                            |                 |                           |       |         |
|  | ETURN INCLUDING ACCOMPANYING<br>TE AND THAT THE FIGURES USED H        |   | AND TO THE BEST C<br>DERAL INCOME TA  | F MY KNOWLI<br>( PURPOSES. | EDGE AND BELIEF | OHYB99                    | 01 09 | 9/27/16 |
| RVSSMANIKUMARAPPAN<br>SIGNATURE OF PERSON PREPARIN   |   | ./26/2023<br>DATE SIGNATUR                            | RE OF TAXPAYER O                      | R AGENT                    |                 |                           |       | DATE    |
| GLOBAL TAXES LLC   |   |   |                                       |                            |                 |                           |       |         |
| 245 ROONEY CT  |   |   |                                       |                            |                 |                           |       |         |
| E BRUNSWICK  | NJ 0881   | 6   |                                       |                            |                 |                           |       |         |
| ADDRESS OR NAME AND ADDRESS  |   |   | RE OF SPOUSE                          |                            |                 |                           |       | DATE    |
| If this return was prepared by a tax p   | practitioner, may we contact your pra                                 | ctitioner directly with questions rea                 | arding the preparat                   | ion of this retu           | Irn? YES        | NO                        |       |         |