E 1040 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	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH			fying survi	iving
Check only one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you	ı check	ed the HOH o	QSS box, enter		•	se (QSS) name if the	e qualifying
Your first name			Last na	me				You	ır soc	ial security	number
SAI KUMA	AR		KETH	EPALLI					057-77-6407		
		first name and middle initial	Last nar					_			urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pre	siden	tial Electio	n Campaign
3496 S T	JAN E	BUREN ST								ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code				ly, want \$3 Checking a
_KENNEWI	CK				WZ	7	99338		,	w will not o	
Foreign countr	y name		F	Foreign province/stat	te/count	T.Y	Foreign postal cod	de you	r tax	or refund.	Spouse
 Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, o	or payr	nent for prope	rty or services);	or (b) s	ell,		ороизе
Assets	exch	ange, gift, or otherwise dispose of a	a digita l a	asset (or a financia	al intere	est in a digital	asset)? (See ins	tructio	ns.)	Yes	⊠ No
Standard		eone can claim:		•							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	is alien						
		Were born before January 2, 1	958	Are blind S	pouse	: Was bo	rn before Januar	•		☐ Is blir	
Dependent				(2) Social secui	rity	(3) Relationsh				,	,
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	-	redit for oth	er dependents
than four dependents.								<u> </u>	_	<u>L</u>	
see instruction	s							<u> </u>	_		
and check	, —							<u> </u>	_		
here	4.	Tabella and all forms Factor (a) NA O. In	- 4/	- '					4.		<u></u>
Income	1a	Total amount from Form(s) W-2, b	•	,					1a	+ 8	7,000.
Attach Form(s)	b	Household employee wages not re	•	. ,					1b	-	
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c	-	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	-	
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e	-	
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f		
If you did not	g	Wages from Form 8919, line 6.							1g	-	0.
get a Form W-2, see	h :	Other earned income (see instruct	,				· · · · ·	.	1h		
instructions.	i	Nontaxable combat pay election (see mstr	uctions)		<u>1</u> i			4-		7,000.
Attack Cab D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		 ь т	 axable interes			1z 2b	1 0	54.
Attach Sch. B if required.	2a 3a	· –	3a	5.		rdinary divide			3b		5 <u>.</u>
	<u>5a</u>		4a			axab l e amoun			4b		
Standard	5a		5a			axable amoun axable amoun			5b		
Deduction for—	6a	_	6a			axable amoun axable amoun			6b		
Single or Married filing	С	If you elect to use the lump-sum e		method check her				$\dot{\Box}$			
separately,	7	Capital gain or (loss). Attach Sche			•	•		ПI	7	1	-2.
\$12,950 Married filing	8	Other income from Schedule 1, lin							8	-1	0,099.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		6,958.
Qualifying surviving spouse,	10	Adjustments to income from Sche	•	,					10	†	<u>-, , , , , , , , , , , , , , , , , , , </u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							11	7	6,958.
household,	12	Standard deduction or itemized							12		2,950.
\$19,400 If you checked	13	Qualified business income deduct		•	,	5-A		.	13	<u> </u>	_,
any box under Standard	14	Add lines 12 and 13						.	14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If zer						t	15		4,008.
see instructions.											

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	9,703.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	9,703.
	19	Child tax credit or credit for other dependen	ts from Sched	u l e 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	9,703.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, l ine 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	9,703.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25 a 1	1,908		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	11,908.
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, l ine 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	11,908.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amou	nt you overpaic	Ι	34	2,205.
	35a	Amount of line 34 you want refunded to you		3 is attached, che	ck here	🗆	35a	2,205.
Direct deposit?	b	Routing number 1 2 5 0 0 0 0			Checking [] Savings	;	
See instructions.	d	Account number 1 3 8 1 2 4 5	1 1 7 2	2 9				
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc structions				Comp l ete	below.	X No
· ·		signee's	Phone			rsonal iden	tification	
		me	no.			mber (PIN)		
Sign		der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		lf ti	he IRS se	nt you an Identity
		S		·		I		IN, enter it here
Joint return?				SOFTWARE I		,	e inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion	lde		nt your spouse an ection PIN, enter it here
	Ph	one no. (503) 933-0109	Email address	SKETHEPALL	I1@GMAIL.	COM		
Doid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAP	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2023	P020	32703	Self-employed
Preparer		m's name GLOBAL TAXES LLC			•		one no. ((678) 965-9522
Use Only	Fir		JNSWICK N	J 08816			m's EIN	84-3171965
<u> </u>						•		1010

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

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

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

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

Your social security number
057-77-6407

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ch Schedule E .	5	-10,099.
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	Cancellation of debt	8c		
d		8d ()	
е	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		
- 1	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			
		8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	10.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR. line 8	10	-10.099

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

Par	t II Adjustments to Income					
11	Educator expenses		 	11		_
12	Certain business expenses of reservists, performing artists, and fee-b					_
	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			21		_
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 8I 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	. 41-				
	`	24h		-		
- 1	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				
		24i 24j				
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24]		-		
k		24k				
z	Other adjustments. List type and amount:	-+K				
~		24z				
25	Total other adjustments. Add lines 24a through 24z			25		
25 26	Add lines 11 through 23 and 25. These are your adjustments to income .			20		_
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			26		
			 		I.	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. 12

Your social security number

SA	I KUMAR KETHEPALLI			057-	-77-	6407
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			line 2, colum	II (<u>g</u>)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	
Pai						instructions)
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	ts	(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	3.	5.			-2.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	•				2.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		=	-	14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	through 14 in co	lumn (h). Then, go	o to Part III	15	-2.

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -2. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 18 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 2.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAI KUMAR KETHEPALLI

Social security number or taxpayer identification number 057 - 77 - 6407

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (E) Long-term transactions☐ (F) Long-term transactions☐				is wasn't reporte	ed to the I F	is	,	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions (g) Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/22	3.	5.			-2.	
Totals. Add the amounts in columns negative amounts). Enter each total.								

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked) . . .

3.

5.

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.

OMB No. 1545-0074 Attachment Sequence No. 13

Your social security number

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

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

SAI	KUMAR KETHEPALLI						057-77	- 6407	
Part	Income or Loss From Rental Rea Note: If you are in the business of renting perental income or loss from Form 4835 on pa	I Estate and Ro ersonal property, us age 2, line 40.	oyalties e Schedu	le C . See	instruct	ions. If you a	are an indiv	idual, rep	ort farm
	Did you make any payments in 2022 that would	d require you to file	e Form(s)	1099? S	ee inst	ructions .			s 🛛 No
	If "Yes," did you or will you file required Form(. <u>⊔</u> ¥e	s U No
1a	Physical address of each property (street, o								
<u> </u>	5-284/1 RAMALAYAM STREET MYLA	VARAM ANDHRA	PRADE	SH IN	5212	30			
В									
С	T (D) 0 5 1 1						_		
1b	Type of Property 2 For each rental real (from list below) above, report the nu					^r Rental Days	Persona Day	I	QJV
Α	3 personal use days.			Α		365	Day	0	
B	if you meet the requ	irements to file as	s a	В		303			
C	qualified joint ventur	e. See instruction	ıs.	С					
	of Property:								
1	Single Family Residence 3 Vacation/Sho Multi-Family Residence 4 Commercial	ort-Term Rental	5 Lar 6 Roy						
						Properti	es:		
ncon				Α		В			С
3	Rents received			6	94.				
4	Royalties received	4			-				
-	nses:								
5	Advertising				-				
6	Auto and travel (see instructions)			1,9	7.2				
7 8	Cleaning and maintenance			1,9	12.				
9	Insurance								
10	Legal and other professional fees								
11	Management fees			1,6	7.4				
12	Mortgage interest paid to banks, etc. (see in				/ 1 •				
13	Other interest								
14	Repairs			2,9	15.				
15	Supplies			2,8					
16	Taxes			·					
17	Utilities	17		1,3	49.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19 .	20		10,7	93.				
21	Subtract line 20 from line 3 (rents) and/or 4 (result is a (loss), see instructions to find out file Form 6198	if you must		-10,0	aa				
22	Deductible rental real estate loss after limita		+						
	on Form 8582 (see instructions)	22		10,09)(
23a	Total of all amounts reported on line 3 for all				23a		694.		
b	Total of all amounts reported on line 4 for all		s		23b				
C	Total of all amounts reported on line 12 for a				23c				
d	Total of all amounts reported on line 18 for a				23d	4.0	700		
е	Total of all amounts reported on line 20 for a				23e		793.		
24 25	Income. Add positive amounts shown on lin		-				. 24	-	10 000
25 26	Losses. Add royalty losses from line 21 and re							-	10,099.
26	Total rental real estate and royalty incomhere. If Parts II, III, IV, and line 40 on pag Schedule 1 (Form 1040), line 5. Otherwise, ir	e 2 do not apply	y to you,	also en	ter this	s amount o		-	-10,099.



2022 Ohio IT 1040

Individual Income Tax Return



22000198

Sequence No. 1

02 28 23

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

	AMENDED RETURN -	Check here an	d include Ohio	IT RE		NOL CARRYBACK - Check here and include Schedule IT NOL.					
	Primary taxpayer's SSN (requ	ired) 🗸 I	f deceased	Spo	use's SSN (if fi l i	ng jointly)	~	If deceased	School district # 2503		
	First name SAI KUMAR			M.I.	Last name KETHEPA	ALLI					
	Spouse's first name (if filling jo	vintly)		M.I.	Last name						
	Address line 1 (number and stage 3496 S VAN BUR		ox								
	Address line 2 (apartment nur	nber, suite nun	nber, etc.)								
	City KENNEWICK					State WA	ZIP code 99338	Ohio col FRA	unty (first four letters)		
	Foreign country (if the mailing	address is out	side the U.S.)			Foreign	postal code				
	Residency Status - Che	ack only one fo	r nrimary			Filing	Status - Che	ck one (as renor	ted on federal income tax return		
	Resident Part-year X Nonresident WA resident Indicate state								lifying widow(er)		
	Check only one for spouse (if	filing jointly)				M	larried filing joint	ly			
	Resident Part- resident	year	Nonresident Indicate state	>>		M	larried filing sepa	arately	Spouse's SSN		
	Ohio Nonresident Stat Primary meets the five cri					F	ederal extension	n fillers - check h	nere.		
	Spouse meets the five cri	teria for irrebutt	ab l e presumptio	n as r	onresident.		someone can da ependent, check		spouse if filing jointly) as a		
aper clip.	1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place if negative							1.	76958		
le or pa	2a.Additions - Ohio Schedule	of Adjustment	s, line 10 (incl i	ude so	chedule)			2a .			
Do not staple or	2b.Deductions – Ohio Schedu	ı l e of Adjustme	nts, line 39 (in	clude	schedule)			2b.			
Do no	3. Ohio adjusted gross incom	ne (line 1 plus li	ne 2a minus lir	ne 2b)	. Place a "-" in	the box if	negative	3.	76958		
	Exemption amount (include Number of exemptions include Number of exemptions in the Number of Exemption Number of exemptions in the Number of Exemption Number of Exemptions in the Number of Exemption Number							4.	2150		
	5. Ohio income tax base (line	• • • • • • • • • • • • • • • • • • • •				_		5.	74808		
	6 Tavable business income	- Ohio Schodu	lo IT BLIC lino	12 /in	aluda sahadu	lo)		6			



7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)7.



74808

2022 Ohio IT 1040

Individual Income Tax Return



Sequence No. 2

74808 1841 1841 1147 9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 35 (include schedule)......9. 694 15 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 709 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (include schedule and 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward 19. Amended return only - overpayment previously requested on original and/or amended return......19. 20. Line 18 minus line 19. Place a "-" in the box if negative..... If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 709 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or 709 26. Original return only - portion of line 24 you wish to donate: a. Wildlife Species b. Military Injury Relief c. Ohio History Fund Total....26g. d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is \$1.00 or less, no refund will be issued. and belief, the return and all enclosures are true, correct and complete. If you owe \$1.00 or less, no payment is necessary. NO Payment Included - Mail to: Primary signature Phone number (503) 933-0109

▶Spouse's signature_ Date

Check here to authorize your preparer to discuss this return with the Department.

SYAM PRIYA RAM SAGAR GUP

Preparer's printed name

057 77 6407

SSN

Preparer's TIN (PTIN) \mathbf{P} 02082703

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

(678) 965-9522



2022 Ohio Schedule of Credits

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



22280198

Sequence No. 7

02 28 23 057 77 6407

Many of these credits **must** 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.	1841
2. Retirement income credit (include 1099-R forms)	2.	
3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	
5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6. Child care & dependent care credit (include a copy of the worksheet)	6.	
7. Displaced worker training credit (include a copy of the worksheet and all required documentate	ntion)7.	
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	C
9. Income-based exemption credit	9.	C
10. Total (add lines 2 through 9)	10.	C
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	1841
12. Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	C
13. Earned income credit	13.	
14. Home school expenses credit (include copies of all required documentation)	14.	
15. Scholarship donation credit (include copies of all required documentation)	15.	
16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation).	16.	
17. Vocational job credit (include a copy of the credit certificate)	17.	
18. Ohio adoption credit	18.	
19. Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificat	te)20.	
21. Grape production credit	21.	
22. InvestOhio credit (include a copy of the credit certificate)	22.	
23. Lead abatement credit (include a copy of the credit certificate)	23.	
24. Opportunity zone investment credit (include a copy of the credit certificate)	24.	



2022 Ohio Schedule of Credits

Primary taxpayer's SSN 057 77 6407



30298

Sequence No. 8

25. Technology investment credit carr	yforward (include a copy of the	credit certificate)25.							
26. Enterprise zone day care & trainir	26. Enterprise zone day care & training credits (include a copy of the credit certificate)								
27. Research & development credit (i	nclude a copy of the credit cer	tificate)27.							
28. Nonrefundable Ohio historic prese	ervation credit (include a copy o	of the credit certificate)28.							
29. Total (add lines 12 through 28)		29.	0						
30. Tax less additional credits (line 11	minus line 29; if negative, enter	zero)30.	1841						
Nonresident Credit									
Dates of Ohio residency	to	Other state of residency							
31. Nonresident Portion of Ohio adjust Ohio IT NRC Section I, line 18 (in		47958							
32. Ohio adjusted gross income (Ohio	o IT 1040, line 3) 32.	76958							
33a. Divide line 31 by line 32 (four deciming greater than 1, enter 1.0000)	nals; do not round;	33a. 0.6231							
33. Nonresident credit (line 30 times l	line 33a)		1147						
Resident Credit									
34. Resident credit – Ohio IT RC, line	7 (include a copy)	34.							
35. Total nonrefundable credits (ad	d lines 10, 29, 33 and 34; enter h	nere and on Ohio IT 1040, line 9)35.	1147						
	Refundable Credits								
36. Refundable Ohio historic preserva	ation credit (include a copy of th	ne credit certificate)36.							
37. Refundable job creation credit & jo	b retention credit (include a copy	of the credit certificate)37.							
38. Pass-through entity credit (includ	e a copy of the Ohio IT K-1s)	38.							
39. Motion picture & Broadway theatri	ical production credit (include a	copy of the credit certificate)39.							
40. Venture capital credit (include a c	copy of the credit certificate)	40.							
41. Total refundable credits (add lin	es 36 through 40; enter here and	I on Ohio IT 1040, line 16)41.							





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 Ohi	io IT 1040 or SD 100.	
Primary taxpayer's SSN (required)	Spouse's SSN (if filing jointly)	
0 5 7 7 7 6 4 0 7		
First name	M.I. Last name	
SAI KUMAR	KETHEPALLI	
Spouse's first name (if filing jointly)	M.I. Last name	
Complete this section if you are filing Ohi	io IT 4708, IT 1140, IT 1041, or SD 100E.	
FEIN Dec	cedent's SSN (estates)	
Name of pass-through entity, trust or esta	ate	_
Additional line, if necessary, for name of p	pass-through entity, trust or estate	_
Total interest penalty due (from page 2	2, line 8 or page 3, line 6)	1 5 0 0
Include pages 1 and 2 when you file your	r 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.

REV 02/14/23 PRO



Taxpayer's name SAI KUMAR KETHEPALLI

______ Taxpayer's FEIN/SSN <u>057 77 6407</u>

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 fo	r optio	ns.
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		694	00
3.	2021 Ohio income tax liability (total tax minus total credits)	3		571	00
4.	. Multiply line 2 by 90% (.90)	4		625	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 5b5	а. 🗆	Yes	X No	0
5b.	Did you timely file a 2021 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d5	b. X	Yes	□ No	0
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	c.	Yes	X No	0
5d.	. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6	d. 🗆	Yes	X 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		571	00

Part II - Calculating the Interest Penalty Due

	Payment Due Dates (see note below)				
	A 4/18/22 – 25%	B 6/15/22 – 50%	C 9/15/22 – 75%	D 1/17/23 – 100%	
Multiply the amount on Part I, line 6 by the percentage indicated at the top of each column at right1.	143	286	428	571	
Multiply the total tax withheld from compensation by the percentage indicated at the top of each column at right2.	0	0	0	0	
Total estimated tax (including any credit carryforwards) paid by the dates shown at the top of each column at right					
4. Add lines 2 and 34.	0	0	0	0	
5. Underpayment subject to interest penalty (line 1 minus line 4; if less than zero, enter zero)5.	143	286	428	571	
6. Ratio (if full or partial payment was made see instructions on page 4)6.	0.004764	0.007556	0.011116	0.012457	
7. Interest penalty for the period: Multiply line 5 by line 6 for each column at right7.					
8. Total interest penalty due (sum of line 7, Columns A through D). Enter here and on page 1					

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.

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