

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 MOHANA SRI SAI PHANI SARIPALLI	Social security number 784-01-1337
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	96,341.
2 Total tax	2	13,960.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,142.
4 Amount you want refunded to you	4	3,182.
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

1	1	3	3	7
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 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

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 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 [X] Single [] Married filing jointly [] 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:

Personal information section including name, social security number, home address, and state.

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)? [] 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

Table for Dependents with columns for first name, last name, social security number, relationship, and tax credit options.

Main income table with rows 1a through 15, including taxable income, deductions, and total income calculations.

Table with columns for line numbers (16-24), descriptions (Tax, Credits), and amounts. Total tax is 13,960.

Table for Payments (lines 25-33). Includes federal income tax withheld (17,142) and total payments (17,142).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Shows overpaid amount of 3,182 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 fields, and date 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
MOHANA SRI SAI PHANI SARIPALLI

Your social security number
784-01-1337

Part 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	207.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-11,390.
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	-11,183.

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 C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor MOHANA SRI SAI PHANI SARIPALLI		Social security number (SSN) 784-01-1337
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	B Enter code from instructions 5 1 8 2 1 0	
C Business name. If no separate business name, leave blank. SOFTWARE SERVICES	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 7547 YELLOW FIN DR, Apt. 303 City, town or post office, state, and ZIP code JACKSONVILLE, FL 32256		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2022, check here <input type="checkbox"/>		
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	15,062.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	15,062.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	15,062.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	15,062.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,250.
b Other	16b		b Deductible meals (see instructions)	24b	2,400.
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	207.	27a Other expenses (from line 48)	27a	9,205.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	207.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

STATIONARY AND PRINTING EXPENCES		3,740.
BACK OFFICE EXPENCES		5,465.
48 Total other expenses. Enter here and on line 27a	48	9,205.

**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

MOHANA SRI SAI PHANI SARIPALLI

Your social security number

784-01-1337

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 302, 4TH FLOOR, SAPTHAGIRI N GOLLALAKODERU BHIMAVARAM, ANDHRA PRADESH IN 534202

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	
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	3 580.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,570.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,240.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,810.		
15 Supplies	15 3,050.		
16 Taxes	16		
17 Utilities	17 3,300.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,970.		
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 -11,390.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (11,390.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 580.		
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 11,970.		
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 (11,390.)		
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 -11,390.		

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



03 06 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) 784 01 1337

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 5703

First name MOHANA SRI SAI

M.I. Last name SARIPALLI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 7547 YELLOW FIN DR

Address line 2 (apartment number, suite number, etc.) APT 303

City JACKSONVILLE

State ZIP code FL 32256

Ohio county (first four letters) MONT

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). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

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. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative. 96341. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule). 2a. Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule). 2b. Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative. 96341. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). Number of exemptions including you and your spouse/dependents, if applicable: 1. 1900. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 94441. Row 7: 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule). 6. Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero). 94441.



MM-DD-YY Code

2022 Ohio IT 1040
Individual Income Tax Return



SSN 784 01 1337

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (94441), 8a. Nonbusiness income tax liability (2485), 8b. Business income tax liability (2485), 8c. Income tax liability before credits (2485), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (2485), 11. Interest penalty (11), 12. Unpaid use tax (12), 13. Total Ohio tax liability before withholding (2485), 14. Ohio income tax withheld (3354), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (3354), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (3354), 21. Tax due (21), 22. Interest due on late payment (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (869), 25. Original return only (25), 26. Original return only donation (26g), 27. REFUND (869).

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 (937) 554-2971
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 Schedule of Ohio Withholding

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

Primary taxpayer's SSN

784 01 1337



22350198

Sequence No. 11

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 10401. 3354

Part B - W-2s

1. P/S	Box b - EIN P 050340626	Box 1 - Wages, tips, other compensation 33260	Box 2 - Federal income tax withheld 5833
	Box 15 - Employer's Ohio ID number 51476856	Box 16 - Ohio wages, tips, etc. 28111	Box 17 - Ohio income tax 954
2. P/S	Box b - EIN P 260106960	Box 1 - Wages, tips, other compensation 74264	Box 2 - Federal income tax withheld 11309
	Box 15 - Employer's Ohio ID number 52792475	Box 16 - Ohio wages, tips, etc. 74264	Box 17 - Ohio income tax 2400
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2022 Schedule of Ohio Withholding

Primary taxpayer's SSN
784 01 1337



22350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld



PAYMENT DUE
PLEASE REMIT TO:
CITY OF DAYTON
PO BOX 643700
CINCINNATI, OH 45264-3700

2022 CITY OF DAYTON INDIVIDUAL INCOME TAX RETURN

RETURN WITH PAYMENT DUE BY APRIL 18, 2023
90% of Estimated Tax Liability due by January 15, 2024

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

MOHANA SRI SAI PHANI SARIPALLI

7547 YELLOW FIN DR APT 303
JACKSONVILLE

FL 32256

Is this Dayton Tax Return: Single Joint Filing

TAX ID # OR SS # 784 01 1337

TAX ID # OR SS # _____

Your phone # (937) 554-2971

Your Email address PHANISARIPALLI69@GMAIL.COM

May we contact you by secured email? Yes No

Are you a Dayton resident? Yes No

Did you file a Dayton Return last year? Yes No

Did you file on a different Tax ID# last year? Yes No
If so, please list Tax ID# _____

Did You Move during this tax year? Yes No

Old address _____

Date Moved in _____ or Date Moved Out _____

If you moved more than once during the year, attach list to tax return showing addresses and dates

All supporting W-2's and Federal Schedules must be submitted with this return

Please Complete Work Sheet On Reverse Side Before Completing Section A

PLEASE ATTACH CHECK AND WAGE STATEMENTS (W-2'S) HERE

SECTION A TOTAL TAXABLE INCOME

1. Wages, Salaries, Tips, and Other Employee Compensation-Use highest wage figure on W-2. See Section A on back of return. (Part year residents must pro-rate their income based on time lived in Dayton.) \$ 33 260 00
2. Other Taxable Income or Deductions from Reverse Side..... \$ _____
3. Taxable Income (Add Lines 1 through 2)..... \$ 33 260 00
4. **Dayton Tax Due @ 2.5% of Line 3** \$ 832 00
5. Payments and Credits:

A. Dayton Tax Withheld	\$ <u>644 00</u>	OFFICE USE ONLY
B. Other City Tax Withheld	\$ _____	
C. Estimated Taxes Paid/Prior Year Credit	\$ _____	
D. Other Credits /Partnership Payments.....	\$ _____	
6. Total Payments and Credits (Add Lines 5A through 5D) \$ 644 00
7. **Balance of Tax Due (Line 4 minus Line 6)** \$ 188 00
8. Penalty \$ _____ Interest \$ _____ Total Penalty/Interest \$ _____
9. **Amount Due: Make Checks Payable to City of Dayton**..... \$ 188 00
10. If Overpayment: Credit to Estimated Taxes \$ _____ or Refund \$ _____
If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.

SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2023

11. Estimated Income Subject To Tax \$ 33 260 00 @ 2.5% = \$ 832 00
12. Estimated Tax Withheld By Your Employer(s) \$ _____
13. Total Estimated Tax Due (Line 11 minus Line 12) \$ 832 00
14. Credit From Prior Tax Year..... \$ _____
15. Net Estimated Tax Due (Line 13 minus Line 14) \$ 832 00
16. Estimated Tax Amount Due is 22.5% of Line 15 (First Payment)..... \$ _____
17. **TOTAL AMOUNT DUE (Line 9 plus Line 16) AMOUNT ENCLOSED:** \$ 188 00

SECTION C CREDIT CARD PAYMENTS

To help keep your information secure, credit card payments will be accepted by telephone at (937) 333-3500 or online at <https://www.daytonohio.gov/paytax>. If paying by telephone, select "Option 2" to connect to the tax system, and then press "Option 1" to make a payment. To speak to a customer service representative during normal business hours, select "Option 2" and then "Option 0".

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by \$200.00 or 10% of tax due) I will be charged an underpayment penalty if I fail to make required estimated tax payments. If this return was prepared by a tax professional, may we contact them directly? Yes No

X

Tax Preparer Signature

(678) 965-9522
Tax Preparer Phone #

Taxpayer Signature

Spouse Signature

SECTION D RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME CHECK APPROPRIATE EXPLANATION(S)

- Retired with No Taxable Income
- All Tax Withheld @ 2.5% By My Employer
- Lived and Worked Outside Of Dayton
- Active Duty Military
- Business or Rental Sold on _____ to _____ or Closed on _____
- I certify that I had NO Schedules E, C, K1, 2106, 4797, or 1099-MISC. income or losses reported on my Federal Tax Return.

SECTION A TOTAL W-2 WAGES

Employer's Name	Work Address	Dayton tax	Other City Tax	Total Taxable Wages*
CVS PHARMACY, INC	DAYTON	644 00		33 260 00
Total Taxable Wages*				33 260 00

*Total Taxable Wages: Box 5 is usually, but not always, the highest gross wage. Use the largest amount from boxes 1, 3, 5, or 18, of your W-2 tax forms. **Please provide a written explanation if Box 5 is not the highest wage figure.**

SECTION E OTHER INCOME OR LOSS AND FORM 2106 EXPENSE

List all income as reported to the IRS on each of the following attached Schedules or Forms. Copies of the Federal Income Tax Return and/or various applicable Federal Schedules are required to be included with your tax return.

	Profit and/or Loss		Profit and/or Loss		Profit and/or Loss
Schedule C		Form 4797		Schedule K-1	
Schedule C		Form 1099-MISC		Schedule K-1	
Schedule E		Form 1099-MISC		Other	
Schedule E		Form 1099-MISC		Other	
Total to Line 2		Total to Line 2		Total to Line 2	

Please note losses are not deductible against W-2 wages. Schedule of Net Operating Loss (NOL) carryforward is required to be attached to this return for supporting documentation.

Form 2106 expenses are deductible from wages for reservists, performing artists, fee-basis government officials, and disabled employees. IRS Form 1040 and supporting schedules are required to be attached to this return for supporting documentation.

SCHEDULE Y ALLOCATION OF PROFITS

	a. Located Everywhere	b. Located in Dayton	c. Percentage (b ÷ a)
1. Original Cost of Real and Tangible Personal Property	_____	_____	_____ %
Gross Annual Rentals Paid Multiplied by 8	_____	_____	_____ %
Total Step 1	_____	_____	_____ %
2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
3. Wages, Salaries and Other Compensation Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Total Percentages/Number of Percentages Used)	_____	_____	_____ %

Additional addresses or comments: _____

IMPORTANT INFORMATION: MAIL RETURN WITH:

- PAYMENT DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 643700, Cincinnati, OH 45264-3700
- NON-PAYMENT OR ZERO BALANCE DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830
- REFUND REQUEST TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830

Completed tax returns will be accepted through the Fax as an original document. All necessary information and attachments must be included. Income tax preparation service will be provided only to those households earning \$35,000 or less. In the event your check is returned unpaid for insufficient funds or uncollected funds, we may electronically debit your account for the principal amount of the check. A return check fee, currently \$25.00, as set forth by the Director of Finance, will be assessed.