

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 27 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) 744 58 8945

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2503

First name YASWANTHI

M.I. Last name TUPAKULA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 5520 SOMERSET DR

Address line 2 (apartment number, suite number, etc.) APT 306

City THE COLONY

State ZIP code TX 75056

Ohio county (first four letters) FRAN

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

Foreign postal code

Residency Status - Check only one for primary Resident X Part-year resident Nonresident TX

Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident

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. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 744 58 8945

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (89888), 8a. Nonbusiness income tax liability (2327), 8b. Business income tax liability (0), 8c. Income tax liability before credits (2327), 9. Ohio nonrefundable credits (511), 10. Tax liability after nonrefundable credits (1816), 11. Interest penalty (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (1816), 14. Ohio income tax withheld (2077), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (2077), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (2077), 21. Tax due (0), 22. Interest due on late payment (0), 23. TOTAL AMOUNT DUE (2077), 24. Overpayment (261), 25. Original return only (0), 26. Original return only donation (0), 27. REFUND (261).

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 (469) 662-4525
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



02 27 23

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

Table with 24 rows of credit categories and amounts. Row 1: Tax liability before credits (from Ohio IT 1040, line 8c) 2327. Row 2: Retirement income credit (include 1099-R forms) 2. Row 3: Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) 3. Row 4: Senior citizen credit (must be 65 or older to claim this credit) 4. Row 5: Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) 5. Row 6: Child care & dependent care credit (include a copy of the worksheet) 6. Row 7: Displaced worker training credit (include a copy of the worksheet and all required documentation) 7. Row 8: Campaign contribution credit for Ohio statewide office or General Assembly 0. Row 9: Income-based exemption credit 0. Row 10: Total (add lines 2 through 9) 0. Row 11: Tax less credits (line 1 minus line 10; if negative, enter zero) 2327. Row 12: Joint filing credit (see instructions for table). % times line 11, up to \$650 0. Row 13: Earned income credit 13. Row 14: Home school expenses credit (include copies of all required documentation) 14. Row 15: Scholarship donation credit (include copies of all required documentation) 15. Row 16: Nonchartered, nonpublic school tuition credit (include copies of all required documentation) 16. Row 17: Vocational job credit (include a copy of the credit certificate) 17. Row 18: Ohio adoption credit 18. Row 19: Nonrefundable job retention credit (include a copy of the credit certificate) 19. Row 20: Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 20. Row 21: Grape production credit 21. Row 22: InvestOhio credit (include a copy of the credit certificate) 22. Row 23: Lead abatement credit (include a copy of the credit certificate) 23. Row 24: Opportunity zone investment credit (include a copy of the credit certificate) 24.



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

744 58 8945



22280298

Sequence No. 8

25. Technology investment credit carryforward (include a copy of the credit certificate).....	25.	
26. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	26.	
27. Research & development credit (include a copy of the credit certificate).....	27.	
28. Nonrefundable Ohio historic preservation credit (include a copy 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.	2327

**Nonresident Credit**

**Dates of Ohio residency**      01 01 22 to 10 31 22      **Other state of residency**    TX

31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	31.	20141
32. Ohio adjusted gross income (Ohio IT 1040, line 3).....	32.	91788
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) .....	33a.	0.2194
33. Nonresident credit (line 30 times line 33a) .....	33.	511

**Resident Credit**

34. Resident credit – Ohio IT RC, line 7 (include a copy) .....	34.	
35. <b>Total nonrefundable credits</b> (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) .....	35.	511

**Refundable Credits**

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. <b>Total refundable credits</b> (add lines 36 through 40; enter here and on Ohio IT 1040, line 16).....	41.	



# 2022 Schedule of Ohio Withholding

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



22350198

Primary taxpayer's SSN

Sequence No. 11

744 58 8945

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 .....1. 2077

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	134994650	102444	16238

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52153068	71647	2077

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------



# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
744 58 8945



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

Staple W-2s to the back of this page

<p><u>YASWANTHI</u> <u>TUPAKULA</u>                  First name and middle initial Last name</p> <p>If a joint return, spouse's first name and initial Last name</p> <p><u>5520 SOMERSET DR 306</u>                  CURRENT home address (number and street)</p> <p>CURRENT home address line 2</p> <p><u>THE COLONY</u> <u>TX</u> <u>75056</u>                  City State Zip Code</p> <p>Taxpayer Phone Number _____</p>	<p>Account ID _____</p> <p><u>744 58 8945</u>                  Primary Social Security Number</p> <p>Spouse's Social Security Number _____</p> <p>Filing status:  <input checked="" type="checkbox"/> Single  <input type="checkbox"/> Married-Filing Jointly  <input type="checkbox"/> Married-Filing Separately</p> <p>Occupation or nature of business _____</p> <p>City of residence <u>THE COLONY</u></p>	<p>Check the appropriate box if:</p> <p><input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request.)</p> <p><input type="checkbox"/> <b>AMENDED</b></p> <p>Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, explain _____</p> <p>Did you file a City return in 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
--	--	---

Residence change in 2022	Mailing Address
<p>Did you change residence during 2022? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, enter date of move: _____</p> <p>Previous Address (number and street) _____</p> <p>Previous Address Line 2 _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>Mailing Address (number and street) _____</p> <p>Mailing Address Line 2 _____</p> <p>City _____ State _____ Zip Code _____</p>

**Part A TAX CALCULATION** If Column H is \$200 or greater, see page 3 for the Declaration of Estimated Taxes

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G	COLUMN H		
CITY	CODE	W-2/W-2G INCOME (from Part B)	NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (total from Part D)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS W-2 TAXES WITHHELD (total from Part B)	LESS OTHER CREDITS (total from Part D)	TOTAL TAX DUE
COLUMBUS	01	75,263.		75,263.	2.5%	1,882.	1,881.		1.

1. TOTAL TAX DUE.....	1	1.
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND PRIOR YEAR OVERPAYMENTS .....	2	
3. BALANCE DUE (LINE 1 LESS LINE 2). IF LINE 2 IS GREATER THAN LINE 1, ENTER OVERPAYMENT (IN BRACKETS) HERE.....	3	1.
4. PENALTY: 15% \$ _____ + INTEREST \$ _____ <small>(see instructions) (see instructions)</small>	4	
5. NET TAX DUE (TOTAL OF LINES 3 AND 4). IF OVERPAYMENT, ENTER IN BRACKETS. IF AMOUNT IS \$10.00 OR LESS, ENTER 0.....	5	
6. ENTER OVERPAYMENT CLAIMED ON LINE 5 WITHOUT BRACKETS.....	6	
A. Enter the amount from Line 6 you want <b>CREDITED</b> to your next year tax estimate.....	6A	
B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00).....	6B	

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** *The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.*

<p><b>Sign Here</b> Your Signature _____ Date _____</p> <p>If a joint return, both must sign Spouse's Signature _____ Date _____</p>	<p><b>Paid Preparer's Use Only</b> Signature _____ Date <u>02/27/2023</u></p> <p>PTIN <u>84-3171965</u></p> <p>Phone # <u>(678) 965-9522</u></p>
--	--

**MAILING INFORMATION**

**NO Payment Enclosed:**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment Enclosed:**  
 Make payable to: **CITY TREASURER**  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

Name(s) as shown on Page 1 <b>YASWANTHI TUPAKULA</b>	Primary Social Security Number <b>744 58 8945</b>
---	--

**Part B W-2/W-2G Income by Employer** Complete this section for each W-2 you received during the year (Add additional pages if necessary)  
Attach copies of W-2 and/or W-2G to the back of your return

JP MORGAN CHASE BANK NA Employer  13-4994650 Employer Identification Number from W-2  1111 POLARIS PARKWAY Primary Place of Work Address Line 1  Primary Place of Work Address Line 2  COLUMBUS OH 43240 City State Zip code	744 58 8945 SSN or ITIN from W-2  Occupation/Nature of Business  Percentage of Time Worked from Home  64,291. Qualified Wages Listed on W-2  Local Tax Withheld to Columbus Tax Withheld to Work Cities Outside Columbus (Columbus Residents Only)
--	--

**Part C ADJUSTMENTS TO TAXABLE WAGES** Certification required ONLY for adjustment to taxable wages

Reason for Adjustment (Explain fully)

**Under Age 18**

1. Wages earned while under the age of 18. **Attach a copy** of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday..... Enter date of birth here: \_\_\_\_\_ 1

---

**Improperly Withheld Taxes**

2. Income upon which tax was improperly withheld by employer..... 2

---

**Improperly Withheld Taxes from Disability Payments**

3. Income from disability payments withheld by employer..... 3

---

**Non Resident Transportation Employees and Others by Agreement with Columbus**

4a. If transportation routes are primarily outside the State of Ohio (interstate), enter total wages here..... 4a

4b. If based in Columbus but work locations or transportation routes (intrastate) are primarily outside city limits but within Ohio, multiply taxable wages by 90% (.90) and enter here..... 4b

**Nonresident Days Worked Out**

If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 5 through 15. **Attach a list of the dates and locations worked out** See instructions.

5. Enter the total number of vacation days taken during the entire year.....	5	
6. Enter the total number of holidays for the entire year.....	6	
7. Enter the total number of sick leave days taken during the entire year.....	7	
8. Add Lines 5 through 7.....	8	
9. Subtract Line 8 from 260 (total workdays in a year) (see instructions) .....	9	
10. Enter your qualifying wages for this employer (listed in Part B).....	10	
11. Divide Line 10 by Line 9 to arrive at average daily income.....	11	
12. Enter total days worked outside of Columbus. (must attach list of dates and locations where worked).....	12	
13. Days worked from home.....	13	
14. Total Days in Columbus.....	14	
15. Multiply Line 12 by Line 11.....	15	64,291.

16. Total wages minus adjustments - Take your total Wages from above and subtract any deductions (Lines 1, 2, 3, 4a, 4b, and 15). Enter this figure in Part A along with any other taxable wages you or your spouse earned..... 16 64,291.

**Certification by Employer Regarding Adjustments to Taxable Wages**

Employer certification is required to claim adjustments on Lines 1 through 15 above. Your request for refund will not be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lines 1 through 15 above.

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer	Employer's Phone No.	Date
REV 02/14/23 PRO	Official's Name Printed	
Signature	Title	