#### Department of the Treasury Internal Revenue Service

### **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)

Тахрау	er's name	Social secu	rity numb	ber	
PHA	NINDRA KANDULA	111-22	1-831	4	
Spouse's name Spouse's social security num					
Par	t I Tax Return Information — Tax Year Ending December 31, 2022 (Ente	er year you	are au	thorizing.)	
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	73,814.	
2	Total tax		2	9,010.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,047.	
4	Amount you want refunded to you		4	2,037.	
5	Amount you owe		5		
Dout	Townships Declaration and Cignature Authorization (Decurrent and	Lease a sec		· · · · · · · · · · · · · · · · · · ·	

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

Under penalties of periury. 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

$\mathbf{X}$	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
1.4	i ddiiioii20		

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			gits, all ze		as my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

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 >			
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/14/23 PRO	Form 8879 (Rev. 01-2021)

Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	4 IRS Us	e Only	–Do not	write or stapl	e in this space.
PHANINDRA         KANDULA         111-21-8314           Hjohr turn, spouse's first name and middle inflat         Last name         Spouse's social security number           Home address (turnber and street). If you have a PO. box, see instructions.         Apt no.         Presidential Election Campaign Check on, or post office. If you have a foreign address, also complete spaces below.         State         IP code         Presidential Election Campaign Spouse filling jointly, want 35           POMELL         OH         43.065         top to this fund. Checking a box or tax or refinding province/state/county         Foreign postal code         Voir its or refinding           Pomega country name         Foreign country name         Foreign province/state/county         Foreign province/state/county         Foreign province/state/county         You         Spouse           Standard         Someone can allow its or refinding         Your spouse as a dependent         Vers         Ve	Check only	lf yc	ou checked the MFS box, enter the n	ame of y							spc	ouse (QSS	5)
PHANTIDEA         KANDULA         111-22-83.4           If joint runn, spoule's first name and middle initial         Last name         Spoule's social security number           Home address (number and streed). If you have a foreign address, also complete spaces below.         Apt. no.         Presidential Election Campaign spoule if filing jointly, want 35           2157 CARRENELL CT         Other A3065         Dig d3065         Provide the d'you or your spoule if filing jointly, want 35           POWELL Assett         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or sarvices); or (b) sell, Assett         Someone can allow a dependent         Your spoule as a dependent           Digital Assett         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or sarvices); or (b) sell, Assett         Someone can allow a dependent         Your spoule as a dependent           Deduction         Spoule itemizes on a separate return or you were a dual-status allen         App.01         (Q) Relationship         (Q) Chack the boint dual/Status as dependent           Dependents, see instructions:         (I) First name         Last name         Spoule         (Q) Belationship         (Q) Chack the boint dual/Status for (see instructions)           If was born before January 2, 1958         It as link wave payments not poport on form form(S) W-2, box 1 (see instructions)         1a         822, 834.           Hore check         It all amount	Your first name		, , , , , , , , , , , , , , , , , , ,	1	me						Your s	ocial secu	rity number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         2157 CARR IBELL CT       Check here if you, or your       Opt.       43.065       Doesder filing journe         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign postal cost         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, acchange, gift, or otherwise dispose of a digital asset (or a financial asset)? (Gee instructions);       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       Our spouse as a dependent         Deduction       Spouse itemizes on a separate return or you vere a dual-status alen       Adependent       Our spouse as a dependent         More for the born dependents       See instructions);       (f) First name       Is blind         Dependents       See instructions);       (f) enationarity       (f) enationarity       (f) enationarity         More for the born dependent       In the avert       In the avert       In the avert       In the avert         Ver or       (f) Fint name       In the avert													-
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your sponse if filing jointy, want 38 POWELL         Foreign country name       Foreign province/state/county       Foreign province/state/county       Presidential Election Campaign Check here if you, or your sponse if simp jointy, want 38         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Ves X No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You:       Were born before January 2, 1958.       Is blind         Dependents (see instructions):       (f) First name       Last name       (g) flaat ascut?       (g) flaat conting (b) Presidential Election of the dispondent (b) Presidential Election of the dispondent (b) Presidential Election Campaign (c) First name       Is blind         Income       Last name       (g) Social ascut?       (g) flaat conting (b) Presidential Election Campaign (c) Presidential Election Ca			s first name and middle initial										
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2157 CARRIBUL: CT       Check here if you, or you       Check here if you       Subset       Check here if you       You       Suppose if filing jourse       Dig dual state       Check here if you       You       Suppose if filing jourse       Dig dual state       Check here if you       Check here if you       You       Suppose if filing jourse       Dig dual state       Check here if you       Check here	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Presid	ential Elec	tion Campaigr
City, corv, or post office. If you have a foreign address, also complete spaces below.       State       2 P code OH       43 0 6 5         Foreign country name       Foreign province/state/country	2157 CAF	RTB	ELL CT										
PORTLL       OH       4305       box below will not change <sup>-</sup> Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       box below will not change <sup>-</sup> Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       Vou       Spouse         Assets       Someone can claim:       You as a dependent       Your spouse as a dependent       Ose instructions);       Yes       No         Dependents, is cee instructions;       (f) Souia lecurity       (g) Rotati ascurity       (g) Rotati ascurit				mplete s	paces below.	Sta	te	ZIP	code				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard Generating and the second of the	POWELL					OH	I	43	065		Ŭ		0
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). If Yes is No         Standard Standard       Someone can claim:       Yus is a dependent       Yus is a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Other is a digital asset (or a financial interest in a digital asset (or a financial interest interval).         Memory and check       Yes (or a financial interval)		/ name		F	oreign province/sta	ate/count	У			code	1		•
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Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       We born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       We born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       Intermediate       Child tax credit       Credit for other dependents         if more       (1) First name       Last name       number       (2) Poula security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         and check												_	No 🗙 No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions;         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions;         Identifies for Gee instructions <t< td=""><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td>, (</td><td></td><td>,</td><td></td><td></td></t<>				•					, (		,		
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (a) First name       Last name       (a) Relationship       (b) Check the box if qualifies for (see instructions):       Ched the box if qualifies for (see instructions):         If more       (1) First name       Last name       (a) Relationship       (b) Check the box if qualifies for (see instructions):         add check		_		•		us alien	·						
Dependents (f) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent is you         if more than four dependents, see instructions and check       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         in and check       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         in Corner       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         in Corner       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         w2 a real, bit tax was withheld, they as withheld, they as a form W-2, see, instructions.       1       1       1       1         instructions, w2, see, instructions, w2, see, instructions,       2       1       1       1       1         instructions, w2, see, instructions,       2       2       1       1       1       1         instructions, w2, see, instructions,       2       2       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	Age/Blindness		• Were born before January 2, 1	058 T		Spouso		rn ho	fore lan	ian/	2 1058		plind
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If more       If it with white       Description       Description       Description         dependents, see instructions       Image: Structure	-					urity	.,	np	.,			i È	,
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see instructions       Image: See instructions       Image: See instructions       Image: See instructions         here       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       Image: See instructions       Image: See instructions       Image: See instructions         W-2 here. Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Image: See instructions       Image: See instructions       Image: See instructions         W-28 and 1099-Ri trax       e       Taxable dependent care benefits from Form 2441, line 26       Image: See instructions       Image: See instructions         W-29 are arrow in did not ge as from Form Sender from Form 8839, line 29       Image: See instructions       Image: See instructions       Image: See instructions         W-2, see instructions.       Image: See instructions       Imagee: See instructions <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><math>\vdash</math></td><td></td><td></td><td></td></td<>										$\vdash$			
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       82,834.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 Area, Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Stand       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 Stand       Tope not reported adoption benefits from Form 2441, line 26       1d         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l       1g         ye2, see       instructions,       Inh       0.       1g         get a Form       h       Other earned income (see instructions)       1l       1z       82,834.         Attach Sch, B       2a       Tax-exempt interest       2a       b       Tax-able interest       2b         Beduction for       a       Qualified dividends       5a       b       Taxable amount       4b         Standard       Deduction for       So cal security benefits       6a       b       Taxable amount <td></td> <td>ı —</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><math>\underline{\square}</math></td> <td></td> <td></td> <td></td>		ı —								$\underline{\square}$			
Ite Office       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-23 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         109- Ri tax       max withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a form       m       Other earned income (see instructions)       1a       1g         get a form       h       Other earned income (see instructions)       1h       0.         w2.see       in Nontaxable combat pay election (see instructions)       1a       1z       82., 834.         Attach Sch. B       2a       b       Tax-exempt interest       2b       1c         standard       Deduction for       5a       b       Deduction for       5b       5b         Deduction for       social security benefits       6a       b       Taxable amount       5b       5b         Standard       Dege of Married filing separately. \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7		10	Total amount from Form(a) M/ 0, b	av 1 (aa							4		
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 839, line 29       1f         get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         was withheld.       g       Vages from Form 8919, line 6       1e         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         was withing       a       Qualified dividends       2b         d       Hach Sch. B       2a       Tax-exempt interest       2b         a       Qualified dividends       3a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard filing separative, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         \$17,900	Income									•			82,834.
W-2 here. Also attach Forms       Implification into reported on metra (see instructions)       Implification into reported on Form(s) W-2 (see instructions)       Implification into reported on Form(s) W-2 (see instructions)         W-26 and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         usas withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       get a Form       h       Other earned income (see instructions)       1t         was withheld.       get a Form       h       Other earned income (see instructions)       1t         was withheld.       get a Form       h       Other earned income (see instructions)       1t         was withheld.       get a form       h       Other earned income (see instructions)       1t         was withheld.       get a form       h       Other earned income (see instructions)       1t         was withheld.       get a form       h       Other earned income (see instructions)       1t         get a Form       Add lines 1 a through 1h       1t       1z       82,834.         Za       b       Taxable amount       4b       5b         Standard Deduction for-       Sa       Qualified dividends       5a       b       Taxable amount	Attach Form(s)			•				•		•		-	
W-2G and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form W-2; see instructions.       h       Other earned income (see instructions)       1h       0.         W-2; see instructions.       z       Add lines 1 a through 1h       1z       82,834.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b         4a       b       Ordinary dividends       3b       3b         9       Pensions and annuities       5a       b       Taxable amount       4b         5a       pensions and annuities       5a       b       Taxable amount       5b         6a       b       Taxable amount       6b       5b         9       73, 814.       1i       7       7         9       73, 814.       1i       73, 814.       1i       1i       73, 814.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       73, 814.       1i       1i       1i       1i       1i	W-2 here. Also									•			
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       Wages from Form 8819, line 6       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       2a         Add lines 1a through 1h       12         Attach Sch. B       2a       3a         Gualified dividends       3a         Hard filing eporately, separately, set, 900       5a         Pensions and annuities       5a         Beduction for- ling ipinity or Qualifying pointy or Qualifying set, 900       C         If you elect to use the lump-sum election method, check here (see instructions)       0         If you elect to use the lump-sum election method, check here (see instructions)       0         If you elect to use the lump-sum election method, check here (see instructions)       0         If you elect to use the lump-sum election method, check here (see instructions)       0         If you elect to use the lump-sum election method, check here       7         Varied fling pointly or Qualifying pointly or Qualifying spouse.       0         If you elect to use the lump-sum election method, check here       10<								·		·			
was withined.       Wages from Form 8919, line 6       1g         if you did not       g difficult       Mages from Form 8919, line 6       1h       0.         get a Form       h       Other earned income (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       82,834.         W-2, see       istructions.       Z       Add lines 1a through 1h       1z       82,834.         Attach Sch. B       2a       b       Dranable interest       2b         if required.       3a       Qualified dividends       3a       b       Dordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Standard Deduction for       6a       b       Taxable amount       6b       6b         Standard Dige or Married fling separately, \$12,950       r       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Value fling pointly or Qualifying spouse. \$25,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73, 814.         10       \$25,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11 <td></td> <td></td> <td colspan="7"></td> <td></td> <td></td> <td></td>													
In you do not   W-2, see   instructions.   Z   Add lines 1a through 1h   Xtach Sch. B   2a   Attach Sch. B   2a   Attach Sch. B   2a   2b   If required.   3a   Qualified dividends   4a   B   1b   C   1c    1c   1c   1c   1c   1c    1c   1c   1c    1c   1c    1c    1c    1c   1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c    1c   1c   1c   1c   1c   1c   1c   1c   1c   1c   1c   1c    1c   1c    1c   1c   1c   1c    1c<	was withheld.				-			·		·			
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       a       Add lines 1 a through 1h       it       1z       82,834.         Attach Sch. B       a       qualified dividends       3a       b       Datable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         separately, st12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       73,814.       9       73,814.       10       10         11       73,814.       12       12,950.       11       73,814.         14 you checked       13       Qualified business income deduction from Schedule 1, line 26       12       12,950.         14 you checked       14       Add lines 12 and 13       12       12,950.       13			•					·		·		-	
Instructions.       Image: Combat pay election (see instructions)         Attach Sch. B       Image: Combat pay election (see instructions)       Image: Combat pay election (see instructions) </td <td></td> <td></td> <td>· · ·</td> <td>,</td> <td></td> <td></td> <td></td> <td>i</td> <td></td> <td>·</td> <td>. 1</td> <td>n</td> <td>0.</td>			· · ·	,				i		·	. 1	n	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointy or Qualifying spuse. \$25,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73, 814.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       73, 814.         10       11       Taxable duction or itemized deductions (from Schedule A)       12       12, 950.         14       Add lines 12 and 13       14       12, 950.       14       12, 950.         14       12, 950.       15       60, 864       14       <		-		see instr	uctions)			_			_		00 004
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -9,020.         9       73,814.       9       73,814.       9       73,814.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       73,814.         11       73,8144.       12       12,2950.       13         14       Add lines 12 and 13       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 if zero or less enter -0-       This is your taxable income       15       60				••••	 I					·			04,034.
till       till <thtill< th="">       till       till</thtill<>										•			
Standard Deduction for-       5a       5a       b       Taxable amount										·			
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       • Gapital gain or (loss). Attach Schedule D if required. If not required, check here       • I       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       • Other income from Schedule 1, line 10       • • • • • • • • • • • • • • • • • • •										·			
Single or Married filing separately, \$12,950       6a       Social security benefits										·			
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying       8       Other income from Schedule 1, line 10       8       -9,020.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73,814.         9       73,814.       9       73,814.         9       Ya,814.       10         10       11       Ya,814.         10       11       Ya,814.         11       Ya,814.       11         12       12,950.       11         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.       14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15	<ul> <li>Single or</li> </ul>							τ.		г	. 6	D	
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1       7         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73, 814.         10       4djustments to income from Schedule 1, line 26       10       11       11       73, 814.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       11       73, 814.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         14       12, 950.       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       60, 864					-		,	·		• L	÷.		
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73, 814.         10       Adjustments to income from Schedule 1, line 26       10       10         11       73, 814.       10         12       Standard deduction or itemized deductions (from Schedule A)       11       73, 814.         13       Qualified business income deduction from Form 8995 or Form 8995-A       12       12, 950.         14       12, 950.       14       12, 950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       60	\$12,950		1 8 ( )		·	•		•		. L			0.000
Qualifying surviving spouse, \$25,900       9       73,814.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       73,814.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income								•		•			
\$25,900       10       Adjustments to income nom outedule 1, inte 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       73,814.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Id 12,950.       14       12,950.       14       12,950.         • Eduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15								·		·			/3,814.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       60       864	\$25,900											<b>BA A A A</b>	
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         It Add lines 12 and 13       12       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       60       864	<ul> <li>Head of household,</li> </ul>			•				•		•			
any box under Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         60.864	\$19,400							•		•			12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         60.864								•		•			
	Standard									•			
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This	is your <b>t</b>	axable incom	ıe		•	. 1	5	60,864.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Pag	ge <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	9,010	
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17 .						18	9,010	).
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18						22	9,010	).
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		).
	24	Add lines 22 and 23. This is						24	9,010	
Payments	25	Federal income tax withheld								
,,	а	Form(s) W-2				<b>25a</b> 11	,047.			
	b	Form(s) 1099				25b				
	с	Other forms (see instruction:				25c		-		
	d	Add lines 25a through 25c	<i>.</i>					25d	11,047	′ <b>.</b>
	26	2022 estimated tax payment						26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		-		
	29	American opportunity credit				29		-		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lir				31		-		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,					33	11,047	· .
Defund	34	If line 33 is more than line 24	,					34	2,037	· .
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							2,037	· .
Direct deposit?	b	Routing number 1 2 1					Savings			
See instructions.	d	Account number 3 2 5					0			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24	This is the <b>am</b>	ount vou owe						
You Owe	•	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions								
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another				See				_
Designee		5	•				omplete l	below.	× No	
		signee's		Phone			onal identi	fication		
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,		, 0	
Here		· · ·					1		-	je.
	ŶŎ	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					DEVOPS ENG	GINEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an	
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it I	1ere
jour recorder			-					1151.)		
		one no. (510)493-026		Email address	PHANINDRAK	199@GMAIL.CO			Chaoly if:	
Paid		eparer's name	Preparer's signat			Date	PTIN	0 7 0 0	Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/25/2023			Self-employe	
Use Only		m's name GLOBAL TA			- 00016				678)965-952	
			Y CT E BRU	NSWICK N			Firm	's EIN	88-214548	
Go to www.ire a	ov/Form	n1040 for instructions and the late	st information			DEV/ 01/14/22 DDO			Eorm 1040 (2	2000

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

REV 01/14/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### 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 2

Attachment

Internal Revenue Service									
Name(s) shown on Fe	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security	number					
PHANINDRA KANI	-8314								
Part I Additi	onal Income								
1 Taxable refu	nds, credits, or offsets of state and local income taxes		1	0.					

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. Att	ach Schedule E .	5	-9,020.
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	Foreign earned income exclusion from Form 2555	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			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE 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	<b>8s</b> (	)	
t	Pension or annuity from a nonqualifed 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	R, or 1040-NR, line 8	10	-9,020.
	nonvert Deduction Act Nation and your toy return instructions		<u>.</u>	L 4 (F 40.40) 0000

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee				nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans				. 16	
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):	_			-	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:					
 a		24a				
	Deductible expenses related to income reported on line 8l from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
-	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q	Contributions by certain chaplains to section 403(b) plans	24g				
<b>·</b>	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				
i	Housing deduction from Form 2555	24j				
	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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	01/14/23	PRO	Schedu	ile 1 (Form 1040) 202

	CHEDULE E Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							OMB No	o. 1545-0074			
		(From r		oyaities, partnersr ach to Form 1040,		-			trusts, REMIC	s, etc.)	2(	) <b>22</b>
	ent of the Treasury Revenue Service			gov/ScheduleE for					nformation.		Attachn Seguen	nent ice No. <b>13</b>
Name(s)	Name(s) shown on return Your social									al security		
PHAN	INDRA KAND	ULA								111-2	1-8314	
Part		or Los	s From Rental I	Real Estate and	d Ro	yalties			·			
	Note: If yo	ou are in t	he business of rentiness from <b>Form 4835</b> of	ng personal propert	ty, use	Schedule	e C. See	e instru	ctions. If you a	re an indiv	vidual, rep	ort farm
Α			ents in 2022 that w		to file	Form(s) 1	099? 5	See in:	structions .		. 🗌 Ye	s 🕅 No
B	f "Yes," did you	or will y	ou file required Fo	orm(s) 1099? .							. 🗌 Ye	
1a			ach property (stre									
A			STREET APPAR			,		RA D	RADESH IN	5221	12	
B	1 20,0101					50111010,		1011 1		52211	- 2	
1b	Type of Prope	rty 2	For each rental	real estate prope	rty list	ted		Fa	air Rental	Person	nal Use	0.11/
	(from list below		above, report th	e number of fair r	rental	and			Days	Da	iys	QJV
Α	3			ys. Check the QJ			Α		365		0	
В				requirements to fi enture. See instru			В					
C			4				С					
	of Property:							_				
	Single Family R			/Short-Term Rent	tal	5 Land	-		Self-Rental	(h _ )		
2	Multi-Family Re	sidence	4 Commerce	CIAI		6 Roya	aities	8	Other (descri	ibe)		
									Propertie	es:		
Incom							Α		В			C
3					3		5	40.				
4		ived .			4							
Exper					-							
5			$\cdots$		5 6							
6 7		-	structions)		7		1 2	40.				
8	-		ance		8		τ, σ	40.				
9					9							
10			sional fees		10							
11					11		1,2	00.				
12			l to banks, etc. (se		12							
13	Other interest				13							
14	Repairs				14		1,9	70.				
15					15		2,4	00.				
16					16							
17					17		2,6	50.				
18		xpense	or depletion		18							
19 20	Other (list)		nes 5 through 19		19 20		0 5	60				
20 21			ine 3 (rents) and/c		20		9,0	60.				
21			ine 3 (rems) and/o									
				•	21		-9,0	20.				
22	Deductible ren	tal real	estate loss after li	mitation, if any,								
	on Form 8582 (see instructions)						9,02	20.)	(	)	(	)
23a	Total of all amo	ounts re	ported on line 3 fc	or all rental prope	rties			23a		540.		
b			ported on line 4 fo		erties			23b				
С			ported on line 12					23c				
d			ported on line 18 f					23d	-			
e			ported on line 20 f					23e		,560.		
24 25		•	amounts shown o								(	0 0 0 0 0
25	LUSSES. Add fo	Jyany 105	sses from line 21 ar	iu remai real estat	e ioss	es nom III	18 ZZ. E	inter to	otal losses ner	e <b>25</b>	1	9,020.)

26	Total rental real estate and royalty income or (loss). Cor	mbine lines 24 and 25.	Enter the result	
	here. If Parts II, III, IV, and line 40 on page 2 do not app	ply to you, also enter	this amount on	
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount	unt in the total on line 4	1 on page 2	
For Paperwork Reduction Act Notice, see the separate instructions. NPA -9,020				

26

-9,020.

	Do not staple or paper clip. Ohio Department of Taxation Use only bla	2022 Ohic Individual Incom	e Tax Return	dollars only.	22000198 Sequence No. 1
	AMENDED RETURN - Check here and include (	Dhio IT RE.	NOL CARRYE	ACK - Check here an	d include Schedule IT NOL.
	Primary taxpayer's SSN (required) VIf deceased 111 21 8314	Spouse's SSN (if fi	ling jointly)	✓ If deceased	School district # 2103
	First name PHANINDRA	M.I. Last name KANDUL	A		
	Spouse's first name (if filing jointly)	M.I. Last name			
	Address line 1 (number and street) or P.O. Box 2157 CARRIBELL CT Address line 2 (apartment number, suite number, etc.)				
	City		State ZIP coo		unty (first four letters)
	POWELL		ОН 430	65 DEL	A
	Foreign country (if the mailing address is outside the U.	S.)	Foreign postal co	de	
	Residency Status – Check only one for primary		Filing Status	– Check one (as repo	rted on federal income tax return)
	X Resident Part-year Nonresider resident Indicate st		X Single, hea	ad of household or qua	alifying widow(er)
	Check only one for spouse (if filing jointly) Resident Part-year Nonreside resident Indicate st	, ,	Married fili Married fili	ng jointly ng separately	Spouse's SSN
	Ohio Nonresident Statement       – See instructions for required criteria         Primary meets the five criteria for irrebuttable presumption as nonresident.       Federal extension filers - check here.				
	Spouse meets the five criteria for irrebuttable presur	nption as nonresident.		can claim you (or your , check here.	spouse if filing jointly) as a
Do not staple or paper clip.	1. Federal adjusted gross income (federal 1040 or 1 if negative	,		1.	73814
er pa	2a. Additions – Ohio Schedule of Adjustments, line 10 (	nclude schedule)		2a.	
staple	2b.Deductions – Ohio Schedule of Adjustments, line 39	(include schedule)		2b.	
Do not	3. Ohio adjusted gross income (line 1 plus line 2a minu	ıs line 2b). Place a "-" in	the box if negative	3.	73814
	<ol> <li>Exemption amount (include Schedule of Depende Number of exemptions including you and your spouse</li> </ol>			4.	2150
	5. Ohio income tax base (line 3 minus line 4; if negativ		—	5.	71664
	6. Taxable business income – Ohio Schedule IT BUS,	line 13 ( <b>include schedu</b>	ule)	6.	
	7. Taxable nonbusiness income (line 5 minus line 6; if	negative, enter zero)		7.	71664
			PE		M-DD-YY Code

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## 2022 Ohio IT 1040



SSN 111 21 8314 Individual Income Tax Return	22000298 Sequence No. 2	
7a. Amount from line 7 on page 1		
8a.Nonbusiness income tax liability on line 7a (see instructions for tax tables)		
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)		
8c. Income tax liability before credits (line 8a plus line 8b)	8c. 1740	
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 ( <b>include schedule</b> )	9. 0	
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)		
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)		
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and 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 (include schedule)		
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. 2429	
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	21	
22. Interest due on late payment of tax (see instructions)	22.	
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	<b>DUE ▶</b> 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>	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	ōtal26g.	
27. REFUND (line 24 minus lines 25 and 26g)YOUR REF	<b>UND ▶</b> 27. 689	
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.	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.	
▶Primary signature Phone number (510)493-0269	NO Payment Included – Mail to: Ohio Department of Taxation	
Spouse's signature Date Check here to authorize your preparer to discuss this return with the Department.	P.O. Box 2679 Columbus, OH 43270-2679	
Preparer's printed name Phone number	Payment Included – Mail to:	
SYAM PRIYA RAM SAGAR GUP     (678)965-9522       Preparer's TIN (PTIN) P     02082703	Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057	
	2022 IT 1040 page 2 of 2	



**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

### 111 21 8314

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 2429 and on line 14 of your Ohio IT 1040 .....1. Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 272862843 82834 11047 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 27286284 82834 2429 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

5. P/S Box b - EIN

Box 15 - Employer's Ohio ID number

6. P/S Box b - EIN

Box 15 - Employer's Ohio ID number

7. P/S Box b - EIN Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation

Box 15 - Employer's Ohio ID number

Box 16 - Ohio wages, tips, etc.

Box 16 - Ohio wages, tips, etc.

Box 1 - Wages, tips, other compensation



Box 17 - Ohio income tax

Box 17 - Ohio income tax

Box 2 - Federal income tax withheld



|--|

# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN



nce No. 12

		Primary taxpayer's SSN		22350298
Dout C	1000 Bo	111 21 8314		Sequence No.
-	1099-Rs	Box 1 - Gross distribution		
1. P/S	Payer's TIN		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	Box 7 -
			distribution	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	Box 7 -
			distribution	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	Box 7 -
			distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
	W 00-			
<u>Part D -</u>				
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
0 5/0			D 1	Endered in come for each it is to
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
0. D/0	Devends for land UD sounds on	Poy 1 Departable winnings	Day 4	- Federal income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	D0X 4 -	- rederar income tax withheid
	Davida Ohia atata ID averahan	Day 11. Ohia atata winainza		Day 45 Ohia in a ma tay with hald
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part F -	<u>1099-NECs</u>			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	- Federal income tax withheld
1. 170				
	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 -	- Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	-			

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