Form IT-40RNR State Form 44406

Reciprocal Nonresident Indiana Individual Income Tax Return

2022

Place "X" in box

00

(R21 / 9-22)	Due April 18, 2023	202	if amen	nding	
Your Social Security Number 727 29 7288	Spouse's Social Security Number 596 2	9 0083		e box if you are filing separately.	×
Your first name Initial				Suffix	
DIVYA KALA SREE	ANNAMREDDY				
If filing a joint return, spouse's first name Initial	Last name			Suffix	
Present address (number and street or rural route) 6738 BIRMINGHAM AVE	_		country cter code		
City	State ZIP/Postal code			d above died durin	
MCCORDSVILLE	IN 46055		nter date of d	eath below (MMD	D).
Enter the 2-digit code numbers (see instruction and worked on Jan. 1, 2022.	s) for the county and/or state where	you lived Taxp date of	ayer's death	202	22
Yourself	Spouse	900	ouse's		
State where you lived 97 County where you worked 97	State where you lived County where	el l date of		202	22
Your State of Residence: Check the appropria	te box to indicate your state of reside	ence for 2022.			
☐ Kentucky ☐ Michigan ☒ Ohio	Pennsylvania Wisco	onsin		t: You <u>must</u> f 0PNR if you ha	
Note: You must file Form IT-40PNR, Part-Year F Return, if you were a resident of a state other th salaries, tips or commissions; or were a part-year	an those listed; had Indiana income		Indiana riv	erboat winnings	S.
salaries, tips of commissions, or were a part-year	ar resident or indiana during 2022.				
Read Instructions First	Your	s (A)	S	pouse's (B))
1. Enter gross income from your Indiana emp	loyment1A	00	1B		00
2. Allowable deductions: attach federal Sched	ule 12A	00	2B		00
3. Indiana adjusted gross income: line 1 minus	s line 2 3A	00	3B		00
4. County tax rate from chart (see instructions)4A .		4B .		
5. County tax due: multiply line 3 x line 4	5A	00	5B		00
6. Total county tax due: add lines 5A and 5B		Total Tax	6		00
7. Indiana state tax withheld: See Instructions			7	221	00
8. Indiana county tax withheld: See Instruction	s		8		00
9. Add lines 7 and 8		Total Credits	9	221	00
10. Overpayment: if line 9 is more than line 6, s refunded to you			10	221	0.0
11. a. Routing Number	c. Type: Checking Saving		-		
b. Account Number				LILKOOT	
			ا ا	Direct Deposit	
d. Place an "X" in the box if refund will go to	an account outside the United State	es 🗌	(see		

Do not send cash. Please make your check or money order payable to:

Indiana Department of Revenue. See instructions if paying by credit card or electronic check.

14. Interest if filed after the due date (see instructions)
15. Total amount you owe: add lines 12, 13 and 14
16. Amount You Owe
17. Amount You Owe
18. Amount You Owe
19. Amount You Owe
19. Amount You Owe
10. Amount You Owe
10. Amount You Owe
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19. Amount You Owe
19. Amount You Owe
10. A



<u>Extens</u>	<u>ion of tim</u>	<u>ie to file</u>		
Place ">	X" in box i	f you have filed a federal extension of time	to file, Form 4868, or	made an online extension payment.
Place ")	X" in box i	f you have filed an Indiana extension of time	e to file, Form IT-9, or	made an Indiana extension payment online.
and cor due unc (DOR) t refund i	penalty of rect. I und der this re to furnish is properly	derstand that if this is a joint return, any ref turn. Also, my request for direct deposit of r my financial institution with my routing numb	iund will be made pay my refund includes m per, account number, a	re best of my knowledge and belief, it is true, complete vable to us jointly and each of us is liable for all taxes y authorization to the Indiana Department of Revenue account type and Social Security number to ensure my urity Administration to confirm that the Social Security Daytime telephone number
Vour Si	anature		Date	
Tour Si	griature		Date	<u>8482166699</u>
Spouse	's Signatu	ıre	Date	Email address where we can reach you
				DIVYA.A6699@GMAIL.COM
		Department to discuss my return with my	Paid Prenar	er: Firm's Name (or yours if self-employed)
	al repres	entative (see below).	T did i Topui	
Yes	7 -	entative (see below).	CIODAI	TAXES LLC
Yes Person	No	· ·	y. GLOBAL	
	No	entative (see below). If yes, complete the information below	y. GLOBAL	TAXES LLC
	No	entative (see below). If yes, complete the information below	V. GLOBAL IN-OPT O	TAXES LLC on file with paid preparer if not filing electronically
Person Telepho	No	entative (see below). If yes, complete the information below	GLOBAL IN-OPT C PTIN Address 24	TAXES LLC on file with paid preparer if not filing electronically P02082703
Person Telepho	No	entative (see below). If yes, complete the information below	OF TIN Address 24	TAXES LLC on file with paid preparer if not filing electronically P02082703 45 ROONEY CT

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Form IT-8879 State Form 53399 (R18 / 9-22)

Indiana Individual Income Tax

DECLARATION OF ELECTRONIC FILING

Income Tax for the Tax Year January 1 - December 31, 2022

Do Not Mail This Form To DOR

(1110 / 0 22)	Su	ıbmission	ID _				7_						1_[
First Name and Middle Initial			_ast Na	me								Your	· Socia	I Secu	rity N	umber	
DIVYA KALA SREE				MREDI								Your Social Security Number 727 29 7288					
Spouse's First Name and Middle Initial				's Last I	Name							Spor	use's S	Social	3ecuri	ty Nur	nber
Street Address 6738 BIRMINGHAM A	AVE	City MCCOE	RDSVI	LLE			- 1	ate N		ZIP (Day 84	time 7	eleph	one N	umber
	Part I. Ta	ax Retur	n Info	ormati	ion (S	See ir	stru	ıction	s on	nex	t pag	ge)					
Federal Adjusted Gros					-				1.			<u>, </u>					
Indiana Adjusted Gros	ss Income								2.								
3. Total Indiana Tax									3.								
4. Total State Tax Withhe	eld								4.								221.
5. Total County Tax With	held								5.								
6. Total Indiana Tax Cred	dits								6.								221.
7. Refund									7.								221.
8. Amount You Owe									8.								
		Pa	art II.	Elec	troni	c Set	tlen	nent									
9. Type of settlement:	Direct Deposi									٦							
	☐ Direct Debit o	of Amount	Owed		Amou	ınt					Dat	e of V	Vithdr	awal			
10. Routing number:					Note:	The fire	st tw	o digi	ts of t	the ro	outing	g num	nber m	ust be	e 01 -	12 or 2	21 - 32.
11. Account number:															Do	Not	Mail
12. Type of account:	Checking S	Savings	Ho	osier V	Vorks	MC									Th	is F	orm
13. Place an "X" in the bo	•						State	es. [Т	o Do	OR
to furnish my financial instit payment is properly process. Under penalties of perjury, I corresponding lines of the elecomplete. I consent to my Eusing a computer system ar pertaining to my use of the sand/or transmitter an acknown reason(s) for the rejection. It reason(s) for the delay of whether the system are pertaining to my use of the sand/or transmitter an acknown reason(s) for the rejection. It reason(s) for the delay of whether the system are pertained to the syst	declare that the i lectronic portion o ERO sending my ind software to pre- system and software wledgement of rea f the processing o	nformation f my incor return, this pare and to are and to ceipt of tra f my retur	Pa n I have ne tax i s decla transmi the tra insmiss	rt III. e given return. ration, it my re nsmiss sion an	Dec n my E To the and a eturn e sion of d an ir	Elarati ERO ar e best o ccomp electror my ret	on nd th of my anyi nicall turn of	e amo know ng sch y, I co electro	ounts rledge nedule nsent onical ner or	in Pa eand es ar to th ly. I a	art I a belie nd sta ne dis nlso c my re	above ef, my ateme sclosu conser eturn is	agree 2022 onts to re to the ont to the	with treturn the Done DOI e DOI pted,	he an is tru OR. I R of a R sen and, i	nounts e, con n add all info ding n	s on the rect and ition, by ormation ny ERC oted, the
Your PIN: Check one box o																	
☑ I authorize GLOBAL filed income tax return.		to enter m	ny PIN		t enter a	all zeros		s my s	ignat	ure o	on m	y tax	year 2	2022 €	electro	onical	ly
☐ I will enter my PIN as n entering your own PIN	ny signature on r and your return i	my tax yea	ar 2022 ing the	2 elect	ronica tioner	ally file PIN n	d inc	come to	tax re	eturn. RO m	. Che	eck th	is box ete pa	only art IV	if you belov	u are	N
Your signature ▶																	D
Spouse's PIN: Check one	box only																- 1
☐ I authorize filed income tax return.	1	to enter m	ny PIN		ot enter a	all zeros	as	s my s	ignat	ure o	on m	y tax	year 2	2022 €	electro	onical	lly A
☐ I will enter my PIN as n entering your own PIN	ny signature on r																N
Your signature ▶	-		•										010 pc				Α
	Practitioner (^
ERO's EFIN/PIN. Enter yo							_					2 2	4	9 6	6		8 9
I certify that the above num taxpayer(s) indicated above													lincon	ne tax		n for t	
ERO's signature ▶									Date _.								



03 02 23

2022 Ohio IT 1040

Individual Income Tax Return

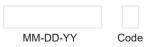


Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

	Primary taxpayer's SSN 727 29 7288	, , ,	If deceased	Spor	use's SSN (if fi	ling jointly	y) ✓ If d	eceased	School district #
	First name DIVYA KALA	SREE		M.I.	Last name ANNAMR	.EDDY			
	Spouse's first name (if f	iling jointly)		M.I.	Last name				
	Address line 1 (number 6738 BIRMIN		Зох						
	Address line 2 (apartme	ent number, suite nu	mber, etc.)						
	City MCCORDSVILI Foreign country (if the n		utside the U.S.)			State IN Foreign	ZIP code 46055	Ohio count	y (first four letters)
	Residency Status X Resident	- Check only one f Part-year resident		>>			g Status – Check of Single, head of house		d on federal income tax return) ying widow(er)
	Check only one for spor Resident	use (if filing jointly) Part-year resident	Nonresident Indicate state	>>			Married filing jointly Married filing separa	tely	Spouse's SSN 596 29 0083
	Ohio Nonresident Primary meets the	: Statement – Se five criteria for irrebu				,	Federal extension fil	ers - check hei	re.
	Spouse meets the	five criteria for irrebu	ttable presumptio	n as r	onresident.		f someone can claim dependent, check her		ouse if filing jointly) as a
paper clip.	Federal adjusted graif negative							1.	44575
ō		hedule of Adjustmer	its, line 10 (incl u	ide so	chedule)		2	a.	
Do not staple	2b. Deductions – Ohio S	Schedule of Adjustm	ents, line 39 (inc	lude	schedule)		2	b.	
Do no	3. Ohio adjusted gross	income (line 1 plus	line 2a minus lin	e 2b)	. Place a "-" in	the box	if negative	3.	44575
	Exemption amount (Number of exemption							4.	2150
	5. Ohio income tax bas	se (line 3 minus line	4; if negative, er	iter ze	ero)		!	5.	42425
	6. Taxable business inc	come – Ohio Sched	ule IT BUS, line	13 (in	clude schedu	ıle)		6.	
	7. Taxable nonbusiness	s income (line 5 mir	us line 6; if nega	itive, e	enter zero)			7.	42425
			NAME OF THE REPORT OF THE PERSON OF THE PERS						



2022 Ohio IT 1040

Individual Income Tax Return



SSN 727 29 7288

7a. Amount from line 7 on page 1	.7a.	42425
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	813
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	813
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	813
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	813
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	1421
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
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)	18.	1421
19. Amended return only – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	1421
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)		
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		
24. Overpayment (line 20 minus line 13)	24.	608
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	Total26g.	
27. REFUND (line 24 minus lines 25 and 26g)	FUND ▶ 27.	608
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.		r less, no refund will be issued.
Primary signature Phone number(848) 216−6699	'	ss, no payment is necessary. Included – Mail to:
	Ohio Depar	tment of Taxation
Spouse's signature Date Check here to authorize your preparer to discuss this return with the Department.		Box 2679 OH 43270-2679
	1	cluded – Mail to:
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522	Ohio Depar	tment of Taxation Box 2057

Preparer's TIN (PTIN) P 02082703

Columbus, OH 43270-2057

2022 IT 1040 - page 2 of 2

REV 02/14/23 PRO



2022 Schedule of Ohio Withholding

Box 2 - Federal income tax withheld

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

Primary taxpayer's SSN 727 29 7288

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.

Box 1 - Wages, tips, other compensation

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. 1421

Part B -	W-2s
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1. P/S Box b - EIN

P. 176	201672302	Box !	58595	BOXE	4099
	Box 15 - Employer's Ohio ID number 52785283	Box 16	- Ohio wages, tips, etc. 51753		Box 17 - Ohio income tax 1421
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

727 29 7288



		727 29 7288		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - 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 distribution	Box 7 - 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 distribution	Box 7 - 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 distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Dort D	W 2Co			
<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
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
3. 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
	1099-NECs 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
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