

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SWADEEP KUMAR MALLAMPETA	Social security number 763-48-7822
Spouse's name VEENA GOUROJU	Spouse's social security number APPLIED FOR

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	109,687.
2	Total tax	2	9,665.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,364.
4	Amount you want refunded to you	4	7,699.
5	Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	7	8	2	2
---	---	---	---	---

 as my 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 GLOBAL TAXES LLC to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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. 

5	1	8	9	5	2	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (SWADEEP KUMAR, MALLAMPETA), social security numbers (763-48-7822), address (3964 STATE HIGHWAY- 121, LEWISVILLE, TX 75056), and marital status (Married filing jointly).

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.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for Deductions and Adjustments with rows 2a through 15, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain, Other income, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	9,665.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	9,665.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	9,665.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	9,665.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	17,364.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	17,364.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	17,364.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	7,699.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	7,699.
	<b>b</b>	Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 821198238		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (440) 454-4797	Email address MALLAMPETASWADEEP@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/05/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
763-48-7822

SWADEEP KUMAR MALLAMPETA

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 3,650.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 3,650.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	6 3,650.
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	7 0.
<b>8</b>	Add lines 6 and 7 . . . . .	8 3,650.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	9 60.
<b>10</b>	Qualified HSA funding distributions . . . . .	10
<b>11</b>	Add lines 9 and 10 . . . . .	11 60.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 3,590.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	14a
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
<b>c</b>	Subtract line 14b from line 14a . . . . .	14c
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	18
<b>19</b>	Qualified HSA funding distribution . . . . .	19
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



04 05 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) 763 48 7822

✓ If deceased

Spouse's SSN (if filing jointly) APP IE FOR

✓ If deceased

School district # 1811

First name SWADEEP KUMAR

M.I. Last name MALLAMPETA

Spouse's first name (if filing jointly) VEENA

M.I. Last name GOUROJU

Address line 1 (number and street) or P.O. Box 3964 STATE HIGHWAY- 121

Address line 2 (apartment number, suite number, etc.) APT 1031

City LEWISVILLE

State ZIP code TX 75056

Ohio county (first four letters) CUYA

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

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). X Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). Single, head of household or qualifying widow(er). X Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative. 109687. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule). 2a. Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule). 2b. Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative. 109687. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). Number of exemptions including you and your spouse/dependents, if applicable: 2. 3800. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 105887. Row 7: 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule). 6. Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero). 105887.



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 763 48 7822

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (105887), 8a. Nonbusiness income tax liability (2907), 8b. Business income tax liability (2907), 8c. Income tax liability before credits (2907), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (2907), 11. Interest penalty (14), 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (2921), 14. Ohio income tax withheld (2079), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (2079), 19. Amended return only overpayment, 20. Line 18 minus line 19 (2079), 21. Tax due (842), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (842), 24. Overpayment, 25. Original return only, 26. Original return only (a-f), 27. REFUND (YOUR REFUND).

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 (440) 454-4797  
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
Check here to authorize your preparer to discuss this return with the Department.  
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522  
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued.  
If you owe \$1.00 or less, no payment is necessary.  
NO Payment Included - Mail to:  
Ohio Department of Taxation  
P.O. Box 2679  
Columbus, OH 43270-2679  
Payment Included - Mail to:  
Ohio Department of Taxation  
P.O. Box 2057  
Columbus, OH 43270-2057



# 2022 Schedule of Ohio Withholding

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

Primary taxpayer's SSN

763 48 7822



22350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 2079

### Part B - W-2s

1. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P 980429806	57590	9897

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52650229	57590	2079

2. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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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  
763 48 7822



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





2022 Ohio IT/SD 2210
Interest Penalty on Underpayment of Ohio Individual Income,
School District Income and Pass-Through Entity Tax

Include with your 2022 Ohio tax return.

Use UPPERCASE letters.

Complete this section if you are filing Ohio IT 1040 or SD 100.

Primary taxpayer's SSN (required)

7 6 3 4 8 7 8 2 2

Spouse's SSN (if filing jointly)

A P P L I E D F O R

First name

S W A D E E P K U M A R

M.I.

[ ]

Last name

M A L L A M P E T A

Spouse's first name (if filing jointly)

V E E N A

M.I.

[ ]

Last name

G O U R O J U

Complete this section if you are filing Ohio IT 4708, IT 1140, IT 1041, or SD 100E.

FEIN

[ ]

Decedent's SSN (estates)

[ ]

Name of pass-through entity, trust or estate

[ ]

Additional line, if necessary, for name of pass-through entity, trust or estate

[ ]

Total interest penalty due (from page 2, line 8 or page 3, line 6).....

1 4 . 0 0

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.



10211411

Taxpayer's name SWADEEP KUMAR MALLAMPETA & VEENA GOUROJU Taxpayer's FEIN/SSN 763 48 7822

2022

Part I – Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708

Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due. See page 4 for definitions and line references.

Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. 2022 Ohio income taxes paid (timely paid\* 2022 estimated payments plus withholding plus 2021 credit carryforward) 1. 2079 00
2. 2022 Ohio income tax liability (total tax minus total credits) 2. 2907 00
3. 2021 Ohio income tax liability (total tax minus total credits) 3. 00
4. Multiply line 2 by 90% (.90) 4. 2616 00
5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b 5a. Yes No
5b. Did you timely file a 2021 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d 5b. Yes No
5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d 5c. Yes No
5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6 5d. Yes No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II 6. 2616 00

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

Part II – Calculating the Interest Penalty Due

Table with 4 columns: A (4/18/22 - 25%), B (6/15/22 - 50%), C (9/15/22 - 75%), D (1/17/23 - 100%). Rows 1-8 showing calculations for interest penalty due.

Note: Payment due dates – the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.