

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (RADHA KRISHNA MURTHY), Last name (CHINTA), Your social security number (071-06-9271), Home address (11 ELM CREEK WAY, AURORA, OH 44202), etc.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [ ] Yes [X] No

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

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

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

Main income table with rows 1a through 15, including sub-rows 2a-6a, 7-11, 12-15. Total income reported as 10,290.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$12,950; Married filing jointly or Qualifying surviving spouse, \$25,900; Head of household, \$19,400.

<b>Tax and Credits</b>	<b>16</b>	Tax (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>	0.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
	<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>	0.
	<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>	0.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	572.
	<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>	572.
	<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>	572.

<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>	572.
	<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>	572.
	<b>b</b>	Routing number 0 4 1 0 0 0 1 2 4 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 4 1 4 9 9 6 5 1 5 9		
	<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 <i>Radha Krishna</i>	Date 01/26/2023	Your occupation STUDENT	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (503) 929-5087 Email address RADHAKRISHNA4956@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 01/27/2023	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 88-2145487

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



01 27 23

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

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 071 06 9271 If deceased Spouse's SSN (if filing jointly) If deceased School district # 6701

First name RADHA KRISHNA M M.I. Last name CHINTA

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 11 ELM CREEK WAY

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

City AURORA State OH ZIP code 44202 Ohio county (first four letters) PORT

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

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident. Filing Status - Check one (as reported on federal income tax return): Single, Married filing jointly, Married filing separately. Ohio Nonresident Statement - See instructions for required criteria. Federal extension filers - 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. 10290. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule). Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule). Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative. 10290. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). 2400. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 7890. Row 7: 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule). Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero). 7890.



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 071 06 9271

22000298 Sequence No. 2

7a. Amount from line 7 on page 1 .....	7a.	7890
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> ).....	8b.	
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 ( <b>include schedule</b> ).....	9.	20
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .....	10.	0
11. Interest penalty on underpayment of estimated tax ( <b>include Ohio IT/SD 2210</b> ).....	11.	
12. Unpaid use tax (see instructions).....	12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 ( <b>include schedule and income statements</b> ) .....	14.	189
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 ( <b>include schedule</b> ).....	16.	
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	189
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	189
<b>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
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. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P</b> (if original return) <b>or IT 40XP</b> (if amended return) and make check payable to "Ohio Treasurer of State" .....	<b>AMOUNT DUE ▶ 23.</b>	
24. Overpayment (line 20 minus line 13) .....	24.	189
25. <b>Original return only</b> – portion of line 24 carried forward to next year's tax liability .....	25.	
26. <b>Original return only</b> – portion of line 24 you wish to donate:		
a. Wildlife Species	b. Military Injury Relief	c. Ohio History Fund
d. Nature Preserves/Scenic Rivers	e. Breast/Cervical Cancer	f. Wishes for Sick Children
		Total....26g.
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	189

**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 Radha Krishna Phone number (503) 929-5087  
▶ Spouse's signature \_\_\_\_\_ Date 01/26/2023  
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



01 27 23

Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

**Nonrefundable Credits**

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



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

071 06 9271



22280298

Sequence No. 8

25. Technology investment credit carryforward (include a copy of the credit certificate).....	25.	
26. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	26.	
27. Research & development credit (include a copy of the credit certificate).....	27.	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	28.	
29. Total (add lines 12 through 28) .....	29.	0
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero).....	30.	0

**Nonresident Credit**

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

**Resident Credit**

34. Resident credit – Ohio IT RC, line 7 (include a copy) .....	34.	
35. <b>Total nonrefundable credits</b> (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) .....	35.	20

**Refundable Credits**

36. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	36.	
37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	37.	
38. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	38.	
39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	39.	
40. Venture capital credit (include a copy of the credit certificate) .....	40.	
41. <b>Total refundable credits</b> (add lines 36 through 40; enter here and on Ohio IT 1040, line 16).....	41.	

# 2022 Schedule of Ohio Withholding



22350198

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

Primary taxpayer's SSN

Sequence No. 11

071 06 9271

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. 189

**Part B - W-2s**

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	680598685	6240	176
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54199944	6240	86
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	812811898	4050	396
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	81281189	4050	103
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  
071 06 9271



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