

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 20 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) 506 99 6898

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 0203

First name VENUGOPALREDDY

M.I. Last name GALA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 336 FIRWOOD DR

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

City DAYTON

State ZIP code OH 45419

Ohio county (first four letters) MONT

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). Resident Part-year resident Nonresident Indicate state.

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

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

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

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative. 2499. 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. 2499. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). Number of exemptions including you and your spouse/dependents, if applicable: 1. 2400. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 99. 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). 99.



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 506 99 6898

22000298 Sequence No. 2

7a. Amount from line 7 on page 1 .....7a. 99
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 (include schedule) .....8b.
8c. Income tax liability before credits (line 8a plus line 8b) .....8c. 0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule).....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 (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. 0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) ..... 14. 15
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) ..... 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. 15
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. 15
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 DUE ▶ 23.
24. Overpayment (line 20 minus line 13) .....24. 15
25. Original return only – portion of line 24 carried forward to next year’s tax liability .....25.
26. Original return only – 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. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 15

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 (937) 789-5257
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P 02082703

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



02 20 23

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

Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes items like Tax liability before credits, Retirement income credit, etc.



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

506 99 6898



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



# 2022 Schedule of Ohio Withholding

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

Primary taxpayer's SSN

506 99 6898



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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. 15

### Part B - W-2s

1.	P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 310536715	2499	

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
51064594	2499	15

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
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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
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
506 99 6898



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



PAYMENT DUE  
PLEASE REMIT TO:  
**CITY OF DAYTON**  
PO BOX 643700  
CINCINNATI, OH 45264-3700

# 2022 CITY OF DAYTON INDIVIDUAL INCOME TAX RETURN

**RETURN WITH PAYMENT DUE BY APRIL 18, 2023**  
90% of Estimated Tax Liability due by January 15, 2024

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

VENUGOPALREDDY GALA

336 FIRWOOD DR APT B  
DAYTON

OH 45419

Is this Dayton Tax Return:  Single  Joint Filing

TAX ID # OR SS # 506 99 6898

TAX ID # OR SS # \_\_\_\_\_

Your phone # (937) 789-5257

Your Email address VGRGALA@GMAIL.COM

May we contact you by secured email?  Yes  No

Are you a Dayton resident?  Yes  No

Did you file a Dayton Return last year?  Yes  No

Did you file on a different Tax ID# last year?  Yes  No  
If so, please list Tax ID# \_\_\_\_\_

Did You Move during this tax year?  Yes  No

Old address \_\_\_\_\_

Date Moved in \_\_\_\_\_ or Date Moved Out \_\_\_\_\_

If you moved more than once during the year, attach list to tax return showing addresses and dates

All supporting W-2's and Federal Schedules must be submitted with this return

**Please Complete Work Sheet On Reverse Side Before Completing Section A**

PLEASE ATTACH CHECK AND WAGE STATEMENTS (W-2'S) HERE

## SECTION A TOTAL TAXABLE INCOME

- Wages, Salaries, Tips, and Other Employee Compensation-Use highest wage figure on W-2. See Section A on back of return. (Part year residents must pro-rate their income based on time lived in Dayton.) ..... \$ 2 499 00
- Other Taxable Income or Deductions from Reverse Side..... \$ \_\_\_\_\_
- Taxable Income (Add Lines 1 through 2)..... \$ 2 499 00
- Dayton Tax Due @ 2.5% of Line 3** ..... \$ 62 00
- Payments and Credits:
 

A. Dayton Tax Withheld .....	\$ <u>62 00</u>	OFFICE USE ONLY
B. Other City Tax Withheld .....	\$ _____	
C. Estimated Taxes Paid/Prior Year Credit .....	\$ _____	
D. Other Credits /Partnership Payments.....	\$ _____	
- Total Payments and Credits (Add Lines 5A through 5D) ..... \$ 62 00
- Balance of Tax Due (Line 4 minus Line 6)** ..... \$ \_\_\_\_\_
- Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Total Penalty/Interest \$ \_\_\_\_\_
- Amount Due: Make Checks Payable to City of Dayton**..... \$ \_\_\_\_\_
- If Overpayment: Credit to Estimated Taxes \$ \_\_\_\_\_ or Refund \$ 0 00  
If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.

## SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2023

- Estimated Income Subject To Tax \$ 2 499 00 @ 2.5% = ..... \$ 62 00
- Estimated Tax Withheld By Your Employer(s) ..... \$ \_\_\_\_\_
- Total Estimated Tax Due (Line 11 minus Line 12) ..... \$ 62 00
- Credit From Prior Tax Year..... \$ \_\_\_\_\_
- Net Estimated Tax Due (Line 13 minus Line 14) ..... \$ 62 00
- Estimated Tax Amount Due is 22.5% of Line 15 (First Payment)..... \$ \_\_\_\_\_
- TOTAL AMOUNT DUE (Line 9 plus Line 16) AMOUNT ENCLOSED:** ..... \$ \_\_\_\_\_

## SECTION C CREDIT CARD PAYMENTS

To help keep your information secure, credit card payments will be accepted by telephone at (937) 333-3500 or online at <https://www.daytonohio.gov/paytax>. If paying by telephone, select "Option 2" to connect to the tax system, and then press "Option 1" to make a payment. To speak to a customer service representative during normal business hours, select "Option 2" and then "Option 0".

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by \$200.00 or 10% of tax due) I will be charged an underpayment penalty if I fail to make required estimated tax payments. If this return was prepared by a tax professional, may we contact them directly?  Yes  No

**X**  
\_\_\_\_\_  
Tax Preparer Signature

(678) 965-9522  
Tax Preparer Phone #

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

**SECTION D RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME CHECK APPROPRIATE EXPLANATION(S)**

- Retired with No Taxable Income
- All Tax Withheld @ 2.5% By My Employer
- Lived and Worked Outside Of Dayton
- Active Duty Military
- Business or Rental Sold on \_\_\_\_\_ to \_\_\_\_\_ or Closed on \_\_\_\_\_
- I certify that I had NO Schedules E, C, K1, 2106, 4797, or 1099-MISC. income or losses reported on my Federal Tax Return.

**SECTION A TOTAL W-2 WAGES**

Employer's Name	Work Address	Dayton tax	Other City Tax	Total Taxable Wages*
UNIVERSITY OF DAYTON	DAYTON	62 00		2 499 00
Total Taxable Wages*				2 499 00

\*Total Taxable Wages: Box 5 is usually, but not always, the highest gross wage. Use the largest amount from boxes 1, 3, 5, or 18, of your W-2 tax forms. **Please provide a written explanation if Box 5 is not the highest wage figure.**

**SECTION E OTHER INCOME OR LOSS AND FORM 2106 EXPENSE**

List all income as reported to the IRS on each of the following attached Schedules or Forms. Copies of the Federal Income Tax Return and/or various applicable Federal Schedules are required to be included with your tax return.

	Profit and/or Loss		Profit and/or Loss		Profit and/or Loss
Schedule C		Form 4797		Schedule K-1	
Schedule C		Form 1099-MISC		Schedule K-1	
Schedule E		Form 1099-MISC		Other	
Schedule E		Form 1099-MISC		Other	
Total to Line 2		Total to Line 2		Total to Line 2	

**Please note losses are not deductible against W-2 wages. Schedule of Net Operating Loss (NOL) carryforward is required to be attached to this return for supporting documentation.**

**Form 2106 expenses are deductible from wages for reservists, performing artists, fee-basis government officials, and disabled employees. IRS Form 1040 and supporting schedules are required to be attached to this return for supporting documentation.**

**SCHEDULE Y ALLOCATION OF PROFITS**

	a. Located Everywhere	b. Located in Dayton	c. Percentage (b ÷ a)
1. Original Cost of Real and Tangible Personal Property .....	_____	_____	_____ %
Gross Annual Rentals Paid Multiplied by 8 .....	_____	_____	_____ %
Total Step 1 .....	_____	_____	_____ %
2. Gross Receipts from Sales Made and/or Work or Services Performed .....	_____	_____	_____ %
3. Wages, Salaries and Other Compensation Paid .....	_____	_____	_____ %
4. Total Percentages .....	_____	_____	_____ %
5. Average Percentage (Total Percentages/Number of Percentages Used) .....	_____	_____	_____ %

Additional addresses or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT INFORMATION: MAIL RETURN WITH:**

- PAYMENT DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 643700, Cincinnati, OH 45264-3700
- NON-PAYMENT OR ZERO BALANCE DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830
- REFUND REQUEST TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830

Completed tax returns will be accepted through the Fax as an original document. All necessary information and attachments must be included. Income tax preparation service will be provided only to those households earning \$35,000 or less. In the event your check is returned unpaid for insufficient funds or uncollected funds, we may electronically debit your account for the principal amount of the check. A return check fee, currently \$25.00, as set forth by the Director of Finance, will be assessed.