Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the na	_	. , , ,	,	_		•		spoi	use (QSS))
		son is a child but not your dependent	:									
Your first name	and m	iddle initial	Last na	me								ity number
MANOJ KU	JMAR		HARI	NATH						403-	99-072	0
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
933 WIL	ING:	TON AVE						4			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code				ntly, want \$3 . Checking a
DAYTON					ОН	[45	420		_	ow will no	•
Foreign country	y name		F	Foreign province/state/	count	у	Fore	ign postal c	ode	your tax	or refund	l.
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	•				•		, .	. ,	☐ Yes	⊠ No
Standard		eone can claim: You as a de					4000	.,. (eee		<u> </u>		
Deduction		Spouse itemizes on a separate return				и асрепает						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	: Was boi	rn be	fore Janu	ary 2	, 1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child t	ax cr	edit	Credit for o	ther dependents
than four												
dependents, see instruction	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a		21,227.
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				i			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						01 000
	Z									1z		21,227.
Attach Sch. B	2a		2a			axable interes				2b		375.
if required.	3a		3a			rdinary divide				3b		
	4a		4a -			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	τ.			6b		
Married filing separately,	C	If you elect to use the lump-sum e		•	`	,	•			 		
\$12,950	7	Capital gain or (loss). Attach Scheoother income from Schedule 1, lin					•		. ∟	<u>7</u> 8		2 065
 Married filing jointly or 	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		3,065.
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche		`						10		24,667.
\$25,900	11	Subtract line 10 from line 9. This is	-				•			11	_	2,500.
 Head of household, 	12	Standard deduction or itemized	-	-			•			12		<u>22,167.</u>
\$19,400 • If you checked	13	Qualified business income deducti				 5-Δ	•			13		12,950.
any box under	14	Add lines 12 and 13								14	_	12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		9,217.
see instructions.	15	Cabaactinic 14 Holli lille 11. Il Zei	0 01 168	o, onto o mis is y	Jui t	azabie ilicoli				13		2,41.

16	- /								
	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3			. 16	923.
17	Amount from Schedule 2, lir							. 17	
18	Add lines 16 and 17							. 18	923.
19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19	
20	Amount from Schedule 3, lin	ne 8						. 20	
21	Add lines 19 and 20							. 21	
22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	923.
23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .				. 23	0.
24	Add lines 22 and 23. This is	your total tax						. 24	923.
25									
а	Form(s) W-2				25a	1	1,85	52.	
b	Form(s) 1099				25b		٥	90.	
С	Other forms (see instruction	s)			25c				
d	Add lines 25a through 25c							. 25d	1,942.
26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				. 26	
27	Earned income credit (EIC)			No .	27				
28	Additional child tax credit from	m Schedule 8812			28				
29	American opportunity credit	from Form 8863	3, line 8		29				
30	Reserved for future use .				30				
31	Amount from Schedule 3, lin	ne 15			31				
32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		. 32	
33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 33	1,942.
34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		. 34	1,019.
35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here			☐ 35a	1,019.
b	Routing number 0 4 1	0 0 0 1	2 4	c Type:	Check	ing	Savir	ngs	
d	Account number 4 1 6	3 4 2 7	9 3 9						
36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
	For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions				. 37	
38	Estimated tax penalty (see in	nstructions) .			38				
Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See				_
ins	tructions				[Yes. C	ompl	ete below.	X No
			Phone						
		la ak I la avon avonasia a							
									nt you an Identity
	olgilatai o			. ca. cocapano				Protection P	IN, enter it here
				SOFTWARE :	ENGIN	IEER		(see inst.)	
Spo	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an
									ection Pin, enter it here
Dhe	200 no	1	Email address	MANIO TIZIIMADA	TT21E@	CMATT C	OM		
			l .	MANOU KUMARA.		GMAIL.C		N	Check if:
		'		רווסיית ייתודת א		6/2022			Self-employed
			אאטאנ ויוא	GUPIA IALLAM	1 0 2 / 1	.0/4043	_		
			MCMTOR N	T 08816			_		(678)965-9522
			TADATCI: INC					I IIIII S EIIV	84-3171965 Form 1040 (2022)
	19 20 21 22 23 24 25 a b c d 26 27 28 29 30 31 32 33 34 35a b d 36 37 38 Des nar Unc beli You Pre SYAM	Child tax credit or credit for Amount from Schedule 3, lir Add lines 19 and 20	Add lines 16 and 17	Add lines 16 and 17	Add lines 16 and 17 Child tax credit or credit for other dependents from Schedule 8812 Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c 2022 estimated tax payments and amount applied from 2021 return Earned income credit (EIC) Additional child tax credit from Schedule 8812 American opportunity credit from Form 8863, line 8 Reserved for future use Add lines 27, 28, 29, and 31. These are your total other payments and ref Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount of line 34 you want refunded to you. If Form 8888 is attached, che b Routing number 0 4 1 0 0 1 1 2 4 c c Type: [X] d Account number 4 1 6 3 4 2 7 9 3 9 c	Add lines 16 and 17 Child tax credit or credit for other dependents from Schedule 8812 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Other forms (see instructions) Add lines 25a through 25c Other forms (see instructions) Add lines 25a through 25c 2022 estimated tax payments and amount applied from 2021 return Earned income credit (EIC) Additional child tax credit from Schedule 8812 Add lines 25a through 25c Additional child tax credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 30 Add lines 27, 28, 29, and 31. These are your total payments and refundable 31 insected and insected 4, subtract line 24 from line 33. This is the amount your additional files 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount your additional child lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount your additional child lines 34 you want applied to you. If Form 8888 is attached, check here be Routing number 0 4 1 1 0 0 0 0 1 2 4 crype: Check decays the subtract line 34 you want applied to your 2023 estimated tax 36 Subtract line 34 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return and accompanying schedules a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on your signature Phone no. (937)791-8134 Email address MANOJKU	Add lines 16 and 17. Child tax credit or credit for other dependents from Schedule 8812. Amount from Schedule 3, line 8. 21. Add lines 19 and 20. 22. Subtract line 21 from line 18. If zero or less, enter -0- 23. Other taxes, including self-employment tax, from Schedule 2, line 21. 24. Add lines 22 and 23. This is your total tax. 25. Federal income tax withheld from: a Form(s) W-2. b Form(s) 1099. c Other forms (see instructions). 25. d Add lines 25a through 25c. 26. 2022 estimated tax payments and amount applied from 2021 return. 27. Earned income credit (EIC). 28. Additional child tax credit from Schedule 8812. 29. Additional child tax credit from Schedule 8812. 29. Additional child tax credit from Form 8863, line 8. 29. Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits. 30. Add lines 25d, 26, and 32. These are your total payments. If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid. Amount of line 34 you want refunded to you. If Form 8888 is attached, check here. b Routing number 4 1 0 0 0 1 2 4 c Type: Checking d Account number 4 1 6 3 4 2 7 9 3 9 Amount of line 34 you want applied to your 2023 estimated tax. 36. Amount of line 34 you want applied to your 2023 estimated tax. 37. Subtract line 33 from line 24. This is the amount you overpaid. 38. Estimated tax penalty (see instructions). 39. Set instructions. 20. Jan. Set instructions. 21. Phone Person to discuss this return with the IRS? See instructions. 22. Phone Person to discuss this return and accompanying schedules and stateme belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic your signature. 23. Phone Person to discuss this return and accompanying schedules and stateme belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic your signature. 24. Preparer's na	Add lines 16 and 17 Child tax credit for credit for other dependents from Schedule 8812 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Federal income tax withheld from: Form(s) 10-9 Cother forms (see instructions) Add lines 25a through 25c 2022 estimated tax payments and amount applied from 2021 returm Earned income credit (EIC) No 27 Add lines 27a through 25c 29 American opportunity credit from Form 8863, line 8 29 Reserved for future use 30 31 Amount from Schedule 3, line 15 Add lines 27a, 28, 29, and 31. These are your total other payments and refundable credits 34 Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here be Routing number Account number Acco	18 Add lines 16 and 17 18 18 19 Child tax credit for order dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 20 21 21 22 32 32 34 34 37 38 38 38 39 39 39 39 39

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

MANOJ KUMAR HARINATH

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

Attach to Form 1040, 1040-SR, or 1040-NR.

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

	Sequence No. O
Your soci	ial security number
403-99	-0720

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			1
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		
ı	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		
0	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	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Other Income from box 3 of 1099-Misc 3,065.	8z 3,065.		
9	Total other income. Add lines 8a through 8z		9	3,065.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SE	or 1040-NR line 8	10	3 065

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
İ	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		
		_	
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)		
Z	Other adjustments. List type and amount:		
0E		OF	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on	26	2,500.
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		∠,300.

02 16 23

Do not staple or paper clip

2022 Ohio IT 1040

Individual Income Tax Return



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

22000198

Seguence 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) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 403 99 0720 5703 First name M.I. Last name MANOJ KUMAR HARINATH Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 933 WILMINGTON AVE Address line 2 (apartment number, suite number, etc.) APT 4 Ohio county (first four letters) City State ZIP code DAYTON OH 45420 MONT Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary **Filing Status** – Check one (as reported on federal income tax return) Nonresident | Resident Part-year X Single, head of household or qualifying widow(er) Indicate state resident Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-vear Nonresident **>** resident Indicate state Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here. 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 22167 if negative..... 2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)......2b. 22167 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 2400 Number of exemptions including you and your spouse/dependents, if applicable: 19767 19767 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)7.

Code

MM-DD-YY

REV 02/14/23 PRO

2022 Ohio IT 1040

Individual Income Tax Return



SSN 403 99 0720

22000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	19/6/
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.	515
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. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	515
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	515
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.	515
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)	UND ▶ 27.	515
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 lf you owe \$1.00 or less, no page	
▶Primary signature Phone number (937)791-8134	NO Payment Includ Ohio Department	
Spouse's signature Date	P.O. Box 26	679
Check here to authorize your preparer to discuss this return with the Department	Columbus, OH 43	3210-2019

Preparer's printed name _______SYAM_PRIYA_RAM_SAGAR_GUP Phone number ______(678)965-9522

Preparer's TIN (PTIN) P = 02082703

2022 IT 1040 - page 2 of 2

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

REV 02/14/23 PRO



2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN



22280198

Sequence No. 7

02 16 23 403 99 0720

Many of these credits <u>must</u> 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.	C)
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.	C)
9.	Income-based exemption credit	9.	20)
0.	Total (add lines 2 through 9)	10.	20)
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	()
2.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	()
3.	Earned income credit	13.		
4.	Home school expenses credit (include copies of all required documentation)	14.		
5.	Scholarship donation credit (include copies of all required documentation)	15.		
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16.		
7.	Vocational job credit (include a copy of the credit certificate)	17.		
8.	Ohio adoption credit	18.		
9.	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 403 99 0720



Sequence No. 8

27. Research & development credit (include a copy of the credit certificate).......27. 0 0 **Nonresident Credit Dates of Ohio residency** 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; **Resident Credit** 20 **Refundable Credits**

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



2022 Schedule of Ohio Withholding

Sequence No. 11

Use only black ink/UPPERCASE letters. Use whole dollars only. Primary taxpayer's SSN

403 99 0720

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 10401. 515

<u>Part B -</u> 1. P/S P		Box 1 - Wages, tips, other compensation 21227	Box 2 - Federal income tax withheld 1852
	Box 15 - Employer's Ohio ID number 54131286	Box 16 - Ohio wages, tips, etc. 21227	Box 17 - Ohio income tax 515
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

403 99 0720



Sequence No. 12

D 40	1000 B	403 99 0720	Sequence N	o 19
<u>Part C -</u> 1. P/S	1099-Rs Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Code	0. 12
	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	
Port D	W 260			
<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 withhele	d
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 withhele	d
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 withhele	d
<u>Part E -</u> 1. P/S	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	

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the na	_	. , , ,	,	_		•		spoi	use (QSS))
		son is a child but not your dependent	:									
Your first name	and m	iddle initial	Last na	me								ity number
MANOJ KU	JMAR		HARI	NATH						403-	99-072	0
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
933 WIL	ING:	TON AVE						4			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code				ntly, want \$3 . Checking a
DAYTON					ОН	[45	420		_	ow will no	•
Foreign country	y name		F	Foreign province/state/	count	у	Fore	ign postal c	ode	your tax	or refund	l.
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	•				•		, .	. ,	☐ Yes	⊠ No
Standard		eone can claim: You as a de					4000	.,. (eee		<u> </u>		
Deduction		Spouse itemizes on a separate return				и асрепасті						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	: Was boi	rn be	fore Janu	ary 2	, 1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child t	ax cr	edit	Credit for o	ther dependents
than four												
dependents, see instruction	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a		21,227.
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				i			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						01 000
	Z									1z		21,227.
Attach Sch. B	2a		2a			axable interes				2b		375.
if required.	3a		3a			rdinary divide				3b		
	4a		4a -			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	τ.			6b		
Married filing separately,	C	If you elect to use the lump-sum e		•	`	,	•			 		
\$12,950	7	Capital gain or (loss). Attach Scheoother income from Schedule 1, lin					•		. ∟	<u>7</u> 8		2 065
 Married filing jointly or 	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		3,065.
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche		`						10		24,667.
\$25,900	11	Subtract line 10 from line 9. This is	-				•			11	_	2,500.
 Head of household, 	12	Standard deduction or itemized	-	-			•			12		<u>22,167.</u>
\$19,400 • If you checked	13	Qualified business income deducti				 5-Δ	•			13		12,950.
any box under	14	Add lines 12 and 13								14	_	12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		9,217.
see instructions.	15	Cabaactinic 14 Holli lille 11. Il Zei	0 01 168	o, onto o mis is y	Jui t	azabie ilicoli				13		2,41.

if for other dependents, line 8	enter -0- from Schedule	ule 8812	25a 25b 25c		1,85	20 21 22 23 24 52.	923. 923. 923. 0. 923.
t for other dependents, line 8	enter -0- from Schedule enter -0- from Schedule	ule 8812	25a 25b 25c		1,85	. 18 . 19 . 20 . 21 . 22 . 23 . 24	923.
i for other dependent and a fine 8	enter -0- from Schedule enter -0- from Schedule	ule 8812	25a 25b 25c		1,85	. 19 . 20 . 21 . 22 . 23 . 24	923.
3, line 8	enter -0- from Schedule	e 2, line 21	25a 25b 25c		1,85	20 21 22 23 24 52.	0.
e 18. If zero or less, elf-employment tax, is is your total tax held from:	enter -0	e 2, line 21	25a 25b 25c		1,85	. 21 . 22 . 23 . 24	0.
e 18. If zero or less, elf-employment tax, is is your total tax held from:	enter -0- from Schedule	e 2, line 21	25a 25b 25c		1,85	. 22 23 24	0.
elf-employment tax, is is your total tax held from:	from Schedule	e 2, line 21	25a 25b 25c	= = = = = = = = = = = = = = = = = = = =	1,85	. 23 . 24	0.
is is your total tax held from:			25a 25b 25c		1,85	. 24	
held from:	pplied from 20		25a 25b 25c		1,85	52.	923.
held from:	pplied from 20		25a 25b 25c		1,85	52.	
titions)	npplied from 20 		25b 25c			90.	
tions)			25c				
5c		 021 return No .				05.1	
ments and amount a IC) t from Schedule 8812 redit from Form 8863 3, line 15	applied from 20 2 3, line 8	021 return No .				05.1	
IC)	2	No .	1 1			. 25d	1,942.
t from Schedule 8812 redit from Form 8863 	2 3, line 8	_	27			. 26	
redit from Form 8863 	3, line 8						
	•		28				
3, line 15			29				
*			30				
			31				
d 31. These are your	total other pa	ayments and ref	undable	credits		. 32	
32. These are your to	otal payments					. 33	1,942.
ne 24, subtract line 2	4 from line 33.	. This is the amou	ınt you c	verpaid		. 34	1,019.
ant refunded to yo u	u . If Form 8888	3 is attached, che	ck here			□ 35a	1,019.
1 0 0 0 1	2 4	c Type:	Check	ing 🗌	Savir	ngs	
6 3 4 2 7	9 3 9						
ant applied to your	2023 estimate	ed tax	36				
e 24. This is the am e	ount you owe						
ay, go to www.irs.go	<i>v/Payment</i> s or	see instructions				. 37	
ee instructions) .			38				
ther person to disc	cuss this retu	rn with the IRS	? See	_			_
			[Yes. C	ompl	ete below.	X No
							ent you an Identity
	Juio	. our occupation				Protection F	PIN, enter it here
		SOFTWARE	ENGIN	EER		(see inst.)	
Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					ent your spouse an
							tection PIN, enter it here
0124	1						
		MANOUNUMARA		JMAIL.C		N	Check if:
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	INIQWITOK N	T 08816					(678)965-9522 84-3171965
	MACK IN					I IIIII S EIIN	04-11/1905
	rant refunded to you 1 0 0 0 1 6 3 4 2 7 ant applied to your e 24. This is the am y, go to www.irs.go ee instructions) ther person to disc	rant refunded to you. If Form 8888 and a least set of the least set of	rant refunded to you. If Form 8888 is attached, che 1 0 0 0 1 2 4 c Type: X 6 3 4 2 7 9 3 9 C Type: X 1 1 2 4 C Type: X 2 24	rant refunded to you. If Form 8888 is attached, check here 1 0 0 1 2 4 c Type: Check ant applied to your 2023 estimated tax	1	rant refunded to you. If Form 8888 is attached, check here	rant refunded to you. If Form 8888 is attached, check here

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

MANOJ KUMAR HARINATH

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

Attach to Form 1040, 1040-SR, or 1040-NR.

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

	Sequence No. O
Your soci	ial security number
403-99	-0720

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			1
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		
ı	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		
0	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	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Other Income from box 3 of 1099-Misc 3,065.	8z 3,065.		
9	Total other income. Add lines 8a through 8z		9	3,065.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SE	or 1040-NR line 8	10	3 065

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
İ	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		
		_	
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)		
Z	Other adjustments. List type and amount:		
0E		OF	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on	26	2,500.
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		∠,300.