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## 2022 Ohio IT 1040

#### Individual Income Tax Return



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Sequence No. 1

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

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 # 122 81 3343 3204 First name M.I. Last name KEERTHANA VEDANTAM Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 1301 EVERETTE FIELDS ROAD Address line 2 (apartment number, suite number, etc.) Ohio county (first four letters) City State ZIP code MORRISVILLE NC 27560 HANC 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 1202 if negative..... 1202 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 2400 4. Exemption amount (include Schedule of Dependents if applicable).......4. Number of exemptions including you and your spouse/dependents, if applicable: ()()





## 2022 Ohio IT 1040

### **Individual Income Tax Return**



SSN 122 81 3343

7a.Amount from line 7 on page 1	7a.	0
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.	8
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.	8
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.	8
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. <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 D</b>		
24. Overpayment (line 20 minus line 13)	24.	8
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	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	8
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 refund will be is If you owe \$1.00 or less, no payment is necess	
▶ Primary signature Phone number (317) 827-9361	NO Payment Included – Mail to:	y.
Spouse's signature Date	Ohio Department of Taxation P.O. Box 2679	
Check here to authorize your preparer to discuss this return with the Department.	P.O. Box 2679 Columbus, OH 43270-2679	
Preparer's printed name	Payment Included – Mail to:	
	Ohio Department of Taxation P.O. Box 2057	
Preparer's TIN (PTIN) $P 02082703$	Columbus, OH 43270-2057	

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## 2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN 122 81 3343



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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
10.	Total (add lines 2 through 9)	.10.	20
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	C
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	.12.	C
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 122 81 3343



Sequence No. 8

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

Sequence No. 11

Primary taxpayer's SSN

122 81 3343

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 8 and on line 14 of your Ohio IT 1040 ......1.

Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 344431169 1202 120 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 1202 8 51310905 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - FIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 7. P/S Box b - EIN

Box 16 - Ohio wages, tips, etc.



Box 15 - Employer's Ohio ID number

Box 17 - Ohio income tax

# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN

122 81 3343



Sequence No. 12

Part C -	1099-Rs	122 01 3343		Sequence No. 12
	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
<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