Please detach here.

OHIO IT 40P

REV 02/14/23 PRO

03 18 23

Tax Year

 Do <u>NOT</u> send cash • Do NOT fold, staple, or paper clip

**Original** Income Tax Payment Voucher

SHIVA KRISHNA TEJA JAMALAPURAM

1461 MALLARD WAY

SUNNYVALE

CA 94087

98 Make payment payable to: Ohio Treasurer of State Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057

Sending without return - Mail to: Ohio Department of Taxation, P.O. Box 182131, Columbus, OH 43218-2131

Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (if filing jointly)

JAM

Taxpayer's SSN

761 08 0075

Spouse's SSN (only if joint filing)

Amount of Payment

16.00



03 18 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

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) 761 08 0075	✓ If deceased	Spouse's SSN (if f	iling jointly)	✓ If deceased	School district #	
First name SHIVA KRISHNA T		M.I. Last name JAMALA	APURAM			
Spouse's first name (if filing jointly)		M.I. Last name				
Address line 1 (number and street) or 1461 MALLARD WAY	P.O. Box					
Address line 2 (apartment number, sui	te number, etc.)					
City SUNNYVALE Foreign country (if the mailing address	s is outside the U.S.)		State ZIP co	)87 FF	county (first four letters)	
Residency Status - Check only  Resident Part-year resident	one for primary  X Nonresident Indicate state	,, 011	1	<b>S</b> - Check one (as re	ported on federal income tax return) qualifying widow(er)	
Check only one for spouse (if filing join Resident Part-year resident	ntly) Nonresident Indicate state			iling jointly iling separately	Spouse's SSN	
Ohio Nonresident Statement Primary meets the five criteria for i			Federal e	extension filers - chec	ck here.	
Spouse meets the five criteria for i	rrebuttable presumpt	ion as nonresident.		ne can claim you (or yo nt, check here.	our spouse if filing jointly) as a	
Federal adjusted gross income (     if negative		,		1.	78734	
2a. Additions – Ohio Schedule of Adjus	stments, line 10 ( <b>inc</b>	lude schedule)		2a.		
2b. Deductions – Ohio Schedule of Adj	ustments, line 39 (ir	nclude schedule)		2b.		
3. Ohio adjusted gross income (line 1	plus line 2a minus l	ine 2b). Place a "-" ir	n the box if negativ	re3.	78734	
Exemption amount (include Scheo Number of exemptions including you	•	' '		4.	2150	
5. Ohio income tax base (line 3 minus	s line 4; if negative, e	enter zero)		5.	76584	
6. Taxable business income – Ohio S	chedule IT BUS, line	e 13 (include sched	ule)	6.		
7. Taxable nonbusiness income (line	5 minus line 6; if neເ	gative, enter zero)		7.	76584	
					MM-DD-YY Code	

REV 02/14/23 PRO

### 2022 Ohio IT 1040

#### **Individual Income Tax Return**

761 08 0075

SSN

Preparer's printed name



2000298 Sequence No. 2

76584 1898 1898 1669 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)......9. 229 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 229 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and 213 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward 213 19. Amended return only - overpayment previously requested on original and/or amended return......19. 213 If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 16 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or 16 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. 26. Original return only - portion of line 24 you wish to donate: a. Wildlife Species b. Military Injury Relief c. Ohio History Fund Total....26g. d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is \$1.00 or less, no refund will be issued. and belief, the return and all enclosures are true, correct and complete. If you owe \$1.00 or less, no payment is necessary. NO Payment Included - Mail to: Primary signature Phone number (510) 266-9281 Ohio Department of Taxation Spouse's signature\_ P.O. Box 2679 Columbus, OH 43270-2679 Check here to authorize your preparer to discuss this return with the Department.

00000000

(678) 965-9522

REV 02/14/23 PRO

Preparer's TIN (PTIN) P 02082703

SYAM PRIYA RAM SAGAR GUP

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



## 2022 Ohio Schedule of Credits

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



22280198

Sequence No. 7

Primary taxpayer's SSN 761 08 0075

# 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.	1898
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.	C
10.	Total (add lines 2 through 9)	10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	1898
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 761 08 0075



Sequence No. 8

25.	. Technology investment credit carryforward (include a copy of the cred	it certificate)25.	
26.	. Enterprise zone day care & training credits (include a copy of the cred	lit certificate)26.	
27.	. Research & development credit (include a copy of the credit certifica	te)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.	1898
Non	resident Credit		
Date	es of Ohio residency to	Other state of residency	
31.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 ( <b>include a copy</b> )31.	69242	
32.	. Ohio adjusted gross income (Ohio IT 1040, line 3) 32.	78734	
33a.	Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)	33a. 0.8794	
33.	Nonresident credit (line 30 times line 33a)	33.	1669
Resi	ident Credit		
34.	. Resident credit – Ohio IT RC, line 7 (include a copy)	24	
	. resident state of the first, into f (morado a sopy)	34.	
35.	. <b>Total nonrefundable credits</b> (add lines 10, 29, 33 and 34; enter here a		1669
35.			1669
	. <b>Total nonrefundable credits</b> (add lines 10, 29, 33 and 34; enter here a	nd on Ohio IT 1040, line 9)35.	1669
36.	. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here a	nd on Ohio IT 1040, line 9)	1669
36.	. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here a Refundable Credits  Refundable Ohio historic preservation credit (include a copy of the credit).	nd on Ohio IT 1040, line 9)	1669
36. 37. 38.	. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here a Refundable Credits  Refundable Ohio historic preservation credit (include a copy of the credit copy). Refundable job creation credit & job retention credit (include a copy of the credit).	nd on Ohio IT 1040, line 9)	1669
36. 37. 38.	Refundable Credits Refundable Ohio historic preservation credit (include a copy of the credit Refundable job creation credit & job retention credit (include a copy of the Credit Refundable include a copy of the Credit Refundable include a copy of the Chio IT K-1s)	nd on Ohio IT 1040, line 9)	1669



# 2022 Schedule of Ohio Withholding

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

22350198

Sequence No. 11

Primary taxpayer's SSN

761 08 0075

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

Part B - W-2s					
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
Р	320519026	9492	700		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
	54071486	9492	213		
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

761 08 0075



	4000 5	761 08 0075		Sequence No. 12
	<u>1099-Rs</u> 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	E	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	E	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	E	3ox 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	E	3ox 14 - Ohio tax withheld
Part D -	W-2Ge			
	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	E	Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	E	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	E	Box 15 - Ohio income tax withheld
	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - F	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	E	Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - F	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	E	Box 5 - Ohio tax withheld