

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



03 14 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) 341 31 9958

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2903

First name VAMSI KRISHNA

M.I. Last name BATTULA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 2630, NETHERLAND DR

Address line 2 (apartment number, suite number, etc.) APT 208

City DAYTON

State ZIP code OH 45431

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. 63855. 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. 63855. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). Number of exemptions including you and your spouse/dependents, if applicable: 1. 2150. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 61705. 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). 61705.



MM-DD-YY Code

2022 Ohio IT 1040
Individual Income Tax Return

SSN 341 31 9958



22000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	61705
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	1418
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.	1418
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule).....	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1418
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.	1418
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	1972
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.	1972
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.	1972
_____ 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"	23.	AMOUNT DUE ▶
24. Overpayment (line 20 minus line 13)	24.	554
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.	554

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) 559-9224
 ▶ 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



2022 Schedule of Ohio Withholding

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

Primary taxpayer's SSN

341 31 9958



22350198

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 10401. 1972

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	222575929	71814	8273

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52019567	71814	1972

2. 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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3. 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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4. 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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5. 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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6. 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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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
341 31 9958



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

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Department of Taxation

2022 Ohio SD 100 School District Income Tax Return



22020198

03 14 23

Use only black ink/UPPERCASE letters. Use whole dollars only. File a separate Ohio SD 100 for each taxing school district in which you lived during the tax year.

AMENDED RETURN - Check here and include Ohio SD RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 341 31 9958

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2903

First name VAMSI KRISHNA

M.I. Last name BATTULA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 2630, NETHERLAND DR

Address line 2 (apartment number, suite number, etc.) APT 208

City DAYTON

State ZIP code OH 45431

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

Check only one for spouse (if filing jointly)

Resident Part-year resident Nonresident

Dates of residency to

Dates of residency to

Filing Status - Check one (as reported on the Ohio IT 1040)

X Single, head of household or qualifying widow(er) Married filing jointly Spouse's SSN Married filing separately

Tax Type - Check one (see instructions)

X Traditional tax base. Start with line 19 of this return. Earned income tax base. Start with line 24 of this return.

Do not staple or paper clip.

Table with 6 rows showing tax liability calculations: 1. School district taxable income: Traditional tax base from line 23, Earned income tax base from line 27. 2. School district income tax liability: line 1 times tax rate .0050. 3. Senior citizen credit. 4. Line 2 minus line 3. 5. Interest penalty on underpayment of estimated tax. 6. Total school district income tax liability before withholding or estimated payments.



MM-DD-YY

Code

2022 Ohio SD 100
School District Income Tax Return



22020298

SSN 341 31 9958 SD# 2903

6a. Amount from line 6 on page 1	6a.	309
7. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements)	7.	355
8. Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return	8.	
9. Amended return only – amount previously paid with original and/or amended return	9.	
10. Total school district income tax payments (add lines 7, 8 and 9).....	10.	355
11. Amended return only – overpayment previously requested on original and/or amended return.....	11.	
12. Line 10 minus line 11. Place a “-” in the box if negative	12.	355
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.		
13. Tax due (line 6a minus line 12). If line 12 is negative, ignore the “-” and add line 12 to line 6a.....	13.	
14. Interest due on late payment of tax (see instructions).....	14.	
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to “School District Income Tax” AMOUNT DUE ▶	15.	
16. Overpayment (line 12 minus line 6a)	16.	46
17. Original return only – amount of line 16 to be credited toward next year's school district income tax liability.....	17.	
18. REFUND (line 16 minus line 17)..... YOUR REFUND ▶	18.	46
Traditional Tax Base (lines 19 to 23)		
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a “-” in the box if negative	19.	61705
20. Business income deduction add-back (from Ohio Schedule of Adjustments, line 11)	20.	
21. Line 19 plus line 20. Place a “-” in the box if negative.....	21.	61705
22. The portion of line 21 received while a nonresident of the school district entered above	22.	0
23. School district taxable income (line 21 minus line 22; if negative, enter zero). Enter here and on line 1 of this return	23.	61705
Earned Income Tax Base (lines 24 to 27)		
24. Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions).....	24.	
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions). Place a “-” in the box if negative.....	25.	
26. Federal conformity adjustments (see instructions). Place a “-” in the box if negative	26.	
27. School district taxable income (add lines 24, 25 and 26; if negative, enter zero). Enter here and on line 1 of this return	27.	

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) 559-9224
 ▶ 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 182197
 Columbus, OH 43218-2197

Payment Included – Mail to:
 Ohio Department of Taxation
 P.O. Box 182389
 Columbus, OH 43218-2389



2022 Schedule of School District Withholding



22360198

Use only black ink/UPPERCASE letters. Use whole dollars only.
Complete a separate schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN
341 31 9958

School District #
2903

List your and your spouse's (if filing jointly) W-2 and 1099-R forms **only if they have school district 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.**

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

Part A - Total Withholding

1. Total of all school district income tax withheld for the school district entered above. Enter here and on line 7 of your SD 100 1. 355

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 222575929 71814 8273

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax
52019567 71814 355

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 18 - School district wages Box 19 - School district 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 18 - School district wages Box 19 - School district 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 18 - School district wages Box 19 - School district 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 18 - School district wages Box 19 - School district tax

Part C - 1099-Rs

1. P/S Payer's TIN Box 1 - Gross distribution Box 4 - Federal income tax withheld

Box 15 - Payer's Ohio number Box 19 - School district distribution Box 17 - School district tax

