

Form R
File by

2022 BLUE ASH CITY INCOME TAX RETURN 2022

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER

ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN

Date moved in Date moved out

SURESH BABU NARRA
SINDHURA KAMATHAM
6796 CHARLESTOWN LN
MASON OH 45040

Table with 2 columns: Yes, No. Rows include: ARE YOU A RESIDENT?, DID YOU FILE A RETURN FOR 2021?, HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?, IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED?, YOUR LOCAL PHONE NUMBER.

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

Enter Employer's Name, Where Employed, And 2022 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name (Attach Copy of W-2 Form(s)), City Where Employed, City Tax Withheld, Wages, Etc. Row 1: ASCENDUM SOLUTIONS LLC, 328, 26259

Income and Adjustments table. Rows include: 1a TOTALS (if above is fully taxable and your only income, go next to Line 7), 2 OTHER INCOME: FROM PAGE 2, 3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED), 4a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X), 4b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X), 4c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -), 5a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used), 5b Amount of Line 5a Allocable (% from step 5 Schedule Y), 5c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule), 6 AMOUNT SUBJECT TO BLUE ASH CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c), 7 BLUE ASH CITY TAX RATE 1.250%, 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above, b Payments and credits on 2022 Declaration of Estimated Tax, c Earned income taxes paid City of (Resident individuals only), 9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing, 10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right)

DECLARATION OF ESTIMATED TAX FOR 2023 table. Rows include: 11 Total Income Subject to Tax, 12 Estimated Tax Withheld, 13 Total Estimated Tax (Line 11 - Line 12), 14 Credit From Line 10, 15 Net Estimated Tax Due (Line 13 - Line 14), 16 First Quarter 2023 Estimated Payment Due (1/4 of Line 15), 17 Total Due With This Return (Add Lines 9 and 16)

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

VENKATA SAI PAVAN KUMAR DUDIPALLI 03/29/2023
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF TAXPAYER OR AGENT DATE

SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES [] NO []

Form R
File by

2022 MASON CITY INCOME TAX RETURN 2022

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY
INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER
ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN
Date moved in
Date moved out
SURESH BABU NARRA
SINDHURA KAMATHAM
6796 CHARLESTOWN LN
MASON OH 45040

SURESH BABU NARRA
SINDHURA KAMATHAM
6796 CHARLESTOWN LN
MASON OH 45040

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

ARE YOU A RESIDENT?
DID YOU FILE A RETURN FOR 2021?
HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?
IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED?
YOUR LOCAL PHONE NUMBER (252) 412-8886

Enter Employer's Name, Where Employed, And 2022 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
GREAT AMERICAN INSURANCE COMPANY		444	113676
GREAT AMERICAN INSURANCE COMPANY		865	
ASCENDUM SOLUTIONS LLC		328	26259
TARGET CORPORATION		0	634

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 1637 140569
INCOME 2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 140569
4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
ADJUSTMENTS TO INCOME c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 140569
b Amount of Line 5a Allocable (% from step 5 Schedule Y)
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)
TAX 6 AMOUNT SUBJECT TO MASON CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 140569
7 MASON CITY TAX RATE 1.120% 1574
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 1637
b Payments and credits on 2022 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
TOTAL CREDITS ALLOWABLE 1637
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) 63
Enter Amount of line 10 You Want: Credited to your 2023 Estimated Tax . . \$
Refunded \$ 63

DECLARATION OF ESTIMATED TAX FOR 2023

11 Total Income Subject to Tax	\$	x	%	11	\$
12 Estimated Tax Withheld				12	\$
13 Total Estimated Tax (Line 11 - Line 12)				13	\$
14 Credit From Line 10				14	\$
15 Net Estimated Tax Due (Line 13 - Line 14)				15	\$
16 First Quarter 2023 Estimated Payment Due (1/4 of Line 15)				16	\$
17 Total Due With This Return (Add Lines 9 and 16)				17	\$

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

VENKATA SAI PAVAN KUMAR DUDIPALLI 03/29/2023
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO



Individual Tax Return 2022

City of Cincinnati
Income Tax Division
PO Box 637876
Cincinnati OH 45263-7876
Phone: (513) 352-2546
E-file available at:

**Tax Return is due by
April 18, 2023**

<https://web2.civicacmi.com/Cincinnati>

Click on the fields below and type in your information. Then print the form and mail it to our office.

Account Number: _____	SSN: <u>402 85 2114</u>	Please check all that apply: First year filer <input type="checkbox"/> Used Federal Sch C, E, F or K-1 <input type="checkbox"/> Athlete or Entertainer <input type="checkbox"/> Amended Return <input type="checkbox"/> Refund (Amount must be entered on Line 13 to be a valid refund request) <input type="checkbox"/> Account Should be Closed <input type="checkbox"/> Reason: _____
E-Mail: _____	Spouse SSN: <u>175 99 2894</u>	
Name (s): <u>SURESH BABU NARRA</u> <u>SINDHURA KAMATHAM</u>		
Address: <u>6796 CHARLESTOWN LN</u>		
City/State/Zip <u>MASON</u> <u>OH 45040</u>		
If part-year, resident indicate dates of Cincinnati residency: From _____ To _____		

Part A	Tax Calculation – Attach 1 st page of Federal 1040, Schedule 1, W-2's and other applicable schedules	
1.	Total Qualifying Wages See instructions - Use W-2 Box 5 (For multiple W-2's complete Worksheet A on Page 2)	\$ 24 684 00
2.	Federal Form 2106 Expenses are no longer allowed (SEE IRS PUBLICATION 5307)	XXXXXXXXXXXXXXXXXXXX
3.	XXXXXXXXXXXXXXXXXXXX
4.	Less Nontaxable Income (part year or non-residents only) (provide calculations).....	\$
5.	Taxable Qualified Wages (Line 1 minus Line 4).....	\$ 24 684 00
6.	Other Income or (Loss) from Federal Sch 1, C, E, F, K-1, 1099-MISC, Form W-2G (Complete Worksheet B on page 2 and enclose copies of all Federal Schedules)...	\$
7.	Cincinnati Taxable Income (Line 5 plus Line 6) Losses on Line 6 do not offset W-2 Income from Line 5	\$ 24 684 00
8.	Cincinnati Income Tax (Multiply Line 7 by 1.8% (.018) See Instructions	\$ 444 00
9 a.	Cincinnati Tax Withheld (per W-2s).....	\$ 444 00
9 b.	Estimates Paid (including credit from a previous year).....	\$
9 c.	Other Local Taxes Paid, See Instructions (Enclose W-2s or Other City returns)	\$
10.	Total Payments and Credits (Lines 9a + 9b + 9c).....	\$ 444 00
11.	Tax Due (Subtract Line 10 from Line 8) (Amounts less than \$10.00 are not due)	\$
12.	Overpayment (Line 10 greater than Line 8).....	\$ 0 00
13.	Amount to be Refunded (Amounts less than \$10.00 will not be refunded)	\$ 0 00
14.	Credit to Next Year.....	\$
		Federal Extension filed If yes, attach copy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part B	Declaration of Estimated Tax for 2023 – Mandatory if 2022 liability was \$200.00 or more	
15.	Total Estimated Income Subject to Tax.....	\$ 24 684 00
16.	Cincinnati Estimated Income Tax Due (Multiply Line 15 by 1.8% (.018)).....	\$ 444 00
17.	Estimated Taxes Withheld from Wages.....	\$ 444 00
18.	Estimated Tax Due after Withholding (Line 16 less Line 17) STOP if this amount is less than \$200.00.....	\$ 0 00
19.	Quarter One Estimated Tax Due Before Credits (25% of Line 18).....	\$
20.	Less Credits (from Line 14 above) or Amounts Already Paid on this Year's Liability.....	\$
21.	Net Estimated Tax Due if Line 19 Minus Line 20 is Greater Than Zero*.....	\$
22.	TOTAL AMOUNT DUE — Line 11 plus Line 21 (Make checks payable to "City of Cincinnati" or pay online at https://web2.civicacmi.com/Cincinnati)	\$

*Subsequent estimated payments are due 06/15/23, 09/15/23 and 01/15/24
*Failure to remit timely estimated payments will result in the assessment of interest and penalties.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Paid Preparer Name _____ PTIN _____ GLOBAL TAXES LLC Name of Firm or Employer <u>245 ROONEY CT</u> <u>E BRUNSWICK NJ 08816 (678)965-9522</u> Address of Firm or Employer _____ Telephone Number _____	May the City Tax Division discuss this return with the preparer shown to the left? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Signature of Taxpayer or Agent _____ Date _____ Signature of Spouse _____ Date _____ Daytime Telephone Number _____
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WORKSHEET A - SALARIES, WAGES, TIPS, AND OTHER COMPENSATION
(To be completed by taxpayers who receive W-2 income from more than one source)
****Enclose copies of all W-2s used to compute your local income****

Employer	City Where Employed	Qualifying Wages (Box 5 on W-2)	Cincinnati Tax Withheld (Box 19 on W-2)	Other City Tax Withheld (Box 19 on W-2)
Totals (Enter Total Qualifying Wages on Line 1, Page 1)				

WORKSHEET B - BUSINESS INCOME or LOSS
****Enclose copies of all Federal Forms and Schedules used to compute your local income. ****

	Schedules	Column A Income / (Loss) from Federal Schedules	Column B Percentage from Sch Y	Column C Cinti Taxable Income (Column A x Column B)
B1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C).	\$		\$
B2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from Cincinnati properties).	\$	100.00	\$
B3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Cincinnati tax on entire distributive share)	\$	100.00	\$
B4.	Other Income – Fed, Sch. 1 (1040) Line 8, 1099-MISC, 1099-NEC, W-2G & Schedule F, etc.	\$		\$
B5.	Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C) Enclose a worksheet (see form and example on website) showing prior year losses for up to 5 years and amounts previously claimed or leave blank and calculate the deduction in the table on the next page.			\$ ()
B6.	Total Tax Year Business/Other Income (Loss) Combine Lines 1 through 5 and enter this amount on Page 1, Line 6			\$

	Column A		Column C
Cincinnati Losses Carried Forward to Offset Current Year Business Income			
2017 (_____) + 2018 (_____) + 2019 (_____)	Total 2017-2021 Losses Available	➔	2017-2021 NOL Applied (Loss deduct 50% Limit)
+2020 (_____) +2021 (_____)	\$ _____		\$ _____

NOL Carryforward from tax years 2017-2021:

State law changes limit the deduction allowed for operating losses carried forward from tax years 2017-2021. These losses from Column C may be used to reduce taxable income in Worksheet B

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

For nonresidents who earn a portion of their net profits in Cincinnati.

a. Located Everywhere

b. Located in Cincinnati

c. Percentage (b/a)

STEP 1.	Average Original Cost of Real and Tangible Personal Property	_____	_____	
	Gross Annual Rent Paid Multiplied by 8.....	_____	_____	
	TOTAL STEP 1.....	_____	_____	_____
STEP 2.	Wages, Salaries, and Other Compensation Paid.....	_____	_____	_____
STEP 3.	Gross Receipts from Sales Made and/or Work or Services Performed.....	_____	_____	_____
STEP 4.	Total Percentages. (Add Percentages from Steps 1-3).....	_____	_____	_____
STEP 5.	Apportionment Percentage (Divide Total Percentage by Number of Percentages Used).....	_____	_____	_____
	Enter Percentage in Column B of Worksheet			

LINE 9a: Enter the amount of Cincinnati Tax withheld by employers.

LINE 9b: Enter the amount of estimated tax payments including any amounts paid with an extension. Estimated payments may be subject to the underpayment of estimated tax penalty if not paid timely. The total of the quarterly estimates should equal 100% of the prior year's tax or 90% of the current year's tax