2022 Ohio IT 1040

Individual Income Tax Return



22000198

Sequence No. 1

04 07 23

Do not staple or paper clip.

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 S 405 99 04		✓ If deceased	Spo	ouse's SSN (if fili	ing join	ly)	✓ If dece	eased	School distri	ict#
First name KUNJ			M.I. B	Last name PATEL						
Spouse's first name	(if filing jointly)		M.I.	Last name						
Address line 1 (num 6427P PA	ber and street) or F LMERA DR	P.O. Box								
Address line 2 (apar	tment number, suit	e number, etc.)								
City MASON Foreign country (if the	ne mailing address	is outside the U.S.)			State OH Foreig	ZIP cod 4504 n postal cod	:0	Ohio county WARR	y (first four letters	s)
Davidanav Stat	01 1				T =:::	or Ctatus	01 1	,		
Residency Stat X Resident	Part-year resident	one for primary Nonresident Indicate state	>>		FIIII	_			d on federal inco	ome tax return)
Check only one for s Resident	spouse (if filing join Part-year resident	tly) Nonresident Indicate state	, ,		×	Married filin	g jointly g separately		Spouse's SS	
Ohio Nonreside						Fodoral ovt	ension filers	- check her	۵	
		rebuttable presumpti rebuttable presumpti					can claim you		ouse if filing join	ıtly) as a
1. Federal adjuste if negative	•	ederal 1040 or 1040		,			1.			85450
2a. Additions – Ohio	Schedule of Adjus	tments, line 10 (inc	ude s	chedule)			2a.			
2b. Deductions - Oh	io Schedule of Adju	ustments, line 39 (ir	clude	schedule)			2b.			
3. Ohio adjusted gr	oss income (line 1	plus line 2a minus li	ne 2b)). Place a "-" in	the box	if negative.	3.			85450
Exemption amou Number of exemption amount		ule of Dependents and your spouse/de					4.			1900
5. Ohio income tax	0,7				_		5.			83550
6. Taxable business	s income – Ohio Sc	chedule IT BUS, line	13 (ir	nclude schedu	le)		6.			
7. Taxable nonbusir	ness income (line 5	minus line 6; if neg	ative,	enter zero)			7.			83550

2022 Ohio IT 1040

Individual Income Tax Return



SSN 405 99 0447

7a. Amount from line 7 on page 1	'a.	83550			
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2123			
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.	2123			
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.	2123			
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.	2123			
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2844			
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.	2844			
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.	2844			
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				
21. Tax due (line 13 minus line 20). Il 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"	DUE ▶ 23.				
24. Overpayment (line 20 minus line 13)	24.	721			
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					
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	721			
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 If you owe \$1.00 or less, no pa				
Primary signature Phone number (817)856-9785	NO Payment Includ Ohio Department				
Spouse's signature Date	P.O. Box 2 Columbus, OH 4	679			
Check here to authorize your preparer to discuss this return with the Department. Preparer's printed name Phone number	Payment Included				
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522	Ohio Department	of Taxation			

Preparer's TIN (PTIN) P 02082703

2022 IT 1040 - page 2 of 2

REV 02/14/23 PRO

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.

Sequence No. 11

Primary taxpayer's SSN

405 99 0447

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 2844 and on line 14 of your Ohio IT 10401.

Dart	R	_	W	_2	0	

rait D -	VV-23		
1. P/S P	Box b - EIN 463306859	Box 1 - Wages, tips, other compensation 93610	Box 2 - Federal income tax withheld 13381
	Box 15 - Employer's Ohio ID number 53055521	Box 16 - Ohio wages, tips, etc. 93610	Box 17 - Ohio income tax 2844
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

405 99 0447



D1-0	4000 D-	405 99 0447		Sequence No. 12
	1099-Rs 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
Part D	W 2Gs			
<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 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