

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



04 15 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) 752 54 7102

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 6705

First name BHARGAV TEJA

M.I. Last name PAKALA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 2004 HASTING'S DR

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

City KENT

State ZIP code OH 44240

Ohio county (first four letters) PORT

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 dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income... 22708. Row 2: 2a. Additions... 2a. Row 3: 2b. Deductions... 2b. Row 4: 3. Ohio adjusted gross income... 22708. Row 5: 4. Exemption amount... 2400. Row 6: 5. Ohio income tax base... 20308. Row 7: 6. Taxable business income... 6. Row 8: 7. Taxable nonbusiness income... 20308.



MM-DD-YY Code

2022 Ohio IT 1040 Individual Income Tax Return



SSN 752 54 7102

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (20308), 8a. Nonbusiness income tax liability (0), 8b. Business income tax liability (0), 8c. Income tax liability before credits (0), 9. Ohio nonrefundable credits (20), 10. Tax liability after nonrefundable credits (0), 11. Interest penalty (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (0), 14. Ohio income tax withheld (462), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (462), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (462), 21. Tax due (462), 22. Interest due on late payment (0), 23. TOTAL AMOUNT DUE (462), 24. Overpayment (462), 25. Original return only (0), 26. Original return only donation (0), 27. REFUND (462).

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 (330) 389-5483
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



04 15 23

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

Table listing 24 categories of nonrefundable credits with their respective line numbers and values (e.g., 1. Tax liability before credits... 1. 0, 10. Total... 20, 11. Tax less credits... 0).



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

752 54 7102



22280298

Sequence No. 8

- 25. Technology investment credit carryforward (include a copy of the credit certificate)..... 25.
- 26. Enterprise zone day care & training credits (include a copy of the credit certificate) ..... 26.
- 27. Research & development credit (include a copy of the credit certificate) ..... 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. 0

## Nonresident Credit

Dates of Ohio residency to 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;  
if greater than 1, enter 1.0000) ..... 33a.
- 33. Nonresident credit (line 30 times line 33a) ..... 33.

## Resident Credit

- 34. Resident credit – Ohio IT RC, line 7 (include a copy) ..... 34.
- 35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) ..... 35. 20

## Refundable Credits

- 36. Refundable Ohio historic preservation credit (include a copy of the credit certificate) ..... 36.
- 37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) ..... 37.
- 38. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... 38.
- 39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... 39.
- 40. Venture capital credit (include a copy of the credit certificate) ..... 40.
- 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.

Primary taxpayer's SSN

752 54 7102



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 1040 .....1. 462

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	010825246	20204	1606
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52660672	20204	441
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	550186310	2141	18
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	51228452	2141	21
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  
752 54 7102



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

File this return with CANTON TAX DEPARTMENT on or before April 18, 2023. If you received a federal extension, please attach a copy of your federal extension request to the Canton return when you file. For taxpayers not on a federal extension, an extension request must be submitted in writing and filed on or before April 18, 2023.

CREDIT CARD SERVICE FEES APPLY: \$2.00 or 2.75%, whichever is greater.

PHONE: (330) 430-7900  
MAKE CHECK/MONEY ORDER PAYABLE TO  
KIM R. PEREZ, TREASURER  
INCOME TAX DEPARTMENT  
PO BOX 9951  
CANTON, OH 44711-9951  
cantonincometax.com

# City of Canton, Ohio Income Tax Return

For Calendar Year ending December 31, 2022.

# 2022

FOR USE OF ALL INDIVIDUAL TAXPAYERS SUBJECT TO CANTON INCOME TAX

BHARGAV TEJA PAKALA

2004 HASTING'S DR  
KENT OH 44240

Indicate Filing Status:  Individual  Joint Return  Other  
Occupation or Principal Business Activity:

Are you or the business entity a resident (X) Yes ( ) No

Moved INTO CANTON on \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Moved OUT OF CANTON on \_\_\_\_\_

DO YOU RENT OR OWN YOUR HOME?  OWN  RENT

BIRTH DATE 09/28/2000

MAKE NAME OR ADDRESS CORRECTION

ACCT. NO. Your Social Security No. 752 54 7102 SPOUSE SS# PHONE (330) 389-5483 To receive electronic correspondence, please provide an email address: BPAKALA@KENT.EDU

1. WAGES **FILING REQUIRED EVEN IF NO TAX DUE OR NO INCOME EARNED** ALL W-2'S MUST BE ATTACHED

EMPLOYER	CITY PAID	TAX PAID OTHER CITIES	CANTON TAX WITHHELD	TOTAL W-2 WAGES
HENDRICKSON USA LLC	CANTON		515 00	20 600 00
GUYAN INTERNATIONAL	STREETSB	43 00		2 141 00
	TOTAL	43 00	515 00	22 741 00

2. Total Income from Back of Form (if applicable) 2. \$ \_\_\_\_\_

3. Wages earned outside Canton by part year non-resident or prior to 18th birthday 3. Deduct \$ \_\_\_\_\_

4. Taxable Income (Add Lines 1 and 2 subtract Line 3) 4. \$ 22 741 00

5. Canton City Tax (2.5% of Line 4) 5. \$ 569 00

6. CREDITS

(a) Canton income tax withhold by employer(s) 6a \$ 515 00

(b) Municipal tax paid to other cities (not to exceed 2.5%) 6b \$ 43 00

(c) Payment of Declaration of Estimated Tax 6c \$ \_\_\_\_\_

(d) CREDIT ADJUSTMENT 6d \$ \_\_\_\_\_

(e) TOTAL CREDITS (add a, b, c, less d) 6e \$ 558 00

7. BALANCE DUE (If Line 5 exceeds Line 6e enter difference here) 7. \$ 11 00

8. Overpayment claimed (If Line 6e exceeds Line 5) 8. \$ \_\_\_\_\_

9. Credit to 2023 Estimate (If no estimate due use Line 10) 9. \$ \_\_\_\_\_

10. TO BE REFUNDED (If estimate due use Line 9) (Must be greater than \$10.00) 10. \$ \_\_\_\_\_  For direct deposit of your refund, check box and complete bank information on reverse side.

11. Late filing fine - (returns filed after filing deadline), \$25.00 per month penalty 11. \$ \_\_\_\_\_

12. Interest 0.58% per month 12. \$ \_\_\_\_\_

13. Penalty: 15% \_\_\_\_\_ (see instructions) 13. \$ \_\_\_\_\_

14. Total amount due - **MUST BE PAID IN FULL WITH THIS RETURN** 14. \$ 11 00

NO ASSESSMENTS OR REFUNDS OF \$10.00 OR LESS WILL BE COLLECTED OR REFUNDED.

**MANDATORY DECLARATION OF ESTIMATED TAX FOR 2023**

Must be filed if a local tax, of at least 2.25% is not withheld by your employer

1. Total income subject to Canton tax \$ _____	Canton tax @ 2.5%.	1. \$ _____
2. LESS TAX TO BE WITHHELD		2. \$ _____
3. Balance estimated Canton tax		3. \$ _____
4. Less Credits: a. Overpayment on previous year's return	4a. \$ _____	
b. Other (Specify)	4b. \$ _____	Total Credits \$ _____
5. Net tax due (Line 3 less total of Line 4)		5. \$ _____
6. Amount paid with this return (not less than 1/4 X line 3 minus Line 4) Make remittance payable to: Kim R. Perez, Canton City Treasurer		6. \$ _____
7. Balance of Tax	\$ _____	

I CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT, AND COMPLETE.

May we discuss this tax return with preparer  Yes  No

GLOBAL TAXES LLC 04/15/2023  
Signature of Person Preparing, If Other Than Taxpayer Date

Signature of Taxpayer or Agent Required Date

Address or Name and Address of Firm Spouse Date

THIS SPACE FOR TAX OFFICE USE ONLY  
AUDITED BY NEW ACCOUNT SUSP M/M POSTED TO BANKING DATE REFUND CK. NO.

City of Canton Income Tax Form TY2022

	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G TOTAL COLUMNS A-F
1. Municipality Name; enter each City only once	CANTON						
2. Tax rate for each City	2.5%	%	%	%	%	%	
3. AGGREGATE SCHEDULE C INCOME OR (LOSS)							
4. AGGREGATE SCHEDULE E INCOME OR (LOSS)							
5. AGGREGATE PARTNERSHIP/S-CORP INCOME OR (LOSS)							
6. MISCELLANEOUS/OTHER INCOME/FORM 1099							
7. TOTAL INCOME (ADD LINES 3,4,5, AND 6)	\$	\$	\$	\$	\$	\$	\$
8. COLUMN A-F IF LINE 7 IS A GAIN ENTER EACH COLUMN AND TOTAL ACROSS							
9. COLUMN A-F IF LINE 7 IS A LOSS ENTER EACH COLUMN AND TOTAL ACROSS							

10. NOL CARRY FORWARD							
11. ENTER LESSER OF 50% OF 7G OR 50% OF 10G							

12. GAIN PERCENTAGE (Divide each column amount in Line 8 by the total in Line 8 Column G)		%	%	%	%	%	100%
13. APPORTIONED LOSS (Multiply Loss from Line 9G by Line 12)							
14. APPORTIONED NOL (Multiply Loss from Line 11G by Line 12)							
15. DEDUCTIBLE LOSS (Add Line 13 and Line 14)							
16. TAXABLE GAIN (Subtract Line 15 from Line 8. Enter 16G on Page 1 of Tax Return, Line 2)	\$	\$	\$	\$	\$	\$	\$

ALLOWABLE CREDIT FOR TAX PAID TO OTHER CITIES							
A. TOTAL TAX PAID OR WITHHELD (Include distributive share of tax paid by Partnership/S Corp)							
B. TAX ASSESSED BY OTHER CITY Please attach other City Tax Returns							
C. TAX DUE TO CANTON ON APPORTIONED INCOME (Multiply Line 16 by 2.5%)							
D. TAX PAID TO OTHER CITY ON APPORTIONED INCOME (Multiply Line 16 by Line 2)							
E. COMPARE LINES A, B, C, AND D, AND ENTER SMALLEST AMOUNT	\$	\$	\$	\$	\$	\$	\$

ENTER LINE 16 G ON PAGE 1, LINE 2

ENTER LINE E, COLUMN G, ON PAGE 1, LINE 6 B

IF YOU WOULD LIKE YOUR REFUND DIRECT DEPOSITED PLEASE COMPLETE THE FOLLOWING

ROUTING NUMBER  & TYPE:  CHECKING  SAVING

ACCOUNT NUMBER

NAME OF BANK