E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Statu	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	household (H0	OH)		fying surv	iving
Check only one box.	lf vo	u checked the MFS box, enter the	nama of v	your spouso. If we	nu obook	and the UOU or	OSS hav an	tor th		se (QSS)	o gualifying
one box.		on is a child but not your depender		our spouse. If yo	ou check	ed the HOHO	QOO DOX, EII	tei ti	ie ciliu s	name ii tii	e qualitying
Your first name			Last na	me.					Your soc	ial securit	v number
				RASAMY					Your social security number 717-86-5688		
		s first name and middle initial	Last na						Spouse's social security number		
					'	6-4588	-				
		er and street). If you have a P.O. box, se					Apt. no.				
		· -	e iristructi	0113.			'			ere if you,	on Campaign
4501 SUI		тин ки ce. If you have a foreign address, also c	omplete s	naces helow	Sta	to	ZIP code				tly, want \$3
		ce. Il you have a loreigh address, also c	omplete s	paces below.	TΣ		75503		to go to this fund. Checking a		
TEXARKAI Foreign countr				Foreign province/st			Foreign postal			w will not or refund.	change
i oreigii counti	y manne		'	oreign province/st	ate/Cour	Ly	i oreign postar	code	your tax	You	Spouse
.	A 1 -							. \	(I=) = = II		орошос
Digital		ny time during 2022, did you: (a) re ange, gift, or otherwise dispose of					-			Yes	⊠ No
Assets							asset): (See	115111	ictions.)	1es	
Standard Deduction		eone can claim: You as a d	•			a dependent					
Deduction		Spouse itemizes on a separate retu	irii or you	i were a duai-sta	tus aller						
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Janı	ary 2	2, 1958	☐ Is bli	nd
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check	the b	ox if qualifi	es for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax c	redit	Credit for oth	ner dependents
than four											
dependents, see instruction	e										
and check											
here ${ extstyle oxedsymbol oxensian oxedsymbol oxensian oxedsymbol oxensian oxedsymbol oxensian oxean oxensian oxensian oxensian oxensian oxensian oxean oxan oxean oxan oxa$											
Income	1a	Total amount from Form(s) W-2,	box 1 (se	e instructions)					. 1a	13	39,129.
	b	Household employee wages not	reported	on Form(s) W-2					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 1c		
attach Forms	d	Medicaid waiver payments not re	eported o	n Form(s) W-2 (s	ee instru	ıctions)			. 1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption ben	efits from	n Form 8839, line	29 .				. 1f		
If you did not	g	Wages from Form 8919, line 6 .							. 1g		
get a Form	h	Other earned income (see instruc	tions)						. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i					
	z	Add lines 1a through 1h							. 1z	13	39,129.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b		
if required.	3a_	Qualified dividends	3a		1	ordinary divide			. 3b		
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t		. 6b		
Married filing	С	If you elect to use the lump-sum	election r	method, check h	ere (see	instructions)		. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D it	f required. If not i	required	, check here		. [7		
Married filing	8	Other income from Schedule 1, li	ne 10						. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your tota	l incom	e			. 9	13	39,129.
surviving spouse, \$25,900	10	Adjustments to income from Sch	edule 1, l	ine 26					. 10		
Head of	11	Subtract line 10 from line 9. This	is your a c	djusted gross in	come				. 11	13	39,129.
household, \$19,400	12	Standard deduction or itemized	d deduct	ions (from Sched	dule A)				. 12	2	25,900.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or F	orm 899	5-A			. 13		
any box under Standard	14	Add lines 12 and 13							. 14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This	is your t	taxable incom	ne		. 15	11	13,229.
	,										

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form(s	s): 1	2 4972	3 🗌		. 16	16,144.
Credits	17	Amount from Schedule 2, line 3						. 17	
	18	Add lines 16 and 17						. 18	16,144.
	19	Child tax credit or credit for other	er dependents	s from Schedu	ule 8812			. 19	
	20	Amount from Schedule 3, line 8						. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If a	zero or less, e	nter -0				. 22	16,144.
	23	Other taxes, including self-empl	loyment tax, fi	rom Schedule	2, line 21 .			. 23	0
	24	Add lines 22 and 23. This is you	r total tax					. 24	16,144.
Payments	25	Federal income tax withheld fro							
-	а	Form(s) W-2				25a	26,40	04.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	26,404.
If you have a	26	2022 estimated tax payments a	nd amount ap	plied from 20	21 return			. 26	
If you have a qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28			
	29	American opportunity credit from	m Form 8863,	line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits						. 32	
	33	Add lines 25d, 26, and 32. Thes	e are your tot	al payments				. 33	26,404.
Refund	34	If line 33 is more than line 24, su							10,260.
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	10,260.
Direct deposit?	b	Routing number 0 3 1 1			c Type: 🛛		Savi		
See instructions.	d	Account number 3 6 1 5					_		
	36	Amount of line 34 you want app	lied to your 2	023 estimate	d tax	36			
Amount	37	Subtract line 33 from line 24. Th							
You Owe		For details on how to pay, go to	•	-		1 1		. 37	
	38	Estimated tax penalty (see instru				38			
Third Party Designee		you want to allow another pestructions					s. Comp	lete below.	× No
Besignee		signee's		Phone				dentification	
		ne		no.			number (F		
Sign		der penalties of perjury, I declare that ief, they are true, correct, and complete			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
		3			•				IN, enter it here
Joint return?					TECHNICAL			(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOUSEWIFE			(see inst.)	
	———Ph	one no. (903) 826-8354		Email address	K.LOGA91@	CMATI CO	M		
			eparer's signatu		IV. HOGHATE	Date	PTI	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SY			מווסיים יים ד. ד. א א			2082703	Self-employed
Preparer		m's name GLOBAL TAXES		VIII DUGUL	GOLIA TAHLAM	100/10/20	723 EU.		(678) 965-9522
Use Only		n's address 245 ROONEY (JSWICK N.	T 08816			Firm's EIN	
0-1	/=-	-1040 for instructions and the 11 11	 21 11 DI/OI	VOVI CIV INC	, 00010			I IIIII 3 LIIN	84-3171965

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LOGANATHAN KUMARASAMY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 717-86-5688

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	lf-only	▼ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3		7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6		7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7		
8	Add lines 6 and 7	8		7,300.
9	Employer contributions made to your HSAs for 2022			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		200.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		7,100.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part	<u> </u>	rate l	HSAs, d	complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ons b		
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

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.

Primary taxpayer's SSN (required)

717 86 5688

✓ If deceased

Spouse's SSN (if filing jointly) 988 96 4588

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 9999

First name

05 18 23

LOGANATHAN

M.L. Loots

Spouse's first name (if filing jointly)
PAVITHRA

M.I. Last name

M.I. Last name

PRABAKARAN

KUMARASAMY

Address line 1 (number and street) or P.O. Box

4501 SUMMERHILL RD

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

APT 119

TEXARKANA

City

State

Ohio county (first four letters)

Filing Status - Check one (as reported on federal income tax return)

TX 75503 FRAN

ZIP code

Foreign country (if the mailing address is outside the U.S.)

Residency Status - Check only one for primary

Foreign postal code

	Resident	Part-year > resident	Nonresident	Single, head of household or qua	alifying widow(er)		
	Check only one for sp	oouse (if filing jointly))	★ Married filing jointly			
	Resident	Part-year > resident	Nonresident	Married filing separately	Spouse's SSN		
			See instructions for required criteria		2010		
	Primary meets th	e five criteria for irreb	outtable presumption as nonresident	rederal extension filers - check i	iere.		
	Spouse meets th	e five criteria for irreb	outtable presumption as nonresident	If someone can claim you (or your dependent, check here.	spouse if filing jointly) as		
paper clip.	1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative						
ō	5 2a.Additions – Ohio Schedule of Adjustments, line 10 (include schedule)2a.						
Do not staple	2b. Deductions - Ohio	Schedule of Adjusti	ments, line 39 (include schedule))2b.			
Do no	3. Ohio adjusted gros	ss income (line 1 plu	is line 2a minus line 2b). Place a "-	" in the box if negative3.	139129		
		`	e of Dependents if applicable) d your spouse/dependents, if applic	4. able: 2	3800		
	5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)						
	6. Taxable business i	ncome – Ohio Sche	dule IT BUS, line 13 (include sch	edule)6.			
	7. Taxable nonbusine	ess income (line 5 m	inus line 6; if negative, enter zero)	7.	135329		





REV 04/22/23 PRO

2022 Ohio IT 1040

Individual Income Tax Return



SSN 717 86 5688

7a. Amount from line 7 on page 1	⁷ a.	135329
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	4054
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.	4054
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	2819
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1235
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.	1235
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	1559
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. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	1559
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	1559
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" AMOUNT D	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	324
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	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	324
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 refu If you owe \$1.00 or less, no payme	
▶Primary signature Phone number (903) 826-8354	NO Payment Included - Ohio Department of Ta	
Spouse's signature Date	P.O. Box 2679 Columbus, OH 43270	
Check here to authorize your preparer to discuss this return with the Department.	Journal Hours	2013

Preparer's TIN (PTIN) P 02082703

Preparer's printed name ______SYAM_PRIYA_RAM_SAGAR_GUP Phone number ______(678) 965-9522

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

REV 04/22/23 PRO



05 18 23

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 717 86 5688

Many of these credits <u>must</u> 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.	4054
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.	4054
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 717 86 5688



Sequence No. 8

27. Research & development credit (include a copy of the credit certificate) 27. 0 4054 **Nonresident Credit Dates of Ohio residency** Other state of residency 31. Nonresident Portion of Ohio adjusted gross income -96759 Ohio IT NRC Section I, line 18 (include a copy) 31. 139129 32. Ohio adjusted gross income (Ohio IT 1040, line 3)........ 32. 33a. Divide line 31 by line 32 (four decimals; do not round; 0.6954 2819 **Resident Credit** 2819 **Refundable Credits** 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.



Sequence No. 11

Primary taxpayer's SSN 717 86 5688

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. 1559

Part B -	<u>W-2s</u>		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
Р	251797617	139129	26404
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52387422	42370	1559
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

717 86 5688



D 40	4000 B	717 86 5688		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 2Gc			
<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
	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