

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 28 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) 533 95 0999 If deceased Spouse's SSN (if filing jointly) If deceased School district # 2903

First name CHANDRA SEKHER DILEEP M.I. Last name PASUMARTHI

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 2401 W PFLUGERVILLE PKWY

Address line 2 (apartment number, suite number, etc.) APT 721

City ROUND ROCK State TX ZIP code 78664 Ohio county (first four letters) WILL

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

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident. Filing Status - Check one (as reported on federal income tax return): Single, Married filing jointly, Married filing separately. Ohio Nonresident Statement - See instructions for required criteria. Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Row 2: Additions - Ohio Schedule of Adjustments, line 10. Row 3: Deductions - Ohio Schedule of Adjustments, line 39. Row 4: Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Row 5: Exemption amount (include Schedule of Dependents if applicable). Row 6: Taxable business income - Ohio Schedule IT BUS, line 13. Row 7: Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



22000298 Sequence No. 2

SSN 533 95 0999

7a. Amount from line 7 on page 1 .....	7a.	12600
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> ).....	8b.	
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 ( <b>include schedule</b> ).....	9.	20
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .....	10.	0
11. Interest penalty on underpayment of estimated tax ( <b>include Ohio IT/SD 2210</b> ).....	11.	
12. Unpaid use tax (see instructions).....	12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 ( <b>include schedule and income statements</b> ) .....	14.	532
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 ( <b>include schedule</b> ).....	16.	
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	532
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	532
<b>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
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. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P</b> (if original return) <b>or IT 40XP</b> (if amended return) and make check payable to "Ohio Treasurer of State" .....	<b>AMOUNT DUE ▶ 23.</b>	
24. Overpayment (line 20 minus line 13) .....	24.	532
25. <b>Original return only</b> – portion of line 24 carried forward to next year's tax liability .....	25.	
26. <b>Original return only</b> – 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. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	532

**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 (475) 268-9024  
 ▶ 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



02 28 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**

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	0
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.	0
9. Income-based exemption credit .....	9.	20
10. Total (add lines 2 through 9) .....	10.	20
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	0
12. Joint filing credit (see instructions for table).      % times line 11, up to \$650 .....	12.	0
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  
533 95 0999



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. <b>Total nonrefundable credits</b> (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. <b>Total refundable credits</b> (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.



22350198

Primary taxpayer's SSN

Sequence No. 11

533 95 0999

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. 532

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	611773696	15000	1672

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
54050062	15000	532

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
------------------------------------	---------------------------------	--------------------------

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  
533 95 0999



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

Do not staple or paper clip.



Department of Taxation

2022 Ohio SD 100 School District Income Tax Return



22020198

02 28 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) 533 95 0999

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2903

First name CHANDRASEKHER D

M.I. Last name PASUMARTHI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 2401 W PFLUGERVILLE PKWY

Address line 2 (apartment number, suite number, etc.) APT 721

City ROUND ROCK

State ZIP code TX 78664

Ohio county (first four letters) WILL

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

Foreign postal code

Residency Status - Check only one for primary

Check only one for spouse (if filing jointly)

X Resident Part-year resident Nonresident

Resident Part-year resident Nonresident

Dates of residency to

Dates of residency to

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

Tax Type - Check one (see instructions)

X Single, head of household or qualifying widow(er)

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

Married filing jointly Spouse's SSN

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

Married filing separately

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: School district taxable income: Traditional tax base from line 23. Row 2: Earned income tax base from line 27. Row 3: School district income tax liability: line 1 times tax rate .0050 (see instructions for rate). Row 4: Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return). Row 5: Line 2 minus line 3 (if negative, enter zero). Row 6: Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210). Row 7: Total school district income tax liability before withholding or estimated payments (line 4 plus line 5).



MM-DD-YY

Code

**2022 Ohio SD 100**  
**School District Income Tax Return**



22020298

SSN 533 95 0999

SD# 2903

6a. Amount from line 6 on page 1 .....	6a.	63
7. School district income tax withheld – Schedule of School District Withholding, part A, line 1 ( <b>include schedule and income statements</b> ) .....	7.	75
8. Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return .....	8.	
9. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	9.	
10. <b>Total school district income tax payments</b> (add lines 7, 8 and 9).....	10.	75
11. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	11.	
12. Line 10 minus line 11. Place a "-" in the box if negative .....	12.	75
<b>If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.</b>		
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. <b>TOTAL AMOUNT DUE</b> (line 13 plus line 14). <b>Include Ohio SD 40P</b> (if original return) or <b>Ohio SD 40XP</b> (if amended return) and make check payable to "School District Income Tax"..... <b>AMOUNT DUE</b> ▶	15.	
16. Overpayment (line 12 minus line 6a) .....	16.	12
17. <b>Original return only</b> – amount of line 16 to be credited toward next year's school district income tax liability.....	17.	
18. <b>REFUND</b> (line 16 minus line 17)..... <b>YOUR REFUND</b> ▶	18.	12
<b>Traditional Tax Base (lines 19 to 23)</b>		
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" in the box if negative .....	19.	12600
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.	12600
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.	12600
<b>Earned Income Tax Base (lines 24 to 27)</b>		
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 (475) 268-9024  
 ▶ 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

School District #

533 95 0999

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. 75

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	611773696	15000	1672

Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
54050062	15000	75

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 18 - School district wages	Box 19 - School district 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 18 - School district wages	Box 19 - School district 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 18 - School district wages	Box 19 - School district 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 18 - School district wages	Box 19 - School district tax
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### Part C - 1099-Rs

1. P/S	Payer's TIN	Box 1 - Gross distribution	Box 4 - Federal income tax withheld
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Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School district tax
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