# 8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Social security number   358-03-0247   Spouse's flower sus line 4 only. Leave lines 1, 2, 3, and 5 blank.   1 Adjusted gross income   1 1 26, 965.   1 1 26, 965.   1 1 2 2 2 2 1, 199.   3 1 2 2 2 1, 199.   3 1 2 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 2 1, 199.   3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	Submi	ssion Identification Number (SID)		_I	
DAYANTH REDDY XARNATI   Spouse's social security number		,	Social securit	v numl	ner
Spouse's social security number	. ,			-	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 21, 199.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 27, 153.  4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you owe  Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best cryk knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) an now authorizing, and to the best cryk knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) an now authorizing and (5 the date of any return) (1 and processing the return or refund, and (6) the date of any return (1 and processing the return or refund, and (6) the date of any return (1 and pplicable, it authorize the U.S. Treagury Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my declar laxes own od not his return and/or a payment of estimated tax, and the financial institution of account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) apyment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) apyment, I must contact the U.S. Treasury Financial Agent at Japancial or amended) I am now authorizing and, if applicable, meteronic Funds withdrawal Consent.  Taxpayer's PIN: check one box only    I will enter my PIN as my signature on the income tax retur					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re au	thorizing.)
1   126,965. 2 Total tax	Enter \		, ,		<u> </u>
2   21,199. 3   Federal income tax withheld from Form(s) W-2 and Form(s) 1099   3   3   27,153. 4   Amount you want refunded to you   4   5,954. 5   Amount you owe   5	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
3 27,153. 4 Amount you want refunded to you 5 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount 9 Am	1	Adjusted gross income		1	
4	2			2	21,199
Dart     Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)	3			3	27,153
Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or very knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmiter, or electronic return originator (ERC to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason frecition of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financia Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in authorization is to remain in full force and effect until I nority the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance): payment of my federal taxes owned on this return and/or a payment of estimated tax, and the financial institution to obbit the entry to this account. This authorization is to remain in full force and effect until I nority the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance): payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance): payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance): payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance): payment and intermination of the electronic payment and payment (and the financial institution involved in the processing of the electronic payment of the processing of the electronic payment of the processing of the electronic payment of the processing of the electronic payment		·			5 <b>,</b> 954
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended) in a mow authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended) in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financia Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any delay in redearl axes wowed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance). payment, and the financial institution requests must be received no later than a business days prior to the payment estitlement) date. I also authorize the financial institutions involved in the processing of the electronic payment cancellation requests must be received no later than a business days prior to the payment estitlement) date. I also authorize the financial institutions involved in the processing of the electronic payment cancellation number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, meterial zeros in the income tax return (original or amended) I am now authorizing. So a my Enter five digits, but don't enter all zeros in the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is		Amount you owe		_	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income ta return (original or amended) I am now authorizing. I consent to allow my intermediate service provide the Us. Treasury financial or amended) I am now authorizing and the transmission, (b) the reason for rejection of the transmission, (b) the reason for nay delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury gand its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment to terminate the authorization in the tax preparation software for payment and the tax preparation software for payment and the processing of the electronic function to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I further acknowledge that the pr	Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our return)
Taxpayer's PIN: check one box only	return ( to send for any Agent t paymer authoriz paymer busines taxes t persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Institution accounts in the Institution of Institution o	tter, or electroction of the tr S. Treasury as cated in the ta n to debit the the authorizatests must be processing of ayment. I furt	onic refansmished its of ax prepentry attion. The receive the element of the elem	turn originator (ERission, (b) the reason designated Financial paration software for the this account. The revoke (cancel) yed no later than ectronic payment through the thought the thought that the the the the the the the the section of the the the the the the the section of the
I authorize   GLOBAL TAXES LLC   ERO firm name   Signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below.    Spouse's PIN: check one box only   ERO firm name   Signature   Date   ERO firm name   Signature					
Spouse's PIN: check one box only  I authorize  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  Date  FRO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II  Spouse's PIN: check one box only  I authorize  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below.  Spouse's signature  Practitioner PIN Method Returns Only—continue below  Part III  Certification and Authentication — Practitioner PIN Method Only			5 DIN	0 2	
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below.    Your signature   Date		ERO firm name	ř Ent		digits, but
Spouse's PIN: check one box only    I authorize		I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methods.			
I authorize	Your s	ignature ▶ Date ▶			
I authorize	Snous	e's PIN: check one hox only			
Enter five digits, but don't enter all zeros  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only	Орошо		my PIN		l l as m
signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only			_	er five	
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only		signature on the income tax return (original or amended) I am now authorizing.	doı	n't ente	er all zeros
Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only		if you are entering your own PIN and your return is filed using the Practitioner PIN meth-			
Part III Certification and Authentication — Practitioner PIN Method Only	Spous	e's signature ▶ Date ▶			
		Practitioner PIN Method Returns Only—continue below			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	Part	Certification and Authentication — Practitioner PIN Method Only			
Don't enter all zeros	ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		-   -	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	itting this retu	rn in a	accordance with the
ERO's signature ▶ Date ▶	ERO's	signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So			) o C =		

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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly currently single uchecked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you ch		_			spou	use (C	,	
		on is a child but not your dependent										
Your first name			Last nar						Your so		-	number
_JAYANTH	REDI	DY	KARN						858-0			
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Spouse'	s soci	al secui	rity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Preside	ntial E	ection	Campaign
_3346 SHI	ERLO	CK AVE					32		Check h			
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	е	ZIP code					, want \$3 necking a
CINCINNA	ITA				ОН		45220		box belo			
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign postal of	ode	your tax	or re	fund.	
										Y	/ou	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-				Yes	X No
Standard		eone can claim:  You as a de					40001). (0001)	10110	.01.01.01.			
<b>Deduction</b>	_	Spouse itemizes on a separate retur		·		а аерепаетт						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu	ary 2	2, 1958		Is bline	d
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	he b	ox if quali	fies fo	r (see in	structions):
If more	(1) F	irst name Last name		number		to you	Child	ax c	redit	Credit	for other	r dependents
than four												<u> </u>
dependents, see instruction	s											<u> </u>
and check	·											<u> </u>
here	]											<u> </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a		137	7,713.
	b	Household employee wages not re	eported	on Form(s) W-2					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 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 bene	efits from	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 instruct	ions) .						. 1h	$\perp$		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h	. , .						. 1z		137	7 <b>,</b> 713.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	i		. 2b			222.
if required.	3a	Qualified dividends	3a		<b>b</b> Or	rdinary divider	nds		. 3b			
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t		. 4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t		. 5b			
Deduction for— Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t		. 6b			
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (	see i	nstructions)		. [				
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7			-264.	
Married filing	8	Other income from Schedule 1, lin	ie 10 .						. 8	_		706.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						. 9		126	5 <b>,</b> 965.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							. 10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gross incon	ne				. 11	_	<u> 126</u>	5 <b>,</b> 965.
household, \$19,400	12	Standard deduction or itemized							. 12		12	2 <b>,</b> 950.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A			. 13			
any box under Standard	14								. 14			2 <b>,</b> 950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is ye	our <b>t</b> a	axable incom	e		. 15		114	1,015.

				Pa	ge	2
16	21	.,				
17						
18	21	,	1	9	9 .	
19						
20						
21						
22	21	-,	1	9	9 .	
23						
24	21	.,	1	9	9.	
25d	27	7,	1	5	3 .	
26						
32						
33	27	7,	1	5	3 .	
34	5	,	9	5	4	
35a		,	9	5	4 .	
37						
ow.	⊠ No					_

Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . Add lines 16 and 17 . . . . . . . . 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 . . . . . . 21 Add lines 19 and 20 . . . . . . . . . . . 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: 27,153. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number 0 3 1 1 0 0 6 4 9 Direct deposit? b **c** Type: Checking X Savings See instructions. Account number 7 0 4 1 0 0 2 7 8 1 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete bel Designee Designee's Phone Personal identifica number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE DEVELOPMENT ENGI Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (609)212 - 9073Email address K.SAIJAYANTHREDDY001@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 Firm's address Firm's EIN

Form 1040 (2022)

#### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
858-05-0247

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,706.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· •	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	OI		
		8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-10,706.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 03/09/23 PRO

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 858-05-0247 JAYANTH REDDY KARNATI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 5,209. 5,593. 120. -264.Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 -264. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2022 Page **2** 

### Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-264.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?   Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	( 264.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.		
	■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

### **Sales and Other Dispositions of Capital Assets**

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return JAYANTH REDDY KARNATI Social security number or taxpayer identification number 858-05-0247

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Object to the form the control of the first term (a) 4000 P objection begins

<ul> <li>(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>(C) Short-term transactions not reported to you on Form 1099-B</li> </ul>									
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		Gain or (loss) Subtract column (e)	
(Example: 100 sh. XÝZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	5,209.	5,593.	W	120.	-264.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	5,209.	5,593.		120.	-264.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

# SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Your social security number

2022	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

	ANTH REDDY KARNATI						858-0	5-0247	
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal property rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
	Did you make any payments in 2022 that would require you to								
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIP	code)							
Α	FLAT.405, CHAITANYA CLASSIC NIZAMPET, HYD		שת תע	T. A NG	ΔΝΙΔ	TN 50009	<u> </u>		
B	FEAT. 400, CHATTANTA CEASSIC NIZAMIET, HIL	DEINADA	יםו ער	LANG	711/7	IN 30003	<i></i>		
C									
1b	Type of Property (from list below)  2 For each rental real estate propert above, report the number of fair re				Fa	ir Rental Days	Persor	nal Use	QJV
Α	g personal use days. Check the QJV			Α		365		0	П
B	if you meet the requirements to file	le as a		В		303		0	
	qualified joint venture. See instruc	ctions.	-	C					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Renta Multi-Family Residence 4 Commercial		Land Royal	ties		Self-Rental Other (desc	ribe)		
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3		5	84.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	48.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	41.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,2	24.				
15	Supplies	15		4,1	97.				
16	Taxes	16							
17	Utilities	17		1,6	80.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,2	90.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198	21	_	10,7	06.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (	1	LO <b>,</b> 70	16.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental propert	ties .			23a		584.		
b	Total of all amounts reported on line 4 for all royalty proper				23b				
С					23c				
d					23d				
е					23e	11	,290.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		inter to	otal losses he	-	(	10,706.)
26	Total rental real estate and royalty income or (loss). C								, /
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this am	apply to	you, a	ılso er	nter th	is amount o			-10,706.

#### 2022 Ohio IT 1040

#### Individual Income Tax Return





03 18 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

**Taxation** 

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) Spouse's SSN (if filing jointly) If deceased School district # If deceased 858 05 0247 0903 First name M.I. Last name JAYANTH REDDY KARNATI Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 3346 SHERLOCK AVE Address line 2 (apartment number, suite number, etc.) **APT 32** Ohio county (first four letters) City State ZIP code ОН 45220 CINCINNATI HAMI Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Nonresident **>>** Resident Part-vear X Single, head of household or qualifying widow(er) WA resident Indicate state Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-year Nonresident >> resident Indicate state Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as dependent, check here. Do not staple or paper clip 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 126965 if negative..... 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule)......2a. 2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)......2b. 126965 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 1900 Number of exemptions including you and your spouse/dependents, if applicable: 125065 125065 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) .......7.



MM-DD-YY Code

REV 02/14/23 PRO

### 2022 Ohio IT 1040

#### **Individual Income Tax Return**



858 05 0247 SSN

22000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	125065
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	3644
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.	3644
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 ( <b>include schedule</b> )	9.	2463
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1181
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	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.	1181
14.Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14	1425
15.Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward		
from last year's return		
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.	1425
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.	1425
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 I	<b>DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	244
25. Original return only – portion of line 24 carried forward to next year's tax liability	25	
26. <u>Original return only</u> – portion of line 24 you wish to donate:  a. Wildlife Species  b. Military Injury Relief  c. Ohio History Fund	20.	
a. Whalife Openes B. Whitely Highly Neller C. Onto History Fund		
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
		0.4.4
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.	244
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 If you owe \$1.00 or less, n	
▶Primary signature         Phone number (609) 212-9073	NO Payment Inc	
Spouse's signature Date	Ohio Departme P.O. Bo	k 2679
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH	
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522	Payment Inclui Ohio Departme P.O. Bo	nt of Taxation

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

Preparer's TIN (PTIN) P = 02082703



#### 2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN



22280198

Sequence No. 7

03 18 23 858 05 0247

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.	3644
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.	С
9.	Income-based exemption credit	9.	С
10.	Total (add lines 2 through 9)	10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	3644
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 858 05 0247



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.	3644
Non	resident Credit		
Date	es 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)		
32.	. Ohio adjusted gross income (Ohio IT 1040, line 3)32. 126965		
33a.	Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)		
33.	. Nonresident credit (line 30 times line 33a)	33.	2463
Resi	ident Credit		
34.	. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> )	34.	
35.	. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.	2463
	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.

Sequence No. 11

Primary taxpayer's SSN

858 05 0247

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. 1425

Part B - W-2s						
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
P	204938068	137713	27153			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax			
	54006712	41162	1425			
	31000712	11102	1120			
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	Pay 15 Employer's Ohio ID number	Boy 16. Ohio wagaa tina ata	Box 17 - Ohio income tax			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Onlo 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			
	Box 13 - Employer's Onlo ID number	DOX 10 - Office wages, tips, etc.	BOX 17 - Office fillottile 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			
	Box 13 - Employer's Onlo ID number	Box 10 - Offic wages, tips, etc.	DOX 17 - Office filliconne tax			
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	Day 45 Familia varia Ohia ID avvash as	Davido Obia wasan dina ata	Box 17 - Ohio income tax			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Onio income tax			
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld			
	B 45 5 1 1 01: 1B 1	D 40 01:	D 47 01: :			
	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			
		<b>5</b> 40 <b>6</b> 00	<b>5</b> 4 <b>5</b> 600 0			
	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

858 05 0247



22350298

		858 05 0247		22330290 Seguence No. 42	
	1099-Rs	Day 1 Cross distribution		Sequence No. 12	
1. 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	I - 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	I - Ohio tax withheld	
Dort D	W 20-				
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	al income tax withheld	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	5 - Ohio income tax withheld	
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	al income tax withheld	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	5 - Ohio income tax withheld	
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	al income tax withheld	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	5 - Ohio income tax withheld	
Part E - 1099-NECs					
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federa	al 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 - Federa	al income tax withheld	

Box 7 - State income

Box 6 - Payer's Ohio number

Box 5 - Ohio tax withheld