Form <b>8879</b>
(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.

Submission Identification Number (SID)

Taxpaye	er's name	Social security nur	nber
MAN	IDEEP AKINAPALLI	681-99-30	45
Spouse'	's name	Spouse's social se	curity number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are a	uthorizing.)
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	1	51,888.
2	Total tax	2	4,466.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,503.
4	Amount you want refunded to you	4	3,037.
5	Amount you owe	5	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. 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 originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection 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 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 I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		

9	3	0	4	5	
Ent don	er fiv n't er	ve die Iter a	gits, all ze	but ros	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 III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 III below.

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	RO's signature ► Date ►									
ERO Must Retain This F Don't Submit This Form to the I										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/09/23 PRO	Form 8879 (Rev. 01-2021)							

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sub>m</sub> 202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wr	rite or staple in this space.
Filing Status Check only			-	filing separately (M	,			. ,		spou	ifying surviving ıse (QSS)
one box.	pers	u checked the MFS box, enter the nation is a child but not your dependent	2	ur spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the qualifying
Your first name	and mi	iddle initial	Last name	e					Yo	our soo	cial security number
MANIDEEF			AKINA	PALLI					_		99-3045
lf joint return, s	oouse's	s first name and middle initial	Last name	e					Sp	ouse's	s social security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	S.			A	Apt. no.	Pr	esider	ntial Election Campaig
935 WILM	IING	FON AVENUE					N	1			ere if you, or your
	ost offic	ce. If you have a foreign address, also co	mplete spa	ices below.	Sta		ZIP c 454		to	go to	if filing jointly, want \$3 this fund. Checking a
DAYTON Foreign country	name		For	reign province/state/c	OH		-	i ∠ U In postal coc			ow will not change or refund.
r oreign country	name				Journ	.y	Toroig	n posta coc			You Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward, award, or I	bayr	nent for prope	rty or	services);	or (b)	sell,	
Assets	exch	ange, gift, or otherwise dispose of a	ι digital as	set (or a financial i	ntere	est in a digital	asset)	? (See ins	tructio	ons.)	🗌 Yes 🛛 No
Standard	_	eone can claim: 🗌 You as a de		Your spouse							
Deduction		Spouse itemizes on a separate retur	n or you w	vere a dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	use	: 🗌 Was bor		ore Januar			Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip <b>(</b> 4	) Check the	e box if	· .	ies for (see instructions):
If more	<b>(1)</b> Fi	irst name Last name		number		to you		Child tax	c credit		Credit for other dependent
than four dependents,									]		<u> </u>
see instructions	s ——								]	$\rightarrow$	<u> </u>
and check here									] 1		
	1a	Total amount from Form(s) W-2, b	ov 1 (see i	instructions)						1a	58,783.
Income	b	Household employee wages not re		,			•••		•	1b	
Attach Form(s)	c	Tip income not reported on line 1a								10	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	`	,						1d	
W-2G and	е	Taxable dependent care benefits f								1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from F	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 instruction	ions) .			· · · · ·	· ·			1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)	•	<b>1</b> i				_	
	<u>z</u>		·		•					1z	58,783.
Attach Sch. B	2a	· ·	2a			axable interest			•	2b	
if required.	<u>3a</u>		3a			ordinary divide			•	3b	
<b>•</b> ••••	4a		4a			axable amoun			•	4b	
Standard Deduction for –	5a 6a		5a 6a			axable amoun <sup>.</sup> axable amoun <sup>.</sup>			•	5b 6b	-
Single or     Married filing	C	If you elect to use the lump-sum e								00	
Married filing separately,	7	Capital gain or (loss). Attach Sche				,	• •			7	1
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin					• •			8	-6,895.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	51,888.
surviving spouse,	10	Adjustments to income from Sche		2						10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	51,888.
household, \$19,400	12	Standard deduction or itemized								12	
<ul> <li>If you checked</li> </ul>	13	Qualified business income deducti				5-A				13	
any box under Standard	14	Add lines 12 and 13								14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is ye	our <b>i</b>	axable incom	e.			15	38,938.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Pa	ge <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	4,46	5.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	4,46	5.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,46	5.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		Э.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	4,46	5.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7,503			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	7,50	3.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits	<b>.</b>	32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	7,50	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>	Ι	34	3,03	7.
noruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attached, che	ck here	🗆	<b>35</b> a	3,03	1.
Direct deposit?	b	Routing number 0 4 4			c Type: 🛛 🗙	Checking	] Saving	s		
See instructions.	d	Account number 3 6 7	1 8 2 9	92						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another					<b>.</b>		<b>a</b>	
Designee						_	Complet		X No	
		signee's me		Phone no.			rsonal ide mber (PIN			
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules and staten	nents, and	to the be	st of my knowledge	and
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informa	ation of wh	ich prepar	er has any knowled	ge.
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity	
								otection F ee inst.)	IN, enter it here	
Joint return? See instructions.		ouse's signature. If a joint return, I	acth must sign	Date	SOFTWARE I Spouse's occupat		`	,	nt your spouse an	<u> </u>
Keep a copy for	Sþ	ouse's signature. It a joint return, i	Jour must sign.	Date	Spouse s occupat				ection PIN, enter it	here
your records.							(s	ee inst.)		Γ
	Ph	one no. (937)581-403	7	Email address	MANIDEEPAKINA	APALLI@GMAIL.	COM			
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/19/2023	3   P020	82703	Self-employe	эd
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pl	none no.	(678)965-95	22
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			rm's EIN	88-21454	
Go to www.ire.c	ov/Eorr	n1040 for instructions and the late	st information		DAA		`````		Form 1040 /	

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

REV 01/09/23 PRO BAA

Form **1040** (2022)

SCHEDUL	.E 1
(Form 1040	))

Department of the Treasury

### Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
MANIDEEP AKINA	PALLI	681-99	-3045

Par	t 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. Att	ach Schedule E .	5	-6,895.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	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		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	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			
	instructions)	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	Wages earned while incarcerated	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	l, or 1040-NR, line 8	10	-6,895.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	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					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	ВАА	REV	01/09/23 P	RO	Schedul	e 1 (Form 1040) 20

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						20 <b>2</b> 2					
Department of the Treasury		Attach to Form 1040, 1040-SR, 1040-NR, or 1041.					Attachm	Attachment					
Internal Revenue Service Go to www.irs.gov/ScheduleE for			or instru	uctions an	d the la	atest in	formation.			ce No. <b>13</b>			
	shown on return											al security	number
	DEEP AKINA						. 112				681-9	9-3045	
Part	Note: If yo	ou ar	e in th	ne business of re	al Real Estate an nting personal prope 5 on page 2, line 40.	erty, use		<b>c</b> . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
Α	Did you make ar	ny pa	aymei	nts in 2022 that	t would require you	u to file	Form(s) 1	099?	See ins	structions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	ı or v	will yc	ou file required	Form(s) 1099?	<u></u>						. 🗌 Ye	s 🗌 No
1a	Physical add	ress	of ea	ach property (st	treet, city, state, Z	IP code	e)						
Α	2-6-1538,	NGO	S C	OLONY ROAD	HANAMKONDA,	WARAI	NGAL TE	LANG	ANA	IN 506003	L		
В													
С													
1b	Type of Prope		2		al real estate prop				Fa	ir Rental		nal Use	QJV
	(from list belo	w)			the number of fair					Days	Da	ays	
A	3				days. Check the C ie requirements to			Α		365		0	
<u> </u>					venture. See instr			B					
<u> </u>								С					
	of Property:		10000		an/Chart Tarm Day	atal	5 Land		7	Self-Rental			
	Single Family F Multi-Family Re			4 Comm	on/Short-Term Rei	ilai	6 Roya				ribo)		
	Multi-I anniy ne	siue	ence	4 0000	ercial		0 11092	uues	0	Other (desc			
										Propert	es:		
Incom								Α		В			С
3								5	520.				
_4		eived				4							
Exper						-							
5													
6								1 0	200.				
7 8	-							⊥, z	200.				
9													
10													
11	•							1.0	)50.				
12					(see instructions)	12		-/-					
13	00					13							
14								1,8	345.				
15						15		1,7	780.				
16	Taxes					16							
17						17		1,5	540.				
18	-	expe	ense c	or depletion .									
19	Other (list)												
20	•			•	9			7,4	15.				
21	result is a (los	s), s	ee ins	structions to fir	d/or 4 (royalties). If nd out if you must	:		-6,8	395.				
22					r limitation, if any,		(		95.)	(	)	(	
<b>2</b> 3a	Total of all am	ount	ts rep	orted on line 3	for all rental prop	erties			23a		520.		
b	Total of all am	ount	ts rep	orted on line 4	for all royalty prop	perties			23b				
С					2 for all properties				23c	· · · · · · · · · · · · · · · · · · ·			
d					8 for all properties				23d				
е					0 for all properties				23e	7	,415.		
24					n on line 21. <b>Do n</b>		-				. 24		
25	Losses. Add r	oyalt	ty loss	ses from line 21	and rental real esta	ate loss	ses from lir	ne 22. I	=nter to	otal losses he	re <b>25</b>	(	6,895.

**Supplemental Income and Loss** 

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -6,895. NPA For Paperwork Reduction Act Notice, see the separate instructions.

-6,895. 26 Schedule E (Form 1040) 2022

OMB No. 1545-0074

•			
Department	of	the	Treas

SCHEDULE E

### h

Name(s)	shown	on	ret
ivame(s)	SHOWH	011	iei

	Do not staple or paper clip. Ohio Department Taxation 01 19 23		hio IT 1040 come Tax Return SE letters. Use whole dollars o	Image: Nonly.         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) 681 99 3045	✓ If deceased Spouse's SSN	I (if filing jointly)	f deceased School district # 5703			
	First name MANIDEEP	M.I. Last nar AKIN	me JAPALLI				
	Spouse's first name (if filing jointly)	M.I. Last nar	me				
	Address line 1 (number and street) or P.0 935 WILMINGTON AVEN	UE					
	Address line 2 (apartment number, suite APT M	number, etc.)					
	City		State ZIP code	Ohio county (first four letters)			
	DAYTON		ОН 45420	MONT			
	Foreign country (if the mailing address is	outside the U.S.)	Foreign postal code				
	Residency Status – Check only on	e for primary	Filing Status - Chec	k one (as reported on federal income tax return)			
	X Resident Part-year resident	Nonresident Indicate state	X Single, head of hou	usehold or qualifying widow(er)			
	Check only one for spouse (if filing jointly Resident Part-year resident	/) Nonresident ►► Indicate state	Married filing jointly Married filing sepa	Spouse's SSN			
	Ohio Nonresident Statement – Primary meets the five criteria for irre		E de set este set est	Federal extension filers - check here.			
	Spouse meets the five criteria for irre	buttable presumption as nonresider	nt. If someone can clai dependent, check h	m you (or your spouse if filing jointly) as a ere.			
Do not staple or paper clip.	1. Federal adjusted gross income (feo if negative	,		1. 51888			
or pa	2a. Additions – Ohio Schedule of Adjustments, line 10 ( <b>include schedule</b> )2a.						
staple	2b. Deductions – Ohio Schedule of Adjus	.2b.					
Do not	3. Ohio adjusted gross income (line 1 pl	"-" in the box if negative	3. 51888				
	<ol> <li>Exemption amount (include Schedul Number of exemptions including you at</li> </ol>			4. 2150			
	5. Ohio income tax base (line 3 minus li	5. 49738					
	6. Taxable business income – Ohio Sch	edule IT BUS, line 13 ( <b>include sc</b> l	hedule)	6.			
	7. Taxable nonbusiness income (line 5 r	ninus line 6; if negative, enter zerc	)	7. 49738			
		MM-DD-YY Code PRO <b>2022 IT 1040 – page 1 of 2</b>					

REV 01/03/23 PRO

## 2022 Ohio IT 1040



Individual	Income	Tax	Roturn
muiviuuai	IIICOIIIe	Тал	Return

SSN 681 99 3045	ndividual income Tax Return	III■ II■ II■ ■ III ■ III 22000298	Sequence No. 2
7a. Amount from line 7 on page 1		7a.	49738
8a.Nonbusiness income tax liability on line 7a (see instruc	tions for tax tables)	8a.	1032
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.	1032
9. Ohio nonrefundable credits – Ohio Schedule of Credits	s, line 35 ( <b>include schedule</b> )	9.	0
10. Tax liability after nonrefundable credits (line 8c minus l	ine 9; if negative, enter zero)	10.	1032
11. Interest penalty on underpayment of estimated tax (inc	clude Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)		12.	
13. Total Ohio tax liability before withholding or estimate	d payments (add lines 10, 11 and 12)	13.	1032
14. Ohio income tax withheld – Schedule of Ohio Withhold income statements)		14.	1679
15.Estimated and extension payments (from Ohio IT 1040 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 o	original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17	7)	18.	1679
19. <u>Amended return only</u> – overpayment previously requ	ested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative		20.	1679
<u>If line 20 is MORE THAN line 13, skip to line</u> 21. Tax due (line 13 minus line 20). If line 20 is negative, ig	24. OTHERWISE, continue to line 21.	04	
22. Interest due on late payment of tax (see instructions)			
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include</b> <b>IT 40XP</b> (if amended return) and make check payable		<b>DUE ▶</b> 23.	
24. Overpayment (line 20 minus line 13)		24.	647
25. <u>Original return only</u> – portion of line 24 carried forward 26. <u>Original return only</u> – portion of line 24 you wish to do a. Wildlife Species b. Military Injury R	nate:	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical	T Cancer f. Wishes for Sick Children	ōtal26g.	
27. REFUND (line 24 minus lines 25 and 26g)		<b>UND ▶</b> 27.	647
Sign Here (required): I have read this return. Under penalti and belief, the return and all enclosures are true, correct and comp	es of perjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no If you owe \$1.00 or less, no pa	
Primary signature	Phone number (937)581-4037	NO Payment Includ Ohio Department	ed – Mail to:
Spouse's signature		P.O. Box 2	679
Check here to authorize your preparer to discuss this return w Preparer's printed name	•	Columbus, OH 43	
	Phone number           GUP         (678)965-9522           er's TIN (PTIN) P         02082703	Ohio Department P.O. Box 2 Columbus, OH 43	of Taxation 057
	02002705		



**hio** Department of Taxation

### 2022 Schedule of Ohio Withholding



22350198

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

Primary taxpayer's SSN

Sequence No. 11

681 99 3045

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.
 1679

<u>Part B -</u> 1. P/S	<u>- W-2s</u> Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	223394773	30629	4099
	Box 15 - Employer's Ohio ID number 52350116	Box 16 - Ohio wages, tips, etc. 30629	Box 17 - Ohio income tax 893
2. P/S P	Box b - EIN 861564085	Box 1 - Wages, tips, other compensation 28154	Box 2 - Federal income tax withheld 3404
	Box 15 - Employer's Ohio ID number 54176464	Box 16 - Ohio wages, tips, etc. 28154	Box 17 - Ohio income tax 786
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



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# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN 681 99 3045



22350298

ence No. 12

		681 99 3045	Sequence No.
<u>Part C -</u> 1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution 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 Box 7 - distribution 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	TotalBox 7 -distributionDistribution 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	TotalBox 7 -distributionDistribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
<u>Part D -</u>	W-2Gs		
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
Part E -	<u>1099-NECs</u>		
1. 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
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

