

04 04 23

### 2022 Ohio IT 1040

### **Individual Income Tax Return**



Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

		ary taxpayer's SSN 19 25 0443	` ' /	If deceased	Spor	use's SSN (if filii	ng jointl	y) <b>~</b>	If deceased	School district # 8304
		name RISHNA VAN	MSI		M.I.	Last name MUSUKU				
	Spou	ıse's first name (if f	iling jointly)		M.I.	Last name				
		ess line 1 (number 23 MARSH 7	and street) or P.O. I	Зох						
	Addr	Address line 2 (apartment number, suite number, etc.)								
	City						State	ZIP code	Ohio coun	ty (first four letters)
	Αſ	TLANTA					GA	30328	WARR	
	Foreign country (if the mailing address is outside the U.S.)					Foreign postal code				
	Res	idency Status	- Check only one for	or primary			Filin	<b>g Status</b> – Ch	eck one (as reporte	d on federal income tax return)
	×	Resident	Part-year resident	Nonresident Indicate state	<b>&gt;&gt;</b>		×	Single, head of household or qualifying widow(er)		
		ck only one for spo Resident	ouse (if filing jointly) Part-year	Nonresident <b>&gt;&gt;</b>		Married filing jointly			Spouse's SSN	
			resident	Indicate state		, ,		Married filing separately		
	<u>Ohi</u>	Ohio Nonresident Statement – See instructions for required criteria  Primary meets the five criteria for irrebuttable presumption as nonresident.  Federal extension filers - check here.								re.
		Spouse meets the five criteria for irrebuttable presumption as nonresident.					If someone can claim you (or your spouse if filing jointly) as a dependent, check here.			
paper clip.	1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative							1.	118551	
ō	2a.A	2a.Additions – Ohio Schedule of Adjustments, line 10 ( <b>include schedule</b> )								
Do not staple	2b.D	2b.Deductions – Ohio Schedule of Adjustments, line 39 ( <b>include schedule</b> )								
Do no	3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the						he box	if negative	3.	118551
	Exemption amount (include Schedule of Dependents if applicable)  Number of exemptions including you and your spouse/dependents, if applicable:								4.	1900
	5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)								5.	116651
	6. Taxable business income – Ohio Schedule IT BUS, line 13 ( <b>include schedule</b> )6.							6.		
	7. Ta	axable nonbusines	s income (line 5 min	us line 6; if nega	ative, e	enter zero)			7.	116651

### 2022 Ohio IT 1040



Primary signature

SSN	849 25 0443	Individual Income Tax Return	<b>   ∎   ∎   </b> 2200	00298 Sequence No. 2
7a.Amoi	unt from line 7 on page 1		7a.	116651
8a. Nonb	ousiness income tax liability on lin	e 7a (see instructions for tax tables)	8a.	3308
8b.Busir	ness income tax liability – Ohio So	chedule IT BUS, line 14 ( <b>include schedule</b> )	8b.	
8c. Incor	me tax liability before credits (line	8a plus line 8b)	8c.	3308
9. Ohio	nonrefundable credits - Ohio Scl	nedule of Credits, line 35 (include schedule)	9.	0
10.Tax li	ability after nonrefundable credits	(line 8c minus line 9; if negative, enter zero)	10.	3308
11. Intere	est penalty on underpayment of e	stimated tax (include Ohio IT/SD 2210)	11.	
12.Unpa	aid use tax (see instructions)		12.	
13. Total	Ohio tax liability before withhole	ding or estimated payments (add lines 10, 11 and 12)	13.	3308
		of Ohio Withholding, part A, line 1 ( <b>include schedule and</b>	14.	4339
		om Ohio IT 1040ES and IT 40P), and credit carryforward	15.	
16.Refu	ndable credits – Ohio Schedule o	f Credits, line 41 (include schedule)	16.	
17. <b>Ame</b>	nded return only – amount previ	ously paid with original and/or amended return	17.	
18. <b>Total</b>	Ohio tax payments (add lines 1	4, 15, 16 and 17)	18.	4339
19. <u>Ame</u>	nded return only – overpayment	previously requested on original and/or amended return	19.	
2 <u>0. Line</u> 2		ox if negative	20.	4339
21. Tax c		20 is negative, ignore the "-" and add line 20 to line 13	<del>-</del> 21.	
22. Intere	est due on late payment of tax (se	e instructions)	22.	
		line 22). Include Ohio IT 40P (if original return) or e check payable to "Ohio Treasurer of State"	DUE ▶ 23.	
24. Over	payment (line 20 minus line 13)		24.	1031
	inal return only – portion of line 2	4 carried forward to next year's tax liability	25.	

26. a. Wildlife Species b. Military Injury Relief c. Ohio History Fund

Total....26g. d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children

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.

Phone number (513) 652-8863

Spouse's signature\_

Check here to authorize your preparer to discuss this return with the Department.

Phone number SYAM PRIYA RAM SAGAR GUP

(678) 965-9522

REV 02/14/23 PRO

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.

1031

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



# 2022 Schedule of Ohio Withholding

22350198

Sequence No. 11

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

Primary taxpayer's SSN 849 25 0443

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

Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 833519424 127251 20557 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 127251 4339 54119615 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - FIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 7. P/S Box b - EIN

Box 16 - Ohio wages, tips, etc.



Box 15 - Employer's Ohio ID number

Box 17 - Ohio income tax

## 2022 Schedule of Ohio Withholding Primary taxpayer's SSN

849 25 0443



D 10	4000 5	849 25 0443		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Dowt D	W 200			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part E	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld