(Rev. January 2021)

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879 for the latest information	) <b>.</b>					
Submission Identification Number (SID)		•				
Taxpayer's name	Social security	y number				
SHASI TEJA GANDHAM	694-02-	-9544				
Spouse's name		al security number				
, , ,	Enter year you ar	e authorizing.)				
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		<b>1</b> 90,966.				
<b>2</b> Total tax		<b>2</b> 12,783.				
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 15,827.				
4 Amount you want refunded to you		<b>4</b> 3,044.				
<b>5</b> Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		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 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 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. Check this box only if you are entering your own PIN and your return is file						
Spouse's PIN: check one box only						
☐ I authorize to enter or gene	rate my PINI	as my				
ERO firm name		er five digits, but				
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spouse's signature ▶ Date						
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication — Practitioner PIN Method Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6  Don't ente	6 6 1 9 8 9 er all zeros				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this retur	rn in accordance with the				
ERO's signature ▶ Date	•					

**ERO Must Retain This Form — See Instructions** Don't Submit This Form to the IRS Unless Requested To Do So

## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

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 under the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separately (Notes of the separately						spou	fying surv se (QSS) name if th	3
Your first name			Last nar	me					v	our soc	ial securit	v number
SHASI TE		adic ilitiai	GAND							694-02-9544		
		first name and middle initial	Last na							Spouse's social security numb		
ii joint return, s	Jouse 3	Thist hame and middle initial	Lastriai	iie					ľ	pouse s	Social Sec	unity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	nns			Δ	pt. no.		rocidon	tial Electic	on Campaign
						ere if you,						
City, town or nost office. If you have a foreign address also complete spaces below.  State				pouse i	f filing join	tly, want \$3						
IRVING	oot omi	oo. Ii you havo a foroigh address, also so	mpioto o <sub>l</sub>	odoco bolowi	TX		750			-		Checking a
Foreign country	name		F	Foreign province/state/o				75063 box below will box below will your tax or refu			•	
r oreign country	Harric		'	oreign province/state/c	Journ	·y	rorong	ii postai co			You	Spouse
Digital	At an	y time during 2022, did you: (a) rece	oivo (ac	a roward award or	navn	nont for propo	rty or o	convicos):	or /b	\ coll		
Digital Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No
		eone can claim:					assety	(000 1113	hiiuci	10113.)		
Standard Deduction		Spouse itemizes on a separate retur		_ '		a dependent						
Deduction		spouse iternizes on a separate retur	ii or you	were a duar-status a	allell							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind <b>Spo</b>	use	: 🗌 Was bor	rn befo	re Janua	ry 2, <sup>-</sup>	1958	☐ Is bli	ind
Dependents	s (see i	instructions):		(2) Social security	.	(3) Relationsh	nip (4	Check the	e box	if qualifi	es for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x cred	lit (	Credit for oth	ner dependents
than four											[	
dependents, see instructions											[	
and check	, ——										[	
here											[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	9	99,948.
Income	b	Household employee wages not re	eported	on Form(s) W-2						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c		
W-2 here. Also attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits 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 instructi								1h		0.
W-2, see	i	Nontaxable combat pay election (s	•			l 1i	i					
instructions.	z	Add lines 1a through 1h								1z		99,948.
Attach Sch. B	2a	· · · · · · · · · · · · · · · · · · ·	2a		b T	axable interest	t .			2b		
if required.	3a	· –	3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard	5a		5a			axable amoun				5b		
Deduction for—	6a		6a			axable amoun			•	6b		
Single or     Married filing	С	If you elect to use the lump-sum e							$\dot{\Box}$	0.0		
separately,	7	Capital gain or (loss). Attach Sche							П	7		
\$12,950  Married filing	8	Other income from Schedule 1, lin		· · · · · · ·					]	8	_	-8 <b>,</b> 982.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							•	9		90,966.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					•	10	+	,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							•	11	-	90,966.
household,	12	Standard deduction or itemized	•						•	12		L2,950.
\$19,400 • If you checked	13	Qualified business income deducti		,	,	 5-Α			•	13	1	<u>.८,७७०.</u>
any box under	14	Add lines 12 and 13							•	14	1	L2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer							•	15		78,016.
see instructions.	10	Capitact fine 14 from fine 11. If Zer	O 01 1053	5, 51115 15 y	Jui l	arable IIIcoll			•	13	1 '	0,010.

Form 1040 (2022) Page 2 16 Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 12. 783. Tax and Credits 17 Amount from Schedule 2, line 3 . . . . . . 17 Add lines 16 and 17 . . . . . . . . . . . . 18 18 12,783. 19 Child tax credit or credit for other dependents from Schedule 8812 19 Amount from Schedule 3, line 8 . . . . . . . 20 20 21 Add lines 19 and 20 . . . . . . . . . . . . 21 12,783. 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. Add lines 22 and 23. This is your total tax 12,783. 24 24 Federal income tax withheld from: Payments **Payments** 25 Form(s) W-2 . 25a 15,827. а 25b h Form(s) 1099 . . . . 25c С Other forms (see instructions) . . . . 15,827. Add lines 25a through 25c 25d d 2022 estimated tax payments and amount applied from 2021 return 26 26 If you have a qualifying child, attach Sch. EIC. 27 Earned income credit (EIC) . . . . . . 27 28 Additional child tax credit from Schedule 8812 28 29 29 American opportunity credit from Form 8863, line 8. Reserved for future use . . . . . . . . . . . . . 30 30 31 Amount from Schedule 3, line 15 . . . . . . . . . . . 32 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 15,827. 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 3,044. Refund 3,044. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 3 | 7 | Direct deposit? X Checking Savings b **c** Type: See instructions. Account number 3 5 0 2 0 1 3 9 5 d Amount of line 34 you want applied to your 2023 estimated tax . 36 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 . 37 Estimated tax penalty (see instructions) . . . **Third Party** Do you want to allow another person to discuss this return with the IRS? See Designee instructions Yes. Complete below. Designee's Phone Personal identification number (PIN) no. 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 Your signature Date If the IRS sent you an Identity Your occupation Protection PIN, enter it here (see inst.) Joint return? SENIOR DEVELOPER 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. (660)541-2032Email address SHASITEJA@GMAIL.COM

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

Preparer's name

Firm's name

Firm's address

Paid

**Preparer** 

**Use Only** 

BAA

Preparer's signature

GLOBAL TAXES LLC

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2023

245 ROONEY CT E BRUNSWICK NJ 08816

REV 03/02/23 PRO

Date

PTIN

P02082703

Firm's EIN

84-3171965 Form 1040 (2022)

Self-employed

Check if:

Phone no. (678) 965-9522

## 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
SHASI TEJA GANDHAM

Your social security number
694-02-9544

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	ach Schedule E .	5	-8,982.
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	<b>8d</b> (	)	
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	0		
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80		
p	Taxable distributions from an ABLE account (see instructions)	8p 8q		
q r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	OI		
5	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 (	4	
·	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:	- Cu		
-	Cities 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		10	-8,982.

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-basis gove	rnment	
	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)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
Ū	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
q	Contributions by certain chaplains to section 403(b) plans 24g		
_	Attorney fees and court costs for actions involving certain unlawful		
••	discrimination claims (see instructions)		
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		
i	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
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 <b>adjustments to income</b> . Enter here		
_0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment

Internal	rievende derviee	do to minimoly of contaction		actione an						Je 110. 10
` '	shown on return								ial security r	number
	I TEJA GANDHA							694-0	2-9544	
Part		Loss From Rental Real Estate and re in the business of renting personal proper			C Soc	inetru	tions If you	are an indi	widual ren	ort form
	rental income	or loss from <b>Form 4835</b> on page 2, line 40.	rty, use	Scrieduk	<b>.</b>	HISHUC	illoris. II you	are an mu	viduai, repo	Jit iaiiii
		ayments in 2022 that would require you								
B I	f "Yes," did you or	will you file required Form(s) 1099? .							. <u></u> Ye	s 🗌 No
1a	Physical address	of each property (street, city, state, ZII	P cod	e)						
Α	KHAITHALAPUF	R ROAD HYDERABAD IN 500018								
В										
С										
1b	Type of Property	2 For each rental real estate prope				Fa	r Rental	Persor	nal Use	QJV
	(from list below)	above, report the number of fair					Days	Da	ays	QUV
A	3	personal use days. Check the Quif you meet the requirements to			Α		365		0	
B		qualified joint venture. See instru			В					
C		4			С					
	of Property:									
	Single Family Resid		ntal	5 Land			Self-Rental			
2	Multi-Family Reside	ence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
							Propert	ies:		
Incom	ne:				Α		В			С
3	Rents received .		3		5	10.				
4	Royalties received	l	4							
Expen	ises:									
5	Advertising		5							
6	Auto and travel (se	ee instructions)	6							
7	-	ntenance	7		8	47.				
8			8							
9			9						<u> </u>	
10		rofessional fees	10							
11	-		11		1,1	20.			-	
12	0 0	paid to banks, etc. (see instructions)	12							
13			13		2 4	1.0			-	
14	•		14 15			16. 54.			-	
15 16	• •		16		٥,٥	54.			-	
17			17		1,5	55			<del>                                     </del>	
18		ense or depletion	18		1,0	33.				
19	Other (list)	•	19							
20	· /	dd lines 5 through 19	20		9.4	92.			<del>                                     </del>	
21	· ·	om line 3 (rents) and/or 4 (royalties). If								
		see instructions to find out if you must								
			21		<b>-8,</b> 9	82.				
22	Deductible rental	real estate loss after limitation, if any,								
		e instructions)	22	(	8,98	32.)(		)	(	)
23a	Total of all amoun	ts reported on line 3 for all rental prope	erties			23a		510.		
b	Total of all amoun	ts reported on line 4 for all royalty prop	erties			23b				
С		ts reported on line 12 for all properties				23c				
d		ts reported on line 18 for all properties				23d				
е		ts reported on line 20 for all properties				23e	(	9,492.		
24	·	sitive amounts shown on line 21. <b>Do no</b>		-				. 24		0.000
25		ty losses from line 21 and rental real esta							(	8,982.
26	Total rental real	estate and rovalty income or (loss).	Comb	oine lines	24 and	25. E	nter the resi	ult l	1	

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

26

-8,982.

Department of the Treasury

## **Health Savings Accounts (HSAs)**

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

OMB No. 1545-0074 Attachment

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

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

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

Sequence No. 52

SHAS	SI TEJA GANDHAM 694-02	2-954	14
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		3,333.
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,083.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,567.
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sex complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	



#### 2022 Ohio IT 1040

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



03 11 23

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

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) 694 02 9544	✓ If deceased	Spou	ise's SSN (if fi <b>l</b> ii	ng jointly	) <b>~</b>	If deceased	School district # 8304
	First name SHASI TEJA		M.I.	Last name GANDHAN	1			
	Spouse's first name (if filing jointly)		M.I.	Last name				
	Address line 1 (number and street) or 7962 NORTH GLEN DE							
	Address line 2 (apartment number, su APT 4051	ite number, etc.)						
	City				State	ZIP code	Ohio cou	ınty (first four letters)
	IRVING				TX	75063	FRAI	N
	Foreign country (if the mailing address	s is outside the U.S.	)		Foreign	postal code		
	Residency Status - Check only	one for primary			Filing	Status - Che	ck one (as repor	ted on federal income tax return)
	Resident X Part-year resident	Nonresident Indicate state		ГХ	× s	ingle, head of h	ousehold or qua	lifying widow(er)
	Check only one for spouse (if filing join				N	larried filing join	tly	On 2002 2'2 CON
	Resident Part-year resident	Nonresident Indicate state			M	larried filing sep	arately	Spouse's SSN
	Ohio Nonresident Statement	_ See instructions	for requi	red criteria				
	Primary meets the five criteria for	irrebuttable presumpt	ion as n	onresident.	F	ederal extensio	<b>n filers</b> - check h	ere.
	Spouse meets the five criteria for	irrebuttable presumpt	ion as n	onresident.		someone can cla ependent, check		spouse if filing jointly) a
aper clip.	Federal adjusted gross income if negative						1.	90966
or pa	2a.Additions - Ohio Schedule of Adju	stments, line 10 (inc	lude sc	hedule)			2a <b>.</b>	
Do not staple or	2b. Deductions – Ohio Schedule of Ad	ljustments, line 39 (i	nclude	schedule)			2b.	
Do no	3. Ohio adjusted gross income (line	1 plus line 2a minus	line 2b).	Place a "-" in t	he box if	negative	3.	90966
	Exemption amount (include Sche Number of exemptions including you						4.	1900
	5. Ohio income tax base (line 3 minu	s line 4; if negative,	enter ze	ro)			5.	89066
	6. Taxable business income – Ohio S	Schedule IT BUS, line	e 13 ( <b>inc</b>	clude schedul	e)		6.	
	7. Taxable nonbusiness income (line	5 minus line 6; if ne	gative, e	nter zero)			7.	89066
	■III NICE RAKAIAA (UCARACAKA)							



MM-DD-YY Code



## 2022 Ohio IT 1040

## **Individual Income Tax Return**



694 02 9544 SSN

22000298 Sequence No. 2

7a. Amount from line 7 on page 1	.7a <b>.</b>	89066
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2301
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2301
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	268
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	2033
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	2033
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14	2504
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		2001
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16 <b>.</b>	
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.	2504
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	2504
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"	<b>DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	471
25. Original return only – portion of line 24 carried forward to next year's tax liability	25	
26. Original return only – portion of line 24 you wish to donate:  a. Wildlife Species  b. Military Injury Relief  c. Ohio History Fund	20.	
a. Wilding Species 5. Williamy Highly Ivelier 6. Onlo History Fund		
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g <b>.</b>	
27 DEELIND (line 24 minus lines 25 and 26%)	HND NOT	471
27. REFUND (line 24 minus lines 25 and 26g)		\$1.00 or less, no refund will be issued.
and belief, the return and all enclosures are true, correct and complete.		.00 or less, no payment is necessary.
Primary signature Phone number (660) 541-2032		ment Included – Mail to: Department of Taxation
Spouse's signature Date	Colu	P.O. Box 2679 mbus, OH 43270-2679
Check here to authorize your preparer to discuss this return with the Department.  Preparer's printed name  Phone number	1	nent Included – Mail to:
SYAM PRIYA RAM SAGAR GUP (678) 965-9522		Department of Taxation P.O. Box 2057
Preparer's TIN (PTIN) P 02082703	Colu	mbus, OH 43270-2057

REV 02/14/23 PRO



#### 2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

694 02 9544

22280198

Sequence No. 7

03 11 23

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.	2301
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 docume	ntation)7.	
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0
9. Income-based exemption credit	9.	0
10. Total (add lines 2 through 9)	10.	0
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	2301
12. Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0
13. Earned income credit	13.	
14. Home school expenses credit (include copies of all required documentation)	14.	
15. Scholarship donation credit (include copies of all required documentation)	15.	
16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	on)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 certification)	icate)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 694 02 9544



Sequence No. 8

26. Enterprise zone day care & training credits (include a copy of the credit certificate)	
27. Research & development credit (include a copy of the credit certificate)	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	
29. Total (add lines 12 through 28)	. 0
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)	2301
Nonresident Credit	
Dates of Ohio residency  01 01 22 to 07 30 22  Other state of residency  TX	
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. 90966	
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)	268
Resident Credit	
34. Resident credit – Ohio IT RC, line 7 (include a copy)	
	0.60
34. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> )	0.60
34. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> )	. 268
34. Resident credit – Ohio IT RC, line 7 (include a copy)	. 268
34. Resident credit – Ohio IT RC, line 7 (include a copy)	. 268
34. Resident credit – Ohio IT RC, line 7 (include a copy)	
34. Resident credit – Ohio IT RC, line 7 (include a copy)	. 268





## 2022 Schedule of Ohio Withholding



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

Primary taxpayer's SSN

694 02 9544

Sequence No. 11

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 2504 

#### Part B - W-2s

<u>. a</u>	<del>7 - 11-23</del>		
1. P/S	S Box b - EIN 262135579	Box 1 - Wages, tips, other compensation 60588	Box 2 - Federal income tax withheld 8398
	Box 15 - Employer's Ohio ID number 52742700	Box 16 - Ohio wages, tips, etc. 60588	Box 17 - Ohio income tax 1811
2. P/S	Box b - EIN 941737782	Box 1 - Wages, tips, other compensation 39360	Box 2 - Federal income tax withheld 7429
	Box 15 - Employer's Ohio ID number $51605004$	Box 16 - Ohio wages, tips, etc. $19782$	Box 17 - Ohio income tax 693
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	B Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



# 2022 Schedule of Ohio

Withholding
Primary taxpayer's SSN
694 02 9544



22350298

		694 02 9544	Sequence No. 12
<u>Part C -</u> 1. P/S	1099-Rs 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	Total Box 7 - distribution 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 Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
<u>Part D -</u> 1. P/S	W-2Gs Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
1. F/S	rayel s ledelal lo fluffibel	Box 1 Reportable willings	BOX 4 T COCTON HOOME BAX WILLING
	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
Dart E	1099-NECs		
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 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld