Form **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

Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
SARADA MALLAPAREDDY	829-75-8	8977	
Spouse's name	Spouse's socia	l security number	
VENKATESH THOTA	149-17-	1327	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter)	year you are	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	[1 20,2	296.
2 Total tax		2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	-	3 2,9	918.
4 Amount you want refunded to you		4 2,9	918.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	еер а сору	of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payments to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	tter, or electron ction of the trains. Treasury and cated in the tax in to debit the eathorization the authorization between the authorization of tayment. I further	nic return originator nsmission, (b) the r d its designated Fir preparation softwater entry to this accoun ion. To revoke (car received no later the electronic paymer acknowledge the	reason nancial are for nt. This ncel) a than 2 nent of nat the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate m	nv PIN	8 9 7 7 a	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	r five digits, but t enter all zeros	io iiiy
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	od. The ERO	must complete F	
Your signature ►	03/10/20	23	
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate memory 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method	Ente don" ow authorizing	r five digits, but t enter all zeros g. Check this box	
below. Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't enter		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	tting this returr	n in accordance wi	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022

OMB No. 1545-0074

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

Filing Status Check only				ed filing separatel					spo	use	(QSS)	-
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, er	nter t	he child's	nar	ne if the	qualifying
Your first name	and mi	ddle initial	Last na	me					Your so	cial	security	number
SARADA			MALL	APAREDDY					829-	75-	-8977	
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	's so	cial secu	urity number
VENKATES	SH		THOT	A					149-	17-	-1327	
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Preside	ntial	Election	n Campaign
49 ROGGE	STE	REET									if you, c	
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s _l	paces below.	Sta	te	ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a		
DAYTON					OF	ОН 45409					will not c	
Foreign country	/ name		F	oreign province/sta	ate/count	ty	Foreign postal	code	your ta			_
										L	You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-				Yes	⊠ No
Standard	Som	eone can claim: You as a de	ependent	Your spo	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	tus alien							
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before Jan	<u> </u>] Is blin	
Dependents	s (see	instructions):		(2) Social seco	urity	(3) Relationsh	nip (4) Check	the I	oox if quali	fies 1	for (see in	nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax o	credit	Cred	dit for othe	er dependents
than four												<u> </u>
dependents, see instruction:	s ——							$\underline{\sqcup}$				
and check	,							ᆜ				
here												
Income	1a	Total amount from Form(s) W-2, k	`	,					. 1a		2	0,296.
A44	b	Household employee wages not r							. 1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1						٠	. 10			
attach Forms	d	Medicaid waiver payments not re		()	ee instru	ictions)		٠	. 10			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•					. 16			
was withheld.	f	Employer-provided adoption bene						٠	. <u>1f</u>			
If you did not	9	Wages from Form 8919, line 6.							. 10			
get a Form W-2, see	h	Other earned income (see instruc-				· · · · · · ·	· · · ·		. 1h			0.
instructions.	i	Nontaxable combat pay election	(see instr	fuctions)		<u>1</u> i					0	0 000
		Add lines 1a through 1h	· · ·	_. .				٠	. 1z			0,296.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		٠	. 2b			
	3a	Qualified dividends	3a			ordinary divide		٠	. 3b			
	4a	IRA distributions	4a			axable amoun			. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a 6a			axable amoun axable amoun			. 5b			
Single or	6a	Social security benefits If you elect to use the lump-sum e		mathad ahaali hi				•	. 6b			
Married filing separately,	с 7	Capital gain or (loss). Attach Sche		•	`	,		•	☐ 7			
\$12,950		Other income from Schedule 1, lir		•				•		+		
Married filing jointly or	8	•		This is your total					. 8	+		0 200
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						•		+		0,296.
\$25,900		Adjustments to income from Scho	-						. 10			0 000
Head of household,	11	Subtract line 10 from line 9. This i	•	-					. 11			0,296.
\$19,400 If you checked	12 13	Standard deduction or itemized Qualified business income deduction				 5_Δ		•	. 13			5 , 900.
any box under	14	Add lines 12 and 13						•	. 14			5,900.
Standard Deduction,	15	Subtract line 14 from line 11. If ze						•				0.
see instructions.		2223400 1 110111 17. 11 20	. 5 57 1050	0, 5,110, 0 , 11115	.5 y 5 Gr 1			•	. 10			· ·

Tax and 16 Credits 17 18 19 20 21 22 23 24 Payments 25 a b c d If you have a qualifying child, attach Sch. EIC. 28	Tax (see instructions). Check Amount from Schedule 2, lin Add lines 16 and 17 Child tax credit or credit for Amount from Schedule 3, lin Add lines 19 and 20 . Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, lin	other dependence 8	ts from Sched ts from Sched chapter -0- from Schedule chapter -0- pplied from 20	ule 8812	25a 25b 25c		,918.	16 17 18 19 20 21 22 23 24	0. 0. 0. 0. 0.
Credits 17 18 19 20 21 22 23 24 Payments 25 a b c d If you have a qualifying child, 27	Amount from Schedule 2, lind Add lines 16 and 17 Child tax credit or credit for Amount from Schedule 3, lind Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-ed Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, lind Amount	other dependence 8	ts from Sched ts from Sched chapter -0- from Schedule chapter -0- pplied from 20	ule 8812	25a 25b 25c		,918.	18 19 20 21 22 23 24	0. 0. 0.
18 19 20 21 22 23 24 Payments 25 a b c d If you have a qualifying child, 27	Add lines 16 and 17 Child tax credit or credit for Amount from Schedule 3, lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-ee Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, lines 19 and 20 credit for Amount from Schedule 3, lines 25 and 20 credit from Schedu	other dependence 8	ts from Sched enter -0- from Schedule	ule 8812	25a 25b 25c		,918.	19 20 21 22 23 24	0. 0. 0.
20 21 22 23 24 Payments 25 a b c d	Amount from Schedule 3, lin Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2	ie 8	enter -0- from Schedule	21 return	25a 25b 25c	2	,918.	20 21 22 23 24 25d	0.
Payments 25 a b c d If you have a qualifying child, 27	Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	If zero or less, mployment tax, your total tax I from:	enter -0- from Schedule	e 2, line 21	25a 25b 25c	2	,918.	21 22 23 24 25d	0.
22 23 24 Payments 25 a b c c d If you have a qualifying child, 27	Add lines 19 and 20 Subtract line 21 from line 18 Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	If zero or less, mployment tax, your total tax I from:	enter -0- from Schedule	e 2, line 21	25a 25b 25c	2	,918.	22 23 24 25d	0.
Payments 25 a b c d If you have a qualifying child, 27	Other taxes, including self-e Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	mployment tax, your total tax I from:	from Schedule	e 2, line 21	25a 25b 25c	2	, 918.	23 24 25d	0.
Payments 25 a b c d If you have a qualifying child, 27	Add lines 22 and 23. This is Federal income tax withheld Form(s) W-2 Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	your total tax I from:	pplied from 20		25a 25b 25c	2	,918.	24 25d	0.
Payments 25 a b c d If you have a qualifying child, 27	Federal income tax withheld Form(s) W-2	I from:	pplied from 20		25a 25b 25c	2	, 918.	25d	
a b c d lf you have a qualifying child, 27	Federal income tax withheld Form(s) W-2	I from:	pplied from 20		25a 25b 25c	2	, 918.	25d	2,918.
a b c d lf you have a qualifying child, 27	Form(s) 1099 Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	s)	pplied from 20		25b 25c			25d	2,918.
c d	Other forms (see instructions Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	s)	pplied from 20		25c				2,918.
If you have a qualifying child, 27	Add lines 25a through 25c 2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	is and amount a Schedule 8812 from Form 8863	pplied from 20						2,918.
If you have a qualifying child, 27	2022 estimated tax payment Earned income credit (EIC) Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, line	ts and amount a m Schedule 8812 from Form 8863	pplied from 20	021 return No .					2,918.
qualifying child, 27	Earned income credit (EIC) Additional child tax credit fror American opportunity credit Reserved for future use Amount from Schedule 3, lin	 n Schedule 8812 from Form 8863		No .	1			26	
qualifying child, 27	Additional child tax credit from American opportunity credit Reserved for future use . Amount from Schedule 3, lin	m Schedule 8812 from Form 8863			27	1			I
attach Sch. EIC. 28	American opportunity credit Reserved for future use . Amount from Schedule 3, lin	from Form 8863							
	Reserved for future use . Amount from Schedule 3, lin				28				
29	Amount from Schedule 3, lin		s, line 8		29				
30					30				
31		ne 15			31				
32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32	
33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	2,918.
Refund 34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		34	2,918.
35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, che	ck here			35a	2,918.
Direct deposit? b	Routing number 0 4 4 0 0 0 0 3 7 c Type: ▼ Checking Savir								
See instructions.	Account number 9 0 3	6 6 0 3	5 2						
36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount 37 You Owe	Subtract line 33 from line 24 For details on how to pay, g		•					37	
38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Do	you want to allow another				? See				
	structions	•				Yes. Co	omplete	below.	⋉ No
	esignee's		Phone				onal ident	ification	
•	me		no.				per (PIN)		
	der penalties of perjury, I declare t lief, they are true, correct, and com								
Yo	ur signature		Date	Your occupation					nt you an Identity
Joint return?				SENIOR JA	77 <u>2</u> DE	WEI.OPE	/	e inst.)	IN, enter it here
	ouse's signature. If a joint return, I	both must sian.	Date	Spouse's occupa				e IRS se	nt your spouse an
Keep a copy for	, -						Ider	ntity Prot	ection PIN, enter it here
your records.				SOFTWARE	PROFE	ESSIONA	L (see	inst.)	
Ph	one no. (937) 939-068	6	Email address	SARADAMALLAP.	AREDDY	@GMAIL.CO	MC		
Paid	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/1	11/2023	P0208	2703	Self-employed
Use Only Fir	m's name GLOBAL TAX	XES LLC					Pho	ne no.	(678) 965-9522
Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm	ı's EIN	84-3171965
Go to www.irs.gov/Forr	m1040 for instructions and the late	st information.		ВАА	REV 03	3/02/23 PRO			Form 1040 (2022)

2022 Ohio IT 1040

Individual Income Tax Return





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

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

Primary taxpayer's SSN (required) 829 75 8977

✓ If deceased

Spouse's SSN (if filing jointly) 149 17 1327

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 5703

First name

SARADA

03 11 23

M.I. Last name MALLAPAREDDY

Spouse's first name (if filing jointly)

VENKATESH

M.I. Last name

THOTA

Address line 1 (number and street) or P.O. Box

49 ROGGE STREET

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

Ohio county (first four letters) City State ZIP code

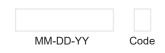
45409 DAYTON OH MONT

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

Re	sidency Status	<u> – Check only one</u>	for primary		Filing Status - C	heck one (as reported	d on federal income tax return)
×	Resident	Part-year resident	Nonresident Indicate state		Single, head of	household or qualify	/ing widow(er)
Che	eck only one for spo	ouse (if filing jointly)			Married filing jo	pintly	
X Resident Part-year Nonresident Nonresident Indicate state				, ,	Married filing se	Spouse's SSN	
Ohio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.					Federal extens	ion filers - check her	e.
	Spouse meets the	e five criteria for irreb	uttable presumpti	on as nonresident.	If someone can dependent, che		ouse if filing jointly) as a
		•		0-SR, line 11). Place a		1.	20296
2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule)2a.							
2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)2b.							
3.	3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative3.						

Spouse meets the five criteria for irreduttable presumption as nonresident.	dependent, check here.	e if filing jointly) as a
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a if negative		20296
5 2a.Additions – Ohio Schedule of Adjustments, line 10 (include schedule)	2a.	
2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)	2b.	
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in t	the box if negative3.	20296
Exemption amount (include Schedule of Dependents if applicable) Number of exemptions including you and your spouse/dependents, if applicable:		4800
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5.	15496
6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule	le)6.	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	15496





REV 02/14/23 PRO

2022 Ohio IT 1040

Individual Income Tax Return



SSN 829 75 8977

7a.Amount from line 7 on page 17	7a.	15496
Ba. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	0
Bb. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
3c. Income tax liability before credits (line 8a plus line 8b)	8c.	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	40
10.Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	0
11. Interest penalty on underpayment of estimated tax (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.	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	638
15.Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	638
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.	638
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 D	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	638
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability 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	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g) YOUR REF U	JND ▶ 27.	638
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, r	
Primary signature Phone number (937) 939-0686	NO Payment Include Ohio Department	ded – Mail to:

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

Preparer's TIN (PTIN) P 02082703

REV 02/14/23 PRO

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 Ohio Schedule of Credits

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



22280198

Sequence No. 7

Primary taxpayer's SSN 829 75 8977

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.	C
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.	40
10.	Total (add lines 2 through 9)	10.	40
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	С
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	С
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 829 75 8977



80298

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)						
27. Research & development credit (include a copy of the credit certificate)	27.					
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	28.					
29. Total (add lines 12 through 28)	29.	0				
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)	30.	0				
Nonresident Credit						
Dates of Ohio residency to Other state of residency						
31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)						
32. Ohio adjusted gross income (Ohio IT 1040, line 3)32.						
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)						
33. Nonresident credit (line 30 times line 33a)	33.					
Resident Credit						
34. Resident credit – Ohio IT RC, line 7 (include a copy)	34.					
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.	40				
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.					



of 2022 Schedule of Ohio Withholding Use only black ink/UPPERCASE letters. Use whole dollars only.

22350198

0198

Sequence No. 11

Primary taxpayer's SSN

829 75 8977

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 b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1. P/S P	833054634	20296	2918
	Box 15 - Employer's Ohio ID number 83305463	Box 16 - Ohio wages, tips, etc. 20296	Box 17 - Ohio income tax 638
2. 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
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



2022 Schedule of Ohio

Withholding Primary taxpayer's SSN 829 75 8977



D 40	4000 B	829 75 8977		Sequence No. 12
	1099-Rs 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	Во	ox 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	Во	ox 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	Во	ox 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	Во	ox 14 - Ohio tax withheld
Port D	W 2Go			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Во	ox 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Во	ox 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Во	ox 15 - Ohio income tax withheld
Dort E	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Во	ox 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Во	ox 5 - Ohio tax withheld