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
KARTHEEK DEVARAPALLI	828-09-0175
Spouse's name	Spouse's social security number
SAI RISHITHA KORLAKUNTA	APPLYED FOR
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter)	year you are 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	1 104,292.
2 Total tax	-
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 15,244.
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	eep a copy 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 reject 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 payment identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ter, or electronic return originator (ERO) stion of the transmission, (b) the reason but the transmission, (b) the reason but the transmission, (b) the reason but the the transmission software for the debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of the transmission. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter or generate m	ny PIN 9 0 1 7 5 as my
ERO firm name	Enter five digits, but don't enter all zeros
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 no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	
Your signature ▶ Date ▶	
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC to enter or generate m	
ERO firm name	Enter five digits, but don't enter all zeros
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 no if you are entering your own PIN and your return is filed using the Practitioner PIN metho 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 6 1 9 8 9 Don't enter all zeros
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.	ting this return 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

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

OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	y (MFS)	Head of	househ	old (HOH	H) [fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	our spouse. If yo	u chool	od tha U∩U a	, 000 k	ov onto	r tha	•	se (QSS)	o gualifying
one box.		on is a child but not your depender		our spouse. If yo	u CileCr	red the FIOTI of	Q33 L	oox, ente	i iiie	Cilliu S i	iaine ii iii	s qualifying
Your first name			Last na	me					T _V	our soc	ial security	, number
						828-09-0175						
						Spouse's social security number						
									-			
		er and street). If you have a P.O. box, se					Δ.	ot. no.			ED FOR	
	•		e iristructio	oris.				Jt. 110.			ere if you, o	n Campaign or your
		COMMONS BLVD ce. If you have a foreign address, also c	omplete s	naces helow	Sta	210	ZIP co	de				ly, want \$3
	0051 0111	ce. II you have a loreigh address, also c	omplete s	paces below.	OI		430			to go to this fund. Checking a		
DUBLIN Foreign countr	v namo			Foreign province/sta				postal co			w will not on the contract of	change
Foreign countr	упапе			-oreign province/sta	ate/couri	ity	Foreigi	i postai cc	ide y	oui tax	You	Spouse
.	A 1								/ ! .	\ II		
Digital Assets		ny time during 2022, did you: (a) red ange, gift, or otherwise dispose of									Yes	⊠ No
Assets							asset):	(See III	Struct	10115.)		
Standard Deduction	_		•			a dependent						
Deduction		Spouse itemizes on a separate retu	irii or you	i were a duai-stat	us aller	1						
Age/Blindnes:	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn befo	re Janua	ry 2,	1958	ls bli	nd
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4)	Check th	e box	if qualifie	es for (see i	nstructions):
If more	(1) F	irst name Last name		number		to you		Child ta	ax crec	dit C	Credit for oth	er dependents
than four												
dependents, see instruction]
and check												
here]
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	10	4,292.
	b	Household employee wages not i	reported	on Form(s) W-2.						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not re	ported o	n Form(s) W-2 (se	e instru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben-	efits from	n 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 instruc	tions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h								1z	10	4,292.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a_	Qualified dividends	3a		b (Ordinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check he	ere (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not re	equired	l, check here				7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	е				9	10	4,292.
surviving spouse, \$25,900	10	Adjustments to income from Scho	edule 1, l	ine 26						10		
Head of	11	Subtract line 10 from line 9. This	is your a c	djusted gross in	come					11	10	4,292.
household, \$19,400	12	Standard deduction or itemized	l deducti	ions (from Sched	lule A)					12		5,900.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Fo	orm 899	95-A				13		
any box under Standard	14	Add lines 12 and 13								14	2	5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This	is your	taxable incom	ne .			15		8,392.
SEE INSTRUCTIONS.	J				-							

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 881	4 2 4972	3 🗌			16	8,994.
Credits	17	Amount from Schedule 2, line 3							17	
	18	Add lines 16 and 17							18	8,994.
	19	Child tax credit or credit for other	er dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, line 8							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If a	zero or less, e	enter -0					22	8,994.
	23	Other taxes, including self-empl	loyment tax,	from Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is you	r total tax						24	8,994.
Payments	25	Federal income tax withheld fro	m:							
	а	Form(s) W-2				25a	15	,244.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .							25d	15,244.
If you have a	26	2022 estimated tax payments a	nd amount ap	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28				
	29	American opportunity credit from	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1	5			31				
	32	Add lines 27, 28, 29, and 31. Th	ese are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. Thes	e are your to	tal payments					33	15,244.
Refund	34	If line 33 is more than line 24, su	ubtract line 24	4 from line 33.	This is the amou	nt you o	verpaid		34	6,250.
	35a	Amount of line 34 you want refu			is attached, che	ck here			35a	6,250.
Direct deposit? See instructions.	b									
See instructions.	d	Account number 4 3 5 0 3 6 2 9 4 6 5 9								
	36	Amount of line 34 you want app	lied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. The For details on how to pay, go to		•					37	
	38	Estimated tax penalty (see instr	uctions) .			38				
Third Party Designee		you want to allow another pestructions				_	Yes. Co	mplete b	elow.	X No
		signee's		Phone				nal identif	ication	
		me		no.				er (PIN)		
Sign		der penalties of perjury, I declare that ief, they are true, correct, and complete			, , ,			,		,
Here		ur signature		Date Your occupation			1		nt you an Identity	
	10	rour signature		Date	Tour occupation					N, enter it here
Joint return?					SOFTWARE I	ENGIN	EER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.					HOME MAKE	2		(see		ection PIN, enter it here
		one no. (614)619-9160		Email address	KARTHEEK.6	1	AIL.CO			
Paid			eparer's signat			Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SY	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/14	1/2023	P02082		Self-employed
Use Only	Fin	m's name GLOBAL TAXES						Phor	ie no. (678)965-9522
	Fir	m's address 245 ROONEY (CT E BRU	NSWICK N	08816			Firm'	s EIN	84-3171965
		40406 1 1 11 11 11 11 11								4040



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

• Don't submit th		orm if you have, or are eligil	ble to get, a	a U.S. s	social sec	urity nu	ımber (SS	SN).			a new ITIN n existing ITIN
		itting Form W-7. Read the ral tax return with Form V									c, d, e, f, or g, you
a Nonresident	alie	n required to get an ITIN to cla	aim tax treaty	y benefit	t						
b Nonresident	alie	n filing a U.S. federal tax retur	n								
		en (based on days present in			_						
d Dependent o	of U.	S. citizen/resident alien If	d, enter relat	tionship	to U.S. cit	izen/res	ident alien	(see inst	tructions) 🕨		
		J _ k	d or e, enter	DEVA	ARAPALI	ıΙ					ns) ▶ 8-09-0175
f Nonresident	t alie	n student, professor, or resear	rcher filing a	U.S. fed	deral tax re	turn or o	claiming ar	n excepti	on		
		ise of a nonresident alien hold	ing a U.S. vi	sa							
h U Other (see in											
Additional information		r a and f: Enter treaty country	>			and	d treaty art				
Name	1a	First name		Middle	name			Last r			
(see instructions)	41.	SAI RISHITHA		NA" - L-III -					RLAKUNTA	Α	
Name at birth if different •		First name		Middle				Last r			
Applicant's Mailing		Street address, apartment nu 5663 TUTTLE COMMO	ONS BLVD)						nstructi	ions.
Address		City or town, state or province DUBLIN					ОН	USA	7	43	016
Foreign (non- U.S.) Address	3										
(see instructions)		City or town, state or province	e, and count	try. Inclu	ide postal	code where appropriate.					
Birth Information	4	Date of birth (month / day / year) $10/31/1997$	Country of INDIA	birth		City an	nd state or	province	(optional)	_	Male Female
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expir					and expiration date					
mormanon	6d	Identification document(s) sull USCIS documentation	bmitted (see		tions) 🔀	Passp		Driver'	s license/St Date of en the United	itry into	
		Issued by: INDIA No.: V9878836 Exp. date: 04/19/2032 (MM/DD/YYYY):									
	6e	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? ☑ No/Don't know. Skip line 6f.									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	6f		TIN					RSN		,	and
		name under which it was iss	ued ▶								
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ▶										
	City and state ▶ Length of stay ▶										
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanyi documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								orize the IRS to share		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year) Phone number						
, , ,	Name of delegate, if applicable (type or print)				Delegate's relationship to applicant				☐ Parent ☐ Court-appointed guardiar☐ Power of attorney		
Acceptance		Signature				Date (m	onth / day	/ year)	Phone		- ,
Agent's	 	Name and title (type or print)	l N	Name of co	mnany		EINI	Fax	D.7	
Use ONLY		Traine and title (type of print	,			parry		Office of	ode	PI	IIN

2022 Ohio IT 1040

Individual Income Tax Return



Sequence No. 1

02 14 23

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

AMENDED RETURN - Check here and include Ohio IT RE.

✓ If deceased

Spouse's SSN (if filing jointly) APP YE

School district # 0101

Primary taxpayer's SSN (required) 828 09 0175

M.I. Last name DEVARAPALLI

FOR

M.I. Last name

KORLAKUNTA

First name KARTHEEK

Spouse's first name (if filing jointly) SAI RISHITHA

Address line 1 (number and street) or P.O. Box 5663 TUTTLE COMMONS BLVD

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

City

Do not staple or paper clip.

State

ZIP code

Ohio county (first four letters)

DUBLIN

OH

43016

FRAN

NOL CARRYBACK - Check here and include Schedule IT NOL.

✓ If deceased

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

Foreign postal code

Re	sidency Stat	us - Check only or	ne for primary	Filing Status - Check one (as reported	on federal income tax return)	
×	Resident	Part-year resident	Nonresident	Single, head of household or qualifyi	ng widow(er)	
Che	eck only one for s	pouse (if filing jointl	y)	× Married filing jointly		
×	Resident	Part-year resident	Nonresident ▶▶ Indicate state	Married filing separately	Spouse's SSN	
Oh	io Nonreside	ent Statement -	See instructions for required criteria			
	Primary meets t	he five criteria for irre	ebuttable presumption as nonresident.	Federal extension filers - check here	ı.	
	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.					
			deral 1040 or 1040-SR, line 11). Pla		104292	
2 2a.	Additions – Ohio	Schedule of Adjustr	ments, line 10 (include schedule)	2a.		
2b.	Deductions – Ohi	o Schedule of Adjus	stments, line 39 (include schedule)	2b.		
3.	Ohio adjusted gro	oss income (line 1 p	lus line 2a minus line 2b). Place a "-	in the box if negative3.	104292	
	•	`	le of Dependents if applicable) and your spouse/dependents, if applica		3800	
5.	Ohio income tax	base (line 3 minus li	ine 4; if negative, enter zero)	5.	100492	





100492

REV 02/07/23 PRO

2022 Ohio IT 1040

Individual Income Tax Return



Sequence No. 2

100492 2708 2708 0 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)......9. 2708 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 2708 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and 3245 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward 3245 3245 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. 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 DUE ▶ 23. 537 26. Original return only – portion of line 24 you wish to donate: 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 537 Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is \$1.00 or less, no refund will be issued. and belief, the return and all enclosures are true, correct and complete. If you owe \$1.00 or less, no payment is necessary. NO Payment Included - Mail to: Primary signature Phone number (614)619-9160

Spouse's signature_

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

SYAM PRIYA RAM SAGAR GUP

Preparer's printed name

828 09 0175

SSN

Preparer's TIN (PTIN) P 02082703

(678)965-9522

REV 02/07/23 PRO

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

828 09 0175

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 P	Box b - EIN 473527781	Box 1 - Wages, tips, other compensation 30792	Box 2 - Federal income tax withheld $4378 $
	Box 15 - Employer's Ohio ID number 54110912	Box 16 - Ohio wages, tips, etc. 30792	Box 17 - Ohio income tax 932
2. P/S P	Box b - EIN 464397732	Box 1 - Wages, tips, other compensation 73500	Box 2 - Federal income tax withheld 10866
	Box 15 - Employer's Ohio ID number 54133636	Box 16 - Ohio wages, tips, etc. 73500	Box 17 - Ohio income tax 2313
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

828 09 0175



D	4000 D-	828 09 0175		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	Вох	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	Вох	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	Вох	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	Вох	14 - Ohio tax withheld
Dowl D	W 00-			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	eral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	eral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	eral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	eral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	eral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	5 - Ohio tax withheld