2022 Ohio IT 1040

Individual Income Tax Return



02 16 23

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

22000198

NOL CARRYBACK - Check here and include Schedule IT NOL.

Sequence No. 1

Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filling jointly) ✓ If deceased School district # 3101

First name JAGANNATH REDDY PATNAM

Spouse's first name (if filling jointly) M.I. Last name

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

4867 BRIDGE LN

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

AMENDED RETURN - Check here and include Ohio IT RE.

APT 4

Do not staple or paper clip.

City State ZIP code Ohio county (first four letters)

MASON OH 45040 HAMI

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

Foreign postal code

ualifying widow(er)
Spouse's SSN
099 85 2140
ur spouse if filing jointly) as a

1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative	105759
2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule)2a.	
2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)	
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative3.	105759
4. Exemption amount (include Schedule of Dependents if applicable)	1900
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	103859
6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule)	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)7.	103859
■ W.S-1897 といても はくこのがたいからにはないの Prob Prof Prof Prof Prof Prof Prof Prof Prof	



MM-DD-YY Code

2022 Ohio IT 1040

Individual Income Tax Return



103 27 4012 SSN

22000298 Sequence No. 2

7a. Amount from line 7 on page 1	'a.	103859
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2832
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.	2832
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	2832
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.	2832
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and	14	3690
income statements)		3070
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.	3690
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.	3690
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" AMOUNT D	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	858
25. Original return only – portion of line 24 carried forward to next year's tax liability	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)	JND ▶ 27.	858
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, no If you owe \$1.00 or less, no pay	
▶Primary signature Phone number (816) 616-8292	NO Payment Include	·
Spouse's signature Date	Ohio Department o P.O. Box 26	f Taxation
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43	
Preparer's printed name Phone number	Payment Included	
SYAM PRIYA RAM SAGAR GUP (678) 965-9522	Ohio Department o P.O. Box 20	57
Preparer's TIN (PTIN) P 02082703	Columbus, OH 43	Z1U-ZUJ1



2022 Schedule of Ohio Withholding

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

Primary taxpayer's SSN

Sequence No. 11

103 27 4012

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 -	Part B - W-2s						
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld				
Р	452700157	121866	19688				
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax				
	52786969	121866	3690				
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



		103 27 4012	22350298
Part C -	1099-Rs	103 27 4012	Sequence No. 12
	Payer's TIN	Box 1 - Gross distribution	Total 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 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 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
	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
_			
	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 7 - State income

Box 6 - Payer's Ohio number

Box 5 - Ohio tax withheld