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.

Submission Identification Number (SID)

| Taxpay | /er s name | Social securi | ty numb | ber |
|--------|--|---------------|----------|--------------|
| SAN | NITH K KACHAM | 380-39 | -478 | 1 |
| Spouse | o's name | Spouse's soo | ial secu | urity number |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter | er year you a | ire au | thorizing.) |
| 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 | 77,645. |
| 2 | Total tax | | 2 | 9,846. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 11,390. |
| 4 | Amount you want refunded to you | | 4 | 1,544. |
| 5 | Amount you owe | | 5 | |
| 5 | | | 5 | |

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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 Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL TAXES | 5 LLC | to enter or generate my PIN | Ente |
|---|-------------|--------------|---------------|-----------------------------|------|
| | | | ERO firm name | | don |

| 9 | 4 | 7 | 8 | 1 | 00 mV |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent don | er fiv i't en | ve di Iter a | gits, all ze | but ros | as my |

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 authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

| | | as my |
|------------------|--|-------|
| er fiv n't en | | |

ERO firm name 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 authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature > | Date ► | |
|--|--|--|
| Practitioner PIN Method Return | is Only—continue below | |
| Part III Certification and Authentication – Practitioner P | N Method Only | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s | elf-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 return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature Date Date | | | | | | | |
|---|--|------|--|--|--|--|--|
| | etain This Form — See Instructions orm to the IRS Unless Requested To Do So | | | | | | |
| For Denominary Deduction Act Nation and vous toy to | Exercision 2010 DEV/04/02 DE0 | 101) | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/23 PRO

| 1040 | | artment of the Treasury–Internal Revenue Service S. Individual Income Tax | | n 20 2 | 2 | OMB No. 1545 | -0074 | IRS Use C | Dnly—E | Do not w | rite or staple | in this space. |
|--|--------------|--|------------------|--|-------|------------------|--------------|--------------|--------------------|-----------|--|---|
| Filing Status Check only one box. | | Single Married filing jointly | - | filing separately (M Ir spouse. If you ch | , | | | , | , <u> </u> | spou | lifying sun use (QSS) name if th | 0 |
| | pers | on is a child but not your dependent | : | | | | | | | | | |
| Your first name | and m | iddle initial | Last name | | | | | | Y | our so | cial securi | y number |
| SANNITH | K | | KACHAN | Ν | | | | | _ | | 39-478 | |
| lf joint return, sp | oouse's | s first name and middle initial | Last name | | | | | | S | pouse' | s social see | curity number |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructions | ;. | | | A | Apt. no. | | | | on Campaign |
| - | | STORM AVE | | | - | | | | | | nere if you, if filing ioir | or your tly, want \$3 |
| | ost offi | ce. If you have a foreign address, also co | mplete spac | ces below. | Sta | | ZIP c | | | • | | Checking a |
| TAMPA | | | | | FI | | 336 | - | | | ow will not | 0 |
| Foreign country | name | | Fore | eign province/state/c | count | ty | Foreig | n postal coo | de y | ourtax | or refund. | Spouse |
| Digital | | ny time during 2022, did you: (a) rece | | | | | - | | | | | |
| Assets | | ange, gift, or otherwise dispose of a | - | | | _ | asset) | ? (See ins | truct | ions.) | Yes | X No |
| Standard Deduction | _ | eone can claim: U You as a de Spouse itemizes on a separate return | | Your spouse ere a dual-status a | | • | | | | | | |
| Age/Blindness | You | : 🗌 Were born before January 2, 1 | 958 🗌 / | Are blind Spo | use | : 🗌 Was bor | n befo | ore Januar | 'y 2, ⁻ | 1958 | 🗌 ls bl | ind |
| Dependents | s (see | instructions): | | (2) Social security | | (3) Relationsh | ip (4 |) Check the | e box | if qualif | fies for (see | instructions): |
| If more | (1) F | irst name Last name | | number | | to you | | Child ta | x cred | lit | Credit for ot | her dependents |
| than four dependents, | | | | | | | | L | | | | |
| see instructions | s —— | | | | | | | L | | | | |
| and check | | | | | | | | | <u> </u> | | | |
| here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | | , | | | | | · | 1a | | 84,645. |
| Attach Form(s) | b | Household employee wages not re | | | | | • • | | • | 1b | | |
| W-2 here. Also | C | Tip income not reported on line 1a | | | | | • • | | • | 10 | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | | • • | | • | 1d | | |
| 1099-R if tax | e | Taxable dependent care benefits for | | | | | • • | | • | 1e 1f | - | |
| was withheld. | f | Employer-provided adoption bene Wages from Form 8919, line 6. | | - | | | • • | | • | | | |
| lf you did not get a Form | g h | Other earned income (see instructi | | | • | | • • | | • | 1g 1h | | 0. |
| W-2, see | i | Nontaxable combat pay election (s | , | | • | · · · · · | · · | | • | | | 0. |
| instructions. | z | Add lines 1a through 1h | | | • | 11 | | | | 1z | 5 | 84,645. |
| Attach Sch. B | 2a | S I | 2a | | ь т | axable interest | · · | | • | 2b | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| if required. | 3a | · · | 3a | | | Ordinary divider | | | • | 3b | | |
| | 4a | | 4a | | | axable amount | | | | 4b | | |
| Standard | 5a | | 5a | | | axable amount | | | | 5b | | |
| Deduction for – | 6a | | 6a | | | axable amoun | | | | 6b | | |
| Single or Married filing | с | If you elect to use the lump-sum el | lection me | | | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sched | | | | | | | | 7 | | |
| Married filing | 8 | Other income from Schedule 1, line | | | | | | | | 8 | - | -7,000. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. Thi | is is your total inc | omo | е | | | | 9 | | 77,645. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | | 10 | | |
| Head of | 11 | Subtract line 10 from line 9. This is | your adju | sted gross incon | ne | | | | | 11 | | 77,645. |
| household, \$19,400 | 12 | Standard deduction or itemized | | | | | | | | 12 | | 12,950. |
| If you checked | 13 | Qualified business income deducti | | | | 5-A | | | | 13 | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 12,950. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less, e | enter -0 This is ye | our | taxable incom | е. | | | 15 | | 64,695. |
| | | | | | | | | | | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|--------------------------------------|------------|--|--------------------|--------------------|------------------------|---------------------------|---------|---------------------------------|------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s | s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 9, | 846. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 9, | 846. |
| | 19 | Child tax credit or credit for other dependents | s from Sched | ıle 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 zero or less, e | nter -0 | | | | 22 | 9, | 846. |
| | 23 | Other taxes, including self-employment tax, fi | rom Schedule | 2, line 21 | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | 24 | 9, | 846. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | |
| | а | Form(s) W-2 | | | 25a 11 | ,390. | | | |
| | b | Form(s) 1099 | | | 25b | | | | |
| | с | Other forms (see instructions) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 11, | 390. |
| If you have a | 26 | 2022 estimated tax payments and amount ap | plied from 20 | 21 return | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit from Form 8863, | line 8 | | 29 | | | | |
| | 30 | Reserved for future use | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your 1 | total other pa | yments and refu | Indable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. These are your tot | al payments | | | | 33 | 11, | 390. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 | from line 33. | This is the amou | nt you overpaid | | 34 | 1, | 544. |
| norana | 35a | Amount of line 34 you want refunded to you. | | is attached, chee | ck here | | 35a | 1, | 544. |
| Direct deposit? | b | Routing number 0 4 4 0 0 0 0 | | c Type: 🛛 🗙 | Checking | Savings | | | |
| See instructions. | d | Account number 7 5 7 6 6 8 6 | 0 8 | | | | | | |
| | 36 | Amount of line 34 you want applied to your 2 | 023 estimate | dtax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount | | | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/ | Payments or | see instructions . | | | 37 | | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | | |
| Third Party | | you want to allow another person to discu | uss this retur | n with the IRS? | | | | _ | |
| Designee | ins | | | | | omplete b | | X No | |
| | De: nar | ignee's | Phone no. | | | onal identif oer (PIN) | cation | | |
| <u>o:</u> | | | | | | . , | the hee | | |
| Sign | | ler penalties of perjury, I declare that I have examined ef, they are true, correct, and complete. Declaration of | | | | | | | |
| Here | Yo | ir signatųre | Date | Your occupation | | If the | IRS sei | nt you an Ider | ntity |
| | | Sucharit | | | | Prote | ction P | IN, enter it he | |
| Joint return? | | | | SOFTWARE H | | (see i | , | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupat | ion | | | nt your spous action PIN, en | |
| your records. | | | | | | (see i | | | |
| | Ph | ne no. (234)817-4756 | Email address | KY GUYWGYWN. | TH@GMAIL.CO | ` | | | |
| | | parer's name Preparer's signatu | | NACHAMBANN | Date | | | Check if: | |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA F | | | 02/02/2023 | P02082 | 207 | Self-em | nploved |
| Preparer | | n's name GLOBAL TAXES LLC | ANDAG MAN | JUFIA IAUUAM | 04/04/2023 | | | 678)965· | |
| Use Only | | n's address 245 ROONEY CT E BRUN | NOWICK N | 08816 | | Firm' | | | |
| | 1 1/1 | 1040 for instructions and the latest information. | NOWICK IN | , 00010 | | 1 | | 88-214 | 45467 (2022) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

| Department of the Treasury Internal Revenue Service | | Attachment Sequence No. 01 | |
|--|-----------------------------|--------------------------------------|-------|
| Name(s) shown on Fo | Your social security number | | |
| SANNITH K KACH | AM | 380-39 | -4781 |
| | | | |

| 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. Att | ach Schedule E . | 5 | -7,000. |
| 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 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | 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 | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | _ | |
| р | Section 461(I) excess business loss adjustment | 8p | _ | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | _ | |
| Z | Other income. List type and amount: | | | |
| Ē | | 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 | R, or 1040-NR, line 8 | 10 | -7,000. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

| 11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government 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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a | Par | t II Adjustments to Income | | | | | 8 |
|--|--------|--|-------|------------|------|----|------------------|
| officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 23 Acted of ruture use 22 22 24 Other adjustments: 23 24a 24 24a 24a 24a 24 24a 24a 24a 25 Archer MSA deduction 23 24a 24 24a 24a 24a 24a 24a 24a 24a </th <th>11</th> <th>Educator expenses</th> <th></th> <th></th> <th></th> <th>11</th> <th></th> | 11 | Educator expenses | | | | 11 | |
| officials. Attach Form 2106 12 13 Health savings account deduction. Attach Form 8889 13 14 15 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 16 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a 19a Alimony paid 12 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 25 Represent MSA deduction of the value of Olympic and Paralympic medias and USOC prize money reported on line 81 from the rental of personal property engaged in for profit 24a 24a 24a 24a 24d 24a | 12 | Certain business expenses of reservists, performing artists, and fee | -basi | is governi | ment | | |
| 13 Health savings account deduction. Attach Form 3889 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 17 Self-employed SEP, SIMPLE, and qualified plans 16 17 Renalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 18 c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 23 24 24 Other adjustments: 24 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d i Attorney fees and court costs for actions involving certain unlawful discrimination c | | officials. Attach Form 2106 | | | | 12 | |
| 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 18 19a Pencipient's SSN 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 22 23 Archer MSA deduction 22 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Archer MSA deduction 24 24 Other adjustments: 24 24 24 24 24 24 24 24 24d 24d 24 | 13 | | | | | 13 | |
| 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 18 19a Pencipient's SSN 20 21 Student loan interest deduction 21 22 23 Archer MSA deduction 22 23 Archer MSA deduction 22 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Other adjustments: 24 24 Archer MSA deduction 24 24 Other adjustments: 24 24 24 24 24 24 24 24 24d 24d 24 | 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | 14 | |
| 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 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 22 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c 24d 24d 24d 24d 24d 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d 24h 24h 24d 24h 24d | 15 | | | | | 15 | |
| 17 Self-employed health insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a 24 24b 24b 24 24d 24d 24d 24d 24d 24f 24 | 16 | | | | | 16 | |
| 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction 21 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d 24d 24d 24d 24d 24d 24d g Contributions to section 501(c)(18)(D) pension plans 24g f Contributions by certain chaplains to section involving certain unlawful discrimination claims (see instructions) 24h i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24i j Housing deductio | 17 | | | | | | |
| 19a Alimony paid 19a b Recipient's SSN 19a c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction 21 21 Student loan interest deduction 21 22 Reserved for future use 23 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c g Contributions by certain chaplains to section folls) plans 24g f Contributions by certain chaplains to section folls) plans 24g g Contributions by certain costs for actions involving certain unlawful discrimination claims (see instructions) 24g j Housing deduction from Form 2555 24i z 24i 24i 24i 24i 24i 24i 24i 24i 24i 24i | 18 | | | | | 18 | |
| b Recipient's SSN | 19a | | | | | | |
| c Date of original divorce or separation agreement (see instructions): 20 20 IRA deduction | | | | | | | |
| 20 IRA deduction | | Date of original divorce or separation agreement (see instructions): | | | | | |
| 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 23 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions to section 501(c)(18)(D) pension plans 24d g Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i 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 24i j Housing deduction from Form 2555 24i 24i 24i 24i 24i 24i 24i 24i 25 Total other adjustments. Add lines 24a through 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to | 20 | | | | | 20 | |
| 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit 24a c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24d g Contributions to section 501(c)(18)(D) pension plans 24f g Contributions to section 501(c)(18)(D) pension plans 24g i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h 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 24i j Housing deduction from Form 2555 24j z Other adjustments. List type and amount: 24z 24z 24z 24z 24a 24z 24i 244 | | | | | | | |
| 23 Archer MSA deduction 23 24 Other adjustments: 24 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24f g Contributions to section 501(c)(18)(D) pension plans 24g f Contributions by certain chaplains to section 403(b) plans 24g t Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h j Housing deduction from Form 2555 24i j Housing deduction sof section 67(e) expenses from Schedule K-1 (Form 1041) 24k z 24k 24k z4i 24k 24i z4i 24k 24i z4i 24k 24i z4i 24k 24i z4i 24i 24i | | | | | | | |
| 24 Other adjustments: a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c 24c d Reforestation amortization and expenses 24d 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24f 24e g Contributions to section 501(c)(18)(D) pension plans 24g 24g g Contributions by certain chaplains to section 403(b) plans 24g 24h i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h 24h j Housing deduction from Form 2555 24i 24i 24i 24i 24i 24i 24i 24k zother adjustments. List type and amount: 24z 24i 24i 25 Total other adjustments. Add lines 24a through 24z 24z 24z 25 Total other adjustments. Add lines 24a through 24z 24z 24z 24z <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | |
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| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | | | 24b | | | | |
| and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) iOther adjustments. List type and amount: 24i 225 Total other adjustments. Add lines 24a through 24z 26 | c | | | | | | |
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| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | b | | | | | | |
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| f Contributions to section 501(c)(18)(D) pension plans | Ũ | | 24e | | | | |
| g Contributions by certain chaplains to section 403(b) plans | f | | | | | | |
| h 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 j 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: 24i 24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td> | - | | | | | | |
| discrimination claims (see instructions) | | | 9 | | | | |
| 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24i 24j 24k | | | 24h | | | | |
| <pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre> | i | | | | | | |
| tax law violations 24i j 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: 24j 24k 24k 24z 24z 24z 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | | from the IRS for information you provided that helped the IRS detect | | | | | |
| j Housing deduction from Form 2555 | | | 24i | | | | |
| k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k 20 Other adjustments. List type and amount: 21 24k 22 24z 23 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | i | | | | | | |
| 1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | J k | | | | | | |
| z Other adjustments. List type and amount: | r\ | | 24k | | | | |
| 25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25 | 7 | | | | | - | |
| 25 Total other adjustments. Add lines 24a through 24z | ~ | | 247 | | | | |
| 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | 25 | | | | | 25 | |
| | | | | | | 20 | |
| | 20 | | | | | 26 | |
| BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20 | | | | | | | 1 (Earm 1040) 00 |

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

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.

| 20 22 |
|--------------------------------------|
| Attachment Sequence No. 13 |

| ., | JITH K KACHAM | | | | | | | | 9-4781 | |
|--------|---------------------|--|-----------|-----------|----------------|------------|-------------------|--------------|-------------|-----------|
| | | | | voltino | | | | 300-3 | 9-4/01 | |
| Part | Note: If you a | Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40. | | | c . See | instru | ctions. If you ar | e an indiv | /idual, rep | ort farm |
| Α | Did you make any p | ayments in 2022 that would require you | to file | Form(s) 1 | 099? 5 | See ins | structions | | . 🗌 Ye | es 🗵 No |
| B | f "Yes," did you or | will you file required Form(s) 1099? . | | | | | | | . 🗌 Ye | es 🗌 No |
| 1a | Physical address | s of each property (street, city, state, ZIF | P code | e) | | | | | | |
| A | - | R KARIMNAGAR TELANGANA IN 5 | | , | | | | | | |
| B | | C NARTHINAGAN TELANGANA IN S | 0000 | 51 | | | | | | |
| C | | | | | | | | | | |
| | Type of Property | 2 For each rental real estate prope | nty liet | tod | | Ea | ir Rental | Person | allea | |
| | (from list below) | above, report the number of fair | | | | 10 | Days | Da | | QJV |
| Α | 3 | personal use days. Check the Q | JV bo> | x only | Α | | 365 | | 0 | \square |
| В | - | if you meet the requirements to f | | | В | | | | - | |
| С | | qualified joint venture. See instru | ictions | 5. | С | | | | | |
| Туре | of Property: | 1 | | | | | | | | |
| 1 | Single Family Resid | dence 3 Vacation/Short-Term Ren | tal | 5 Land | l | 7 | Self-Rental | | | |
| 2 | Multi-Family Resid | ence 4 Commercial | | 6 Roya | alties | 8 | Other (descri | be) | | |
| | | | | | | | Propertie | | | |
| Incom | | | | | Α | | B | · 5 . | | С |
| 3 | | | 3 | | | 00. | D | | | 0 |
| 4 | | · · · · · · · · · · · · · · · · · · · | 4 | | | | | | | |
| Exper | | | | | | | | | | |
| 5 | | | 5 | | | | | | | |
| 6 | 0 | ee instructions) | 6 | | | | | | | |
| 7 | | ntenance | 7 | | 8 | 00. | | | | |
| 8 | | | 8 | | | | | | | |
| 9 | | | 9 | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | |
| 11 | | 8 | 11 | | 8 | 00. | | | | |
| 12 | Mortgage interest | paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest . | | 13 | | | | | | | |
| 14 | Repairs | | 14 | | 1,7 | 50. | | | | |
| 15 | Supplies | | 15 | | 1,6 | 50. | | | | |
| 16 | Taxes | | 16 | | | | | | | |
| 17 | | | 17 | | 2,5 | 00. | | | | |
| 18 | Depreciation expe | ense or depletion | 18 | | | | | | | |
| 19 | Other (list) | Add lines 5 through 19 | 19 | | | | | | | |
| 20 | | | 20 | | 7,5 | 00. | | | | |
| 21 | | rom line 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | · · · · · | see instructions to find out if you must | 0.1 | | 7 0 | 00 | | | | |
| 00 | | | 21 | | -7,0 | 00. | | | | |
| 22 | | real estate loss after limitation, if any, e instructions) | 00 | 1 | 7 00 | | (| ``` | (| , |
| 02- | · | , | 22 | (| 7,00 | 0.) | (|) 500. | (|) |
| 23a | | nts reported on line 3 for all rental prope nts reported on line 4 for all royalty prop | | | • • | 23a 23b | | 500. | | |
| b c | | its reported on line 12 for all properties | | | • • | 23D 23C | | | | |
| d | | its reported on line 18 for all properties | | | • • | 23d | | | | |
| e | | its reported on line 20 for all properties | | | | 23e | 7 | 500. | | |
| 24 | | sitive amounts shown on line 21. Do no | | | sses | 200 | · , | 24 | | |
| 25 | | Ity losses from line 21 and rental real estat | | - | | nter to | otal losses here | | (| 7,000.) |
| 26 | | estate and royalty income or (loss). | | | | | | | 1 | .,, |
| | | III, IV, and line 40 on page 2 do not | | | | | | | | |
| | | 1040), line 5. Otherwise, include this ar | | | | | | 26 | | -7,000. |

| Do not staple | or paper clip. Department o | | | 22 Ohio dual Income | | | | | | |
|---|---|-------------------------------|----------------|------------------------|------------|---------------------------------------|--------------------|------------------|------------------------------|----------------|
| | Taxation | Use only black i | | | | | Irs only. | ∎ ∎ ∎ 2 | ■ ■■ 22000198 | |
| 02 02 23 | | - | | | | | - | | | Sequence N |
| AMENDED RET | URN - Check here | and include Ohio | IT RE | Ξ. | NOL | CARRYBACI | K - Check h | ere and in | clude Sche | dule IT NOL. |
| Primary taxpayer's SSt 380 39 478 | | If deceased | Spo | ouse's SSN (if fili | ng jointly | () | ✓ If decea | sed | School dis | |
| First name SANNITH | | | M.I. K | Last name KACHAM | | | | | | |
| Spouse's first name (if | filing jointly) | | M.I. | Last name | | | | | | |
| Address line 1 (number 10117 HAWK | , | | | | | | | | | |
| Address line 2 (apartm | ent number, suite n | umber, etc.) | | | | | | | | |
| City | | | | | State | ZIP code | (| Dhio county | (first four let | ters) |
| TAMPA | | | | | FL | 33610 | | FRAN | | |
| Foreign country (if the | mailing address is o | outside the U.S.) | | | Foreign | postal code | | | | |
| Residency Status | Check only one | for primary | | | Filing | 9 Status – C | Check one (a | as reported | on federal i | ncome tax retu |
| Resident X | Part-year resident | Nonresident Indicate state | •• | FL | X S | Single, head of | f household | or qualifyi | ng widow(e | r) |
| Check only one for spo Resident | ouse (if filing jointly) Part-year resident | Nonresident Indicate state | •• | | | /arried filing jo /arried filing s | - | | Spouse's | SSN |
| Ohio Nonresiden Primary meets the | <u>t Statement</u> – S e five criteria for irreb | | | | F | ederal extens | sion filers - | check here | | |
| Spouse meets the | five criteria for irreb | uttable presumptio | on as r | nonresident. | | someone can ependent, che | | or your spo | use if filing j | ointly) as a |
| 1. Federal adjusted g if negative 2a. Additions – Ohio Sc 2b. Deductions – Ohio Sc 3. Ohio adjusted gross | | | | | | | 1. | | | 7764 |
| 2a. Additions – Ohio Sc | chedule of Adjustme | ents, line 10 (incl i | ude s | chedule) | | | 2a. | | | |
| 2b.Deductions – Ohio | Schedule of Adjust | ments, line 39 (in e | clude | schedule) | | | 2b. | | | |
| 3. Ohio adjusted gross | s income (line 1 plu | s line 2a minus lir | ne 2b) | . Place a "-" in t | the box if | f negative | 3. | | | 7764 |
| 4. Exemption amount Number of exemptio | | | | | | | 4. | | | 215 |
| 5. Ohio income tax ba | se (line 3 minus lin | e 4; if negative, ei | nter ze | ero) | | | 5. | | | 7549 |
| 6. Taxable business in | ncome – Ohio Sche | dule IT BUS, line | 13 (in | clude schedul | e) | | 6. | | | |
| 7. Taxable nonbusines | ss income (line 5 m | inus line 6; if nega | ative, | enter zero) | | | 7. | | | 7549 |
| | | | | | | | 19/23 PRO | MM-D | D-YY 1040 – pa o | Code |

2022 IT 1040 - page 1 of 2

2022 Ohio IT 1040 Individual Income Tax Return



| SSN | 380394781 | 22000298 Sequence No. 1 |
|-----------------|---|--|
| 7a.Amo | unt from line 7 on page 1 | |
| 8a.Nont | ousiness income tax liability on line 7a (see instructions for tax tables) | |
| 8b.Busi | ness income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) | 8b. |
| 8c. Inco | ne tax liability before credits (line 8a plus line 8b) | |
| 9. Ohio | nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule) | |
| 10. Tax I | ability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) | |
| 11. Inter | est penalty on underpayment of estimated tax (include Ohio IT/SD 2210) | |
| 12.Unpa | aid use tax (see instructions) | 12. |
| 13. Tota | Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12) | |
| | income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and me statements) | |
| | nated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward last year's return | 15. |
| 16.Refu | ndable credits – Ohio Schedule of Credits, line 41 (include schedule) | |
| 17. <u>Ame</u> | nded return only – amount previously paid with original and/or amended return | |
| 18. Tota | Ohio tax payments (add lines 14, 15, 16 and 17) | |
| 19. <u>Ame</u> | nded return only – overpayment previously requested on original and/or amended return | 19. |
| 20.Line | 18 minus line 19. Place a "-" in the box if negative | |
| 04 Tax | If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. | |
| 21. Iax (| lue (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13 | |
| 22. Inter | est due on late payment of tax (see instructions) | |
| | AL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUN | IT DUE ▶ 23. |
| 24. Over | payment (line 20 minus line 13) | |
| 26. Orig | inal return only – portion of line 24 carried forward to next year's tax liability inal return only – portion of line 24 you wish to donate: a. Wildlife Species b. Military Injury Relief c. Ohio History Fund | 25. |
| d. Natu | re Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children | Total26g. |
| 27. REF | UND (line 24 minus lines 25 and 26g)YOUR RE | EFUND ▶ 27. 362 |
| | ere (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledg f, the return and all enclosures are true, correct and complete. | ge If your refund is \$1.00 or less, no refund will be issued If you owe \$1.00 or less, no payment is necessary. |
| | signature Phone number(234)817-4756 | |
| - | 's signature Date | P.O. Box 2679 Columbus, OH 43270-2679 |
| | x here to authorize your preparer to discuss this return with the Department. s printed name Phone number Phone number | Payment Included – Mail to: |
| | SYAM PRIYA RAM SAGAR GUP (678)965-9522 Preparer's TIN (PTIN) P 02082703 | Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057 |
| | | 2022 IT 1040 page 2 of 2 |



2022 Ohio Schedule of Credits Use only black ink. Use whole dollars only. Primary taxpayer's SSN

380 39 4781



Sequence No. 7

02 02 23

Many of these credits must 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 1062 |
|---|-------------------|
| | |
| 2. Retirement income credit (include 1099-R forms) | |
| 3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) | |
| 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 de | ocumentation)7. |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly | |
| 9. Income-based exemption credit | 9. 0 |
| 10. Total (add lines 2 through 9) | |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero) | |
| 12. Joint filing credit (see instructions for table). % times line 11, up to \$650 | |
| 13. Earned income credit | |
| 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 docum | entation)16. |
| 17. Vocational job credit (include a copy of the credit certificate) | |
| 18. Ohio adoption credit | |
| 19. Nonrefundable job retention credit (include a copy of the credit certificate) | |
| 20. Credit for eligible new employees in an enterprise zone (include a copy of the credit | t certificate)20. |
| 21. Grape production credit | 21. |
| 22. InvestOhio credit (include a copy of the credit certificate) | |
| 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. |
| | REV 01/19/23 PRO |



| Primary taxpayer's SSN | |
|---|----------------|
| 380 39 4781 | Sequence No. 8 |
| 25. Technology investment credit carryforward (include a copy of the credit certificate) | |
| 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) | |
| 29. Total (add lines 12 through 28) | |
| 30. Tax less additional credits (line 11 minus line 29; if negative, enter zero) | |
| Nonresident Credit | |
| Dates of Ohio residency040122to123122Other state of residency | FL |
| 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) | |
| 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) | |
| Resident Credit | |
| 34. Resident credit – Ohio IT RC, line 7 (include a copy) | |
| 35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) | 35. 215 |
| 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. |



Department of Taxation

2022 Schedule of Ohio Withholding



22350198

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

Primary taxpayer's SSN

Sequence No. 11

380 39 4781

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 2010 and on line 14 of your Ohio IT 10401. Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 812391387 84645 11390 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 54081315 68684 2010 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc.

Box 1 - Wages, tips, other compensation

Box 16 - Ohio wages, tips, etc.

- 3. P/S Box b EIN
 - Box 15 Employer's Ohio ID number
- 4. P/S Box b EIN
 - Box 15 Employer's Ohio ID number
- 5. P/S Box b EIN
 - Box 15 Employer's Ohio ID number

6. P/S Box b - EIN

Box 15 - Employer's Ohio ID number

Box 15 - Employer's Ohio ID number

7. P/S Box b - EIN

Box 1 - Wages, tips, other compensation Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld

Box 17 - Ohio income tax



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2022 Schedule of Ohio Withholding Primary taxpayer's SSN

380 39 4781



22350298

Sequence No. 12

| Dort C | 1000 Bo | 380 39 4781 | | Sequence No. |
|---------------------------|---------------------------------|-------------------------------------|-----------------------|-------------------------------|
| <u>Part C -</u> 1. P/S | <u>1099-Rs</u> Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code |
| | Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | Box | 14 - Ohio tax withheld |
| 2. P/S | Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code |
| | Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | 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 | Box | 14 - Ohio tax withheld |
| Part D - | W 26a | | | |
| <u>Part D -</u> 1. P/S | Payer's federal ID number | Box 1 - Reportable winnings | Box 4 - Fede | ral 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 - Fede | ral 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 - Fede | ral income tax withheld |
| | Box 13 - Ohio state ID number | Box 14 - Ohio state winnings | Box | 15 - Ohio income tax withheld |
| | | | | |
| <u>Part E -</u> 1. P/S | <u>1099-NECs</u> Payer's TIN | Box 1 - Nonemployee compensation | Box 4 - Fede | ral 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 - Fede | ral income tax withheld |
| | Box 6 - Payer's Ohio number | Box 7 - State income | Вох | 5 - Ohio tax withheld |

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