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
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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 24e f Contributions to section 501(c)(18)(D) pension plans 24f g Contributions by certain chaplains to section 403(b) plans 24g h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24i j Housing deduction from Form 2555 24i j Housing deduction from Form 2555 24i z Other adjustments. List type and amount: 24k z4z 24z z4z 24i		•	24a				
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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) 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							
 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>	-						
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 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				
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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						
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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

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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



|--|

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

2022 Schedule of Withholding - page 2 of 2 REV 01/19/23 PRO

