E <b>1040</b>		rtment of the Treasury-Internal Revenue Servi <b>5. Individual Income Ta</b>		urn 2	2022	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple in this space.
Filing Status Check only one box.	lf yo	Single $\mathbf{X}$ Married filing jointly $\mathbf{D}$ u checked the MFS box, enter the national statement on is a child but not your dependent	ame of y				Head of Idea the HOH of				spou	ifying surviving se (QSS) name if the qualifying
Your first name	and mi	ddle initial	Last nar	me						Yo	ur soo	cial security number
Venkata	Laks	shmana Vi	Boin	apalli						78	30-6	51-2388
lf joint return, sp	oouse's	first name and middle initial	Last nar	me						Sp	ouse's	s social security number
Jhansi R	ani		Para	.sa						98	33-9	0-9362
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Pre	esider	ntial Election Campaigr
967 Bayr	idae									Ch	eck h	ere if you, or your
		ce. If you have a foreign address, also co	mplete s	paces below.		Sta	te	ZIP c	ode			f filing jointly, want \$3
Lewis Ce	nter	<u>.</u>				OF	Ŧ	430	35			this fund. Checking a w will not change
Foreign country			F	oreign provir	nce/state/co	ount	ty		n postal cod			or refund.
с ,							-					You Spouse
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a										🗙 Yes 🗌 No
Standard		eone can claim: Vou as a de	-				a dependent	Í			,	
Deduction		Spouse itemizes on a separate retur										
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind	Spor	use	: 🗌 Was bo	m befo	ore Januar	y 2, 19	958	Is blind
Dependents	s (see	instructions):			al security		(3) Relationsh	nip (4	I) Check the	box if	qualif	ies for (see instructions):
If more	(1) Fi	rst name Last name		nu	mber		to you		Child tax	credit	1	Credit for other dependents
than four										]		
dependents, see instructions										]		
and check	, 									]		
here										]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructior	ns)						1a	112,036.
	b	Household employee wages not re	eported	on Form(s)	W-2	•					1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)		•					1c	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W	/-2 (see in	stru	ictions)				1d	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line	e26.						1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	1 Form 8839	9, line 29						1f	
lf you did not	g	Wages from Form 8919, line 6 .									1g	
get a Form	h	Other earned income (see instruction	ions) .					· ·			1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions) .			<b>1</b> i					
	Z	Add lines 1a through 1h	· · ·								1z	112,036.
Attach Sch. B	2a	Tax-exempt interest	2a		k	bТ	axable interes	t.			2b	64.
if required.	3a	Qualified dividends	3a	1	17. k	b C	rdinary divide	nds .			3b	20.
	4a	IRA distributions	4a		k	bТ	axable amoun	t			4b	
Standard	5a	Pensions and annuities	5a	/	k	bТ	axable amoun	t			5b	
Deduction for-	6a	Social security benefits	6a		k	bТ	axable amoun	t			6b	
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection r	nethod, che	eck here (s	see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required. If	f not requi	red	, check here				7	-3,000.
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10.								8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your	total inco	ome	e				9	109,120.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26 .							10	
• Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gro	oss incom	ne					11	109,120.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from S	Schedule /	A)					12	25,900.
If you checked	13	Qualified business income deducti	ion from	Form 8995	or Form	899	5-A				13	1.
any box under Standard	14										14	25,901.
Deduction,	15	Subtract line 14 from line 11. If zer				our 1	taxable incom	ne.			15	83,219.
see instructions.		<b>V</b>			<b>,</b>						-	

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

Form **1040** (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .          .	16	9,576.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,576.
	19	Child tax credit or credit for other dependents from Schedule 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, enter -0	22	9,576.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	9,576.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	11,850.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,850.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,274.
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,274.
Direct deposit?	b	Routing number       0       8       1       0       0       0       3       2       c Type:       X Checking       Savings		
See instructions.	d	Account number 3 5 5 0 0 9 7 1 0 7 7 4		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	selow.	X No
		signee's Phone Personal identi	fication <sub>1</sub>	
	nai			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
	10			N, enter it here
Joint return?		IT	inst.)	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here
,		HOME PAREL X	1131.)	
		one no. Email address		Chock if:
Paid		Preparer's name Preparer's signature Date PTIN	2000	Check if:
Preparer		AY BABU KONDISETTI AJAY BABU KONDISETTI P0170		Self-employed
Use Only			ne no.	
			's EIN	45-3482203
Go to www.irs.ge	ov/Forn	1040 for instructions and the latest information. BAA REV 02/24/23 PRO		Form <b>1040</b> (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12** 

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

V Boinapalli & J Parasa

Your social security number 780-61-2388

nd during the tax year?  $\Box$  Yes X No

## Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	33,973.	37,062.	1,6	40.	-1,449.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y	our Capital Loss	Carryover		
	Worksheet in the instructions				6	( 5,235.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-6,684.

## Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustmen	te	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	42.	67.			-25.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	a through 14 in co	olumn (h). Then, go	o to Part III	15	-25.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -6,709.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>Yes.</b> Go to line 18.	
	□ No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b> ( 3,000. )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 02/24/23 PRO	Schedule D (Form 1040) 2022

Form **8949** 

# Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Internal Revenue Service Name(s) shown on return

Name(s) shown on return	Social security number or taxpayer ide	entification number
V Boinapalli & J Parasa	780-61-2388	

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
APEX CLEARING ONE DALLAS CENTER	various	12/31/22	25,749.	27,685.	W	1,229.	-707.	
TD Ameritrade Clearing, Inc.	various	12/31/22	4,274.	5,039.	W	353.	-412.	
Robinhood Securities LLC	various	12/31/22	3,950.	4,338.	W	58.	-330.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), <b>lir</b>	lude on your <b>1e 2</b> (if <b>Box B</b>	33,973.	37,062.		1,640.	-1,449.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2022)	Attachment Sequence No. 12	A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side V Boinapalli & J Parasa

Social security number or taxpayer identification number 780-61-2388

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	various	12/31/22	42.	67.			-25.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your 1e 9 (if Box E	42.	67.			-25.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form <b>8995</b>
------------------

# **Qualified Business Income Deduction Simplified Computation**

OMB No. 1545-2294

20

Attachment

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

Sequence No. 55 Your taxpayer identification number Name(s) shown on return

V Boinapalli & J Parasa

780-61-2388

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business ncome or (loss)
i				
ii			•	
iii				
iv				
v				
	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ( )		
		1		
	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)         (see instructions)	<b>6</b> 4.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 ( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	3 4.		
	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10	1.
		<b>1</b> 83,220.		
12		<b>2</b> 17.		
13 14	Subtract line 12 from line 11. If zero or less, enter -0-         .         .         .         1           Income limitation. Multiply line 13 by 20% (0.20)         .	<b>3</b> 83,203.	14	16 641
14	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also er		14	16,641.
	the applicable line of your return (see instructions)		15	1.
	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than z		16 (	0.)
	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and			<u>`</u>
	zero, enter -0		17 (	0.)
For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/24/	23 PRO		Form <b>8995</b> (2022)

	Do not staple or paper clip. Ohio Department of Taxation Use only b	2022 Ohio IT 1040 Individual Income Tax Return black ink/UPPERCASE letters. Use who		22000198 Sequence No. 1
	AMENDED RETURN - Check here and include	e Ohio IT RE. NOL CARF	RYBACK - Check here an	d include Schedule IT NOL.
	Primary taxpayer's SSN (required) ✓ If deceas 780 61 2388	ed Spouse's SSN (if filing jointly) 983 90 9362	✓ If deceased	School district # 2103
	First name VENKATA LAKSHMA	M.I. Last name BOINAPALLI		
	Spouse's first name (if filing jointly) JHANSI RANI	M.I. Last name PARASA		
	Address line 1 (number and street) or P.O. Box 967 BAYRIDGE DR			
	Address line 2 (apartment number, suite number, etc.	.)		
	City	State ZIP	code Ohio co	unty (first four letters)
	LEWIS CENTER	OH 43	3035 DEL	A
	Foreign country (if the mailing address is outside the	U.S.) Foreign posta	I code	
	Residency Status – Check only one for primary	Filing Stat	tus – Check one (as repo	rted on federal income tax return)
	Resident X Part-year Nonresident Indicate		head of household or qua	alifying widow(er)
	Check only one for spouse (if filing jointly)		d filing jointly	
	Resident X Part-year Nonresident Indicate	dent MO Marriec	d filing separately	Spouse's SSN
	Ohio Nonresident Statement – See instruction Primary meets the five criteria for irrebuttable pres		I extension filers - check	nere.
	Spouse meets the five criteria for irrebuttable pres		one can claim you (or your lent, check here.	spouse if filing jointly) as a
Do not staple or paper clip.	1. Federal adjusted gross income (federal 1040 or if negative		1.	109120
or pa	2a. Additions – Ohio Schedule of Adjustments, line 10	) (include schedule)	2a.	
staple	2b. Deductions – Ohio Schedule of Adjustments, line	39 (include schedule)	2b.	
Do not	3. Ohio adjusted gross income (line 1 plus line 2a mi	inus line 2b). Place a "-" in the box if nega	tive3.	109120
	4. Exemption amount (include Schedule of Depend Number of exemptions including you and your spous		4.	3800
	5. Ohio income tax base (line 3 minus line 4; if negat		5.	105320
	6. Taxable business income – Ohio Schedule IT BUS	S, line 13 ( <b>include schedule</b> )	6.	
	7. Taxable nonbusiness income (line 5 minus line 6;	if negative, enter zero)	7.	105320
			Μ	M-DD-YY Code

2022 IT 1040 - page 1 of 2

	2022 Ohio IT 1040		
SSN	780 61 2388 Individual Income Tax Return		
70 1 200	unt from line 7 on page 1	22000298	Sequence No. 2
8a.Nont	business income tax liability on line 7a (see instructions for tax tables)	8a.	2886
8b.Busir	ness income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> )	8b.	
8c. Incoi	ne tax liability before credits (line 8a plus line 8b)	8c.	2886
9. Ohio	nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	1078
10.Tax li	ability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1808
11. Intere	est penalty on underpayment of estimated tax (include Ohio IT/SD 2210)		
12.Unpa	aid use tax (see instructions)	12.	
13. <b>Tota</b> l	Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)		1808
14.Ohio inco	income tax withheld – Schedule of Ohio Withholding, part A, line 1 ( <b>include schedule and</b> me statements)	.14.	2443
15.Estin	nated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward last year's return		
16.Refu	ndable credits – Ohio Schedule of Credits, line 41 ( <b>include schedule</b> )		
17. <u>Ame</u>	nded return only – amount previously paid with original and/or amended return	17.	
18. <b>Tota</b> l	I Ohio tax payments (add lines 14, 15, 16 and 17)		2443
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	20.	2443
21. Tax o	If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. tue (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)	22	
23. <b>TOT</b>	AL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IXP (if amended return) and make check payable to "Ohio Treasurer of State" AMOU		
24. Over	payment (line 20 minus line 13)	24.	635
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: b. 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 BEE	LIND (line 24 minus lines 25 and 26g)		635
Sign H	UND (line 24 minus lines 25 and 26g)YOUR I re (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowle	edge If your refund is \$1.00 or less, no	o refund will be issued.
	f, the return and all enclosures are true, correct and complete.	If you owe \$1.00 or less, no pa NO Payment Includ	
	r signature Phone number	Ohio Department	of Taxation
	's signature Date k here to authorize your preparer to discuss this return with the Department.	P.O. Box 2 Columbus, OH 4	
	s printed name Phone number	Payment Include	d – Mail to:
	AJAY BABU KONDISETTI	Ohio Department P.O. Box 2	
	Preparer's TIN (PTIN) P 01703628	Columbus, OH 4	



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

780 61 2388



98 Sequence No. 7

03 01 23

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

	Nonrefundable Credits	
1.	Tax liability before credits (from Ohio IT 1040, line 8c)1.	2886
2.	Retirement income credit (include 1099-R forms)2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	<i>}</i>
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)	
6.	Child care & dependent care credit (include a copy of the worksheet)	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Income-based exemption credit	0
10.	Total (add lines 2 through 9)	0
	Tax less credits (line 1 minus line 10; if negative, enter zero)	2886
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	0
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 documentation)	
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 certificate)	
21.	Grape production credit	
22.	InvestOhio credit (include a copy of the credit certificate)	
23.	Lead abatement credit (include a copy of the credit certificate)	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	



	2022 Ohio Schedule of Credits		
	Primary taxpayer's SSN		
	780 61 2388	22280298 Sequence	e No. <b>8</b>
25.	Technology investment credit carryforward (include a copy of the credit certificate)	25.	
26.	Enterprise zone day care & training credits (include a copy of the credit certificate)	26.	
27.	Research & development credit (include a copy of the credit certificate)	27.	
28.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	28.	
29.	Total (add lines 12 through 28)		0
30.	Tax less additional credits (line 11 minus line 29; if negative, enter zero)	30. 2	886
Non	resident Credit		
Date	s of Ohio residency 06 30 22 to 12 31 22 Other state of residency	МО	
31.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 ( <b>include a copy</b> )		
32.	Ohio adjusted gross income (Ohio IT 1040, line 3)		
	Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)		
33.	Nonresident credit (line 30 times line 33a)	33. 1	078
	dent Credit		
34.	Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> )	34.	
35.	Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35. 1	078
	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)		
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.	



**hio** Department of Taxation

# 2022 Schedule of Ohio Withholding



2443

22350198

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

Primary taxpayer's SSN

Sequence No. 11

780 61 2388

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 and on line 14 of your Ohio IT 1040 ......1.

<u>Part B -</u> 1. P/S P	<u>W-2s</u> Box b - EIN 043512883	Box 1 - Wages, tips, other compensation 71337	Box 2 - Federal income tax withheld 8102
	Box 15 - Employer's Ohio ID number 52611906	Box 16 - Ohio wages, tips, etc. 71337	Box 17 - Ohio income tax 2443
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





Part C - 1099-Rs 1. P/S Payer's TIN

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

#### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

2022 Schedule of Ohio Withholding Pri

e No. 12

Primary taxpayer's SSN		
780 61 2388		22350298
Box 1 - Gross distribution		Sequence No.
	Total distribution	Box 7 - Distribution code
Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Box 1 - Gross distribution		
	Total distribution	Box 7 - Distribution code
Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Box 1 - Gross distribution	Total	Box 7 -
	distribution	Distribution code
Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Box 1 - Gross distribution		
	Total distribution	Box 7 - Distribution code
Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
Set i repolatio intermigo	20/1	
Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Box 14 - Onio state withings		Box 15 - Onio income tax withheid
Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
Box 1 - Reportable withings	Box 4	
Box 14 Obio stato winnings		Box 15 - Ohio income tax withheld
Box 14 - Ohio state winnings		Box 15 - Onio income tax withheid
Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
Box 7 - State income		Box 5 - Ohio tax withheld
Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
Box 7 - State income		Box 5 - Ohio tax withheld

2022 Schedule of Withholding - page 2 of 2 REV 02/14/23 PRO



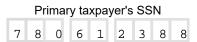






# IT NRC – Ohio Nonresident Credit Calculation

Use this form for tax years 2018 and forward.



This form is for individuals who were either full-year nonresidents or part-year residents of Ohio during the tax year entered above. Include a copy of this form when filing your Ohio IT 1040.

## Section I – Nonresident Credit Calculation

For each of the lines in this section, enter in Column A the total income included on the taxpayer's federal return for the tax year. Enter in Column B income earned or received in Ohio from each of the corresponding sources. Only report items of income or deduction that are included in federal adjusted gross income.

Full-year residents of Ohio are not entitled to the nonresident credit and generally should not complete this form. However, if a taxpayer is a full-year resident of Ohio and filing a joint return with a full-year nonresident or part-year resident spouse, the resident taxpayer should enter all income in Column B of Parts A and B of this section.

Important: No item of income or deduction can be included on more than one line in Parts A and B of this section. If an item is business income, it can only be included on line 5 (determined by completing Sections II and III).

Part A - Complete for taxpayers who are either part-year residents or full-year nonresidents of Ohio.

		(A) Federal Amount		(B)	
1.	Wages, salaries, tips, and guaranteed payments (Do not include amounts	Federal Ámount		Ohio Amount	
	paid by a pass-through entity in which the taxpayer has a 20% or greater direct or indirect ownership interest. See instructions)1	112036	00	71337	00
2	Nonbusiness capital gain income		00	-3000	00
	Nonbusiness rent and royalty income		00		00
	Lottery and casino winnings4.		00		00
	Business income (from Section II)		5.		00
	Net Apportioned Ohio Depreciation Adjustment (from Section II, Line 22, Colu				00
7.	Net additions from Ohio Schedule of Adjustments (excluding the IRC 168(k) & 179 List the additions here:		7.		00
8.	Net deductions from Ohio Schedule of Adjustments (excluding the business i and the deduction of prior year 168(k) and 179 depreciation addbacks)				
	List the deductions here:		8.		00
9.	Total (Sum of lines 1 through 7, minus line 8, Column B only)		9.	68337	00
Par	<b>t B</b> - Complete <b>only</b> for taxpayers who are part-year residents of Ohio.				
10.	Nonbusiness interest and dividend income	84	00	0	00
11.	Pensions, annuities and IRA distributions	0	00		00
12.	Unemployment compensation		00		00
13.	Other nonbusiness income	0	00		00
14.	Deductions from your federal return included in federal adjusted gross				
	income. List the deductions here:		00		00
45			45	0	00
15.	Total (Sum of lines 10 through 13, minus line 14, Column B only)		15.	0	
	<b>t C</b> - Calculation of the Nonresident Portion of Ohio Adjusted Gross Income.				
	Ohio Adjusted Gross Income (from Ohio IT 1040, line 3)				00
17.	Total Income Allocated or Apportioned to Ohio (line 9 plus line 15)		17.	68337	00
18.	Nonresident Portion of Ohio Adjusted Gross Income (line 16 minus line 1 enter zero). Enter here and on the corresponding line on the Ohio Schedule		18.	40783	00

# IT NRC





## Section II – Ohio Business Income

Report each business from which the taxpayer received business income or loss during the tax year. List the businesses in descending order from highest "Ohio Apportioned Income" to lowest, including those businesses with no Ohio apportionment.

Use Section III of this form to calculate the amounts reported in Columns B and C. Certain taxpayers who receive an Ohio IT K-1 may be able to attach a copy of the form in lieu of completing Section III for that entity. Such taxpayers should check the box and report the IT K-1 amounts in Columns B and C. Section III is not required for businesses with no Ohio apportionment.

Important: "Federal Business Income" is the taxpayer's share of income they reported for federal income tax purposes. Column A is <u>NOT</u> a total of Columns B and C.

		_						
	ІТ К-1		(A) Federal Business Income		(B) Ohio Depreciation Adjustment		(C) Ohio Apportioned Income	
1. FEIN/SSN:		1.		00		00		00
2. FEIN/SSN:		2.		00		00		00
3. FEIN/SSN:		3.		00		00		00
4. FEIN/SSN:		4.		00		00		00
5. FEIN/SSN:		5.		00		00		00
6. FEIN/SSN:		6.		00		00		00
7. FEIN/SSN:		7.		00		00		00
8. FEIN/SSN:		8.		00		00		00
9. FEIN/SSN:		9.		00		00		00
10. FEIN/SSN:		10.		00		00		00
11. FEIN/SSN:		11.		00		00		00
12. FEIN/SSN:		12.		00		00		00
13. FEIN/SSN:		13.		00		00		00
14. FEIN/SSN:		14.		00		00		00
15. FEIN/SSN:		15.		00		00		00
16. FEIN/SSN:		16.		00		00		00
17. FEIN/SSN:		17.		00		00		00
18. FEIN/SSN:	_ 🖾	18.		00		00		00
19. FEIN/SSN:		19.		00		00		00
20. FEIN/SSN:		20.		00		00		00
21. Enter the total of all additional			•					
businesses, if any		21.		00		00		00
22. Totals (sum of lines 1 through 21	Ι,							
by column)		22.		00		00		00

Enter the total from line 22, Column B on Section 1, line 6.

If line 22, Column C is zero or less, STOP HERE and enter that amount on Section I, line 5. Otherwise, continue to lines 23 and 24.

23.	Business Income Deduction (from Ohio Schedule IT BUS, line 11)	00	0
24.	Ohio Business Income (line 22, Column C minus line 23; if less than zero, enter zero). Enter here		
	and on Section I, line 5	00	0

# **IR-25** City of Columbus, Income Tax Division City Income Tax Return For Individuals

# 2022

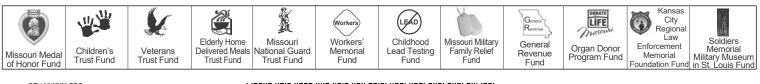
								Che	ck the appro	priate bo	ox if:
VENKATA I First name and m	AKSE	IMANA VI <u>BC</u> tial Last	<u>INAPALLI</u> t name		—   <del>A</del>	ccount ID		F	REFUND	Line 6B f	unt must be placed in or this return to be ed a valid refund request.)
<u>JHANSI RA</u> If a joint return, s initial	ANI spouse's	s first name and Las	IRASA t name			80 61 238 imary Social Securi			MENDE		a valiu refund request.)
967 BAYRI	TDCF	סת				83 90 936	2	Should	your account b	e inactivat	ed? TYES NO
CURRENT home	address	s (number and street)				pouse's Social Secu					
					F	iling status:		If YES,	explain		
CURRENT home	address	line 2				Single					
LEWIS CEN	ᠬᠬᢑᠦ	OH		43035		Married-Filing	Jointly				
City		State		Zip Code	-	Married-Filing		Did you	, file a City retu	n in 2021?	
Taxpayer Phone I	Number				0	ccupation or nature o	f business				
					с	ty of residence	LEWIS	CENT	ER		
Residence cl	hange i	n 2022				Mailing Address	;				
Did you change re	sidence	during 2022?	YES	NO NO							
If YES, enter date	of move	:			M	ailing Address (numb	er and street)		>		
Previous Address (	number a	and street)			—   <del>м</del>	ailing Address Line 2					
Previous Address L	ine 2				- 7	City		State		<u>Zi</u>	p Code
City		State		Zip Code							
Part A	ΤΑΧ	CALCULATIO	ON If Colum	n H is \$200 or gre	eater, s	see page 3 for th	ne Declaratio	on of E	stimated Ta	ixes	
COLUMN A		COLUMN B	COLUMN C	COLUMN D		COLUMN E	COLUMI	NF	COLUM	N G	COLUMN H
CITY	CODE	W-2/W-2G INCOME (from Part B)	NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (total from Part D)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS W-2 TA WITHHEL (total from Pa	D	LESS OTHER ( (total from F		TOTAL TAX DUE
COLUMBUS	01	71,337.		71,337.	2.5%	1,783.	1,	783.			0.
TOTAL TAX DUE										1	0.
LESS CREDITS	FOR ES	STIMATED TAX PAYM	IENTS AND PRIOR Y	EAR OVERPAYME	NTS		2				0.
										3	
BALANCE DUE (	(LINE 1	LESS LINE 2). IF LINE		AN LINE 1, ENTER	OVER	PAYMENT (IN BR	ACKETS) HE	KE			0.
PENALTY: 15% :		+ INTERES	ST \$ (see instructions)							4	
NET TAX DUE (1	TOTAL	OF LINES 3 AND 4). IF	OVERPAYMENT, E	NTER IN BRACKET	rs. IF A	MOUNT IS \$10.0	0 OR LESS, E	NTER (	D	5	
ENTER OVERPA	AYMEN	T CLAIMED ON LINE	5 WITHOUT BRACKE	ETS			6				
A. Enter the amo	ount fror	m Line 6 you want <u>CRE</u>	EDITED to your next	year tax estimate—	6/	4					
<b>B.</b> Enter the amo	ount fror	m Line 6 you want <u>REF</u>	UNDED (must be gr	eater than \$10.00) -	L	-	6B				
Third <sub>Do</sub>	o you w	ant to allow another	person to discuss th	is matter with the C	City of (	Columbus? (see i	nstructions)	ΠY	ES Complete	the follow	ing 🗙 NO
Party Designee		Designee's Na	me:		Pho	ne #:			SN:		
SIGNATU	IRE	period stated, and that the information may be release	d to the tax administration o	ne as used for federal in of the city of residence and	ncome ta the I.R.	x purposes and under 5. Columbus residents a	stands that this also declare that		ILING I ayment Er		
Sign Yo	our	they have not claimed crea received a refund. If a refun							ail to: Colum	bus Inco	ome Tax Division
Here <sup>Si</sup>	gnature				Dat	e		Derry	Colun		7 io 43218-2437
	pouse's gnature				Dat	e			nent Enclo payable to:		REASURER
	ignature	e		Date	PTI	15 5102	203			Columbo PO Box	us Income Tax Divis 182158
Jse Only						one #				Columb	us, Ohio 43218-215

Name(s) as shown on Page 1		Primary Social Security N	Number
VENKATA LAKSHMANA VI BOINAPALLI & JHANSI RANI	PARASA	780 61 2388	
Part B W-2/W-2G Income by Employer Complete t	this section for each W-2 you receiv Attach copies of W-2 and/or W-20		ar pages in necessary)
VIRTUSA CORPORATION Employer	780 61 2388 SSN or ITIN from W-2		
04-3512883			
Employer Identification Number from W-2	<ul> <li>Occupation/Nature of Business</li> </ul>		
132 TURNIPIKE RD STE 300 Primary Place of Work Address Line 1	Percentage of Time Worked fro	m Home	
	71,337.		
Primary Place of Work Address Line 2	Qualified Wages Listed on W-	2	
SOUTHBOROUGH MA 01772 City State Zip code	Local Tax Withheld to Columbus	Tax Withheld to	Work Cities Outside Columbus
	ification required ONLY for adjustmen	(Colu	umbus Residents Only)
Reason for Adjustment (Explain fully)	meanon required one rifer acjustmen		
Under Age 181. Wages earned while under the age of 18. <u>Attach a copy</u> of your birth certification			-
license or a notarized statement from either parent stating your birthday Enter date of birth here:			1
Improperly Withheld Taxes			2
2. Income upon which tax was improperly withheld by employer Improperly Withheld Taxes from Disability Payments			<u> </u>
<ol> <li>Income from disability payments withheld by employer</li> </ol>			3
Non Resident Transportation Employees and Others by Agreen	ment with Columbus		
4a. If transportation routes are primarily outside the State of Ohio (interstate), e	J. J		4a
4b. If based in Columbus but work locations or transportation routes (intrastate) limits but within Ohio, multiply taxable wages by 90% (.90) and enter here			4b
Nonresident Days Worked Out If you were a nonresident employee who worked part of the year outside the	city for which your employer	withheld city tax	
complete Lines 5 through 15. Attach a list of the dates and locations wor	rked out See instructions.	5	
5. Enter the total number of vacation days taken during the entire year			
6. Enter the total number of holidays for the entire year		6	
7. Enter the total number of sick leave days taken during the entire year		7	
8. Add Lines 5 through 7		8	
9. Subtract Line 8 from 260 (total workdays in a year) (see instructions)		9	
10. Enter your qualifying wages for this employer (listed in Part B)		10	
11. Divide Line 10 by Line 9 to arrive at average daily income		11	
12. Enter total days worked outside of Columbus. (must attach list of dates and	locations where worked)	12	
13. Days worked from home		13	
14. Total Days in Columbus		14	
15. Multiply Line 12 by Line 11			15
16. Total wages minus adjustments - Take your total Wages from above and su Enter this figure in Part A along with any other taxable wages you or your spouse			<b>16</b> 71,337.
Certification by Employer Regardi	na Adiustment	ts to Taxable V	Vages
Employer certification is required to claim adjustments on Lines 1 through 15 above. Your request f certification is required for each job for which you are claiming adjustments on Lines 1 through 15 a	for refund will not be considered va		
I/We certify that the employee referenced on this form was employed by the undersigned during the year re	eferenced on this tax return; that the e		
city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employed	ployee; and that no adjustment has bee	en or will be made in remitting taxes	withheld to the city.

		Employer's Phone No.	Date
REV 02/14/23 PRO	Official's Signature	Official's Name Printed	
		Title	

IR-25 2
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	A MISSOURI DEPARTMENT OF REVENUE 2022 Individual Income Tax Return - Long Form For Calendar Year January 1 - December 31, 2022			
Print in	BLACK ink only and DO NOT STAPLE.			
	Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension. A	.ttach a copy	Federal Extension	(Form 4868).
-	a fiscal year return enter the beginning and ending dates here.       Vendoo         /ear Beginning (MM/DD/YY)       Fiscal Year Ending (MM/DD/YY)       Vendoo	or Code	Department I	Use Only
Filing Status	Single Claimed as a X Married Filing Married Filin Dependent Combined Separately	<u> </u>		ualifying /idow(er)
Age Yoursel	ge 62 through 64 Age 65 or Older Blind elf Spouse Yourself Spouse Yourself Spouse You	100% Disa	bled Non-Ol puse Yourself	bligated Spouse
Fir Sp J	Deceased         in 2022       Spouse's Social S         780       61       2388       983         'irst Name       M.I.       Last Name         VENKATA LAKSHMANA VI       BOINAPALLI         Spouse's First Name       M.I.         JHANSI RANI       PARASA         n Care Of Name (Attorney, Executor, Personal Representative, etc.)	Security Numbe	er ]- 9362	Deceased in 2022 Suffix Suffix
tii D D D D D D D D D D D D D D D D D D	Present Address (Include Apartment Number or Rural Route) 967 BAYRIDGE DR City, Town, or Post Office LEWIS CENTER County of Residence STCO	State OH	ZIP Code 43035	-
You ma	ay contribute to any one or all of the trust funds on Line 50. See pages 11-12 of	f the instruction	ons for more trust fu	und information.



REV 02/07/23 PRO



				Yourself (Y)		Spouse (S)						
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	109120 .00	1S	0.0	0					
	2.	Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y	. 00	2S	. 0	0					
e	3.	Total income - Add Lines 1 and 2	3Y	109120.00	3S	0.0	0					
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	4S	. 0	0					
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	109120.00	55	0.0	0					
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	S		09120	. 00						
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	75	0 %	, <b>D</b>					
	8.	Pension, Social Security and Social Security Disability exemption Section D)	•		8	. 0	0					
	9.	Tax from federal return		9 9576.	00							
	10.	Other tax from federal return.		10	00							
	11.	. Total tax from federal return. Do not enter federal income tax withheld. <u>11</u> <u>9576</u> .00										
	12.	Federal tax percentage – Enter the percentage based on your         Missouri Adjusted Gross Income, Line 6. Use the chart below to         find your percentage										
Deductions		Missouri Adjusted Gross Income Range, Line 6:       Federal Ta         \$25,000 or less       34         \$25,001 to \$50,000       24         \$50,001 to \$100,000       15         \$100,001 to \$125,000       55         \$125,001 or more       0	5% 5% 5% %	centage:								
and	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co			13	479 0	00					
Exemptions	14.		g, See sehold	e Form MO-A, Part 2) I-\$19,400	14	25900.0	00					
	15.	Additional Exemption for Head of Household and Qualified Wide	ow(er	)	15	. 0	0					
	16.	Long-term care insurance deduction			16	. 0	)0					
	17.	Health care sharing ministry deduction			17	. 0	)0					
	18.	Active Duty Military income deduction			18	. 0	)0					
	19.	Inactive Duty Military income deduction			19	. 0	)0					
	20.	Bring jobs home deduction			20		00					
	21.	Transportation facilities deduction			21	. 0	0					
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trade A	ctivities	IN						



	22.	First time home buyers deduction. A.	B.			22		.[	00
inued	23.	Long term dignity savings account deduction				23		.[	00
	24.	Foster parent tax deduction				24		.[	00
<b>Deductions Continued</b>	25.	Total deductions - Add Lines 8 and 13 through 24				25	26379	.[	00
uction	26.	Subtotal - Subtract Line 25 from Line 6				26	82741	.[	00
Ded	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	82741	. 00	275	0	.[	00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	285		.[	00
								Γ	
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	82741	. 00	29S	0	]. ]	00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	4201	. 00	30S	0	.[	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		. 00	31S		.[	00
~	32.	Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	35	%	328	100	0	%
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	1470	00	33S	0	.[	00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)							
		Recapture of low income housing credit (Form 8611)	34Y		00	34S		.[	00
	35.	Subtotal - Add Lines 33 and 34	35Y	1470	00	35S	0	.[	00
	36.	Total Tax - Add Lines 35Y and 35S				36	1470	.[	00
	~-					37	1714	ſ	00
		MISSOURI tax withheld - Attach Forms W-2 and 1099						[	00
(0	38.	2022 Missouri estimated tax payments - Include overpayment fro				. 38		. L	00
Credit	39.	Missouri tax payments for nonresident partners or S corporation			rms 	39		.[	00
s and (	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO	- <u>2ENT</u>		40		.[	00
<b>Payments and Credits</b>	41.	Amount paid with Missouri extension of time to file (Form MO-60).						.[	00
Pa	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack	42		.[	00			
	43.	Property tax credit - Attach Form MO-PTS				43		.[	00
	44.	Total payments and credits - Add Lines 37 through 43				44	1714	.[	00
							IN REV 02/07/23	PR	0

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	Sk	ip Lines 45 through 47 if you are not filing an amended return.	
	45.	Amount paid on original return.	)
	46.	Overpayment as shown (or adjusted) on original return	)
		Indicate Reason for Amending	
		Enter date of IRS report (MM/DD/YY)	
turn		A. Federal audit	
Amended Return		Enter year of loss (YY)	
Jende		B. Net Operating Loss carryback	
An		Enter year of credit (YY)	
		C. Investment tax credit carryback	
		Enter date of federal amended return, if filed. (MM/DD/YY)	
		D. Correction other than A, B, or C	
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.	٦
		Enter on Line 47	)
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.         Amount of OVERPAYMENT	)
	10	Amount of Line 48 to be applied to your 2023 estimated tax	)
			-
	50.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.	
	50	a. Trust Fund . 00 Veterans 50b. Trust Fund . 00 50c.	
	506	a. Trust Fund 00 50b. Trust Fund 00 50c. Trust Fund 00 50d. Trust Fund 00	
	50	Workers' e. Memorial Fund . 00 Childhood Lead 50f. Testing Fund . 00 50g. Relief Fund . 00 50g. Relief Fund . 00 50h. General 50h. Revenue Fund . 00	
		Kansas City Soldiers Regional Law Memorial	
pur	50i	Organ Donor Museum in Muse	
Refund		Additional Additional Additional	
	50	m. Code Fund Amount .00 50n. Fund Amount .00	-
		Total Donation - Add amounts from Boxes 50a through 50n and enter here	)
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST)	7
		account. Enter the total deposit amount from Form 5632	<u>ן</u> ר
	52.	REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here         52         244         00	)
		a. Routing Number 081000032 c. X Checking Savings	
		b. Account	
		Number S55009710774	



	53.	If Line 36 is larger than Line 44 or Line		nce.		52			
		Amount of UNDERPAYMENT				53		00	<u>ר</u>
Amount Due	54.	Underpayment of estimated tax penalty	/ - Attach <u>Form MO-</u>	2210. Enter penal	ty amount he	re 54		0	2
Amoul		Select this box if you are a farm	er exempt from the ι	inderpayment of e	estimated tax	penalty.			
	55.	AMOUNT DUE - Add Lines 53 and 54.							
		If you pay by check, you authorize the electronically. Any returned check may				55		00	0
		ciccirchically. Any returned check may	be presented again					, [0.	-
	of r the bas imp una alie	der penalties of perjury, I declare that I have ny knowledge and belief it is true, correct, a Department of Revenue with my signature and on all information of which he or she bosed on any individual who files a fr authorized aliens as defined under federations. I am aware of any applicable reportin Mo.	and complete. By sign e as required under <u>S</u> e has knowledge. As ivolous return. I als I law and that I am no	ing or entering my ection 143.561, RS provided in <u>Char</u> to declare under ot eligible for any ta	name in the "S SMo. Declarat oter 143, RSM penalties of ax exemption,	Signature" fiel ion of prepar <u>Mo.</u> , a penal perjury tha credit, or ab	ld(s) below, I rer (other that ity of up to \$ it I employ patement if I	am providin n taxpayer) 5500 shall b no illegal c employ suc	ng is be or ch
	Sig	nature				Date (MM/DD	D/YY)	1	_
	Spo	ouse's Signature (If filing combined, BOTH mu	st sign)			Date (MM/DD	D/YY)	1	_
e	E-mail Address					Daytime Tele	phone		_
Signature	CONTACT@VALUESTAX.COM								
Sig	Preparer's Signature					Date (MM/DD/YY)			
	Ai	JAY BABU KONDISETTI							
	Pre	parer's FEIN, SSN, or PTIN				Preparer's Te	elephone		_
	4	5-3482203							
	Pre	parer's Address				State	ZIP Code		_
	1:	26 SOUTH 2ND ST BETHPA	GE			NY	11714		
	or Dic an	uthorize the Director of Revenue or dele any member of the preparer's firm you pay a tax return preparer to comple Internal Revenue Service preparer tax id parer's name, address, and phone numb	te your return, but the lentification number? per in the applicable s	e preparer failed to If you marked yes ections of the sign	sign the returns, please insentature block a	rn or provide			-
_			223220	51555					
			Department	Use Only					
	A	<b>FA E</b> 10	DE	F					
	il to:	Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200	Refund or No Amo Missouri Departme P.O. Box 500 Jefferson City, MO Phone: (573) 751-	nt of Revenue 65105-0500 3505	Fax: (573) Email: <u>inco</u> Submission Email: <u>inco</u> Inquiry and	ometaxproc n of Individ ome@dor.n	cessing@do ual Income no.gov		,
lf ye indiv	es, vis vidual	t dor.mo.gov/military/ to see the services and s. A list of all state agency resources and be enefits.mo.gov/state-benefits/.	d benefits we offer to al				Λ	IN REV 02/07/23 PRO //O-1040 Page	5

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



Resident/Nonresident Status - Select your status in the approp	priate box below.							
Social Security Number	Spouse's Social Security Number							
780 - 61 - 2388	983 - 90 - 9362							
Name	Spouse's Name							
BOINAPALLI, VENKATA LAKSHMANA VI	PARASA, JHANSI RANI							
Address	Address							
967 BAYRIDGE DR	967 BAYRIDGE DR							
City, State, ZIP Code	City, State, ZIP Code							
LEWIS CENTER OH 43035	LEWIS CENTER OH 43035							
<ul> <li>1. Nonresident of Missouri State of residence during 2022</li> <li>Remote Work (See instructions on Form MO-NRI, page 3)</li> <li>2. Part-Year Missouri Resident</li> <li>Remote Work (See instructions on Form MO-NRI, page 3)</li> <li>Indicate the dates you were a Missouri Resident in 2022.</li> <li>A. Date From: 01/01/2022 Date To: 06/29/2022</li> <li>B. Indicate the other state of residence and dates you resided there OHIO</li> <li>Date From: 06/30/2022 Date To: 12/31/2022</li> </ul>	<ul> <li>1. Nonresident of Missouri State of residence during 2022</li> <li>Remote Work (See instructions on Form MO-NRI, page 3)</li> <li>2. Part-Year Missouri Resident</li> <li>Remote Work (See instructions on Form MO-NRI, page 3)</li> <li>Indicate the dates you were a Missouri Resident in 2022.</li> <li>A. Date From: <u>01/01/2022</u> Date To: <u>06/29/2022</u></li> <li>B. Indicate the other state of residence and dates you resided there <u>OHIO</u> Date From: <u>06/30/2022</u> Date To: <u>12/31/2022</u></li> </ul>							

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI**. You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.	3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
Missouri Home of Record I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of	Missouri Home of Record I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of
Non-Missouri Home of Record I resided in Missouri during 2022 solely because my spouse or I was stationed at on military orders. My home of record is in the state of	Non-Missouri Home of Record I resided in Missouri during 2022 solely because my spouse or I was stationed at on military orders. My home of record is in the state of 

	Wor	ksheet for Missouri Source Income		_					
			Federal Form 1040 or Federal		Yourself or		Spouse (	On A	
		Adjusted Gross		One Income Filer			Combined Return)		
		Income Computations	Form 1040-SR Line No.		Missouri Sources		Missouri S	,	
		income computations			MISSOUIT SOURCES		Wissouri S	ources	
	^	Wares colorias time at	1z	Α	40699 00	1 Г	A		00
	A.	Wages, salaries, tips, etc.	2b	B	64 00	1 [	B		00
	В.	Taxable interest income		C	·	1 1	C		00
	C.	Dividend income	3b		•	1 1			
	D.	State and local income tax refunds (from schedule 1, part 1)	1	D	. 00		D		00
	E.	Alimony received (from schedule 1, part 1)	2a	E	. 00	1 1	E		00
	F.	Business income or (loss) (from schedule 1, part 1)	3	F	. 00		F		00
	G.	Capital gain or (loss)	7	G	-3000.00		G	0.	00
	Н.	Other gains or (losses) (from schedule 1, part 1)	4	Н	. 00		H		00
	١.	Taxable IRA distributions	4b		. 00				00
B	J.	Taxable pensions and annuities	5b	J	. 00		J		00
Part	K.	Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	00		К		00
	L.	Farm income or (loss) (from schedule 1, part 1).	6	L	. 00	1 1			00
	ш. М.	Unemployment compensation (from schedule 1, part 1)	7	М	00		M		00
			6b	N	00		N		00
	N.	Taxable social security benefits	9	0			0		00
	0.	Other income (from schedule 1, part 1)		P	37783 00	1 1	P		00
	Ρ.	Total - Add Lines A through O	10	Q	37783 00		Q		00
	Q.	Minus: federal adjustments to income	10	Q			Q		00
	R.	SUBTOTAL (Line P - Line Q) If no modifications to income,			37783 00	Г	P	0	
		enter this amount on Part C, Line 1	11	R	37783 00		R	<u> </u>	00
	S.	Missouri modifications - additions to federal adjusted gross income				1 Г	2		
		(Missouri source from Form MO-1040, Line 2)		S	. 00		S		00
	Τ.	Missouri modifications - subtractions from federal adjusted gross income	Э	_		1 Г			
		(Missouri source from Form MO-1040, Line 4)		Т	. 00	ΙL	Т		00
	U.	MISSOURI INCOME (Missouri sources) Line R plus Line S, minus				1 Г			
		Line T. Enter this amount on Part C, Line 1		U	. 00	ΙL	U		00
	Miss	souri Income Percentage					-		
					ourself or		Spouse		
				One	Income Filer	(0	On A Combined	Return	ı)
	1.	Missouri Income - Enter wages, salaries, etc. from Missouri. (You mus						-	
		file a Missouri return if the amount on this line is more than \$600) $\ldots$	<u>1</u> Y		37783 00 1	S		0	00
ç	2.	Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y							
Part		and 5S or from your federal form if you are a military nonresident and yo				_			
_		are not required to file a Missouri return)	2Y		109120 00 2	S		0	00
	3.	Missouri Income Percentage - Divide Line 1 by Line 2. If greater than							
		100%, enter 100%. (Round to a whole percent such as 91% instead of							
		90.5% and 90% instead of 90.4%. However, if percentage is less than							
		0.5%, use the exact percentage.) Enter percentage here and on Form			35 % 3				%
		MO-1040, Lines 32Y and 32S	3Y		35 % 3	S			70
	Hn	der penalties of perjury, I declare that I have examined this form and to	the heat of m	vkn	owledge and boliovs it is	e tru	le correct and	comple	to
		claration of preparer (other than taxpayer) is based on all information o			-				
				e nas	s any knowledge. As pro	viue	eu in Chapter 1	43, KSN	viO,
a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.									
atu	Sig	nature			Date (MM	/DD	0/YY)		
Signature									
S	C	puse's Signature (if filing combined, BOTH must sign)			Date (MM	] /DD		L	
	Spo					ייסי, רר	// I //		

# 1555 REV 02/07/23 PRO

## Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.