

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security numbers, home address, and state/zip code.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset... [X] Yes [ ] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Check the box if qualifies for (Child tax credit, Credit for other dependents).

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and deductions. Total taxable income is 83,219.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	9,576.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	9,576.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	9,576.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	9,576.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	11,849.
	<b>b</b>	Form(s) 1099	<b>25b</b>	1.
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	11,850.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,850.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,274.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,274.
Direct deposit? See instructions.	<b>b</b>	Routing number 0 8 1 0 0 0 0 3 2	<b>c</b> Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number 3 5 5 0 0 9 7 1 0 7 7 4		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation IT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign. _____	Date _____	Spouse's occupation Home Maker	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. _____	Email address _____		

**Paid Preparer Use Only**

Preparer's name AJAY BABU KONDISETTI	Preparer's signature AJAY BABU KONDISETTI	Date	PTIN P01703628	Check if: <input type="checkbox"/> Self-employed
Firm's name Values Tax	Firm's address 126 SOUTH 2ND ST BETHPAGE NY 11714			Phone no. 45-3482203
Firm's EIN				45-3482203

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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**

Name(s) shown on return

V Boinapalli & J Parasa

Your social security number

780-61-2388

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	33,973.	37,062.	1,640.	-1,449.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 5,235. )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -6,684.

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

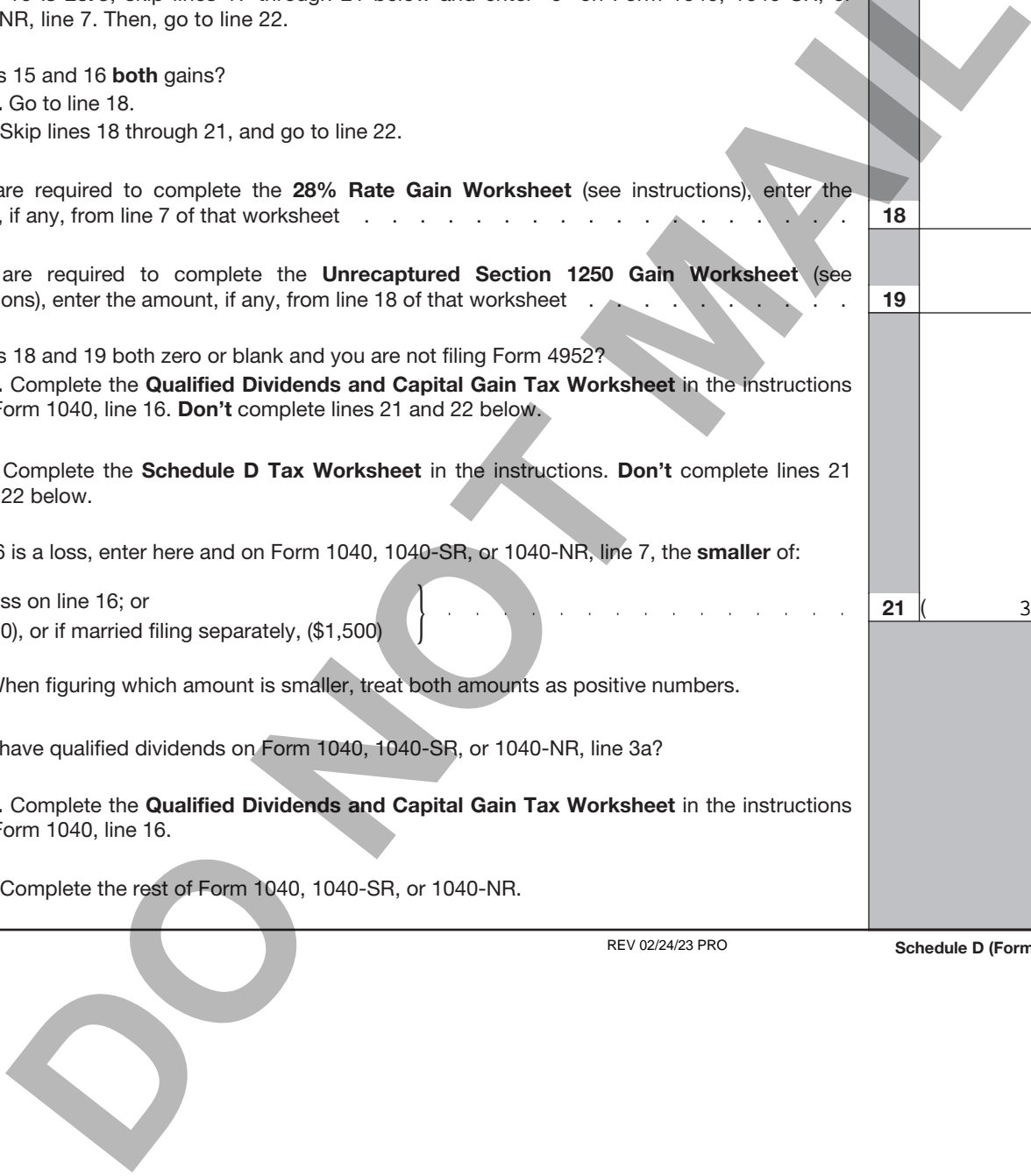
See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	42.	67.		-25.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -25.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-6,709.
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	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 . . . . .	<b>18</b>	
<b>19</b>	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 . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <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. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		









## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

V Boinapalli & J Parasa

Your taxpayer identification number

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	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	
3	Qualified business net (loss) carryforward from the prior year	<b>3</b> ( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		<b>5</b>
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 year	<b>7</b> ( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b> 4.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		<b>9</b> 1.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		<b>10</b> 1.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 83,220.	
12	Net capital gain (see instructions)	<b>12</b> 17.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b> 83,203.	
14	Income limitation. Multiply line 13 by 20% (0.20)		<b>14</b> 16,641.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		<b>15</b> 1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		<b>16</b> ( 0. )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		<b>17</b> ( 0. )

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



03 01 23

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

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 780 61 2388 If deceased 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 LEWIS CENTER State OH ZIP code 43035 Ohio county (first four letters) DELA

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

Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code



2022 Ohio IT 1040  
Individual Income Tax Return



SSN 780 61 2388

22000298 Sequence No. 2

7a. Amount from line 7 on page 1 .....	7a.	105320
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	2886
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) .....	8b.	
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	2886
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule).....	9.	1078
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .....	10.	1808
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	
12. Unpaid use tax (see instructions).....	12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	1808
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) .....	14.	2443
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return .....	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule) .....	16.	
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	2443
19. <b>Amended return only</b> – 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
<b>if line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.	
22. Interest due on late payment of tax (see instructions) .....	22.	
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P</b> (if original return) or <b>IT 40XP</b> (if amended return) and make check payable to "Ohio Treasurer of State" .....	<b>AMOUNT DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13) .....	24.	635
25. <b>Original return only</b> – portion of line 24 carried forward to next year's tax liability .....	25.	
26. <b>Original return only</b> – portion of line 24 you wish to donate:		
a. Wildlife Species                      b. Military Injury Relief                      c. Ohio History Fund		
d. Nature Preserves/Scenic Rivers      e. Breast/Cervical Cancer                      f. Wishes for Sick Children	Total....26g.	
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND</b> ▶ 27.	635

**Sign Here (required):** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature \_\_\_\_\_ Phone number \_\_\_\_\_  
▶ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
Check here to authorize your preparer to discuss this return with the Department.  
Preparer's printed name AJAY BABU KONDISSETTI Phone number \_\_\_\_\_

Preparer's TIN (PTIN) P 01703628

If your refund is \$1.00 or less, no refund will be issued.  
If you owe \$1.00 or less, no payment is necessary.

**NO Payment Included – Mail to:**  
Ohio Department of Taxation  
P.O. Box 2679  
Columbus, OH 43270-2679  
**Payment Included – Mail to:**  
Ohio Department of Taxation  
P.O. Box 2057  
Columbus, OH 43270-2057



03 01 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

Table with 24 rows of credit categories and amounts. Includes items like 'Tax liability before credits', 'Retirement income credit', 'Lump sum retirement credit', etc. Total amount shown as 2886.



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN  
780 61 2388



22280298

Sequence No. 8

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) .....	29.	0
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero).....	30.	2886

**Nonresident Credit**

Dates of Ohio residency	06 30 22 to 12 31 22	Other state of residency	MO		
31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	31.	40783			
32. Ohio adjusted gross income (Ohio IT 1040, line 3).....	32.	109120			
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) .....	33a.	0.3737			
33. Nonresident credit (line 30 times line 33a) .....	33.				1078

**Resident Credit**

34. Resident credit – Ohio IT RC, line 7 (include a copy) .....	34.	
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) .....	35.	1078

**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.	



# 2022 Schedule of Ohio Withholding

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

Primary taxpayer's SSN

780 61 2388



22350198

Sequence No. 11

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.

2443

### Part B - W-2s

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



# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
780 61 2388



22350298

Sequence No. 12

## Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

## Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

## Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld



# IT NRC – Ohio Nonresident Credit Calculation

Use this form for tax years 2018 and forward.

Primary taxpayer's SSN

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) Ohio Amount
1. Wages, salaries, tips, and guaranteed payments (Do not include amounts 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.....2.	-3000 00	-3000 00
3. Nonbusiness rent and royalty income.....3.	00	00
4. Lottery and casino winnings.....4.	00	00
5. Business income (from Section II).....5.		00
6. Net Apportioned Ohio Depreciation Adjustment (from Section II, Line 22, Column B).....6.		00
7. Net additions from Ohio Schedule of Adjustments (excluding the IRC 168(k) & 179 depreciation addback) List the additions here:.....7.		00
8. Net deductions from Ohio Schedule of Adjustments (excluding the business income deduction 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

**Part B** - Complete only for taxpayers who are part-year residents of Ohio.

10. Nonbusiness interest and dividend income.....10.	84 00	0 00
11. Pensions, annuities and IRA distributions.....11.	0 00	0 00
12. Unemployment compensation.....12.	00	00
13. Other nonbusiness income.....13.	0 00	00
14. Deductions from your federal return included in federal adjusted gross income. List the deductions here:.....14.	00	00
15. Total (Sum of lines 10 through 13, minus line 14, Column B only).....15.		0 00

**Part C** - Calculation of the Nonresident Portion of Ohio Adjusted Gross Income.

16. Ohio Adjusted Gross Income (from Ohio IT 1040, line 3).....16.	109120 00
17. Total Income Allocated or Apportioned to Ohio (line 9 plus line 15).....17.	68337 00
18. <b>Nonresident Portion of Ohio Adjusted Gross Income</b> (line 16 minus line 17; if less than zero, enter zero). Enter here and on the corresponding line on the Ohio Schedule of Credits.....18.	40783 00

IT NRC



10211411

SSN

7 8 0 6 1 2 3 8 8

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 NOT a total of Columns B and C.**

	IT K-1	(A) Federal Business Income	(B) Ohio Depreciation Adjustment	(C) Ohio Apportioned Income
1. FEIN/SSN: _____	<input type="checkbox"/>	1. _____	00	00
2. FEIN/SSN: _____	<input type="checkbox"/>	2. _____	00	00
3. FEIN/SSN: _____	<input type="checkbox"/>	3. _____	00	00
4. FEIN/SSN: _____	<input type="checkbox"/>	4. _____	00	00
5. FEIN/SSN: _____	<input type="checkbox"/>	5. _____	00	00
6. FEIN/SSN: _____	<input type="checkbox"/>	6. _____	00	00
7. FEIN/SSN: _____	<input type="checkbox"/>	7. _____	00	00
8. FEIN/SSN: _____	<input type="checkbox"/>	8. _____	00	00
9. FEIN/SSN: _____	<input type="checkbox"/>	9. _____	00	00
10. FEIN/SSN: _____	<input type="checkbox"/>	10. _____	00	00
11. FEIN/SSN: _____	<input type="checkbox"/>	11. _____	00	00
12. FEIN/SSN: _____	<input type="checkbox"/>	12. _____	00	00
13. FEIN/SSN: _____	<input type="checkbox"/>	13. _____	00	00
14. FEIN/SSN: _____	<input type="checkbox"/>	14. _____	00	00
15. FEIN/SSN: _____	<input type="checkbox"/>	15. _____	00	00
16. FEIN/SSN: _____	<input type="checkbox"/>	16. _____	00	00
17. FEIN/SSN: _____	<input type="checkbox"/>	17. _____	00	00
18. FEIN/SSN: _____	<input checked="" type="checkbox"/>	18. _____	00	00
19. FEIN/SSN: _____	<input type="checkbox"/>	19. _____	00	00
20. FEIN/SSN: _____	<input type="checkbox"/>	20. _____	00	00
21. Enter the total of all additional businesses, if any.....		21. _____	00	00
22. Totals (sum of lines 1 through 21, by column).....		22. _____	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).....	23. _____	00
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.....	24. _____	00



Staple W-2s to the back of this page

VENKATA LAKSHMANA VI First name and middle initial BOINAPALLI Last name JHANSI RANI If a joint return, spouse's first name and initial PARASA Last name 967 BAYRIDGE DR CURRENT home address (number and street) _____ CURRENT home address line 2 LEWIS CENTER OH 43035 City State Zip Code _____ Taxpayer Phone Number	Account ID _____ 780 61 2388 Primary Social Security Number _____ 983 90 9362 Spouse's Social Security Number Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately Occupation or nature of business _____ City of residence LEWIS CENTER	Check the appropriate box if: <input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request.) <input type="checkbox"/> <b>AMENDED</b> Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Did you file a City return in 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--

Residence change in 2022	Mailing Address
Did you change residence during 2022? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of move: _____ _____ Previous Address (number and street) _____ Previous Address Line 2 _____ City State Zip Code	Mailing Address (number and street) _____ Mailing Address Line 2 _____ City State Zip Code

**Part A TAX CALCULATION** If Column H is \$200 or greater, see page 3 for the Declaration of Estimated Taxes

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN 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 TAXES WITHHELD (total from Part B)	LESS OTHER CREDITS (total from Part D)	TOTAL TAX DUE
COLUMBUS	01	71,337.		71,337.	2.5%	1,783.	1,783.		0.

1. TOTAL TAX DUE.....	1	0.
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND PRIOR YEAR OVERPAYMENTS .....	2	
3. BALANCE DUE (LINE 1 LESS LINE 2). IF LINE 2 IS GREATER THAN LINE 1, ENTER OVERPAYMENT (IN BRACKETS) HERE.....	3	0.
4. PENALTY: 15% \$ _____ + INTEREST \$ _____ <small>(see instructions) (see instructions)</small>	4	
5. NET TAX DUE (TOTAL OF LINES 3 AND 4). IF OVERPAYMENT, ENTER IN BRACKETS. IF AMOUNT IS \$10.00 OR LESS, ENTER 0.....	5	
6. ENTER OVERPAYMENT CLAIMED ON LINE 5 WITHOUT BRACKETS.....	6	
A. Enter the amount from Line 6 you want <b>CREDITED</b> to your next year tax estimate.....	6A	
B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00).....	6B	

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** *The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.*

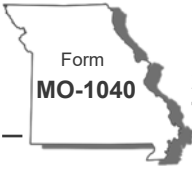
Sign Here Your Signature _____ If a joint return, both must sign Spouse's Signature _____	Date _____
Paid Preparer's Use Only Signature _____	Date _____
	PTIN 45-3482203 Phone # _____

**MAILING INFORMATION**

**NO Payment Enclosed:**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment Enclosed:**  
 Make payable to: **CITY TREASURER**  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158





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. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)    Fiscal Year Ending (MM/DD/YY)  
     

**Vendor Code**    **Department Use Only**  
   

**Filing Status**

Single     Claimed as a Dependent     Married Filing Combined     Married Filing Separately     Head of Household     Qualifying Widow(er)

Age 62 through 64    Age 65 or Older    Blind    100% Disabled    Non-Obligated Spouse

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse

**Name**

Social Security Number    Deceased in 2022    Spouse's Social Security Number    Deceased in 2022  
 -  -          -  -    

First Name    M.I.    Last Name    Suffix  
           

Spouse's First Name    M.I.    Spouse's Last Name    Suffix  
           

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

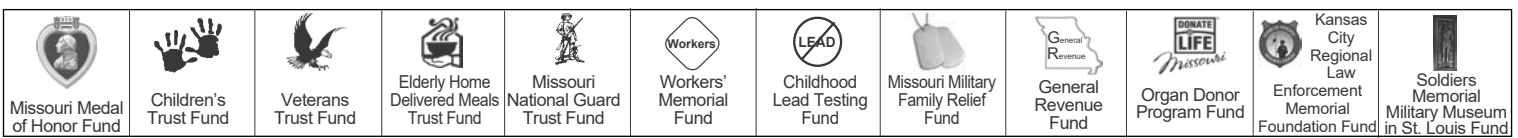
**Address**

Present Address (Include Apartment Number or Rural Route)

City, Town, or Post Office    State    ZIP Code  
         -

County of Residence

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



Income

	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	00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		00	2S		00
3. Total income - Add Lines 1 and 2. . . . .	3Y	109120	00	3S	0	00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y		00	4S		00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	109120	00	5S	0	00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	109120	00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100	%	7S	0	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .	8		00
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. . . . .	11	9576	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 . . . . .	12	5.00	%

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	479	00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,950 • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900 . . . . .	14	25900	00
15. Additional Exemption for Head of Household and Qualified Widow(er) . . . . .	15		00
16. Long-term care insurance deduction . . . . .	16		00
17. Health care sharing ministry deduction. . . . .	17		00
18. Active Duty Military income deduction . . . . .	18		00
19. Inactive Duty Military income deduction . . . . .	19		00
20. Bring jobs home deduction . . . . .	20		00
21. Transportation facilities deduction . . . . .	21		00

A. Port Cargo Expansion     B. International Trade Facility     C. Qualified Trade Activities



Deductions Continued

22. First time home buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	22	<input type="text"/>	<input type="text"/>	00
23. Long term dignity savings account deduction . . . . .					23	<input type="text"/>	<input type="text"/>	00
24. Foster parent tax deduction . . . . .					24	<input type="text"/>	<input type="text"/>	00
25. Total deductions - Add Lines 8 and 13 through 24 . . . . .					25	26379	<input type="text"/>	00
26. Subtotal - Subtract Line 25 from Line 6 . . . . .					26	82741	<input type="text"/>	00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	27Y	82741	<input type="text"/>	00	27S	0	<input type="text"/>	00
28. Enterprise zone or rural empowerment zone income modification . . . . .	28Y	<input type="text"/>	<input type="text"/>	00	28S	<input type="text"/>	<input type="text"/>	00

Tax

29. Taxable income - Subtract Line 28 from Line 27 . . . . .	29Y	82741	<input type="text"/>	00	29S	0	<input type="text"/>	00
30. Tax (see tax chart on page 26 of the instructions). . . . .	30Y	4201	<input type="text"/>	00	30S	0	<input type="text"/>	00
31. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	31Y	<input type="text"/>	<input type="text"/>	00	31S	<input type="text"/>	<input type="text"/>	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	%		32S	100	%	
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 . . . . .	33Y	1470	<input type="text"/>	00	33S	0	<input type="text"/>	00
34. Other taxes - Select box and attach federal form indicated.								
<input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )								
<input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> )	34Y	<input type="text"/>	<input type="text"/>	00	34S	<input type="text"/>	<input type="text"/>	00
35. Subtotal - Add Lines 33 and 34 . . . . .	35Y	1470	<input type="text"/>	00	35S	0	<input type="text"/>	00
36. Total Tax - Add Lines 35Y and 35S. . . . .					36	1470	<input type="text"/>	00

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	37	1714	<input type="text"/>	00				
38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 . . . . .	38	<input type="text"/>	<input type="text"/>	00				
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> . . . . .	39	<input type="text"/>	<input type="text"/>	00				
40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .	40	<input type="text"/>	<input type="text"/>	00				
41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	41	<input type="text"/>	<input type="text"/>	00				
42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	42	<input type="text"/>	<input type="text"/>	00				
43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	43	<input type="text"/>	<input type="text"/>	00				
44. Total payments and credits - Add Lines 37 through 43 . . . . .	44	1714	<input type="text"/>	00				





Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.  
Amount of UNDERPAYMENT . . . . . 53  .00
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 54  .00  
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 55. **AMOUNT DUE** - Add Lines 53 and 54.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 55  .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo.** Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo.**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo.**, and the penalty provisions of **Section 135.810, RSMo.**

Signature

Signature	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	CONTACT@VALUESTAX.COM		Daytime Telephone	<input type="text"/>		
Preparer's Signature	AJAY BABU KONDISSETTI		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	45-3482203		Preparer's Telephone	<input type="text"/>		
Preparer's Address	126 SOUTH 2ND ST BETHPAGE		State	NY	ZIP Code	11714

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



22322051555

**Department Use Only**

A  FA  E10  DE  F  .

Form MO-1040 (Revised 12-2022)

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 329  
Jefferson City, MO 65105-0329  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65105-0500  
**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [incometaxprocessing@dor.mo.gov](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)  
**Inquiry and correspondence**

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

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) 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 [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



IN  
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Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.





**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

780 - 61 - 2388

Name

BOINAPALLI, VENKATA LAKSHMANA VI

Address

967 BAYRIDGE DR

City, State, ZIP Code

LEWIS CENTER OH 43035

1. Nonresident of Missouri  
State of residence during 2022 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: 01/01/2022 Date To: 06/29/2022

B. Indicate the other state of residence and dates you resided there OHIO

Date From: 06/30/2022 Date To: 12/31/2022

Spouse's Social Security Number

983 - 90 - 9362

Spouse's Name

PARASA, JHANSI RANI

Address

967 BAYRIDGE DR

City, State, ZIP Code

LEWIS CENTER OH 43035

1. Nonresident of Missouri  
State of residence during 2022 \_\_\_\_\_

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: 01/01/2022 Date To: 06/29/2022

B. Indicate the other state of residence and dates you resided there OHIO

Date From: 06/30/2022 Date To: 12/31/2022

Part A

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.

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 \_\_\_\_\_.

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 \_\_\_\_\_.

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 \_\_\_\_\_.

**Worksheet for Missouri Source Income**

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)		
		Missouri Sources		Missouri Sources		
A. Wages, salaries, tips, etc. ....	1z	A	40699	00	A	00
B. Taxable interest income. ....	2b	B	64	00	B	00
C. Dividend income ....	3b	C	20	00	C	00
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	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	00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H		00	H	00
I. Taxable IRA distributions ....	4b	I		00	I	00
J. Taxable pensions and annuities ....	5b	J		00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K		00	K	00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L		00	L	00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M		00	M	00
N. Taxable social security benefits ....	6b	N		00	N	00
O. Other income (from schedule 1, part 1) ....	9	O		00	O	00
P. Total - Add Lines A through O ....		P	37783	00	P	00
Q. Minus: federal adjustments to income ....	10	Q		00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	37783	00	R	00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....		S		00	S	00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T		00	T	00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. ....		U		00	U	00

**Missouri Income Percentage**

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....	1Y	37783	00	1S	0	00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....	2Y	109120	00	2S	0	00
3. <b>Missouri Income Percentage</b> - 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 MO-1040, Lines 32Y and 32S ....	3Y	35	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

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

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) 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 [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).