

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



04 12 24

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) 195 31 9231

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 6705

First name SURYA TEJA

M.I. Last name UPENDRAM

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 1840 RHODES RD

Address line 2 (apartment number, suite number, etc.) APT 369

City KENT

State ZIP code OH 44240

Ohio county (first four letters) PORT

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

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

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Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative. 3137. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule). 2a. Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule). 2b. Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative. 3137. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). Number of exemptions including you and your spouse/dependents, if applicable: 1. 2400. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 737. Row 7: 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule). 6. Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero). 737.



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 195 31 9231

22000298 Sequence No. 2

7a. Amount from line 7 on page 1 .....7a. 737
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....8a. 0
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. 0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule).....9. 20
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) ..... 10. 0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... 11.
12. Unpaid use tax (see instructions)..... 12.
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... 13. 0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) ..... 14. 25
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. Amended return only – amount previously paid with original and/or amended return ..... 17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18. 25
19. Amended 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. 25
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....21.
22. Interest due on late payment of tax (see instructions) .....22.
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" ..... AMOUNT DUE ▶ 23.
24. Overpayment (line 20 minus line 13) .....24. 25
25. Original return only – portion of line 24 carried forward to next year’s tax liability .....25.
26. Original return only – 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. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 25

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 ( 330 ) 422-9876
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number ( 678 ) 965-9522
Preparer's TIN (PTIN) P 02470833

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



04 12 24

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 3 columns: Line number, Description, and Amount. Includes items like Tax liability before credits, Retirement income credit, etc.



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

195 31 9231



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.	0

### Nonresident Credit

Dates of Ohio residency to Other state of residency

31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	31.	
32. Ohio adjusted gross income (Ohio IT 1040, line 3).....	32.	
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) .....	33a.	
33. Nonresident credit (line 30 times line 33a) .....	33.	

### 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.	20

### 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

195 31 9231



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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. 25

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	316402079	3137	180

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
51164429	3137	25

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
195 31 9231



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