

Form R
File by

2018 READING CITY INCOME TAX RETURN 2018

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY
INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER
ACCOUNT NUMBER ACCOUNT TYPE SSN
Date moved in 10/22/2018 Spouse SSN
Date moved out
ANAND KASHYAP SRINIVASA MURTHY
ARE YOU A RESIDENT?
DID YOU FILE A RETURN FOR 2016?
HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?
IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED?
YOUR LOCAL PHONE NUMBER

6624 LAKESIDE DR APT 211NG
WEST CHESTER OH 45069

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2018 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT		360	17983

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 360 17983
INCOME 2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 17983
4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
ADJUST- 5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 17983
MENTS TO 5 b Amount of Line 5a Allocable (% from step 5 Schedule Y)
INCOME 5 c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)
6 AMOUNT SUBJECT TO READING CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 17983
TAX 7 READING CITY TAX RATE 2.000% 360
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 360
b Payments and credits on 2018 Declaration of Estimated Tax
ALLOWABLE 8 c Earned income (Resident taxes paid City of (Resident individuals only)
CREDITS TOTAL CREDITS ALLOWABLE. 360
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) 0
Enter Amount of line 10 You Want: Credited to your 2019 Estimated Tax . . \$
Refunded \$

DECLARATION OF ESTIMATED TAX FOR 2019

11 Total Income Subject to Tax	\$	x	%	11	\$
12 Estimated Tax Withheld				12	\$
13 Total Estimated Tax (Line 11 - Line 12)				13	\$
14 Credit From Line 10				14	\$
15 Net Estimated Tax Due (Line 13 - Line 14)				15	\$
16 First Quarter 2019 Estimated Payment Due (1/4 of Line 15)				16	\$
17 Total Due With This Return (Add Lines 9 and 16)				17	\$

I CERTIFY 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 AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/16/2019
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO

Smart Worksheets from your 2018 Ohio Tax Return

SMART WORKSHEET FOR: Generic, Page 1: City Income Tax Return READING CITY

A to I	J to R	S to Z
Select City: _____	READING CITY	_____
City income tax rate		▶ <u>2.00000</u> %

SMART WORKSHEET FOR: Generic, Page 1: City Income Tax Return READING CITY

City mailing address for use in client letter	
Enter the 'Pay To' name for addressing checks.....	_____
Enter the first line of city address.....	_____
Enter the second line of city address.....	_____
Enter the third line of city address.....	_____
Enter the fourth line of city address (if applicable).....	_____
Enter the fifth line of city address (if applicable).....	_____