Number of exemptions claimed:

Department of Taxation

Rev 11/18

2018 Ohio IT 1040 Individual Income Tax Return



21 10

Use only black ink and UPPERCASE letters

18000133 Sequence No. 1

Τ.	1 21 19	Use Only D	iack	IIIK and OPPERCASE letters.				<u> </u>		
	Check here if this is an amended return.	nclude the Oh	io IT	RE (do <u>NOT</u> include a copy of	the prev	viously filed ret	turn).			
	Check here if this is a Net Operating Loss									
	Taxpayer's SSN (required) 188 59 2300	If deceased	Sp	pouse's SSN (if filing jointly)	**	If deceased	Enter school di this return (see			
		check box				check box	SD# ▶▶ 3	501		
	First name SAI TEJA		M.I.	Last name KADIYALA						
	Spouse's first name (only if married filing jointly	y)	M.I.	Last name						
	Address line 1 (number and street) or P.O. Bo. 7380 CAPRI WAY	x								
	Address line 2 (apartment number, suite numb APT 12									
	City MAINEVILLE			State ZIP code OH 4503		Ohio cour WARI	nty (first four letters))		
	Foreign country (if the mailing address is outsi	de the U.S.)		Foreign postal code	Э					
	Ohio Residency Status – Check appli	Filing Status	- Chec	k one (as repor	ted on federal inc	ome tax return`				
	X Full-year Part-year resident resident Check applicable box for spouse (only if marr Full-year Part-year	Nonresident Indicate state		X Single, hea	· · · · · · · · · · · · · · · · · · ·					
	resident resident	Indicate state		Chack hard	if you fil	lad the federal	ovtonsion 1969			
<u>.</u>	Ohio Political Party Fund		,	ou filed the federal extension 4868. omeone else is able to claim you (or your spouse if						
r cl	Check here if you want \$1 to go to this for	und.		joint return)			to claim you (or)	your spouse ii		
ape	Check here if your spouse wants \$1 to g		(if filir	,						
or p	Note: Checking this box will not increase your tax or decrease your refund.									
Do not staple or paper clip.	Federal adjusted gross income (from the 2 of your federal return if the amount is ze if negative	ro or negative.	Plac	e a "-" in box at the right	1.		29260	00		
Do r	2a. Additions – Ohio Schedule A, line 10 (INC	LUDE SCHEE	ULE)	2a.			00		
	2b. Deductions – Ohio Schedule A, line 37 (IN	CLUDE SCH	DUL	.E)	2b.			00		
	Ohio adjusted gross income (line 1 plus lir the right if the amount is less than zero				3.		29260	00		



4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J).......4.

6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE)......6.

/	/	
Postma	ark date	 Code

2350 00

26910 00

26910 00

00



2018 Ohio IT 1040 Individual Income Tax Return



SSN	188 59 2300				18000233	Sequence	NO. 2
7a.	Amount from line 7 on page	1		7a.		26910	00
8a.	Nonbusiness income tax liab	ility on line 7a (see instruction	s for tax tables)	8a.		477	00
8b.	Business income tax liability	- Ohio Schedule IT BUS, line	14 (INCLUDE SCHEDULE)	8b.		4	00
8c.	Income tax liability before cre	8c.		477	00		
9.	Ohio nonrefundable credits -	- Ohio Schedule of Credits, line	e 33 (INCLUDE SCHEDULE)	9.		20	00
10.	Tax liability after nonrefundate	ole credits (line 8c minus line 9	; if less than zero, enter zero)	10.		457	00
11.	Interest penalty on underpay	ment of estimated tax (include	Ohio IT/SD 2210)	11.			00
		order or other out-of-state pur		Y 40			00
			ments (add lines 10, 11 and 12)			457	00
		-	yments (add lines 10, 11 and 12)			T 37	00
	,		9-R, box 12). Include W-2(s), W-2G	` '		835	00
			o IT 40P) payments and credit				
				15.			00
10	Definedable anadite. Ohio Co	ala advila af Onadita lina 40 /ING	CLUDE COUEDINE	40			00
		•	CLUDE SCHEDULE)al and/or amended return				00
17.	Amended return only – ame	ount previously paid with origin	iai and/or amended return				00
18.	Total Ohio tax payments (a	dd lines 14, 15, 16 and 17)		18.		835	00
19.	Amended return only – ove	rpayment previously requested	d on original and/or amended returr	n19.			00
20.	Line 18 minus line 19. Place a	"-" in the box at the right if the an	nount is less than zero	20.		835	00
_	If line 20 is MORE TI	HAN line 13. skip to line 24. O	THERWISE, continue to line 21.				
_			,				
0.4	Total Sale Sife of the control of the	. 00) If the . 00 is a constitute in .	and the UU and add the OO to the A	0 04			00
			nore the "-" and add line 20 to line 1 instructions)				00
			•				00
23.			.0P (if original return) or IT 40XP easurer of State" AMOUNT				00
24.	Overpayment (line 20 minus	line 13)		24.		378	00
25.	Original return only - amou	int of line 24 to be credited towa	ard 2019 income tax liability	25.			00
26.	Original return only – amou						
	a. Breast / cervical cancer		•				
	00	00	00				
	d. Military injury relief	e. Ohio History Fund	f. State nature preserves				
	00	00	00	Total26g.			00
27.	REFUND (line 24 minus lines	s 25 and 26g)	YOUR REI	FUND ▶ 27.		378	00
	Here (required): I have read ef, the return and all enclosures a		ury, I declare that, to the best of my know	lougo P	d is \$1.00 or less, no \$1.00 or less, no pa		
Your	signature		Date (MM/DD/YY)	I NO I	ayment Include		o:
Spou	se's signature		Phone number (203) 685-63	320	io Department of P.O. Box 26	679	
Ch	eck here to authorize your prepar	er to discuss this return with Taxati	on		olumbus, OH 43		
repare	er's printed name		<u> </u>		yment Included io Department d		
		Preparer's TIN (P	TIN) PP02090332		P.O. Box 20	057	
		,(· FL070302		olumbus, OH 43	02/0-205/	



Department of Taxation 2018 Ohio Schedule of Credits Nonrefundable and Refundable

11 21 19

SSN of primary filer 188 59 2300 Sequence No. 7

		Nonrefundable Credits			
	1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1. 4	77	00
	2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
		Lump sum retirement credit (see instructions for worksheet; include a copy)			00
	5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
		Child care and dependent care credit (see instructions for worksheet) Displaced worker training credit (see instructions for all required documentation)			00
	8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
.d		Income-based exemption credit (\$20 times the number of exemptions)		20 20	00
Do not staple or paper clip.	11.	Tax less credits (line 1 minus line 10; if less than zero, enter zero)	. 11. 4	57	00
e or pa	12.	Joint filing credit (see instructions for table)% times the amount on line 11	.12.	0	00
tstapl	13.	Earned income credit	. 13.		00
Do no	14.	Ohio adoption credit	.14.		00
	15.	Job retention credit, nonrefundable portion (include a copy of the credit certificate)	. 15.		00
	16.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	. 16.		00
	17.	Credit for purchases of grape production property	.17.		00
	18.	InvestOhio credit (include a copy of the credit certificate)	. 18.		00
	19.	Technology investment credit carryforward (include a copy of the credit certificate)	.19.		00
		Enterprise zone day care and training credits (include a copy of the credit certificate)			0 0 0 0
	22.	Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate)	. 22.		00
	23.	Total (add lines 12 through 22)	. 23.	0	00
	24.	Tax less additional credits (line 11 minus line 23; if less than zero, enter zero)	.24. 4	57	00





Department of Taxation 2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

188 59 2300



Nonr	esident Credit				
Date	of nonresidency	to	State of residency		
25.	Nonresident Portion of Ohio adji Ohio IT NRC Section I, line 18 (i	usted gross income - nclude a copy)25.	00		
26.	Enter the Ohio adjusted gross in line 3)		00		
27.	Divide line 25 by line 26 and enter Multiply this factor by the amount	· · · · · · · · · · · · · · · · · · ·	round). esident credit27.		00
Resi	dent Credit				
28.	Enter the portion of Ohio adjuste IT 1040, line 3) subjected to tax District of Columbia while you we	by other states or the	00		
29.	Enter the Ohio adjusted gross in line 3)		00		
30.	Divide line 28 by line 29 and enter Multiply this factor by the amount the result here	on line 24 and enter	round). 0 0		
31.	Enter the 2018 income tax, less all withholding and estimated tax pa carryforwards from previous year the District of Columbia	yments and overpayment rs, paid to other states or	00		
32.	Enter the lesser of line 30 or line state abbreviation in the boxes b		x credit. Enter the two-letter one was subject to tax32.		00
33.	Total nonrefundable credits (a	dd lines 10, 23, 27 and 32; enter	here and on Ohio IT 1040, line 9) 33.	20	00
		Refundable Credits			
34.	Historic preservation credit (incl	ude a copy of the credit certifi	cate)34.		00
35.	Job creation credit and job retent	ion credit, refundable portion (inc	lude a copy of the credit certificate)35.		00
36.	Pass-through entity credit (inclu	de a copy of the Ohio IT K-1s)	36.		00
37.	Motion picture production credit	(include a copy of the credit c	ertificate)37.		00
38.	Financial Institutions Tax (FIT) cr	redit (include a copy of the Ohi	o IT K-1s)38.		00
39.	Venture capital credit (include a	copy of the credit certificate)	39.		00
40.	Total refundable credits (add li	nes 34 through 39; enter here a	nd on Ohio IT 1040, line 16)40.		00

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2018 OMB No. 1545-0074

ш.	0.1	J. IIIaiviaaai iiiooiiic	I UA I	LOCUI		- OIVID IVO.	1343-0074	11 10 036 0	Jilly — Di	J HOL WHILE	5 01 310	.pie iii t	ина эрасе.
Filing status:	X s	ingle Married filing jointly	Marrie	ed filing s	eparately	Head of household	Qualifyin	g widow(er)				
Your first name	and init	ial	La	ast name					Yo	our soci	al sec	urity	number
SAI TEJA			K	ADIYA	ALA				1	88-59)-23	300	
Your standard d	eductio	on: Someone can claim you a				born before Januar	, 2, 1954	You	are bl				
		first name and initial		ast name			, ,				social	secur	rity number
Spouse standard	deducti	on: Someone can claim your sp	ouse as	a deper	ndent Sr	oouse was born befo	re January 2.	1954	V	Full-ve	ar hea	lth car	re coverage
Spouse is bli		Spouse itemizes on a separa		-			, , ,			or exen			_
		r and street). If you have a P.O. box,						Apt. no.	Pr	esidentia	l Elect	ion Ca	ampaign
7380 CAP		, · ·					12			e inst.)	_	You	Spouse
		e, state, and ZIP code. If you have a	foreian	address	. attach Schedu	le 6.			lf.	more tha			
MAINEVIL					,					e inst. a			,
Dependents ((2) Soci	al security number	(3) Relationship	to you	-	4) / if	qualifies fo	or (see	inst)·	
(1) First name		Last name	1	(2) 000	ar occurry number	(b) Holadorionip	io you	Child ta					dependents
.,									7			$\neg \neg$	
									1	_		一片	
									1			품	
									1			품	
Sign	Jnder p	enalties of perjury, I declare that I have ex	amined th	nis return a	and accompanying	schedules and stateme	nts. and to the b	est of mv	knowled	de and b	elief. th	nev are	true.
Here		and complete. Declaration of preparer (oth										•	
Joint return?	Yo	our signature			Date	Your occupation				IRS sent enter it I	you ar	ı Identi	ity Protection
See instructions.	L _					SOFTWARE E	NGINEER		here ((see inst.)	Щ	Ш	
Keep a copy for	Sp	oouse's signature. If a joint return, b o	oth mus	st sign.	Date	Spouse's occupation	on			IRS sent enter it I	you ar	ı Identi	ity Protection
your records.										(see inst.)	Щ	Ш	
Paid	Pr	eparer's name	reparer	's signati	ure		PTIN		Firm's	EIN	Che	ck if:	
Preparer	APP	ANA RUPA VENKATA SATYA SAI MANIKUMAR		P020			P020903	30332				3rd Pa	rty Designee
Use Only	Fir	m's name ▶ GLOBAL TAXE	ES LI	LC			Phone no.					Self-er	mployed
	Fir	m's address ► 2530 Pebble	e Cre	eek L	n Cummin	g GA 30041							
For Disclosure, F	Privacy	Act, and Paperwork Reduction A	ct Notic	ce, see s	eparate instruc	ctions.					F	orm 1	1040 (2018)
Form 1040 (2018)													Page 2
1 01111 1040 (2010)									Ι.			20	,260.
	1	Wages, salaries, tips, etc. Attach F	1	N-2 .					1	+			,200.
Attach Form(s)	2a	Tax-exempt interest	2a			b Taxable			2b	+			
W-2. Also attach Form(s) W-2G and	3a	Qualified dividends	3a			b Ordinary			3b	+			
1099-R if tax was withheld.	4a -	IRAs, pensions, and annuities .	4a			b Taxable			4b	+			
withineid.	5a	Social security benefits	5a		0 1 1 1 1 1 0	b Taxable	amount .		5b	+		20	,260.
	6 7	Total income. Add lines 1 through 5. Add Adjusted gross income. If you ha					 om line 6: oth	 Jenwise	6	+			,200.
Standard	·	subtract Schedule 1, line 36, from		-				· ·	7			29	,260.
Deduction for—	8	Standard deduction or itemized de	duction	s (from S	chedule A) .				8			12	2,000.
 Single or married filing separately, 	9	Qualified business income deduction	on (see	instructio	ons)				9				
\$12,000	10	Taxable income. Subtract lines 8 a	nd 9 fro	m line 7.	If zero or less, e	enter -0			10			17	,260.
 Married filing jointly or Qualifying 	11	a Tax (see inst.) 1,883. (check	if any fro	m: 1	Form(s) 8814	2 Form 4972 3)					
widow(er), \$24,000		b Add any amount from Schedule	2 and cl	heck her	e			▶ □	11			1	,883.
Head of	12	a Child tax credit/credit for other depend	ents		b Add an	y amount from Schedule	3 and check here	• 🗖	12				
household, \$18,000	13	Subtract line 12 from line 11. If zero	o or less	s, enter -	0				13			1	,883.
If you checked	14	Other taxes. Attach Schedule 4.							14				0.
any box under Standard	15	Total tax. Add lines 13 and 14 .							15			1	,883.
deduction, see instructions.	16	Federal income tax withheld from F	Forms W	V-2 and 1	1099				16			3	3,372.
	17	Refundable credits: a EIC (see inst.)	No		b Sch. 8812	c For	m 8863						
		Add any amount from Schedule 5							17				
	18	Add lines 16 and 17. These are you	ur total p	oayments	S				18			3	3,372.
Refund	19	If line 18 is more than line 15, subtr							19			1	,489.
Herunu	20a	Amount of line 19 you want refund	led to y	ou. If For	m 8888 is attac	hed, check here		▶ □	20a			1	,489.
Direct deposit?	►b	Routing number 0 6 1	1 1			c Type: X Check	ing Sa	vings					
See instructions.	►d) 3 0			-					
	21	Amount of line 19 you want applied to	to your 2	2019 esti	mated tax .	. ▶ 21							
Amount You Owe	22	Amount you owe. Subtract line 18	-				ions	. •	22				
	23	Estimated tax penalty (see instruct	ions) .			▶ 23							

BAA