



2018 Ohio IT 1040 Individual Income Tax Return



11 21 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 188 59 2300 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 3501

First name SAI TEJA M.I. Last name KADIYALA

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 7380 CAPRI WAY

Address line 2 (apartment number, suite number, etc.) APT 12

City MAINEVILLE State OH ZIP code 45039 Ohio county (first four letters) WARR

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

Ohio Residency Status - Check applicable box

- Full-year resident, Part-year resident, Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

- Single, head of household or qualifying widow(er), Married filing jointly, Married filing separately

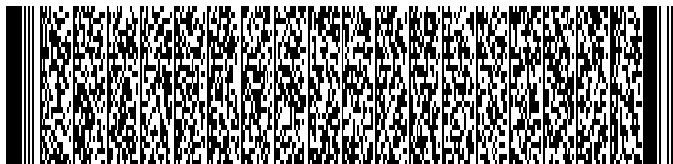
Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

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 Line 5 minus line 6.



Postmark date Code



2018 Ohio Schedule of Credits

Nonrefundable and Refundable



18280133 Sequence No. 7

11 21 19

SSN of primary filer
188 59 2300

Nonrefundable Credits

Do not staple or paper clip.

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	477	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6. Child care and dependent care credit (see instructions for worksheet).....	6.		00
7. Displaced worker training credit (see instructions for all required documentation).....	7.		00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	20	00
10. Total (add lines 2 through 9)	10.	20	00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero).....	11.	457	00
12. Joint filing credit (see instructions for table). _____% times the amount on line 11.....	12.	0	00
13. Earned income credit	13.		00
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
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.		00
21. Research and development credit (include a copy of the credit certificate)	21.		00
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.	457	00





2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer
188 59 2300



18280233 Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			25. 00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			26. 00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit			27. 00

Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident			28. 00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			29. 00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here			30. 00
31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia			31. 00
32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax			32. 00
33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..			33. 20 00

Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate)	34. 00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ..	35. 00
36. Pass-through entity credit (include a copy of the Ohio IT K-1s)	36. 00
37. Motion picture production credit (include a copy of the credit certificate)	37. 00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	38. 00
39. Venture capital credit (include a copy of the credit certificate)	39. 00
40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)	40. 00

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **SAI TEJA** Last name: **KADIYALA** Your social security number: **188-59-2300**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **7380 CAPRI WAY** Apt. no. **12** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **MAINEVILLE OH 45039** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

Joint return? See instructions. Keep a copy for your records.

Your signature: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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Paid Preparer Use Only

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	29,260.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	29,260.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	29,260.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	17,260.
11	a Tax (see inst.) 1,883. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	1,883.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	1,883.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	1,883.
16	Total tax. Add lines 13 and 14	16	3,372.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	
19	Add any amount from Schedule 5	19	3,372.
20a	Add lines 16 and 17. These are your total payments	20a	1,489.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	1,489.
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Routing number: 061092387 Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number: 951160030	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	