Do not staple or paper clip.

Rev. 9/17

2017 Ohio IT 1040 Individual Income Tax Return



17000133

1

06 06 18

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. Spouse's SSN (if filing jointly) Taxpayer's SSN (required) If deceased If deceased Enter school district # for this return (see instructions). 776 25 1754 **SD#** ▶▶ 2513 check box check box First name M.I. Last name **BABBUR** SUDHEER Spouse's first name (only if married filing jointly) Last name Address line 1 (number and street) or P.O. Box 5795 TUTTLE GROVE APRTMENTS Address line 2 (apartment number, suite number, etc.) City State ZIP code Ohio county (first four letters) DUBLIN OH 43016 FRAN Foreign country (if the mailing address is outside the U.S.) Foreign postal code Ohio Residency Status - Check applicable box Filing Status - Check one (as reported on federal income tax return) Full-vear Part-year Nonresident Single, head of household or qualifying widow(er) resident Indicate state resident Married filing jointly Check applicable box for spouse (only if married filing jointly) Married filing separately Full-year Nonresident Part-year Indicate state resident resident Check here if you filed the federal extension 4868. **Ohio Political Party Fund** Check here if someone else is able to claim you (or your spouse if Check here if you want \$1 to go to this fund. joint return) as a dependent. 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. 1. Federal adjusted gross income (from the federal 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Include page 1 of your federal return if the amount is zero or negative. Place a "-" in box at the right if negative.1. 72600 00 00 00 72600 00 2050 00 4. Exemption amount (if claiming dependent(s), include Schedule J)4. Number of exemptions claimed on your federal return: 70550 00 0.0 6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule)......6.



| | / | / | |
|--|------|---|--|
| | Code | | |

70550 00



2017 Ohio IT 1040 **Individual Income Tax Return**



17000233 SSN 776 25 1754 70550 00 1917 00 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).......8a. 00 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)8b. 1917 00 9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 33 (include schedule)9. 0 00 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).......10. 1917 00 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 00 12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). 0.0 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 1917 00 14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) 2172 00 15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return15. 0.0 00 16. Refundable credits - Ohio Schedule of Credits, line 40 (include schedule)16. 00 17. Amended return only – amount previously paid with original and/or amended return17. 2172 00 0.0 2172 00 If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13......21. 0.0 00 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. 00 255 00 0.0 26. Original return only – amount of line 24 to be donated: a. Wishes for Sick Children b. Wildlife species c. Military injury relief 0.0 00 0.0 f. Breast / cervical cancer d. Ohio History Fund e. State nature preserves 00 00 00 Total 26g. 00 255 00 If your refund is \$1.00 or less, no refund will be issued.

| 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. | | | | |
|--|-----------------|--|--|--|
| Your signature | Date (MM/DD/YY) | | | |
| Spouse's signature | Phone number | | | |
| Check here to authorize your preparer to discuss this return with Taxation | | | | |
| Preparer's printed name APPANA RUPA VENKATA SATYA SA | I MANI K | | | |
| Phone number (678)965-9729 Preparer's TIN (PTIN) | P02090332 | | | |

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

Ohio Information Worksheet

► Keep for your records — **Do not file**

| Part I — Personal Information | |
|--|---|
| Taxpayer: Last Name | Spouse: Last Name |
| Home Phone Print this phone number on the forms | State OH ZIP Code . 43016 School District Number 2513 |
| Foreign country . Foreign code E-Mail address . BSUDHEER473@GMAIL . COM | Foreign postal code |
| Part II — Main Form | |
| Form IT 10: Ohio Information Notice Form IT DA: Affidavit of Non-Ohio Residency/Dor NOTE: Form IT DA must be mailed separately and DO NOT ENCLOSE OR ATTACH IT DA with any | |
| Ohio School District Tax Return Form SD 100: School District Tax Return | <u>*</u> |
| Ohio Commercial Activity Tax (CAT) Return Form CAT 1: Commercial Activity Tax Registratio | n |
| Ohio Municipal Tax Return Akron, Form IR | · · · · · · · · · · · · · · · · · · · |
| | |
| R.I.T.A., Individual Declaration of Exemption R.I.T.A., Form 37 | |
| TP SP (TP - Taxpayer, SP - Spouse) | |
| Country of Reside | y, or TPSP |
| Enter Nonresident or Part-Year resident information and a | |
| SUDHEER BABBUR | 776-25-1754 Page 2 |

| Part IV — Filing Status |
|--|
| Single or head of household or qualifying widow(er) Married filing joint (even if only had one income) Married filing separate returns |
| Part V — Lump Sum Distribution and Retirement Credits |
| TP SP (TP - Taxpayer, SP - Spouse) Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are <i>Not</i> retired? Are claiming the Ohio Lump Sum Distribution Credit for the current year or have you claimed this credit in a prior year? Claim the the Ohio Lump Sum Retirement Credit in a prior year? |
| Part VI — Other Information |
| Ohio Political Party Fund (Note: Checking 'Yes' will not increase your tax or decrease your refund.) Yes No Do you want \$1 to go to this fund? If filing a joint return, does your spouse want \$1 to go to this fund? |
| Farmer/Fisherman At least 2/3 of your current year gross income was from farming or fishing Above farmer box is checked and return will be filed and tax due paid by: March 1, 2018. |
| Pay by Credit Card - You have paid or will pay with a credit card: Form IT 1040 Form SD 100 |
| Filing Requirement Yes No File Form IT 1040 even if not required (based on federal AGI and filing status) Note: Select Yes if filing federal 1040NR and claiming a state refund on Form IT-1040 |
| Sales/Use Tax Enter total out-of-state purchases on which you paid <i>no</i> sales tax or OH use tax |
| Part VII — Electronic Filing Information |
| New! State e-file disclosure consent: By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Ohio Department of Taxation, as applicable by law. |
| X The state return will be filed electronically |
| Electronic PDF Attachments PDF's that you have selected to attach to your state e-file return are listed below. Description Filename |
| |
| Enter the date return was EFiled |
| Perjury Statement Acceptance Before you can transmit the return to the Intuit Electronic Filing Center, the taxpayer and spouse (if a joint return) must read and accept the following Ohio Department of Taxation 'Perjury Statement.' |
| Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us. |
| X Taxpayer's acceptance of the above Perjury Statement Spouse's acceptance of the above Perjury Statement |
| Non Paid Preparer Information Name |
| Enter one of the following identification numbers: SSN . PTIN . Site ID # Address |
| Address Street Addres |
| Street Address |
| Foreign address information Foreign Province Foreign Country. Foreign Postal Code |
| Foreign CountryForeign Postal Code |

<u>SUDHEER BABBUR</u> <u>776-25-1754</u> Page 3

Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information Form IT 1040, Income Tax Return Yes No Χ Do you want to elect direct deposit of state tax refund (Electronic Filing Only)? Do you want electronic funds withdrawal of state tax payment (EF Only)? Enter the following information if your client requests direct deposit of a state tax refund: Name of Financial Institution (optional) $\underline{\mathtt{BANK}}$ OF $\underline{\mathtt{AMERICA}}$ Account type Checking X **International ACH Transaction:** Yes No Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.? X Form SD 100, School District Income Tax Return(s) Yes No Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)? X X Do you want electronic funds withdrawal of SD tax payment (EF Only)? International ACH Transaction: Yes No Will the funds for this refund (or payment) go to (or come from) and account outside the U.S.? Enter the following information if your client requests direct deposit of a school district tax refund: Name of Financial Institution (optional) Account type Checking Savings Account number. Enter the payment date to withdraw from the account above Part IX — Paid Preparer Information Authorize preparer to contact the Ohio Department of Taxation regarding this return Part X — Extension Status If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment. Form IT 1040. Income Tax Return Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No Has the tax return due date been extended for a **six** month extension? X Form SD 100, School District Income Tax Return Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment. Yes No X Has the tax return due date been extended for a **six** month extension? Extended due date

| Name SUDHEER BABBUR | | | | | Social Security Number 776-25-1754 | |
|------------------------|---|--------|---------|----------|------------------------------------|--|
| Тах | Payments for the Current Year | | | • | | |
| | | State | | | | |
| | | Spouse | | Taxpayer | | |
| | | Date | Payment | Date | Payment | |
| 1 2 3 4 | First Payment | | | | | |
| 5 | Additional Payments Payment | | | | | |
| 6 7 | Overpayment from previous year applied current year | | | | | |
| 8 | Total tax payments | | | | | |
| Inc | ome Taxes Withheld for the Current | Year | | | | |
| 9 | State withholding on Forms W-2 | | Spouse | | Taxpayer 2,172. | |

| | | Spouse | | Taxpayer |
|------|--|--------|----|----------|
| 9 | State withholding on Forms W-2 | | | 2,172. |
| 10 | State withholding on Forms W-2G | | | |
| 11 | State withholding on Forms 1099-R | | | |
| 12 a | State withholding on Forms 1099-MISC | | | |
| b | State withholding on Forms 1099-G | | | |
| С | State withholding on Forms 1099-K | | | |
| 13 | Other state tax withholding | | | |
| 14 | Total income tax withheld | | | 2,172. |
| 15 | Date return will be filed and balance paid | | 15 | |

SUDHEER BABBUR

Smart Worksheets from your 2017 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

| Form IT 1040, Tax Smart Worksheet | |
|--|--------|
| Use tax table 1 only (for less than \$100,000 taxable income on line 7a) Use tax table 2 only | |
| a Tax from tax table 1 (if line 7a is less than \$100,000 only) b Tax from tax table 2 | 1,917. |