



2017 Ohio IT 1040 Individual Income Tax Return



17000133

1

06 14 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.

Taxpayer's SSN (required) 829 92 2734 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 2503

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

Address line 1 (number and street) or P.O. Box 2163 HEDGEROW ROAD Address line 2 (apartment number, suite number, etc.)

City COLUMBUS State OH ZIP code 43220 Ohio county (first four letters) FRAN 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 Check applicable box for spouse (only if married filing jointly) 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

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

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.

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.

Do not staple or paper clip.



Postmark date Code



2017 Ohio IT 1040 Individual Income Tax Return



SSN 829 92 2734

17000233

7a. Amount from line 7 on page 1	7a.	5820	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	0	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (include schedule).....	9.	20	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	0	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). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> 12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	0	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) and 1099-R(s) with the return	14.	221	00
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return	15.		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 return	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	221	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19.....	20.	221	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.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		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
24. Overpayment (line 20 minus line 13)	24.	221	00
25. Original return only – amount of line 24 to be credited toward 2018 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. Wishes for Sick Children b. Wildlife species c. Military injury relief		00	00
d. Ohio History Fund e. State nature preserves f. Breast / cervical cancer		00	00
Total 26g.	26g.		00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	221	00

<p>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.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number _____</p> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name <u>APPANA RUPA VENKATA SATYA SAI MANI K</u></p> <p>Phone number <u>(678) 965-9729</u> Preparer's TIN (PTIN) <u>P02090332</u></p>	<p>If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p>
	<p>NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>



2017 Ohio Schedule of Credits

Nonrefundable and Refundable



17280133

SSN of primary filer

06 14 18

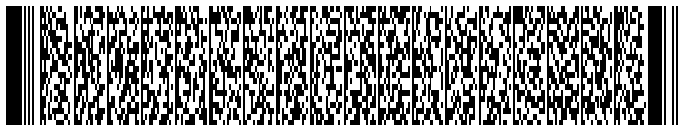
829 92 2734

7

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	0 00
2. Retirement income credit (limit \$200 per return) (see instructions for table).....	2.	00
3. Lump sum retirement credit – Ohio LS WKS, Section III, line 6 (include worksheet).....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return).....	4.	00
5. Lump sum distribution credit – Ohio LS WKS, Section IV, line 3 (include worksheet).....	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	00
7. Displaced worker training credit (see instructions for worksheet) (limit \$500 per taxpayer).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer).....	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 -0-, enter -0-).....	11.	0 00
12. Joint filing credit (see instructions), _____ % times the amount on line 11 (limit \$650).....	12.	0 00
13. Earned income credit.....	13.	00
14. Ohio adoption credit (limit \$10,000 per adopted child).....	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. Invest Ohio 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 -0-, enter -0-).....	24.	0 00

Do not staple or paper clip.





2017 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

829 92 2734



17280233

Nonresident Credit

Date of nonresidency	to	State of residency	
25. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required.....		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 (limits apply).....		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 2017 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 (limits apply).....		31.	00
32. Enter the smaller 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 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 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

Staple W-2's to the back of this page

City of Columbus, Income Tax Division

2017

Form IR-25 City Income Tax Return For Individuals

PAVANI VEERANNAGARI
Primary Social Security Number 829 92 2734
Spouse's Social Security Number
Filing Status: Single
Did you change residence during 2017? YES NO

Table with 3 columns: Description, (+), (-), (=) and Amount. Includes Part A Employer(s) and address where work performed: DATA SYSTEMS INTEGRATION INC, 485 METRO PLACE SOUTH SUITE101. TAXABLE WAGES: 8,120. NET WAGES: 8,120.

Part B TAX CALCULATION A Declaration of Estimated City Tax (form IR-21) is REQUIRED for all individuals whose tax is not fully withheld.

Table with 9 columns: Column A CITY, Column B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC., Column C INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME, Column D TOTAL NET TAXABLE INCOME, TAX RATE, Column E TAX DUE, Column F LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED, Column G NET TAX DUE. Includes rows for COLUMBUS, GROVEPORT, OBETZ, CANAL WINCHESTER, MARBLE CLIFF (UFR), BRICE, HARRISBURG (UFR), and *ALTERNATE CITY.

*Alternate City Line (see Instructions)
**NOTE: residents of Harrisburg may only take credit for taxes paid or withheld to their resident city (Column F). UFR = Universal Filing Requirement - residents must file a return.
1. TOTAL NET TAX DUE (TOTAL OF COLUMN G) 0.
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY 2
3. BALANCE DUE (LINE 1 LESS LINE 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6. 0.
4. PENALTY: 15% \$ + INTEREST \$ + LATE CHARGE \$ 4
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less 5
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1) 6
A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate 6A
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) 6B 0.

Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.

Table with 5 columns: Column H INCOME (OR LOSS) FROM PART E OR SCHEDULE Y, Column I RENTAL INCOME (OR LOSS) FROM PART F (SECTION 1), Column J OTHER INCOME FROM PART F (SECTION 2), Column K TOTAL OTHER INCOME (OR LOSS). Includes a row for CITY INSERT APPLICABLE CITIES BELOW.

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES Complete the following NO
Designee's Name Phone No. SSN

SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.
Sign Here Your Signature Date
If a joint return, Spouse's Signature Date
Paid Preparer's Signature Date
Use Only Signature Date
MAILING INFORMATION NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437
Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158

Staple check or money order HERE

Name(s) as shown on Page 1	Primary Social Security Number
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Claim for Refund and Adjustments to Taxable Wages

Reason for Adjustment (Explain fully)	Resident Address for this period
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Part D ADJUSTMENTS TO TAXABLE WAGES

1. If you are claiming employee expenses from Federal Form 2106, enter your total wages from that job here. Do not include wages included on Lines 14 or 23 below. See instructions.....	1		
2. Employee business expenses from Federal Form 2106. Attach a copy of the 2106 and Federal Schedule A. The 2% floor on the Federal return will apply to any 2106 expenses. See Instructions.....	2		
3. Subtract Line 2 from 1. If less than zero, enter zero. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....			3
4. If you were under the age of 18 for all or part of the year, enter your total wages for the year.....	4		
5. Wages earned while under the age of 18. Attach a copy of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday. Enter date of birth here:	5		
6. Subtract Line 5 from 4. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....			6
7. If city tax was improperly withheld from your wages, enter your total wages from that employer	7		
8. Income upon which tax was improperly withheld by employer. Complete Certification by Employer below	8		
9. Subtract Line 8 from 7. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned			9
10. If city tax was improperly withheld from your wages, enter your total wages from that employer	10		
11. Income from short-term disability withheld by employer after 7/1/07	11		
12. Income from long-term disability withheld by employer	12		
13. Subtract Lines 11 and 12 from 10. List this figure in Part A of Page 1. Complete Certification by Employer below			13
14. If you were a nonresident railroad employee or nonresident over-the-road truck driver assigned duties only within Ohio, enter your total railroad or driving wages here.....	14		
15. Enter the amount of 2106 expenses related to this income. Attach a copy of the 2106 & Fed Sch A	15		
16. Line 15 from 14. If less than zero, enter zero.....	16		
17. Multiply the amount of Line 16 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. Complete Certification by Employer below			17
If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 18 through 28. Attach a list of the dates and locations worked out See instructions.			
18. Enter the total number of vacation days taken during the entire year.....	18		
19. Enter the total number of holidays for the entire year.....	19		
20. Enter the total number of sick leave days taken during the entire year.....	20		
21. Add Lines 18 through 20.....	21		
22. Subtract line 21 from 260 (total workdays in a year) (see instructions)	22		
23. Enter your total wages for this job for the year.....	23		
24. Enter the amount of 2106 expenses related to this income. Attach a copy of the 2106 & Fed Sch A	24		
25. Subtract Line 24 from 23. If less than zero, enter zero.....	25		
26. Divide Line 25 by the number of days shown on Line 22.....	26		
27. Enter the number of days worked in the city (Line 22 less total days worked out).....	27		
28. Multiply Line 26 by Line 27. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. Complete Certification by Employer below			28

Certification by Employer Regarding Adjustments to Taxable Wages

Employer certification is required to claim adjustments on Lines 7 through 28 above. Your request for refund will not be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lines 7 through 28 above.

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer ▶	Employer's Phone No.	Date
Official's Signature ▶	Official's Name Printed	
	Title	

Ohio Information Worksheet

2017

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

Last Name VEERANNAGARI
First Name PAVANI
Middle Initial Suffix
Social Security No. 829-92-2734
Date of Birth 06/01/91
Date of Death
Work Phone

Spouse:

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Date of Death
Work Phone

Home Phone
Print this phone number on the forms [] Home [] Taxpayer work [] Spouse work

Street Address 2163 Hedgerow road Apartment
City COLUMBUS State . OH ZIP Code 43220
County Franklin School District Number 2503

Note: Non-resident choose Franklin as County

Address has been reviewed and verified? [X]

Foreign country Foreign postal code
Foreign code
E-Mail address PAVANIREDDY231@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

[X] Form IT 1040: Individual Income Tax Return (Long form)
[] Form IT 10: Ohio Information Notice Form IT 10 - Taxpayer/Spouse
[] Form IT DA: Affidavit of Non-Ohio Residency/Domicile
NOTE: Form IT DA must be mailed separately and will not be filed with the above forms.
DO NOT ENCLOSE OR ATTACH IT DA with any other form/affidavit, it must be mailed separately.

Ohio School District Tax Return

Form SD 100: School District Tax Return

Ohio Commercial Activity Tax (CAT) Return

[] Form CAT 1: Commercial Activity Tax Registration

Ohio Municipal Tax Return

[] Akron, Form IR
[] Canton
[] CCA - Exemption Certificate, Form 120-16-EC
[] CCA - City Tax Form, Form 120-16-IR
[] Cincinnati
[X] Columbus, Form IR-25
[] Dayton, Form R-I
[] Generic City, Form R
[] R.I.T.A., Individual Declaration of Exemption
[] R.I.T.A., Form 37

Part III — Resident Status

TP SP (TP - Taxpayer, SP - Spouse)

[X] [] Full-Year Resident of OH
[] [] Nonresident of OH State of Residency, or TP SP
Country of Residency TP SP
[] [] Part-Year Resident of OH From: To:

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC

Part IV – Filing Status

- 1** Single or head of household or qualifying widow(er)
- 2** Married filing joint (even if only had one income)
- 3** 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 **Not** 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 **no** sales tax or OH use tax ▶ _____

County use tax percentage rate _____

Amount of tax that you owe on out-of-state purchases. _____

Nonresidents: Use Tax County _____

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.

- 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 _____

Date return was accepted by the state _____

Enter the date Form IT 40P was given to client _____

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.

- 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

Street Address _____

City _____ State _____ ZIP code _____

Non Paid Preparer Phone Number _____

Foreign address information

Foreign Province _____

Foreign Country _____ Foreign Postal Code _____

Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information

Form IT 1040, Income Tax Return

Yes No
 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) CHASE BANK
Account type Checking Savings
Routing number 322271627
Account number 818317039

International ACH Transaction:

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to withdraw from the account above _____

If partial payment is made, the remaining balance due _____

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)?
 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
Routing number _____
Account number _____

Enter the payment date to withdraw from the account above _____

Form(s) SD 100, School District number

Form(s) SD 100, Balance-due amount from this return

Enter an amount to withdraw from the account above

If partial payment is made, the remaining balance due

Part IX — Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) 1

Yes No
 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?
Extended due date _____

Form IT 40P, Extension Payment Voucher

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
 Has the tax return due date been extended for a **six** month extension?
Extended due date _____

Form SD 40P, School Extension Payment Voucher

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>PAVANI VEERANNAGARI</u>	Social Security Number <u>829-92-2734</u>
------------------------------------	--

Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	Date	Payment
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			221.
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			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			221.
15 Date return will be filed and balance paid		15	

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) 0.
b Tax from tax table 2 0.
c Smaller of line a and line b 0.

SMART WORKSHEET FOR: Ohio Schedule of Credits

Ohio Adoption Credit Smart Worksheet for 2017 and 5 Year Carryforward

Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:

1. \$1,500, **or**
2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C).

Child's Name	Expenses

Number of children adopted in 2017 0

Ohio adoption credit carryover from 2014 (5 year carryforward)
Ohio adoption credit carryover from 2015 (5 year carryforward)
Ohio adoption credit carryover from 2016 (5 year carryforward)
Total adoption credit available
Total adoption credit claimed in 2017
2014 Ohio adoption credit carryforward to next year (5 year carryforward)
2015 Ohio adoption credit carryforward to next year (5 year carryforward)
2016 Ohio adoption credit carryforward to next year (5 year carryforward)
2017 Ohio adoption credit carryforward to next year (5 year carryforward)