



Department of Taxation Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



11 22 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) 829 92 2734 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 2514

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 598 WILDINDIGO RUN

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

City WESTERVILLE State OH ZIP code 43081 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

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

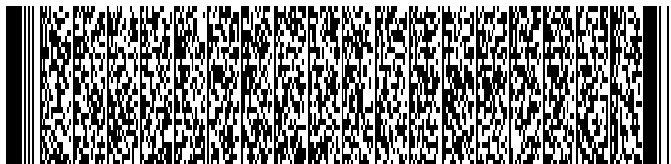
Ohio Political Party Fund

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 (Federal adjusted gross income, Additions, Deductions, etc.) and Amount (48900 00, 00, 00, etc.)



Postmark date Code



0033  
 Department of  
 Taxation  
 Rev. 11/18

# 2018 Ohio IT 1040 Individual Income Tax Return



SSN 829 92 2734

18000233 Sequence No. 2

7a. Amount from line 7 on page 1.....	7a.	46800	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	1084	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>INCLUDE SCHEDULE</b> ).....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	1084	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 ( <b>INCLUDE SCHEDULE</b> ).....	9.		0 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	1084	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. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	1084	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.	1438	00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return.....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 ( <b>INCLUDE SCHEDULE</b> ).....	16.		00
17. <b>Amended return only</b> – amount previously paid with original and/or amended return.....	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	1438	00
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	1438	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). <b>Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"</b> .....	AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13).....	24.	354	00
25. <b>Original return only</b> – amount of line 24 to be credited toward 2019 income tax liability.....	25.		00
26. <b>Original return only</b> – amount of line 24 to be donated:			
a. Breast / cervical cancer	b. Wishes for Sick Children	c. Wildlife species	
00	00	00	
d. Military injury relief	e. Ohio History Fund	f. State nature preserves	
00	00	00	
		Total...26g.	00
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	354	00

<p><b>Sign Here (required):</b> 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 ( 626 ) 202-6436</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><b>NO Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2679          Columbus, OH 43270-2679</p> <p><b>Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2057          Columbus, OH 43270-2057</p>
<p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name _____</p> <p>Phone number _____ Preparer's TIN (PTIN) <b>PP02090332</b></p>	

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

Your first name and initial: **PAVANI** Last name: **VEERANNAGARI** Your social security number: **829-92-2734**

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. **598 WILDINDIGO RUN** Apt. no. \_\_\_\_\_ 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. **Westerville OH 43081** If more than four dependents, see inst. and  here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> 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.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

**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)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>48,900.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>48,900.</b>
<b>7</b>	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	<b>7</b>	<b>48,900.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>36,900.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>4,241.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>4,241.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	<b>4,241.</b>
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>0.</b>
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>4,241.</b>
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>6,561.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	<b>6,561.</b>
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	<b>2,320.</b>
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	<b>2,320.</b>
<b>23</b>	Routing number <b>3 2 2 2 7 1 6 2 7</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	Account number <b>8 1 8 3 1 7 0 3 9</b>	<b>24</b>	
<b>25</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>25</b>	
<b>26</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions)	<b>27</b>	