

2019 TAX RETURN FILING INSTRUCTIONS

OHIO INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Anusha Konchada
9272 Deercross Parkway Apt. No. 2D
BlueAsh, OH 45236

Prepared By:

Deloitte Tax Services India Pvt. Ltd.
BPTP Crest, Plot 15, Udyog Vihar
Gurgaon, Haryana 122015
India

Amount of Tax:

Total tax	\$	535
Less: payments and credits	\$	535
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. Please sign, date, and return federal Form 8879 to our office. We will submit your electronic return to the ODT.

Return Must Be Mailed On Or Before:

Return federal Form 8879 to us by October 09, 2020.

Special Instructions:

Please review the Disclosure Information for Ohio.

Do not staple or paper clip.

2019 Ohio IT 1040



19000185

Sequence No. 1

Ohio

Department of
Taxation

Individual Income Tax Return

Use only black ink/UPPERCASE letters.

10 02 20

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 claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required)

181 31 8586

▶▶ If deceased

Spouse's SSN (if filing jointly)

▶▶ If deceased

Enter school district # for
this return (see instructions).

check box

check box

SD #▶▶ 9999

First name

ANUSHA

M.I. Last name

KONCHADA

Spouse's first name (only if married filing jointly)

M.I. Last name

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

9272 DEERCROSS PARKWAY APT NO 2D

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

City

BLUEASH

State

OH

ZIP code

45236

Ohio county (first four letters)

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

Foreign postal code

Residency Status - Check only one for primary

Full-year
resident

Part-year
resident

X

Nonresident
Indicate state

▶▶

FC

Check only one for spouse (if married filing jointly)

Full-year
resident

Part-year
resident

Nonresident
Indicate state

▶▶

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

X Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Check here if you filed the federal extension form 4868.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

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

Do not staple or paper clip.

1. **Federal adjusted gross income** (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero

1.

100528 00

2a. Additions - Ohio Schedule A, line 10 (**INCLUDE SCHEDULE**)

2a.

0 00

2b. Deductions - Ohio Schedule A, line 38 (**INCLUDE SCHEDULE**)

2b.

0 00

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero

3.

100528 00

4. Exemption amount (if claiming dependent(s), **INCLUDE SCHEDULE J**)
Number of exemptions claimed: 1

4.

1850 00

5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)

5.

98678 00

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

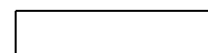
6.

0 00

7. Line 5 minus line 6 (if less than zero, enter zero)

7.

98678 00



MM-DD-YY



Code

971001 11-01-19 CCH

2019 Ohio IT 1040
Individual Income Tax Return

SSN 181 31 8586



19000285 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	98678 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2822 00
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	0 00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2822 00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9.	2287 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.	535 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	0 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.	0 00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	535 00
14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12)	14.	531 00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	4 00
16. Refundable credits - Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE)	16.	0 00
17. Amended return only - amount previously paid with original and/or amended return	17.	0 00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	535 00
19. Amended return only - overpayment previously requested on original and/or amended return	19.	0 00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.	535 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 00
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.	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"	23.	0 00
24. Overpayment (line 20 minus line 13)	24.	0 00
25. Original return only - amount of line 24 to be credited toward 2020 income tax liability	25.	0 00
26. Original return only - amount of line 24 to be donated:		
a. State nature preserves	0 00	
b. Breast/Cervical Cancer	0 00	
c. Wishes for Sick Children	0 00	
d. Wildlife species	0 00	
e. Military injury relief	0 00	
f. Ohio History Fund	0 00	
Total	26g.	0 00
27. REFUND (line 24 minus lines 25 and 26g)	27.	0 00

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.

Primary signature _____ Phone number _____
Spouse's signature _____ Date (MM/DD/YY) _____

☒ Check here to authorize your preparer to discuss this return with the Department

Preparer's printed name **NIMA DAS** Phone number **(678) 299-3756**

Preparer's TIN (PTIN) **P01470073**

If your refund is \$1.00 or less, no refund will be issued.
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

Do not staple or paper clip.

2019 Ohio Schedule of Credits

Ohio

Department of
Taxation

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



19280185

Sequence No. 7

10 02 20

181 31 8586

Nonrefundable Credits

Do not staple or paper clip.

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2822	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	0	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	0	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	0	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	0	00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.	0	00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.	0	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.	0	00
10. Total (add lines 2 through 9)	10.	0	00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.	2822	00
12. Joint filing credit (see instructions for table). % times the amount on line 11	12.	0	00
13. Earned income credit	13.	0	00
14. Ohio adoption credit	14.	0	00
15. Nonrefundable job retention credit (include a copy of the credit certificate)	15.	0	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	16.	0	00
17. Credit for purchases of grape production property	17.	0	00
18. InvestOhio credit (include a copy of the credit certificate)	18.	0	00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.	0	00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	0	00
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.	0	00
22. Research & development credit (include a copy of the credit certificate)	22.	0	00
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.	0	00
24. Total (add lines 12 through 23)	24.	0	00
25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)	25.	2822	00



2019 Ohio Schedule of Credits

Primary taxpayer's SSN

181 31 8586



19280285

Sequence No. 8

Nonresident Credit

Date of nonresidency 01 01 19 to 12 31 19 State of residency IN

26. Nonresident Portion of Ohio adjusted gross income -
Ohio IT NRC Section I, line 18 (include a copy) 26. 81474 00
27. Enter the Ohio adjusted gross income (Ohio IT 1040,
line 3) 27. 100528 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). .8104
Multiply this factor by the amount on line 25 to calculate your nonresident credit 28. 2287 00

Resident Credit

29. 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 29. 0 00
30. Enter the Ohio adjusted gross income (Ohio IT 1040,
line 3) 30. 0 00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). .0000
Multiply this factor by the amount on line 25 and enter
the result here 31. 0 00
32. Enter the 2019 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 32. 0 00
33. Enter the lesser of line 31 or line 32. 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 33. 0 00
34. **Total nonrefundable credits** (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) 34. 2287 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 35. 0 00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 36. 0 00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s) 37. 0 00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 38. 0 00
39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s) 39. 0 00
40. Venture capital credit (include a copy of the credit certificate) 40. 0 00
41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16) 41. 0 00

Do not staple or paper clip.



2019

IT NRC - Ohio Nonresident Credit Calculation

Use this form for tax years 2018 and forward.

This form is for individuals who were either full-year nonresidents or part-year residents of Ohio during the tax year entered above.
Include a completed copy of this form when filing your Ohio IT 1040.

Taxpayer name ANUSHA KONCHADA	SSN 181-31-8586
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Section I - Nonresident Credit Calculation

For each of the lines in this section, enter in Column A the total income included on the taxpayer's federal return for the tax year. Enter in Column B income earned or received in Ohio from each of the corresponding sources. Only report items of income or deduction that are included in federal adjusted gross income.

Full-year residents of Ohio are not entitled to the nonresident credit. Thus, full-year residents of Ohio generally should not complete this form. However, if a taxpayer is a full-year resident of Ohio and filing a joint return with a full-year nonresident or part-year resident spouse, the resident taxpayer should enter all income in column B of Parts A and B of this section.

Important: No item of income or deduction can be included on more than one line in Parts A and B of this section. If an item is business income, then it can only be included on line 5 (determined by completing Sections II and III).

Part A - Complete for taxpayers who are either part-year residents or full-year nonresidents of Ohio.

	(A) Federal Amount	(B) Ohio Amount
1. Wages, salaries, tips, and guaranteed payments (Do not include amounts paid by a pass-through entity in which the taxpayer has a 20% or greater direct or indirect ownership interest. See instructions)	1. 99,824 .00	19,054 .00
2. Nonbusiness capital gain income	2. .00	.00
3. Nonbusiness rent and royalty income	3. .00	.00
4. Lottery and casino winnings	4. .00	.00
5. Business income (from Section II)	5. .00	.00
6. Net Apportioned Ohio Depreciation Adjustment (from Section II, Line 22, Column B)	6. .00	.00
7. Net additions from Ohio Schedule A (excluding the IRC 168(k) & 179 depreciation addback) List the additions here:	7. .00	.00
8. Net deductions from Ohio Schedule A (excluding the business income deduction and the deduction of prior year 168(k) and 179 depreciation addbacks) List the deductions here:	8. .00	.00
9. Total (Sum of lines 1 through 7, minus line 8, column B only)	9. 19,054 .00	.00

Part B - Complete only for taxpayers who are part-year residents of Ohio.

10. Nonbusiness interest and dividend income	10. .00	.00
11. Pensions, annuities and IRA distributions	11. .00	.00
12. Unemployment compensation	12. .00	.00
13. Other nonbusiness income	13. .00	.00
14. Deductions from your federal return included in federal adjusted gross income. List the deductions here:	14. .00	.00
15. Total (Sum of lines 10 through 13, minus line 14, column B only)	15. .00	.00

Part C - Calculation of the Nonresident Portion of Ohio Adjusted Gross Income.

16. Ohio Adjusted Gross Income (from Ohio IT 1040, line 3)	16. 100,528 .00
17. Total Income Allocated or Apportioned to Ohio (line 9 plus line 15)	17. 19,054 .00
18. Nonresident Portion of Ohio Adjusted Gross Income (line 16 minus line 17; if less than zero, enter zero). Enter here and on the corresponding line on the Ohio Schedule of Credits	18. 81,474 .00



10211411

Taxpayer name ANUSHA KONCHADA	SSN 181-31-8586
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Section II - Ohio Business Income

Report below each business from which the taxpayer received business income or loss during the tax year. Businesses should be listed in descending order from highest "Ohio Apportioned Income" to lowest. The amounts reported in columns B and C should be calculated using Section III of this form found on page 3. However, if the taxpayer received an Ohio IT K-1 from a pass-through entity in which they are an investor, attach a copy with this form in lieu of completing Section III for that entity. Check the box indicating an IT K-1 is attached and report the corresponding amounts from the IT K-1 in columns B and C. Businesses lacking nexus with Ohio should be included in this section but do not require a Section III to be completed.

Important: "Federal Business Income" is the taxpayer's share of income they reported for federal income tax purposes. **Column A is NOT a total of columns B and C.**

	IT K-1		(A) Federal Business Income	(B) Ohio Depreciation Adjustment	(C) Ohio Apportioned Income
1. FEIN/SSN: _____	<input type="checkbox"/>	1.	.00	.00	.00
2. FEIN/SSN: _____	<input type="checkbox"/>	2.	.00	.00	.00
3. FEIN/SSN: _____	<input type="checkbox"/>	3.	.00	.00	.00
4. FEIN/SSN: _____	<input type="checkbox"/>	4.	.00	.00	.00
5. FEIN/SSN: _____	<input type="checkbox"/>	5.	.00	.00	.00
6. FEIN/SSN: _____	<input type="checkbox"/>	6.	.00	.00	.00
7. FEIN/SSN: _____	<input type="checkbox"/>	7.	.00	.00	.00
8. FEIN/SSN: _____	<input type="checkbox"/>	8.	.00	.00	.00
9. FEIN/SSN: _____	<input type="checkbox"/>	9.	.00	.00	.00
10. FEIN/SSN: _____	<input type="checkbox"/>	10.	.00	.00	.00
11. FEIN/SSN: _____	<input type="checkbox"/>	11.	.00	.00	.00
12. FEIN/SSN: _____	<input type="checkbox"/>	12.	.00	.00	.00
13. FEIN/SSN: _____	<input type="checkbox"/>	13.	.00	.00	.00
14. FEIN/SSN: _____	<input type="checkbox"/>	14.	.00	.00	.00
15. FEIN/SSN: _____	<input type="checkbox"/>	15.	.00	.00	.00
16. FEIN/SSN: _____	<input type="checkbox"/>	16.	.00	.00	.00
17. FEIN/SSN: _____	<input type="checkbox"/>	17.	.00	.00	.00
18. FEIN/SSN: _____	<input type="checkbox"/>	18.	.00	.00	.00
19. FEIN/SSN: _____	<input type="checkbox"/>	19.	.00	.00	.00
20. FEIN/SSN: _____	<input type="checkbox"/>	20.	.00	.00	.00
21. Enter the total of all additional businesses, if any		21.	.00	.00	.00
22. Totals (sum of lines 1 through 21, by column)		22.	.00	.00	.00

Enter the total from line 22, column B on Section 1, line 6.

If line 22, column C is zero or less, **STOP HERE** and enter that amount on Section I, line 5. Otherwise, continue to lines 23 and 24 below.

23. Business Income Deduction (from Ohio Schedule IT BUS, line 11)	23.	.00
24. Ohio Business Income (line 22, column C minus line 23; if less than zero, enter zero). Enter here and on Section I, line 5	24.	.00



Section III - Business-Level Income & Apportionment

A separate Section III must be completed for each business having nexus with Ohio. However, if an Ohio IT K-1 reporting income from a pass-through entity is attached with the IT NRC, a Section III does not need to be completed for that entity.

Taxpayer name ANUSHA KONCHADA	SSN 181-31-8586
Business name / description	% ownership FEIN (entities only)

Part A - Apportionment Ratio for This Business (see instructions for details)

	(A) Within Ohio	(B) Total Everywhere	(C) Ratio	(D) Weight	(E) Weighted Ratio
1. Property					
(a) Owned (average cost)					
(b) Rented (annual rental x 8) ...					
(c) Total (line 1a plus line 1b)		/	=	x .20 =	1c.
2. Payroll		/	=	x .20 =	2.
3. Sales		/	=	x .60 =	3.
4. Ohio apportionment ratio. Add lines 1c, 2 and 3					4.

Part B - Apportionable Business Income & Deductions

Include on these lines all amounts, included on the taxpayer's federal filing, that constitute business income. See R.C. 5747.01(B).

5. Schedule B - Interest and Ordinary Dividends	5. ....	.00
6. Schedule C - Profit or Loss from Business	6. ....	.00
7. Schedule D - Capital Gains and Losses (excluding R.C. 5747.212 amounts)	7. ....	.00
8. Schedule E - Supplemental Income & Loss (excluding guaranteed payments)	8. ....	.00
9. Guaranteed payments, wages and/or compensation from a pass-through entity in which the taxpayer has at least a 20% direct or indirect ownership interest	9. ....	.00
10. Schedule F - Profit or Loss from Farming	10. ....	.00
11. Other business income and/or federal conformity additions reported on Ohio Schedule A	11. ....	.00
12. Other business deductions and/or federal conformity deductions reported on Ohio Schedule A	12. ....	.00
13. Total of business income (sum of lines 5 through 11 minus line 12)	13. ....	.00
14. Income apportioned to Ohio (multiply line 4 by line 13)	14. ....	.00
15. Total R.C. 5747.212 business income	15. ....	.00
16. R.C. 5747.212 income apportioned to Ohio (enclose detailed computations)	16. ....	.00
17. Ohio Apportioned Income (line 14 plus line 16). Enter here and on the line for this entity/source in Section II, column C	17. ....	.00

Part C - Apportionable Ohio Depreciation Adjustments from Ohio Schedule A

Include on these lines only amounts representing Ohio's addback and corresponding deductions for Internal Revenue Code section 168(k) & 179 depreciation expense that are reported on Ohio Schedule A and are attributable to the entity above.

18. IRC 168(k) & 179 depreciation expense addback	18. ....	.00
19. Deduction of prior year 168(k) and 179 depreciation addbacks	19. ....	.00
20. Net apportionable Ohio Schedule A depreciation adjustment (line 18 minus line 19)	20. ....	.00
21. Ohio Apportioned Depreciation Adjustment (multiply line 4 by line 20). Enter here and on the line for this entity/source in Section II, column B	21. ....	.00