

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Eleanore	Last name Koesel	Your social security number 279-94-3021
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 3419 W 157th St		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Cleveland		State OH
Foreign country name		ZIP code 441112057
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 74,236.
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h 0.
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 74,236.

Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)			
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7
	8 Other income from Schedule 1, line 10			8
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 74,236.
	10 Adjustments to income from Schedule 1, line 26			10
	11 Subtract line 10 from line 9. This is your adjusted gross income			11 74,236.
	12 Standard deduction or itemized deductions (from Schedule A)			12 12,950.
	13 Qualified business income deduction from Form 8995 or Form 8995-A			13
	14 Add lines 12 and 13			14 12,950.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 61,286.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,098.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,098.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,098.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	9,098.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,804.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,804.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	10,804.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,706.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,706.
	b	Routing number 044000037	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number 855872591		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Care Coordinator	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (440) 503-7076	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

Do not staple or paper clip.



Department of
Taxation

2022 Ohio IT 1040
Individual Income Tax Return



02 04 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

22000133 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required)
279 94 3021

☒ If deceased

Spouse's SSN (if filing jointly)

☒ If deceased

School district #
1809

First name
ELEANORE

M.I. Last name
KOESEL

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box
3419 W 157TH ST

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

City
CLEVELAND

State ZIP code
OH 44111

Ohio county (first four letters)
CUYA

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

Foreign postal code

Residency Status - Check only one for primary

☒ Resident Part-year resident Nonresident ☐ ☐
Indicate state

Check only one for spouse (if filing jointly)

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

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

1. **Federal adjusted gross income** (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative.....1. 74236
- 2a. Additions - Ohio Schedule of Adjustments, line 10 (**include schedule**).....2a.
- 2b. Deductions - Ohio Schedule of Adjustments, line 39 (**include schedule**).....2b.
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative3. 74236
4. Exemption amount (**include Schedule of Dependents** if applicable).....4. 2150
Number of exemptions including you and your spouse/dependents, if applicable: 1
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero).....5. 72086
6. Taxable business income - Ohio Schedule IT BUS, line 13 (**include schedule**).....6.
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).....7. 72086



MM-DD-YY

Code

2022 Ohio IT 1040
Individual Income Tax Return

SSN 279 94 3021



22000233 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	72086
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	1753
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1753
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule).....	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1753
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	
12. Unpaid use tax (see instructions).....	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	1753
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2080
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
17. Amended return only – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	2080
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	2080
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.	
22. Interest due on late payment of tax (see instructions)	22.	
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.	AMOUNT DUE ▶
24. Overpayment (line 20 minus line 13)	24.	327
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
26. Original return only – portion of line 24 you wish to donate:		
a. Wildlife Species	b. Military Injury Relief	c. Ohio History Fund
d. Nature Preserves/Scenic Rivers	e. Breast/Cervical Cancer	f. Wishes for Sick Children
Total.....		26g.

27. **REFUND** (line 24 minus lines 25 and 26g)..... **YOUR REFUND ▶** 27. 327

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 (440) 503-7076

▶ Spouse's signature _____ Date _____

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

Preparer's printed name _____ Phone number _____
SELF-PREPARED

Preparer's TIN (PTIN) 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.

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



2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

279 94 3021



22350133

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 10401. 2080

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	340714585	74236	10804
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	51179090	74236	2080
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2022 Schedule of Ohio Withholding

Primary taxpayer's SSN
279 94 3021



22350233

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Eleanore	Last name Koesel	Your social security number 279-94-3021
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 3419 W 157th St		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Cleveland		State OH
Foreign country name		ZIP code 441112057
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
If more than four dependents, see instructions and check here <input type="checkbox"/>					Child tax credit
					Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 74,236.
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h 0.
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 74,236.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	2b Taxable interest 2b
	3a Qualified dividends 3a	3b Ordinary dividends 3b
	4a IRA distributions 4a	4b Taxable amount 4b
	5a Pensions and annuities 5a	5b Taxable amount 5b
	6a Social security benefits 6a	6b Taxable amount 6b
	c If you elect to use the lump-sum election method, check here (see instructions)	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
	8 Other income from Schedule 1, line 10	8
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 74,236.
	10 Adjustments to income from Schedule 1, line 26	10
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 74,236.
	12 Standard deduction or itemized deductions (from Schedule A)	12 12,950.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13
	14 Add lines 12 and 13	14 12,950.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 61,286.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,098.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,098.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,098.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	9,098.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,804.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,804.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	10,804.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,706.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,706.
	b	Routing number 044000037	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number 855872591		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Care Coordinator	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (440) 503-7076	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN