

2017

Form **IR-25** City Income Tax Return For Individuals

PRAVEEN **PASUPULETI**
First name and Middle Initial Last Name

If a joint return, spouse's first name and initial Last Name
333 LANCASTER AVE 413
Home Address (number and street)

MALVERN **PA** **19355**
City State Zip Code

Primary Social Security Number

755 92 8314

Spouse's Social Security Number

Check the appropriate box if:

☐ **REFUND** (An amount must be placed in Line 6B for this return to be considered a valid refund request)

☐ **AMENDED** tax year _____

Filing Status:

☒ Single☐ Married-Filing Jointly☐ Married-Filing SeparatelyDid you change residence during 2017? ☒ YES ☐ NOIf YES, enter date of move 05/31/2017Should your account be inactivated? ☒ YES ☐ NO

If YES, explain _____

Did you file a City return in 2016? ☐ YES ☒ NO

Attach all forms and applicable Federal schedules and/or documentation to the back of this return.

Part A Employer(s) and address where work performed (+) TAXABLE WAGES
SAGATIANZ INC 7,750.

(+)

ADJUSTMENTS (-)

NET WAGES (enter in Column B below) (=) 7,750.

Occupation or nature of business _____

Trade Name _____

City of Employment #1 **COLUMBUS**

City of Employment #2 _____

City of Employment #3 _____

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

Column A CITY	C O D E	Column B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES)	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
COLUMBUS	01	7,750.		7,750.	2.5%	194.	0.	194.
GROVEPORT	09				2.0%	0.		0.
OBETZ	10				2.5%	0.		0.
CANAL WINCHESTER	11				2.0%	0.		0.
MARBLE CLIFF (UFR)	13				2.0%	0.		0.
BRICE	14				2.0%	0.		0.
HARRISBURG (UFR)	16				1.0%	0.	**	0.
*ALTERNATE CITY						0.		0.

*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) 1 194.

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. 3 194.

4. PENALTY: 15% \$ _____ + INTEREST \$ _____ + LATE CHARGE \$ _____
(see instructions) (see instructions) (see instructions) 4

5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less 5 194.

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.

CITY INSERT APPLICABLE CITIES BELOW	C O D E	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)

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 _____

If a joint return, both must sign.

Spouse's Signature _____

Paid Preparer's Use Only

Signature _____

Chua Pokati

Date _____

PTIN _____

Phone No. _____

45-3785334

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
----------------------------	--------------------------------

Claim for Refund and Adjustments to Taxable Wages

Reason for Adjustment (Explain fully)	Resident Address for this period
---------------------------------------	----------------------------------

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	



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

EAST WHITELAND

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, please supply additional information.

Tax Year 17

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

**If you need additional space - please see back of form.

LAST NAME, FIRST NAME, MIDDLE INITIAL PASUPULETI, PRAVEEN		SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	
STREET ADDRESS (No PO Box, RD or RR) 333 LANCASTER AVE, APT 413			
SECOND LINE OF ADDRESS			
CITY MALVERN		STATE PA	ZIP CODE 19355
DAYTIME PHONE NUMBER	RESIDENT PSD CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 5 0 4 0 2</div>	EXTENSION <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/>	

The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first.
Combining income is NOT permitted.

ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM

☒ Single ☐ Married, Filing Jointly ☐ Married, Filing Separately ☐ Final Return*

Social Security #

7 5 5 9 2 8 3 1 4

If you had NO EARNED INCOME, check the reason why:

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> disabled | <input type="checkbox"/> student |
| <input type="checkbox"/> deceased | <input type="checkbox"/> military |
| <input type="checkbox"/> homemaker | <input type="checkbox"/> retired |
| <input type="checkbox"/> unemployed | |

Spouse's Social Security #

If you had NO EARNED INCOME, check the reason why:

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> disabled | <input type="checkbox"/> student |
| <input type="checkbox"/> deceased | <input type="checkbox"/> military |
| <input type="checkbox"/> homemaker | <input type="checkbox"/> retired |
| <input type="checkbox"/> unemployed | |

1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)	8333 .00	0 .00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)	0 .00	0 .00
3. Other Taxable Earned Income *	0 .00	0 .00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)	8333 .00	0 .00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	0 .00	0 .00
6. Net Loss (Enclose PA Schedules*)	0 .00	0 .00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . .	0 .00	0 .00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	8333 .00	0 .00
9. Total Tax Liability (Line 8 multiplied by 0.5000)	42 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	42 .00	0 .00
11. Quarterly Estimated Payments/Credit From Previous Tax Year	0 .00	0 .00
12. Out-of-State or Philadelphia Credits (include supporting documentation)	0 .00	0 .00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)	42 .00	0 .00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)	0 .00	0 .00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account) . . . <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	0 .00	0 .00
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)	0 .00	0 .00
17. Penalty after April 15* (multiply Line 16 by)	0 .00	0 .00
18. Interest after April 15* (multiply Line 16 by)	0 .00	0 .00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)	0 .00	0 .00

*See Instructions

REV 12/28/17 PRO

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE UMA D PISHATI		PHONE NUMBER

Make Check Payable To:

Mail To: