	Do not staple or paper clip.		<i>c</i>	2022 Ohio IT 1040 Individual Income Tax Return							
		Taxation	Use only black i					only.	22000198		
	01 26 23							omy	22000190	Sequence No. 1	
	AMENDED RET	URN - Check here	and include Ohio	IT RE		NOL	CARRYBACK -	Check here and	l include Sched	ule IT NOL.	
	Primary taxpayer's SSI 653 53 445		If deceased		use's SSN (if fili 33 27 9		r) 🗸	If deceased	School dis 2513		
	First name VISWANATH	SAMPA		M.I.	Last name BATTIN	A					
	Spouse's first name (if PRAGATHI	filing jointly)		M.I.	Last name KANCHA	RLA					
	Address line 1 (numbe 4865 CASTL	,	. Box								
	Address line 2 (apartm	ent number, suite r	umber, etc.)								
	City					State	ZIP code	Ohio cou	inty (first four lette	ers)	
	DUBLIN					OH	43016	FRAI	N		
	Foreign country (if the	mailing address is	outside the U.S.)			Foreign	postal code				
	Residency Status	<u>s</u> – Check only one	for primary			Filing	g Status – Che	ck one (as repor	ted on federal in	come tax return)	
	X Resident	Part-year resident	Nonresident Indicate state	••		s	Single, head of h	ousehold or qua	lifying widow(er)	
	Check only one for spo X Resident	ouse (if filing jointly) Part-year resident	Nonresident Indicate state	••			Narried filing join Narried filing sep	-	Spouse's S	SSN	
	Ohio Nonresiden Primary meets the	t Statement – Stephen en alle statements and the statement of the statem				F	ederal extension	n filers - check h	iere.		
	-	e five criteria for irreb					someone can cla ependent, check		spouse if filing jo	pintly) as a	
Do not staple or paper clip.	1. Federal adjusted g if negative				,			1.		190842	
ole or pa	2a.Additions – Ohio So	chedule of Adjustme	ents, line 10 (inclı	ıde so	chedule)			2a.			
t stap	2b. Deductions - Ohio	Schedule of Adjust	ments, line 39 (in e	lude	schedule)			2b.			
Do not	3. Ohio adjusted gross	s income (line 1 plu	s line 2a minus lir	ie 2b).	. Place a "-" in	the box if	f negative	3.		190842	
	4. Exemption amount Number of exemption							4.		3800	
	5. Ohio income tax ba	ase (line 3 minus lin	e 4; if negative, er	nter ze	ero)			5.		187042	
	6. Taxable business ir	ncome – Ohio Sche	dule IT BUS, line	13 (in	clude schedu	le)		6.			
	7. Taxable nonbusines	ss income (line 5 m	inus line 6; if nega	ative, e	enter zero)			7.		187042	
								M	M-DD-YY	Code	

REV 01/19/23 PRO

2022 IT 1040 - page 1 of 2

2022 Ohio IT 1040 Individual Income Tax Return



SSN 653 53 4450 Individual Income Tax Return	22000298 Sequence No. 2
7a. Amount from line 7 on page 17a	
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a. 6117
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. 6117
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9. 306
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	
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. 5811
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	
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)	
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)	
19. Amended return only – overpayment previously requested on original and/or amended return	
20. Line 18 minus line 19. Place a "-" in the box if negative	20. 6655
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	
22. Interest due on late payment of tax (see instructions)	
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 DU	JE ▶ 23.
24. Overpayment (line 20 minus line 13)	
 25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability 26. <u>Original return only</u> – 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	al26g.
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFUN	ND ▶ 27. 844
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	your refund is \$1.00 or less, no refund will be issued.
and belief, the return and all enclosures are true, correct and complete. Primary signature Phone number (614)969-9090	If you owe \$1.00 or less, no payment is necessary. NO Payment Included – Mail to:
Spouse's signature Date	Ohio Department of Taxation P.O. Box 2679
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43270-2679
Preparer's printed name Phone number (646)727-7157 Preparer's TIN (PTIN) P 02090332	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057
	- 2022 IT 1040 page 2 of 2



2022 Ohio Schedule of Credits Use only black ink. Use whole dollars only. Primary taxpayer's SSN 653 53 4450



8 Sequence No. 7

01 26 23

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

	Nonrefundable Credits	
1.	Tax liability before credits (from Ohio IT 1040, line 8c)1.	6117
2.	Retirement income credit (include 1099-R forms)2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	Senior citizen credit (must be 65 or older to claim this credit)4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	Child care & dependent care credit (include a copy of the worksheet)	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly8.	0
9.	Income-based exemption credit9.	0
10.	Total (add lines 2 through 9)10.	0
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)11.	6117
12.	Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	306
13.	Earned income credit	
14.	Home school expenses credit (include copies of all required documentation)14.	
15.	Scholarship donation credit (include copies of all required documentation)15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	
17.	Vocational job credit (include a copy of the credit certificate)17.	
18.	Ohio adoption credit	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	
21.	Grape production credit	
22.	InvestOhio credit (include a copy of the credit certificate)	
23.	Lead abatement credit (include a copy of the credit certificate)	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	
		REV 01/10/23 RPO



	2022 Ohio Sched Primary taxpayer 653 53 4	r's SSN	22280298	
	000 00 -	1450		Sequence No. 8
25. Technology investment credit carryfo	orward (include a copy of the credit c	ertificate)	25.	
26. Enterprise zone day care & training	credits (include a copy of the credit of	certificate)	26.	
27. Research & development credit (inc	lude a copy of the credit certificate)		27.	
28. Nonrefundable Ohio historic preserv	ation credit (include a copy of the cre	dit certificate)		
29. Total (add lines 12 through 28)			29.	306
30. Tax less additional credits (line 11 m	inus line 29; if negative, enter zero)		30.	5811
Nonresident Credit				
Dates of Ohio residency	to	Other state of residency		
31. Nonresident Portion of Ohio adjuste Ohio IT NRC Section I, line 18 (incl				
32. Ohio adjusted gross income (Ohio II	⁻ 1040, line 3) 32.			
33a. Divide line 31 by line 32 (four decimals if greater than 1, enter 1.0000)	s; do not round;	33a.		
33. Nonresident credit (line 30 times line	9 33a)		33.	
Resident Credit				
34. Resident credit – Ohio IT RC, line 7	(include a copy)		34.	
35. Total nonrefundable credits (add li	nes 10, 29, 33 and 34; enter here and	on Ohio IT 1040, line 9)	35.	306
	Refundable Credits			
20 Definidable Obia bistoria recomuniti			20	

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



hio Department of Taxation

2022 Schedule of Ohio Withholding



22350198

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

Primary taxpayer's SSN

Sequence No. 11

653 53 4450

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 1040
 6655

<u>Part B -</u> 1. P/S S		Box 1 - Wages, tips, other compensation 47269	Box 2 - Federal income tax withheld 5291
	Box 15 - Employer's Ohio ID number 54076772	Box 16 - Ohio wages, tips, etc. 47269	Box 17 - Ohio income tax 1305
2. P/S S	Box b - EIN 270007828	Box 1 - Wages, tips, other compensation 6360	Box 2 - Federal income tax withheld 96
	Box 15 - Employer's Ohio ID number 52683339	Box 16 - Ohio wages, tips, etc. 2400	Box 17 - Ohio income tax 47
3. P/S P	Box b - EIN 311688884	Box 1 - Wages, tips, other compensation 166492	Box 2 - Federal income tax withheld 25294
	Box 15 - Employer's Ohio ID number 52624592	Box 16 - Ohio wages, tips, etc. 166492	Box 17 - Ohio income tax 5303
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 _____

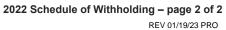


ence No. 12

		Primary taxpayer's SSN		22350298
	1000 5	653 53 4450		Sequence No.
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
			distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14	- Ohio tax withheld
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	I income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	- Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	I income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	i - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	I income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	i - Ohio income tax withheld
Devit F				
<u>Part E -</u> 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federa	l income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 ·	- Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federa	l income tax withheld
			-	

Box 7 - State income

Box 6 - Payer's Ohio number



Box 5 - Ohio tax withheld



bio Department of Taxation

2022 Schedule of School District Withholding

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

Complete a separate schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN

School District #

List your and your spouse's (if filing jointly) W-2 and 1099-R forms **only if they have school district 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**.

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

Part A - Total Withholding

		the school district entered above. Enter here and c		4695
Part	<u>B - W-2s</u>			
1. P/S S	Box b - EIN 821627978	Box 1 - Wages, tips, other compensation 47269		ederal income tax withheld
	Box 15 - Employer's Ohio ID number 54076772	Box 18 - School district wages 52667	B	ox 19 - School district tax 1317
2. P/S S	Box b - EIN 270007828	Box 1 - Wages, tips, other compensation 6360	Box 2 - Fe	ederal income tax withheld 96
	Box 15 - Employer's Ohio ID number 52683339	Box 18 - School district wages 2400	B	ox 19 - School district tax 48
3. P/S P	Box b - EIN 311688884	Box 1 - Wages, tips, other compensation 166492		ederal income tax withheld
	Box 15 - Employer's Ohio ID number 52624592	Box 18 - School district wages	B	ox 19 - School district tax 3330
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Fe	ederal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	B	ox 19 - School district tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Fe	ederal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	B	ox 19 - School district tax
<u>Part</u>	<u>C - 1099-Rs</u>			
1. P/S	5 Payer's TIN	Box 1 - Gross distribution	Box 4 - Fe	ederal income tax withheld
	Box 15 - Payer's Ohio number	Box 19 - School district distribution	В	ox 17 - School district tax



Form R]					ars Fill in Dat	es
	2022 INC	COME TAX RETU	IRN	2022	Beginning Ending		
File by	THIS RETURN MUST BE FI	LED BY EVERYONE REQUIRE THOUGH DECLARATION WAS	D TO SUBMIT A DEC	LARATION	And File	Within 4 Mont nding Date	hs
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	_'					Ye	s No
INDICATE SOLE PROPRIETOR	RSHIP		ARE YOU A RESIDE	NT? • • • •		×	:
WHETHER	OYEE OTHER		DID YOU FILE A RE	TURN FOR 202	1?		
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL REV	ENUE SERVIC	E INCREASED YOU	JR	
		653-53-4450	INCOME TAX LIABIL			· · · · ·	
Date moved in		Spouse SSN	IF SO, HAS AN AME BEEN FILED?				
Date moved out		133-27-9420	YOUR LOCAL PHON	IE NUMBER .	(614	1)969-909	0
VISWANATH SAMPATH			This Space	e For Tax O	ffice Use Only	,	
PRAGATHI KANCHARLA 4865 CASTLESTONE I							
DUBLIN	JK	ОН 43016					
Your Name, Address and Social Securi On Our Records. Make Corrections Wh Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned	ty Number/Federal ID Number Are Pri- iere Necessary. Add Social Security N And Schedules in Lieu of Page 2 Sch if all lines Applicable to Taxpaver Are		-				
Enter Employer's Name, W			onuses, Commis	sions, Tips	, Etc. Attach C	opy Of W-2 F	orm(s)
Employer's Name (Attac	h Copy of W-2 Form(s))	City Where E	mployed	City Tax	Withheld	Wages, E	tc
GATHI ANALYTICS LI	C				1317		52667
UNITED SOFTWARE GF	ROUP INC				48		6360
ERP ANALYSTS INC					3330	1	66492
	f above is fully taxable and					2	25519
	COME: FROM PAGE 2 COME (TOTAL OF LINES 1 /					-	
	T DEDUCTIBLE (FROM LIN						68892
	T TAXABLE (FROM LINE L	,					
ADJUST- C DIFFERENCI	E BETWEEN LINES 4a and b TO E	,					
MENISIO	D NET INCOME (Line 3 plus		-	-		1	68892
	Line 5a Allocable (step 5 Schedule				00072
c LESS ALL	OCABLE NET LOSS PER PR	REVIOUS INCOME TAX R	ETURNS (Submit	Schedule)	[
6 AMOUNT S	SUBJECT TO DUBLIN	CITY INCOME	TAX (Line 5a OR	5b LESS LI	NE 5c)	1	68892
	CITY TAX RATE 2.0						3378
8 CREDITS:	a Tax withheld by employe				3378		
ALLOWABLE	 b Payments and credits or c Earned income 	n 2022 Declaration of Estim	Resident				
CREDITS	taxes paid City of		individuals only)				
		TOTAL CREDITS ALLOW			►		3378
	IE (Line 7 Less Line 8) Mak	-	-	hen Filing			
10 OVERPAYMENT CLAIN Enter Amount of line 10	MED (If Line 8 Exceeds Line	7, Enter Difference in Box our 2023 Estimated Tax	•		0		
Enter Amount of line to					-		
DECLARATION OF ESTIMA			Ť				
11 Total Income Subject to	Tax \$	X§			11 \$		
	1				·· 12 \$		
,	ne 11 - Line 12)				13 Ş		
	(Line 13 - Line 14)				14 Ş 15 S		
	nated Payment Due (1/4 of L						
17 Total Due With This Re	turn (Add Lines 9 and 16) .				17 \$		
I CERTIFY I HAVE EXAMINED THIS R IT IS TRUE, CORRECT AND COMPLE			TS AND TO THE BEST (FEDERAL INCOME TA)	OF MY KNOWLI K PURPOSES.	EDGE AND BELIEF	OHYB9901	09/27/16
RVSSMANIKUMARAPPAN SIGNATURE OF PERSON PREPARIN		DATE SIGNA	TURE OF TAXPAYER O	R AGENT			DATE
GLOBAL TAXES LLC							
245 ROONEY CT							
E BRUNSWICK	NJ 088						
ADDRESS OR NAME AND ADDRESS If this return was prepared by a tax			TURE OF SPOUSE	tion of this rate	rn? YES		DATE
in this retaining was highly a ray a ray b	processioner, may we contact your pl	racationici anectiy with questions	regarding the higher				1

Form R]					ars Fill in D	ates	
	2022 INC	FRANKLIN CITY OME TAX RETUR	N	2022	Beginning			
File by	THIS RETURN MUST BE FILI	ED BY EVERYONE REQUIRED T HOUGH DECLARATION WAS AC	O SUBMIT A DECI	ARATION		Within 4 Mo nding Date	onths	
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	J				<u> </u>	Ň	Yes	No
INDICATE SOLE PROPRIETOR	RSHIP		ARE YOU A RESIDE	NT? • • •		Г	×	
WHETHER EMPLO			DID YOU FILE A RET	URN FOR 202	1?	[
ACCOUNT NUMBER			HAS INTERNAL REV INCOME TAX LIABIL					
Date moved in		Spouse SSN	IF SO, HAS AN AME					
Date moved out	1	33-27-9420	YOUR LOCAL PHON					
VISWANATH SAMPATH	KU BATTINA		-		office Use Only	,	190	
PRAGATHI KANCHARLA 4865 CASTLESTONE I					,			
DUBLIN		ОН 43016						
Your Name, Address and Social Securi On Our Records. Make Corrections Wh Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned								
	here Employed, And 2022 G		uses, Commis	sions, Tips	, Etc. Attach C	opy Of W-2	2 For	m(s)
Employer's Name (Attac	h Copy of W-2 Form(s))	City Where Emp	oloyed	City Tax	Withheld	Wages	, Etc	
GATHI ANALYTICS LI	C				1317		52	2667
UNITED SOFTWARE GR	ROUP INC				48		6	5360
ERP ANALYSTS INC					3330		166	5492
	f above is fully taxable and y						225	5519
	COME: FROM PAGE 2 COME (TOTAL OF LINES 1 A						F 0	
	T DEDUCTIBLE (FROM LINE						52	2667
	TTAXABLE (FROM LINE L S	,						
ADJUST- c DIFFERENCI	E BETWEEN LINES 4a and b TO BE	,		R-)				
MENISIO	D NET INCOME (Line 3 plus o						52	2667
b Amount of	Line 5a Allocable (% from st	ep 5 Schedule Y)	🗍			
c LESS ALLO	OCABLE NET LOSS PER PRI	EVIOUS INCOME TAX RET	URNS (Submit S	Schedule)	[
6 AMOUNT S	SUBJECT TO FRANKLIN	I CITY INCOME TA	AX (Line 5a OR	5b LESS LI	NE 5c)		52	2667
	IN CITY TAX RATE 2						1	L053
8 CREDITS:	a Tax withheld by employer				1317			
ALLOWABLE CREDITS	b Payments and credits on 2c Earned income		ed lax (Resident					
CREDITS	taxes paid City of		individuals only)					
		TOTAL CREDITS ALLOWAR					1	L317
	IE (Line 7 Less Line 8) Make	-	-	hen Filing				
10 OVERPAYMENT CLAIN Enter Amount of line 10	MED (If Line 8 Exceeds Line 7	, Enter Difference in Box at ir 2023 Estimated Tax	•		264			
	,		\$	264	ī			
DECLARATION OF ESTIMA			т	20.				
11 Total Income Subject to	Tax \$	X ⅔			11 \$			
	1				· · 12 \$			
(ne 11 - Line 12)				·· 13 \$			
					14 ş 15 \$			
	nated Payment Due (1/4 of Lir							
	turn (Add Lines 9 and 16)							
	ETURN INCLUDING ACCOMPANYING TE AND THAT THE FIGURES USED H		AND TO THE BEST C DERAL INCOME TA	F MY KNOWLI (PURPOSES.	EDGE AND BELIEF	OHYB99	01 09	9/27/16
RVSSMANIKUMARAPPAN SIGNATURE OF PERSON PREPARIN		./26/2023 DATE SIGNATUR	RE OF TAXPAYER O	R AGENT				DATE
GLOBAL TAXES LLC								
245 ROONEY CT								
E BRUNSWICK	NJ 0881	6						
ADDRESS OR NAME AND ADDRESS			RE OF SPOUSE					DATE
If this return was prepared by a tax p	practitioner, may we contact your pra	ctitioner directly with questions rea	arding the preparat	ion of this retu	Irn? YES	NO		