

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov and select file and pay or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Important Reminders

- **Do not** submit this voucher if you submitted an electronic payment.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold this voucher or check.
- **Do not** use a photocopy of this voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.
- **Do not** make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



Cut Here



D-400V (50)	Individual Income Payment Voucher
9-16-08	North Carolina Department of Revenue

REV 12/13/23 PRO

739022056 GUDL 1164 45249 886753686

MADHUKAR GUDLA SINDHUJA VANNELA

11641 MILLBANK LANE APT B For Calendar Year 2023

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

CINCINNATI OH 45249

\$ 236 .00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 03 02 24 Phone: (678) 965-9522

7270150106



Mail to:

NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

D-400 (50) 8-16-23 **Individual Income Tax Return 2023**

< Staple All Pages of Your Return and W-2s Here

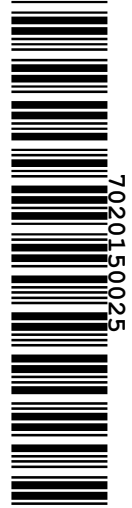
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2023, or fiscal year beginning <u>23</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MADHUKAR GUDLA SINDHUJA VANNELA	Your SSN: 739022056	Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11641 MILLBANK LANE CINCINN OH 45249	Spouse's SSN: 886753686	Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)	Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Return for deceased taxpayer.	Date of death:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Return for deceased spouse.	Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
GUDL	1164	45249	DS	N	EA	N	TD			SD				FDEXT	N
MADHUKAR		GUDLA								739022056					
SINDHUJA		VANNELA								886753686	OH	45249			
11641 MILLBANK LANE								B	CINCINNATI						
06		330034		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				0		EU					
10A		0		20B				117		27				236	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		25500		21C				0		31				0	
13		00244		21D				0		32				0	
14		7431		26A				236		34				0	
15		353		26B				0							
TN	6145921101			PN				6789659522		PP				P02082703	



Sign Return Below <input type="checkbox"/>	Refund Due <u>0</u> <input type="checkbox"/>	Payment Due <u>236</u> <input checked="" type="checkbox"/>
I declare and certify 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.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
		Contact Phone No. (Include area code) <u>6145921101</u>
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.		
<u>SYAM PRIYA RAM SAGAR GUPT</u>	<u>03 02 24</u>	<u>(678) 965-9522</u>
Paid Preparer's Signature	Date	Preparer's Contact Phone Number (Include area code)
		Preparer's FEIN, SSN, or PTIN <u>P02082703</u>
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640		

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	330034
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	330034
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	304534
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0244
14.	N.C. Taxable Income	14.	7431
15.	N.C. Income Tax	15.	353
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	353
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	353

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	117

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	117
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	117
26a.	Tax Due	26a.	236
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	236
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) GUDLA	Your Social Security Number 739022056
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a “**part-year resident**” if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a “**nonresident**” if you were not a resident of N.C. at any time during the tax year.

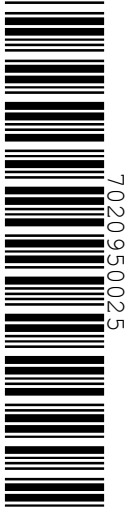
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	8049
NRS	Y	PYS	N	23	330034

Part A. Residency Status			
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended		Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended	

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
Total Income			
1. Wages, Salaries, Tips, Etc.	1.	329437	8049
2. Taxable Interest	2.	0	0
3. Taxable Dividends	3.	0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0
5. Alimony Received	5.	0	0
6. Business Income or (Loss)	6.	0	0
7. Capital Gain or (Loss)	7.	597	0
8. Other Gains or (Losses)	8.	0	0
9. Taxable Amount of IRA Distributions	9.	0	0
10. Taxable Amount of Pensions and Annuities	10.	0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	0	0
12. Farm Income or (Loss)	12.	0	0
13. Unemployment Compensation	13.	0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14.	0	0
15. Other Income	15.	0	0
16. Total Income	16.	330034	8049
North Carolina Adjustments			
17. Additions		COLUMN A	COLUMN B
		Amount from Form	Amount of Column A
		D-400 Schedule S	Attributable to N.C.
17a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
17b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0
17c. Bonus Depreciation	17c.	0	0
17d. IRC Section 179 Expense	17d.	0	0
17e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18. Total Additions	18.	0	0



Last Name (First 10 Characters) GUDLA	Your Social Security Number 739022056
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 330034	8049

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 8049
23. Enter the Amount From Column A, Line 21		23. 330034
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.0244



03 02 24

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

23000198 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) 739 02 2056 If deceased Spouse's SSN (if filing jointly) 886 75 3686 If deceased School district # 3101

First name MADHUKAR M.I. Last name GUDLA

Spouse's first name (if filing jointly) SINDHUJA M.I. Last name VANNELA

Address line 1 (number and street) or P.O. Box 11641 MILLBANK LANE

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

City CINCINNATI State OH ZIP code 45249 Ohio county (first four letters) HAMI

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

Residency Status - Check only one for primary Part-year resident* Nonresident* Filing Status - Check one (as reported on federal income tax return) Single, head of household or qualifying surviving spouse Married filing jointly Spouse's SSN Married filing separately Ohio Nonresident Statement - See instructions for required criteria Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable 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.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative. 330034. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 11 (include schedule). Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 44 (include schedule). Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative. 330034. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). Number of exemptions including you and your spouse/dependents, if applicable: 2. 3800. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 326234. Row 7: 6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule). Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero). 326234.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 739 02 2056

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (326234), 8a. Nonbusiness income tax liability (10869), 8b. Business income tax liability (10869), 8c. Income tax liability before credits (10869), 9. Ohio nonrefundable credits (794), 10. Tax liability after nonrefundable credits (10075), 11. Interest penalty on underpayment of estimated tax (10075), 12. Unpaid use tax (10320), 13. Total Ohio tax liability before withholding (10320), 14. Ohio income tax withheld (10320), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (10320), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (10320), 21. Tax due (21), 22. Interest due on late payment of tax (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (245), 25. Original return only (25), 26. Original return only donations (a-f) (26g).

27. REFUND (line 24 minus lines 25 and 26g) YOUR REFUND 245

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 (614) 592-1101
Spouse's signature
Preparer's printed name SYAM PRIYA RAM SAGAR GUP (678) 965-9522
Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02082703

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



Many of these credits **must** 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.	10869
2. Retirement income credit (include 1099-R forms)	2.	
3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
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)	5.	
6. Child care & dependent care credit (include a copy of the worksheet)	6.	
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 Assembly	8.	0
9. Exemption credit	9.	0
10. Total (add lines 2 through 9)	10.	0
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	10869
12. Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	12.	543
13. Earned income credit	13.	
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)	16.	
17. Credit for work-based learning experiences (include a copy of the credit certificate)	17.	
18. Ohio adoption credit carryforward	18.	
19. Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	
21. Credit for the beginning farmers financial management program (include a copy of the credit certificate)	21.	
22. Welcome Home Ohio credit (include a copy of the credit certificate)	22.	
23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)	23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

739 02 2056



23280298

Sequence No. 8

24. Grape production credit	24.	
25. InvestOhio credit (include a copy of the credit certificate)	25.	
26. Lead abatement credit (include a copy of the credit certificate)	26.	
27. Opportunity zone investment credit (include a copy of the credit certificate)	27.	
28. Technology investment credit carryforward (include a copy of the credit certificate)	28.	
29. Enterprise zone day care & training credits (include a copy of the credit certificate)	29.	
30. Research & development credit (include a copy of the credit certificate)	30.	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.	
32. Ohio low-income housing credit (include a copy of the credit certificate)	32.	
33. Affordable single-family housing credit (include a copy of the credit certificate)	33.	
34. Total (add lines 12 through 33)	34.	543
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35.	10326

Residency Credits

36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	251
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	794

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.	
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.	
43. Venture capital credit (include a copy of the credit certificate)	43.	
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.	



2023 Schedule of Ohio Withholding

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



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Primary taxpayer's SSN

Sequence No. 11

739 02 2056

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

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. 10320

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	200344995	163726	24987
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52699400	163726	5310
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	200344995	110976	10325
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52699400	110976	3489
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	851272134	31797	2281
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54213482	31797	924
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	208636067	22938	2012
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52725850	22166	597
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



2023 Schedule of Ohio Withholding

Primary taxpayer's SSN
739 02 2056



23350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

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 14 - Ohio state winnings

Box 4 - Federal income tax withheld

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 14 - Ohio state winnings

Box 4 - Federal income tax withheld

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 14 - Ohio state winnings

Box 4 - Federal income tax withheld

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 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld



2023 IT RC
Ohio Resident Credit Calculation
 Use black ink only. Use whole dollars only.
 Primary taxpayer's SSN



23380198

739 02 2056

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important:** Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

(A) Income Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid
AL		KS		NH	
AR		KY		NJ	
AZ		LA		NM	
CA		MA		NY	
CO		MD		OK	
CT		ME		OR	
DC		MI		PA	
DE		MN		RI	
GA		MO		SC	
HI		MS		UT	
IA		MT		VA	
ID		NC	8049	VT	
IL		ND		WI	
IN		NE		WV	

1. Sum of all Column A amounts	1.	8049
2. Sum of all Column B amounts	2.	353
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)	3.	330034
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 1	4.	0.0243
5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero	5.	10326
6. Multiply line 4 by line 5	6.	251
7. Ohio Resident Credit. Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 37	7.	251

