0201 2023 E <b>IR</b> -			nbus, Income Tax Divisio		•	ما در دامان			20	23
First name	<b>2</b> 5 G		come Tax F		Suffix		lumber			
JAAHNAV			BADETI			751 58 0285	· cambon		D	
	rn, spouse's first name	Middle			Suffix		lumbor			
n a joint retur	m, spouse s mst name	Widale	Last Hame		Suilix	Spouse Social Security N	lumber	Do you anticipat		umbus
Mailing addre	ess (number & street)					Account ID		☐ ☐ YES ☐ I	NO	
8818 ROCK DOVE RD						IIT -				
Mailing address Line 2						If NO, explain:				
						Filing Status				
City		St	ate	Zip Code		Single				
LEWIS C	CENTER	0	Н	43035		Married-Filing Joir	ntly			
Taxpayer Pho	one Number		mail			Married-Filing Sep	arately	·		
CURRENT RE	SIDENCE					RESIDENCE CHANG	E IN 202	23		
						Did you change residence during 2023? YES X NO				
Current address (number & street)						If YES, enter date of move:  Previous address (number & street)				
8818 ROCK DOVE RD						Trovious address (minimer of street)				
Current address Line 2						Previous address Line 2				
City		State		Zip Code		City		State	Zip C	ode
LEWIS C	ENTER	ОН		43035						
PART A	- TAX CALC	ULAT	ION							
1. W-2/W-2G	income (total of Part l	B(s) Line	2 or Part C(s) Line 12 a	s applicable)					. 1	T.C. 000
										76,828.
•		_	,	,					_	
	,								3	76,828.
•		•							4	1,921.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3)							5	1,921.		
<b>6.</b> W-2 tax withheld or paid to work cities outside Columbus (total of Part(s) B Line 4)							6			
7. Other credit from non-wage income (from Part D Line 13)							7			
8. Total tax d	lue (Line 4 less Lines 5	5, 6, & 7)							. 8	0.
		•					9			0.
	ue or net tax due (Line greater than Line 8, e			here. If amount	is \$10	or less, enter \$0			10	0
	•		. ,				. 11			0.
			Columbus withholding, Page 2 <u>must be</u> provide		[	448				
			vant credited to your nex			11A				
B. Enter the	amount from Line 11 t	nat you w	ant refunded (must be o	greater than \$10)	)		11B			
Third D	o you want to allow	another	person to discuss this	matter with the	City of	Columbus? (see instruc	tions)	YES X	NO	
Party	Dosio	noo's N	lamo:			Nama #1	,			
Designee		nee's N		onvina cabadata 1	_	hone #:	o formeli -	SSN:	NIE GRAVI	
SIGNAT	period stated information m	, and that ay be relea	the figures used are the same used to the tax administration of	e as used for federa the city of residence	al incom and the	correct, and complete return for the e tax purposes and understands I.R.S. Columbus residents also dec pality for which they have requeste	that this clare that	MAILING I		ATION
Sign						to reduce credit claimed accordingly		Mail to: Colum		Tax Division
Here	Signature					Date		Colur	nbus, Ohio 43	218-2437
	Spouse's Signature					Date		Payment Enclo  Make payable to:		URER
Paid	<del>-</del>			Data		PTIN P02082703				ome Tax Divisio
Preparer's Use Only	Signature			Date 03/23/202	24	Phone # (678) 965-9	9522			hio 43218-2158

Phone # (678) 965-9522

Date 03/23/2024

REV 03/15/24 PRO

Preparer's Signature
Use Only