

Do not staple or paper clip.



Department of Taxation

2023 Ohio IT 1040 Individual Income Tax Return



03 12 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) 697 67 8474 If deceased Spouse's SSN (if filing jointly) If deceased School district # 2103

First name SHESHANK M.I. Last name VELAGA

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

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

2 MIRADA DR S

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

APT 218

City LEWIS CENTER State OH ZIP code 43035 Ohio county (first four letters) DELA

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

Residency Status, Filing Status, Ohio Nonresident Statement, Federal extension filers

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY

2023 Ohio IT 1040  
Individual Income Tax Return



23000298 Sequence No. 2

SSN: 697 67 8474

7a. Amount from line 7 on page 1 .....	7a.	109900
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	2759
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule).....	8b.	
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	2759
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .....	10.	2759
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	
12. Unpaid use tax (see instructions).....	12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	2759
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) .....	14.	3429
15. Estimated and extension payments, and credit carryforward from last year's return.....	15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule).....	16.	
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	3429
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	3429
<b>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
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. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"</b> .....	<b>AMOUNT DUE ▶ 23.</b>	
24. Overpayment (line 20 minus line 13) .....	24.	670
25. <b>Original return only</b> – portion of line 24 carried forward to next year's tax liability .....	25.	
26. <b>Original return only</b> – portion of line 24 you wish to donate:		
a. Wishes for Sick Children      b. Wildlife Species      c. Military Injury Relief		
d. Ohio History Fund      e. Nature Preserves/Scenic Rivers      f. Breast/Cervical Cancer		
	Total....26g.	
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	670

**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 (234) 716-4648  
 ▶ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (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



# 2023 Schedule of Ohio Withholding

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



23350198

Sequence No. 11

Primary taxpayer's SSN

697 67 8474

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 1040 .....1. 3429

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	943326476	111915	16865

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52723951	111915	3429

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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# 2023 Schedule of Ohio Withholding

Primary taxpayer's SSN  
697 67 8474



23350298

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