

Do not staple or paper clip.



Department of Taxation

2023 Ohio IT 1040 Individual Income Tax Return



01 25 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) 447 55 6503
If deceased
Spouse's SSN (if filing jointly) 376 65 3092
If deceased
School district # 4305

First name BALARAM
M.I. Last name PALTHYA

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

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

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

City PAINESVILLE
State OH ZIP code 44077
Ohio county (first four letters) LAKE

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

Residency Status - Check only one for primary
Filing Status - Check one (as reported on federal income tax return)
Ohio Nonresident Statement - See instructions for required criteria
Federal extension filers - check here.

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



SSN: 447 55 6503

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (109856), 8a. Nonbusiness income tax liability (2758), 8b. Business income tax liability (2758), 8c. Income tax liability before credits (2758), 9. Ohio nonrefundable credits (138), 10. Tax liability after nonrefundable credits (2620), 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (2620), 14. Ohio income tax withheld (3244), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (3244), 19. Amended return only overpayment, 20. Line 18 minus line 19 (3244), 21. Tax due (3244), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (AMOUNT DUE), 24. Overpayment (624), 25. Original return only, 26. Original return only (a-f), 27. REFUND (YOUR REFUND) (624).

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 624

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 (937) 286-9699

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 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

447 55 6503



23280198

Sequence No. 7

01 25 24

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

Table with 3 columns: Line number, Description of credit, and Amount. Includes items like Tax liability before credits, Retirement income credit, and Total (add lines 2 through 9).



# 2023 Ohio Schedule of Credits

Primary taxpayer's SSN  
447 55 6503



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.	138
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero) .....	35.	2620

**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.	
38. <b>Total nonrefundable credits</b> (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) .....	38.	138

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**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. <b>Total refundable credits</b> (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) .....	44.	



# 2023 Ohio Schedule of Dependents



23230198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

01 25 24

447 55 6503

Sequence No. 9

**Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.** Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
323 55 5485	08 29 2023	DAUGHTER

Dependent's first name	M.I.	Dependent's last name
EESHA		PALTHYA

2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
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Dependent's first name	M.I.	Dependent's last name
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# 2023 Schedule of Ohio Withholding

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



23350198

Sequence No. 11

Primary taxpayer's SSN

447 55 6503

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. 3244

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	811194657	96000	8232
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54131289	96000	2952
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	260734853	19556	
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54161201	19556	292
3. 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
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



# 2023 Schedule of Ohio Withholding

Primary taxpayer's SSN  
447 55 6503



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