

### 2023 Ohio IT 1040

#### Individual Income Tax Return



Sequence No. 1

Use only black ink/UPPERCASE letters. Use whole dollars only. 01 25 24

AMENDED RETURN - Check here and include Ohio IT RE.

Primary taxpayer's SSN (required) 447 55 6503

✓ If deceased

Spouse's SSN (if filing jointly) 376 65 3092

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 4305

First name

BALARAM

Spouse's first name (if filing jointly)

PREETHI

M.I. Last name PALTHYA

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

Do not staple or paper clip.

State

ZIP code

Ohio county (first four letters)

ОН

44077

LAKE

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

Foreign postal code

Re	sidency Status	- Check only one	for primary	*Indicate state	Fili	ng Status – Check	one (as reported	on federal income tax return)
X	Resident	Part-year resident*	Nonresident*			Single, head of hous	ehold or qualifyi	ng surviving spouse
Che	eck only one for spo	use (if filing jointly)	)	*Indicate state	×	Married filing jointly		
×	Resident	Part-year resident*	Nonresident*			Married filing separa	tely	Spouse's SSN
Oh	io Nonresident Primary meets the	: <b>Statement</b> – S five criteria for irreb				Federal extension fi	lers - check here	
	Spouse meets the	five criteria for irreb	uttable presumpti	on as nonresident.		If someone can claim dependent, check her	, , , ,	use if filing jointly) a
		`		o-SR, line 11). Place			1.	115556
2a.	Additions – Ohio Sc	hedule of Adjustme	ents, line 11 ( <b>incl</b>	ude schedule)		2	a.	
2b.	Deductions – Ohio S	Schedule of Adjusti	ments, line 44 ( <b>ir</b>	clude schedule)		2	b.	
3.	Ohio adjusted gross	income (line 1 plu	s line 2a minus li	ne 2b). Place a "-" in	the bo	x if negative	3.	115556



6. Taxable business income – Ohio Schedule of Business Income, line 15 (include schedule)...............6.

7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)......7.

4. Exemption amount (include Schedule of Dependents if applicable) ...... Number of exemptions including you and your spouse/dependents, if applicable:

5700

109856

109856

MM-DD-YY

REV 01/16/24 PRO

## 2023 Ohio IT 1040

### **Individual Income Tax Return**



447 55 6503 SSN:

23000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	109856
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	2758
8b.Business income tax liability – Ohio Schedule of Business Income, line 16 ( <b>include schedule</b> )	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	2758
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	138
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	2620
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.	2620
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	3244
15.Estimated and extension payments, and credit carryforward from last year's return	15.	
16.Refundable credits – Ohio Schedule of Credits, line 44 ( <b>include schedule</b> )	16.	
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)	18.	3244
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	3244
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	21.	
22. Interest due on late payment of tax (see instructions)	22	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"		
24. Overpayment (line 20 minus line 13)	24.	624
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)		624
<b><u>Sign Here (required)</u>:</b> 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.	If your refund is \$1.00 or le If you owe \$1.00 or less,	ss, no refund will be issued. no payment is necessary.
▶ Primary signature         Phone number         (937) 286-9699	Ohio Departm	cluded – Mail to: ent of Taxation
Spouse's signature Date	P.O. Bo	ox 2679 H 43270-2679

Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Authorize your preparer to discuss this return

Preparer's printed name  $\frac{\phantom{a}}{\text{SYAM}}$  PRIYA RAM SAGAR GUP

Non-paid preparer

Phone number (678) 965-9522 PTIN: **P** 02082703



## 2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

447 55 6503



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. 2	758
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.	C
9.	Exemption credit	9.	C
10.	Total (add lines 2 through 9)	.10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	.11. 2	758
12.	Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	.12.	138
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 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 ( <b>include a copy</b> )	37.	
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	138
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 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

01 25 24 447 55 6503

Sequence No. 9

<u>Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.</u> 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 323 55 5485	Dependent's date of birth (MM-DD-YYYY) 08 29 2023	Dependent's relationship to you DAUGHTER
Dependent's first name EESHA	M.I. Dependent's last name 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
Dependent's first name	M.I. Dependent's last name	





## 2023 Schedule of Ohio Withholding

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

Primary taxpayer's SSN



Sequence No. 11

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

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



		Primary taxpayer's SSN	23350298
Dort C	4000 Po	447 55 6503	Sequence No. 12
	1099-Rs 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 Box 7 - distribution 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 Box 7 - distribution 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 Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
Devit D	W 00-		
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal 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 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal 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 - Federal income tax withheld

Box 7 - State income

Box 6 - Payer's Ohio number

Box 5 - Ohio tax withheld