

Staple W-2s to the back of this page

First name MAHESH	Middle	Last name KAKARLA	Suffix	Primary Social Security Number 892 15 9805	<input type="checkbox"/> AMENDED
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If a joint return, spouse's first name CHANDANA	Middle	Last name KONGARA	Suffix	Spouse Social Security Number 748 88 5932	Do you anticipate filing a Columbus return next year? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain: _____
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Mailing address (number & street) 2175 HEDGEROW RD A Mailing address Line 2			Account ID IIT -
City COLUMBUS	State OH	Zip Code 43220	Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately
Taxpayer Phone Number	Email		

CURRENT RESIDENCE **RESIDENCE CHANGE IN 2023**

<input checked="" type="checkbox"/> Same as Mailing	Did you change residence during 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current address (number & street) 2175 HEDGEROW RD Current address Line 2	If YES, enter date of move: _____
City COLUMBUS	Previous address (number & street) Previous address Line 2
State OH	City
Zip Code 43220	State
	Zip Code

PART A - TAX CALCULATION

1. W-2/W-2G income (total of Part B(s) Line 2 or Part C(s) Line 12 as applicable).....	1	81,617.
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	81,617.
4. Tax due (multiply Line 3 by 2.5%).....	4	2,040.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	2,041.
6. 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 due (Line 4 less Lines 5, 6, & 7).....	8	-1.
9. Credit for estimated tax payments & prior year overpayments.....	9	
10. Balance due or net tax due (Line 8 less Line 9). If Line 9 is greater than Line 8, enter overpayment in parentheses here. If amount is \$10 or less, enter \$0.....	10	-1.
11. Overpayment (enter amount from Line 10 without parentheses)..... If any portion of your overpayment is Columbus withholding, the signed Employer Certification on Page 2 must be provided .	11	1.
A. Enter the amount from Line 11 that you want credited to your next year tax estimates....	11A	
B. Enter the amount from Line 11 that you want refunded (must be greater than \$10)	11B	

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES NO

Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE **MAILING INFORMATION**

Sign Here Your Signature If a joint return, both must sign	Signature	Date	NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437
	Signature	Date	
Paid Preparer's Use Only	Signature	Date 02/28/2024	Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158
		PTIN 84-3171965 Phone # (678) 965-9522	

Staple check or money order HERE