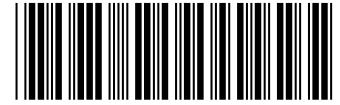




2023

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



09

01 01 2023 to 12 31 2023
See instructions. Print neatly in blue or black ink only.

Check here if this is an AMENDED return.

23022V0

SAI TEJA
Your First Name

MI

674 81 6523
Your Social Security Number

TALLURI
Your Last Name

Spouse's Social Security Number

Spouse's First Name

MI

Home Phone Number

Spouse's Last Name

316 469 8677
Work Phone Number

4512 WYNDTREE DR
Current Mailing Address (PO Box, number, street and apartment number)

WEST CHESTER
City or Town

OH 45069
State ZIP Code

Foreign country name

Foreign province/state/county

Foreign postal code

A. Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only. See Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

1. Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

You

Spouse

2. Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2023

FILING STATUS (Check one)

- 3. X Single
4. Married filing jointly (Even if only one had income)
5. Married filing separately. Enter spouse's social security number and full name above.
6. Head of household (With qualifying person)
7. Qualifying surviving spouse with dependent child (Year spouse died)



RESIDENCY STATUS (Check one)

- 8. Resident 8a. Safe Harbor Resident 11. Nonresident Alien (Maine nonresident) Check here if you are filing Schedule NRH
9. Part-Year Resident 10. X Nonresident 11a. Nonresident Alien (Maine resident)

12. CHECK IF: You were: 12a. 65 or over 12b. blind Spouse was: 12c. 65 or over 12d. blind

13. Enter the TOTAL number of EXEMPTIONS. See instructions..... 13. 1
13a. Enter the TOTAL number of qualifying children and dependents. Also see Form 1040ME, Schedule A, line 8 13a. 0

Table with 2 columns: Description and Amount. Rows include: 14. FEDERAL ADJUSTED GROSS INCOME (66602.00), 15a. INCOME ADDITION MODIFICATIONS (.00), 15b. INCOME SUBTRACTION MODIFICATIONS (0.00), 16. MAINE ADJUSTED GROSS INCOME (66602.00), 17. DEDUCTION (13850.00), 18. EXEMPTION (4700.00)

Calculate Your Taxable Income



2302101

DO NOT ENTER \$ signs, commas, or decimals:

Calculate Your Tax and Nonrefundable Credits

19 TAXABLE INCOME. (Line 16 minus lines 17 and 18.).....	19	48052.00
20 INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/tax-return-forms .).....	20	3011.00
20a TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a	.00
21 NONRESIDENT CREDIT. (For part-year residents, nonresidents and safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11..... (You MUST attach a copy of your federal return and TDY papers, if applicable.)	21	1142.00
22 TOTAL TAX. (Line 20 plus line 20a minus line 21)	22	1869.00
23 NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 23.)	23	0.00
24 NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)	24	1869.00

Tax Payments/Refundable Credits

25 TAX PAYMENTS.		
a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)..... ➔	25a	2226.00
b 2023 estimated tax payments and 2022 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.).....	25b	0.00
c REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.).....	25c	.00
d Property Tax Fairness Credit (Schedule PTFC/STFC, line 15). (See instructions.)... (For Maine residents and part-year residents only.)	25d	.00
e Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 16 or 16a). (See instructions.) (For Maine residents and part-year residents only.)	25e	.00
f TOTAL. (Add lines 25a, b, c, d, and e.).....	25f	2226.00

26 If this is an amended return, enter overpayment, if any, on original return or as previously adjusted.....	26	.00
27 Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.).....	27	2226.00
28 INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	28	357.00
29 INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27.) (See instructions.).....	29	.00

Calculate Use Tax / Voluntary Contributions / Refund Due

30 USE TAX (SALES TAX). (See instructions.).....	30	0.00
30a SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)....	30a	.00
31 CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)	31	.00
32 NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – Note: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32	357.00
33 Amount of line 32 to be CREDITED to 2024 estimated tax. 33a		0.00 REFUND ➔
	33b	357.00

IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.

Check here if this refund will go to an account outside the United States. **33c** Routing Number 101100045

..... **33d** Account Number 518009979158

33e Type of Account: Checking Savings



DO NOT ENTER \$ signs, commas, or decimals.

2302111

Name(s) as shown on Form 1040ME
SAI TEJA TALLURI

Your Social Security Number
674 81 6523

TAX DUE

34a TAX DUE. (Add lines 29, 30, 30a and 31.) - **Note:** If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line. 34a .00

b Underpayment Penalty. (Attach Form 2210ME.)
Check here if you checked the box on Form 2210ME, line 17. 34b .00

c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.) 34c .00

Maine TAX PORTAL **MAINE TAX PORTAL** at revenue.maine.gov or **ENCLOSE CHECK** payable to: **Treasurer, State of Maine. DO NOT SEND CASH.**

IMPORTANT NOTE

If taxpayer is **deceased**, enter **date of death**. (Month) (Day) (Year)

If spouse is **deceased**, enter **date of death**. (Month) (Day) (Year)

See the instructions and check each box that applies.

HEALTH CARE COVERAGE

35a. I would like the Maine DHHS, Office of the Health Insurance Marketplace ("CoverME.gov") to contact me to see if I or my household qualify for free or reduced-cost health coverage. I authorize MRS to share the information indicated in boxes 35b through 35e with the CoverME.gov.

35b. I **do not** have health care coverage

35c. My spouse **does not** have health care coverage.

35d. One or more of my dependent(s) **do not** have health care coverage

35e. My preferred method of contact is (select one): Mailing address listed on page 1
Phone number listed on page 1
Email address listed below

Third Party Designee Do you want to allow another person to discuss this return with Maine Revenue Services? **Yes** (complete the following). **No**.

(See page 5 of the instructions.)

Designee's name: _____ Phone no.: _____ Personal identification #: _____

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE **Keep a copy of this return for your records.**

Your signature _____ Date signed _____ **AUTOMATION ENGIN**
Your occupation _____

Spouse's signature (If joint return, **both** must sign) _____ Date signed _____ Spouse's occupation _____

Your email address _____

Paid Preparer's Use Only

SYAM PRIYA RAM SAGAR GUPTA 02 12 2024 678 965 9522
Preparer's signature Date signed Preparer's phone number

GLOBAL TAXES LLC P02082703
Print preparer's name and name of business Preparer's SSN or PTIN

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- Leave unused lines blank. **Do not enter zero.**
- **Line A.** Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
- Double check social security numbers, filing status, and number of exemptions.
- Double check mathematical calculations.
- Be sure to sign your return.
- Enclose W-2 forms with the return.

If requesting a **REFUND**, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066
If **NOT** requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

Payment Plan **Injured Spouse**

DO NOT SEND PHOTOCOPIES OF RETURNS

SAI TEJA TALLURI

6, 7, 4, - 8, 1, - 6, 5, 2, 3

Attachment Sequence No. 10

WORKSHEET A - Residency Information Worksheet for Part-year Residents/Nonresidents/Safe Harbor Residents

Enclose with your Form 1040ME

The following individuals must complete Worksheet A: 1) All part-year residents whether moving into or out of Maine during the tax year; 2) nonresidents and safe harbor residents who are filing a Maine return for the first time, and 3) former Maine residents who are filing as nonresidents or safe harbor residents for the first time. Failure to enclose a completed Worksheet A with your 1040ME may delay processing of your return.

1555

REV 01/29/24 PRO

Worksheet A form with columns for 'Yourself' and 'Spouse'. Questions 1-10 cover residency details, social security numbers, dates of birth, occupations, domicile, military service, days in Maine, property ownership, and nonresidency status.

WORKSHEET B

Income Allocation Worksheet for Part-Year Residents/Nonresidents/Safe Harbor Residents

(See instructions at www.maine.gov/revenue/tax-return-forms) - Enclose with your Form 1040ME

Part-year residents, nonresidents and safe harbor residents **must** complete this worksheet before completing Schedule NR.

(Note: Married persons filing separate Maine income tax returns must complete separate worksheets for each spouse)		Federal Income		Maine Resident Period (Part-year residents only)		Nonresident Period (Part-year residents, Nonresidents and Safe Harbor residents)	
		Column A Income from federal return		Column B Income from Column A for this period	Column C* Income from Column B earned outside of Maine	Column D Income from Column A for this period	Column E Income from Column D from Maine sources
1. Wages, salaries, tips, other compensation**	1	67,008.				67,008.	41,342.
2. Taxable interest.....	2	12.				12.	0.
3. Ordinary dividends.....	3						
4. Alimony received	4						
5. Business income/loss	5						
6. Capital gain/loss	6	-419.				-419.	0.
7. Other gains/losses	7						
8. Taxable amount of IRA distributions	8						
9. Taxable amount of pensions and annuities	9						
10. Rental real estate, royalties, partnerships, S corporations, and trusts, etc	10						
11. Farm income/loss	11						
12. Unemployment Compensation	12						
13. Taxable amount of social security benefits.....	13						
14. Other income (including lump-sum distributions, but excluding state income tax refunds)	14	1.				1.	0.
15. Add lines 1 through 14.....	15	66,602.				66,602.	41,342.

***Part-year residents must make an entry in Column C if income was earned in another jurisdiction during the period of Maine residency.** Enter below the name of each other jurisdiction and the dates the income was earned in those jurisdictions. Use a separate sheet if additional space is needed.

Name of other jurisdiction _____ Period (mm/yy) From _____ To _____

Name of other jurisdiction _____ Period (mm/yy) From _____ To _____

Name of other jurisdiction _____ Period (mm/yy) From _____ To _____

You must attach a copy of the income tax return(s) filed with the other jurisdiction

****If necessary, use Worksheet C (Employee Apportionment Worksheet) for Part-Year Residents/Nonresidents/Safe Harbor Residents to calculate the amount for line 1, Column E.** For a copy of Worksheet C, go to the Maine Revenue Services website at: www.maine.gov/revenue/tax-return-forms.

Note: See instructions at www.maine.gov/revenue/tax-return-forms on how to use Worksheet B, line 15 entries to complete line 1 of Schedule NR.

Schedule NR
Form 1040ME
2023

Schedule for Calculating the Nonresident Credit
Part-Year Residents, Nonresidents and
Safe Harbor Residents Only

This schedule must be enclosed with your **completed Form 1040ME**.

Attachment Sequence No. 8

If part-year resident, enter dates you were a Maine Resident:

from _____ to _____ .

Name(s) as shown on Form 1040ME

SAI TEJA TALLURI

Your Social Security Number

6 7 4 - 8 1 - 6 5 2 3

WHO MUST FILE SCHEDULE NR? Part-year resident, nonresident and safe harbor resident individuals who are required to file a Maine return, but have income not taxable by Maine **and** use the same filing status on the Maine return as used on the federal return. See reverse side for instructions.

DO NOT FILE SCHEDULE NR IF: All your income is taxable by Maine **or** if your federal filing status is "Married filing jointly" and you elect to file "Single" on the Maine return (use Schedule NRH available at www.maine.gov/revenue/tax-return-forms).

YOU MUST ENCLOSE A COMPLETE COPY OF YOUR FEDERAL TAX RETURN, including all schedules and worksheets. Enclose copies of W-2 forms from other states or temporary duty (TDY) papers to support your entry in Box C.

IMPORTANT: If required, complete Worksheets A and B available at www.maine.gov/revenue/tax-return-forms before completing Schedule NR.

1555

REV 01/29/24 PRO

1. **INCOME** — (If required, complete and attach Worksheets A and B available at www.maine.gov/revenue/tax-return-forms):

Box A - From Worksheet B, line 15, column A

Box B - From Worksheet B, line 15, column B plus column E

Box C - From Worksheet B, line 15, column D minus column E

Box A
FEDERAL

Box B
MAINE

Box C
NON-MAINE

\$	66602	\$	41342	\$	25260
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2. **RATIO OF INCOME:** Divide line 1, Box C by line 1, Box A and enter the result here. Except, if non-Maine-source income (line 1, Box C) is negative, enter 0.0000 or if line 1, Box C is positive and Maine-source income (line 1, Box B) is negative, enter 1.0000..... 0 . 3 7 9 3

COMPLETE THIS SECTION ONLY IF YOU HAVE FEDERAL INCOME ADJUSTMENTS

3. **FEDERAL INCOME ADJUSTMENTS** — NON-MAINE-SOURCE ONLY: Multiply amount on federal Form 1040 or Form 1040-SR, line 10 by the percentage listed on line 2. Enter result here..... _____

4. **FEDERAL ADJUSTED GROSS INCOME** — NON-MAINE-SOURCE ONLY: Subtract line 3 from Line 1, Box C..... 25260

COMPLETE THIS SECTION ONLY IF YOU HAVE INCOME MODIFICATIONS (Form 1040ME, line 15a or line 15b)

5. **INCOME MODIFICATIONS** — NON-MAINE-SOURCE ONLY. Enter only amounts attributable to your non-resident period. See instructions.

a. Additions — Specify _____

b. Subtractions — Specify _____

c. Total Modifications: line 5a minus line 5b (may be a negative amount)..... _____

6. **NON-MAINE ADJUSTED GROSS INCOME:** Add or subtract your income modifications, line 5c, to or from line 4..... 25260

7. **RATIO OF MAINE ADJUSTED GROSS INCOME:** Divide line 6 by the amount from Form 1040ME, line 16 and enter result here. Except, if line 6 is negative, enter 0.0000 or if line 6 is greater than the amount on Form 1040ME, line 16, enter 1.0000..... 0 . 3 7 9 3

8. **MAINE INCOME TAX: Enter from Form 1040ME, line 20** 3011

9. **NONRESIDENT CREDIT:** Multiply amount on line 8 by line 7. Enter result here and on Form 1040ME, line 21 1142



02 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) 674 81 6523

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 0909

First name SAI TEJA

M.I. Last name TALLURI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 4512 WYNDTREE DR

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

City WEST CHESTER

State ZIP code OH 45069

Ohio county (first four letters) BUTL

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

Foreign postal code

Residency Status - Check only one for primary *Indicate state

X Resident Part-year resident* Nonresident*

Check only one for spouse (if filing jointly) *Indicate state

Resident Part-year resident* Nonresident*

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying surviving spouse

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, 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: 674 81 6523

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (64452), 8a. Nonbusiness income tax liability (1417), 8b. Business income tax liability (8b), 8c. Income tax liability before credits (1417), 9. Ohio nonrefundable credits (880), 10. Tax liability after nonrefundable credits (537), 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (537), 14. Ohio income tax withheld (714), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (714), 19. Amended return only - overpayment, 20. Line 18 minus line 19 (714), 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (177), 24. Overpayment (177), 25. Original return only, 26. Original return only - portion of line 24 you wish to donate (a-f), Total....26g.

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 177

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 (316) 469-8677

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



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

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	1417
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.	0
9. Exemption credit	9.	0
10. Total (add lines 2 through 9)	10.	0
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	1417
12. Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0
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

674 81 6523



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.	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35.	1417
<u>Residency Credits</u>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	880
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	880

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 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

674 81 6523

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 10401. **714**

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 830675925 67008 7864

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
54103262 25666 714

2. 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

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
674 81 6523



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



2023 IT RC
Ohio Resident Credit Calculation
 Use black ink only. Use whole dollars only.
 Primary taxpayer's SSN



23380198

674 81 6523

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important:** Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

(A) Income Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid
AL		KS		NH	
AR		KY		NJ	
AZ		LA		NM	
CA		MA		NY	
CO		MD		OK	
CT		ME	41342	OR	1869
DC		MI		PA	
DE		MN		RI	
GA		MO		SC	
HI		MS		UT	
IA		MT		VA	
ID		NC		VT	
IL		ND		WI	
IN		NE		WV	

1. Sum of all Column A amounts	1.	41342
2. Sum of all Column B amounts	2.	1869
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)	3.	66602
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 1	4.	0.6207
5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero	5.	1417
6. Multiply line 4 by line 5	6.	880
7. Ohio Resident Credit. Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 37	7.	880

