

Form R
File by

2023 PERRYSBURG CITY INCOME TAX RETURN 2023

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER ARE YOU A RESIDENT? DID YOU FILE A RETURN FOR 2022?

ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?

Date moved in Date moved out YOUR LOCAL PHONE NUMBER (419) 378-4798

NAGA VL OLETI
PRIYA VARDHANI OLETI
29186 TRACY CREEK DR APT 2B
PERRYSBURG OH 43551

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2023 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name, City Where Employed, City Tax Withheld, Wages, Etc. Row 1: TATA CONSULTANCY SERVICES 35948 TATA CONSULTANCY SERVICES TATA CONSULTANCY SERVICES LIMITED PERRYSBURG 0 79350

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 0 79350
INCOME 2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 79350

ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 79350
b Amount of Line 5a Allocable (% from step 5 Schedule Y)
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)

TAX 6 AMOUNT SUBJECT TO PERRYSBURG CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 79350
7 PERRYSBURG CITY TAX RATE 1.500% 1190
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 0

ALLOWABLE CREDITS b Payments and credits on 2023 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
TOTAL CREDITS ALLOWABLE 0

9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing 1190
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right)
Enter Amount of line 10 You Want: Credited to your 2024 Estimated Tax . . \$
Refunded \$

DECLARATION OF ESTIMATED TAX FOR 2024
11 Total Income Subject to Tax \$ x % 11 \$
12 Estimated Tax Withheld 12 \$
13 Total Estimated Tax (Line 11 - Line 12) 13 \$
14 Credit From Line 10 14 \$
15 Net Estimated Tax Due (Line 13 - Line 14) 15 \$
16 First Quarter 2024 Estimated Payment Due (1/4 of Line 15) 16 \$
17 Total Due With This Return (Add Lines 9 and 16) 17 \$ 1190

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/20/2024
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO

Smart Worksheets From 2023 Ohio Tax Return

Generic, Page 1: City Income Tax Return PERRYSBURG CITY -- Smart Worksheet

A to I	J to R	S to Z
Select City: _____	PERRYSBURG CITY	_____
City income tax rate		▶ <u>1.50000</u> %

Generic, Page 1: City Income Tax Return PERRYSBURG CITY -- Smart Worksheet

City mailing address for use in client letter	
Enter the 'Pay To' name for addressing checks.....	_____
Enter the first line of city address.....	_____
Enter the second line of city address.....	_____
Enter the third line of city address.....	_____
Enter the fourth line of city address (if applicable).....	_____
Enter the fifth line of city address (if applicable).....	_____