

Do not staple or paper clip.

2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

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

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased 877 15 6700 1809 First name M.I. Last name AKHIL REDDY BENDHI Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 1701 E 12TH ST Address line 2 (apartment number, suite number, etc.) APT W-14A Ohio county (first four letters) City State ZIP code CLEVELAND OH 44114 CUYA Foreign country (if the mailing address is outside the U.S.) Foreign postal code

<u>Resid</u>	<u>dency Status</u>	- Check only one for	or primary	*Indicate state	Filing Status - Check one (as reported on federal income tax	
X R	Resident	Part-year resident*	Nonresident*		X Single, head of household or qualifying surviving spouse	
Check only one for spouse (if filling jointly)				*Indicate state	Married filing jointly	
R	Resident	Part-year resident*	Nonresident*		Spouse's SSN Married filing separately	
Ohio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.				Federal extension filers - check here.		
					Federal extension filers - check here.	

- See instructions for required criteria	
Primary meets the five criteria for irrebuttable presumption as nonresident.	Federal extension filers - check here.
Spouse meets the five criteria for irrebuttable presumption as nonresident.	If someone can claim you (or your spouse if filing jointly) as a dependent, check here.
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a if negative	2660
2a. Additions – Ohio Schedule of Adjustments, line 11 (include schedule) 2	2a.
2b. Deductions – Ohio Schedule of Adjustments, line 44 (include schedule)	2b.
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in	the box if negative3. 2550
Exemption amount (include Schedule of Dependents if applicable) Number of exemptions including you and your spouse/dependents, if applicable	
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5. 150
6. Taxable business income – Ohio Schedule of Business Income, line 15 (incl	lude schedule)6.
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7. 150



MM-DD-YY

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discuss this return

SSN:



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7a. Amount from line 7 on page 1	7a.	150
8a.Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	0
8b.Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	20
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12.Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	24
15. Estimated and extension payments, and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	24
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return		
20. Line 18 minus line 19. Place a "-" in the box if negative		24
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"	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	24
25. <u>Original return only</u> – 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)	UND ▶ 27.	24
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.	If your refund is \$1.00 or less,	ss, no refund will be issued. no payment is necessary.
Primary signature Phone number(216) 526-0804		cluded – Mail to:
Spouse's signature Date	P.O. Bo	ent of Taxation ox 2679 H 43270-2679
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522	Payment Inclu	uded – Mail to: ent of Taxation
Authorize your preparer to Non-paid preparer PTIN: P 02082703		ox 2057 H 43270-2057

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2023 Ohio Schedule of Credits

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Primary taxpayer's SSN

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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. 0
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)	3.
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	3. 0
9.	Exemption credit	9. 20
0.	Total (add lines 2 through 9)	20
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	1. 0
2.	Joint filing credit (see instructions for table). % times line 11, up to \$650	2. 0
3.	Earned income credit	3.
4.	Home school expenses credit (include copies of all required documentation)14	4.
5.	Scholarship donation credit (include copies of all required documentation)	5.
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	3 .
7.	Credit for work-based learning experiences (include a copy of the credit certificate)	7.
8.	Ohio adoption credit carryforward	3.
9.	Nonrefundable job retention credit (include a copy of the credit certificate)	9.
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)2	1.
22.	Welcome Home Ohio credit (include a copy of the credit certificate)	2.
23.	Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)23	3.



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 877 15 6700



27. Opportunity zone investment credit (include a copy of the credit certificate)27. 0 0 **Residency Credits** 20 **Refundable Credits** 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. 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.



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Primary taxpayer's SSN

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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 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 832185245 2500 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 2500 24 54133796 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - FIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 7. P/S Box b - EIN Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc.



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

877 15 6700





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	1099-Rs Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Во	ox 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вс	ox 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вс	ox 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вс	ox 14 - Ohio tax withheld
Dowt D	W 200			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вс	ox 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вс	ox 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Во	ox 15 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
1. 1/3	Payer's TIN	20% i Honompioyee compensation	DOX 4 3 1 6	asia moomo tax witimota
	Box 6 - Payer's Ohio number	Box 7 - State income	Во	ox 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Во	ox 5 - Ohio tax withheld