



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

BADARINATH R PEDDIREDDY 754169544 06021992  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)  
 GREESHMA DASARI 781676928 04131996  
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth  
 241 KELLOGG BLVD E APT #603 Check if Address is:  New  Foreign  
 Current Home Address  
 SAINT PAUL MN 55101  
 City State ZIP Code

**2023 Federal Filing Status (place an X in one box):**

(1) Single  (2) Married Filing Jointly  (3) Married Filing Separately  (4) Head of Household  (5) Qualifying Surviving Spouse  
 Spouse Name \_\_\_\_\_  
 Spouse SSN \_\_\_\_\_

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican . . . . .11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now . . . . .17  
 Democratic/Farmer-Labor . . .12 Libertarian . . . . .16 General Campaign Fund . . . . .99

Your Code Spouse's Code

**From Your Federal Return (see instructions)**

80750 0 0 53068  
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . . 1 ■ 80768  
 2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . . 2 ■ \_\_\_\_\_  
 3 Add lines 1 and 2. . . . . 3 80768  
 4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . . 4 ■ 27650  
 5 Exemptions (from Schedule M1DQC) . . . . . 5 ■ \_\_\_\_\_  
 6 State income tax refund from line 1 of federal Schedule 1 . . . . . 6 ■ \_\_\_\_\_  
 7 Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . . 7 ■ \_\_\_\_\_  
 8 Total subtractions. Add lines 4 through 7. . . . . 8 27650  
 9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . . 9 53118  
 10 Tax from the table or schedules in the Form M1 instructions . . . . . 10 2977  
 11 Alternative minimum tax (enclose Schedule M1MT) . . . . . 11 ■ \_\_\_\_\_  
 12 Add lines 10 and 11 . . . . . 12 2977  
 13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
 Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on  
 line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) . . . . . 13 2977  
 13a ■ 0 13b ■ 0







# 2023 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

BADARINATH R  
Your First Name and Initial

PEDDIREDDY  
Your Last Name

754169544  
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)* ..... **1** ■ \_\_\_\_\_
- 2 Credit for long-term care insurance premiums paid *(enclose Schedule M1LTI)* ..... **2** ■ \_\_\_\_\_
- 3 Credit for taxes paid to another state *(enclose Schedules M1CR and M1RCR)* ..... **3** ■ \_\_\_\_\_ **775**
- 4 Credit for Past Military Service *(see instructions)* ..... **4** ■ \_\_\_\_\_
- 5 Employer Transit Pass Credit *(enclose Schedule ETP)* ..... **5** ■ \_\_\_\_\_
- 6 SEED Capital Investment Credit *(see instructions; enclose certification)* ..... **6** ■ \_\_\_\_\_
- 7 Education Savings Account Contribution Credit *(enclose Schedule M1529)* ..... **7** ■ \_\_\_\_\_
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field *(enclose Schedule M1CMD)* ..... **8** ■ \_\_\_\_\_
- 9 Student Loan Credit *(enclose Schedule M1SLC)* ..... **9** ■ \_\_\_\_\_
- 10 Beginning Farmer Management Credit ..... **10** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
BF 23 - \_\_\_\_\_
- 11 Film Production Credit ..... **11** ■ \_\_\_\_\_  
Enter the credit certificate number: TAXC - \_\_\_\_\_
- 12 Tax Credit for Owners of Agricultural Assets ..... **12** ■ \_\_\_\_\_  
Enter the certificate number from the certificate you received from the Rural Finance Authority:  
AO 23 - \_\_\_\_\_  
AO 23 - \_\_\_\_\_  
AO 23 - \_\_\_\_\_
- 13 Credit for Sales of Manufactured Home Parks to Cooperatives ..... **13** ■ \_\_\_\_\_
- 14 Short Line Railroad Infrastructure Modernization Credit ..... **14** ■ \_\_\_\_\_
- 15 Housing Tax Credit ..... **15** ■ \_\_\_\_\_  
Enter the credit certificate number:  
SHTC - \_\_\_\_\_ - \_\_\_\_\_
- 16 Credit for increasing research activities *(enclose Schedule KPI, KS, or KF)* ..... **16** ■ \_\_\_\_\_
- 17 Carryforward of prior-year Beginning Farmer Management Credits *(see instructions)* ..... **17** ■ \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_  
BF \_\_\_\_ - \_\_\_\_\_
- 18 Carryforward of prior-year Owners of Agricultural Assets Credits *(see instructions)* ..... **18** ■ \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_  
AO \_\_\_\_ - \_\_\_\_\_





19 Carryforward of prior-year Credit for Increasing Research Activities . . . . . 19 ■ \_\_\_\_\_  
List the years the credits were reported to you on Schedule KPI, KS, or KF:  
\_\_\_\_\_

20 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) . . . . . 20 ■ \_\_\_\_\_

21 Add lines 1 through 20. Enter total here and on line 16 of Form M1. . . . . 21 \_\_\_\_\_ 775

**You must include this schedule with your Form M1.**





**2023 Schedule M1CR, Credit for Income Tax Paid to Another State**

BADARINATH R  
Your First Name and Initial

PEDDIREDDY  
Last Name

754169544  
Social Security Number

Ohio  
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

**You must complete a separate Schedule M1CR for each state or province to which you paid taxes. To report tax paid to Wisconsin, use Schedule M1RCR, Credit for Tax Paid to Wisconsin.**

To be eligible for this credit, all of these must apply:

- You were a full- or part-year Minnesota resident in 2023
- You paid 2023 state income tax to **both Minnesota and another state or Canadian province on the same income**
- You were a Minnesota resident when both states taxed the same income

Check this box if you are claiming a credit for taxes paid by a pass-through entity in another state (see instructions).

**Full-Year Residents and Part-Year Residents**

Round amounts to the nearest whole dollar.

|   |  |     |                   |
|---|--|-----|-------------------|
| 1 | Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state (see instructions) . . . . .   | 1   | <u>35526</u>      |
| 2 | Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (determine from instructions).<br><b>Part-year residents: See instructions</b> . . . . .  | 2   | <u>80768</u>      |
| 3 | Divide line 1 by line 2. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 2, enter 1.00000) . . . . .  | 3   | <u>0.43985</u>    |
| 4 | Complete the lines below to determine your Minnesota tax after credits.  |     |                   |
|   | a Tax from line 13 of Form M1. . . . .   | 4 a | <u>2977</u>       |
|   | b Add lines 1-2 and 4-9 of Schedule M1C . . . . .  | 4 b | <u>          </u> |
|   | Subtract line 4b from line 4a. If the result is zero or less, <b>STOP HERE</b> . You do not qualify for this credit . . . . .  | 4   | <u>2977</u>       |
| 5 | Multiply line 4 by line 3 . . . . .  | 5   | <u>1309</u>       |
| 6 | From the other state's income tax return, enter the tax amount before you subtract any tax withheld or estimated tax payments (see instructions).<br>If you paid taxes to a Canadian province or territory, see instructions . . . . . | 6 ■ | <u>775</u>        |

**Full-Year Residents**

|   |   |   |            |
|---|---|---|------------|
| 7 | Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C . . . . . | 7 | <u>775</u> |
|---|---|---|------------|

**Part-Year Residents**

|    |   |    |                    |
|----|---|----|--------------------|
| 8  | From the other state's income tax return, enter the amount of income taxed by that state before subtracting itemized or standard deductions . . . . . | 8  | <u>          </u>  |
| 9  | Divide line 1 by line 8. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 8, enter 1.00000) . . . . .         | 9  | <u>.          </u> |
| 10 | Multiply line 6 by line 9 . . . . .   | 10 | <u>          </u>  |
| 11 | Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C . . . . .  | 11 | <u>          </u>  |

**You must include this schedule with your Form M1.**



**2023 Schedule M1W, Minnesota Income Tax Withheld**

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

|   |                                     |   |
|---|-------------------------------------|---|
| <u>BADARINATH R</u><br>Your First Name and Initial                    | <u>PEDDIREDDY</u><br>Last Name      | <u>754169544</u><br>Your Social Security Number     |
| <u>GREESHMA</u><br>If a Joint Return, Spouse's First Name and Initial | <u>DASARI</u><br>Spouse's Last Name | <u>781676928</u><br>Spouse's Social Security Number |

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

| A  | B—Box 13  | C—Box 15                                       | D—Box 16  | E—Box 17   |
|--|---|--|---|--|
| If the Form W-2 is for:<br>• you, enter 1<br>• spouse, enter 2 | If Retirement Plan box is checked, mark an X below. | Employer's seven-digit Minnesota Tax ID Number | State wages, tips, etc.<br><i>(round to nearest whole dollar)</i> | Minnesota tax withheld<br><i>(round to nearest whole dollar)</i> |
| a1 <u>1</u>  | b1 <input checked="" type="checkbox"/>              | c1 MN <u>8788682</u>                           | d1 <u>44984</u>   | e1 <u>2637</u>   |
| a2 _____   | b2 <input type="checkbox"/>                         | c2 MN _____                                    | d2 _____  | e2 _____   |
| a3 _____   | b3 <input type="checkbox"/>                         | c3 MN _____                                    | d3 _____  | e3 _____   |
| a4 _____   | b4 <input type="checkbox"/>                         | c4 MN _____                                    | d4 _____  | e4 _____   |
| a5 _____   | b5 <input type="checkbox"/>                         | c5 MN _____                                    | d5 _____  | e5 _____   |

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 2637**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

| A  | B   | C  | D  |
|--|---|--|--|
| If the Form 1099, W-2G, or 1042-S is for:<br>• you, enter 1<br>• spouse, enter 2 | Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer) | Income amount (see the table on the back for amounts to include) | Minnesota tax withheld<br><i>(round to nearest whole dollar)</i> |
| a1 _____   | b1 MN _____   | c1 _____   | d1 _____   |
| a2 _____   | b2 MN _____   | c2 _____   | d2 _____   |
| a3 _____   | b3 MN _____   | c3 _____   | d3 _____   |
| a4 _____   | b4 MN _____   | c4 _____   | d4 _____   |

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 2637**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**



03 28 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) 754 16 9544

✓ If deceased

Spouse's SSN (if filing jointly) 781 67 6928

✓ If deceased

School district # 0101

First name BADARINATH

M.I. Last name R PEDDIREDDY

Spouse's first name (if filing jointly) GREESHMA

M.I. Last name DASARI

Address line 1 (number and street) or P.O. Box 241 KELLOGG BLVD E

Address line 2 (apartment number, suite number, etc.) APT 603

City SAINT PAUL

State ZIP code MN 55101

Ohio county (first four letters) SAND

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

Foreign postal code

Residency Status - Check only one for primary \*Indicate state

Resident Part-year resident\* X Nonresident\* MN

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

Resident Part-year resident\* X Nonresident\* MN

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

Single, head of household or qualifying surviving spouse

X 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: 754 16 9544

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (76968), 8a. Nonbusiness income tax liability (1761), 8b. Business income tax liability, 8c. Income tax liability before credits (1761), 9. Ohio nonrefundable credits (986), 10. Tax liability after nonrefundable credits (775), 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (775), 14. Ohio income tax withheld (1082), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (1082), 19. Amended return only - overpayment, 20. Line 18 minus line 19 (1082), 21. Tax due (1082), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (307), 24. Overpayment (307), 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. 307

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 (805) 952-9197

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.  | 1761 |
| 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. | 1761 |
| 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

754 16 9544



23280298

Sequence No. 8

|  |     |      |
|--|-----|------|
| 24. Grape production credit .....  | 24. |      |
| 25. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....                                    | 25. |      |
| 26. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....                                | 26. |      |
| 27. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....                   | 27. |      |
| 28. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....            | 28. |      |
| 29. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....          | 29. |      |
| 30. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....                        | 30. |      |
| 31. Nonrefundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....      | 31. |      |
| 32. Ohio low-income housing credit ( <b>include a copy of the credit certificate</b> ) .....                       | 32. |      |
| 33. Affordable single-family housing credit ( <b>include a copy of the credit certificate</b> ) .....              | 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. | 1761 |
| <b><u>Residency Credits</u></b>  |     |      |
| 36. Nonresident credit – Ohio IT NRC, line 20 ( <b>include a copy</b> ) .....                                      | 36. | 986  |
| 37. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> ) .....   | 37. |      |
| 38. <b>Total nonrefundable credits</b> (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) ..... | 38. | 986  |

## Refundable Credits

|  |     |  |
|--|-----|--|
| 39. Refundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....           | 39. |  |
| 40. Refundable job creation credit & job retention credit ( <b>include a copy of the credit certificate</b> ) .....  | 40. |  |
| 41. Pass-through entity credit ( <b>include a copy of all Ohio IT K-1s</b> ) .....                                   | 41. |  |
| 42. Motion picture & Broadway theatrical production credit ( <b>include a copy of the credit certificate</b> ) ..... | 42. |  |
| 43. Venture capital credit ( <b>include a copy of the credit certificate</b> ) .....                                 | 43. |  |
| 44. <b>Total refundable credits</b> (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

754 16 9544

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 1040 .....1. 1082

### Part B - W-2s

|        |             |   |                                     |
|--------|-------------|---|-------------------------------------|
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P      | 852601046   | 80510                                   | 10007                               |

|                                    |                                 |                          |
|------------------------------------|---------------------------------|--------------------------|
| Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 54172872                           | 35526                           | 1082                     |

|        |             |   |                                     |
|--------|-------------|---|-------------------------------------|
| 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  
754 16 9544



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