



03 06 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) 765 98 1379

✓ If deceased

Spouse's SSN (if filing jointly) 710 02 1176

✓ If deceased

School district # 2513

First name BHARATH

M.I. Last name KUNJAL

Spouse's first name (if filing jointly) PALLAVI

M.I. Last name KUDETHUR

Address line 1 (number and street) or P.O. Box 7996 BRISTOL BANE CT

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

City DUBLIN

State ZIP code OH 43016

Ohio county (first four letters) FRAN

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

X Resident Part-year resident* Nonresident*

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 (95653), Additions (0), Deductions, Ohio adjusted gross income (95653), Exemption amount (7600), Ohio income tax base (88053), Taxable business income, and Taxable nonbusiness income (88053).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 765 98 1379

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (88053), 8a. Nonbusiness income tax liability (2066), 8b. Business income tax liability (2066), 8c. Income tax liability before credits (2066), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (2066), 11. Interest penalty on underpayment of estimated tax (2066), 12. Unpaid use tax (2066), 13. Total Ohio tax liability before withholding (2066), 14. Ohio income tax withheld (2925), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (2925), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (2925), 21. Tax due (21), 22. Interest due on late payment of tax (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (859), 25. Original return only (25), 26. Original return only donation (26g) (859).

27. REFUND (line 24 minus lines 25 and 26g) YOUR REFUND 859

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 (480) 208-7602

Spouse's signature _____ Date _____

Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522

Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02470833

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



2023 Ohio Schedule of Adjustments

Use only black ink. Use whole dollars only.



23000398

03 06 24

Primary taxpayer's SSN

765 98 1379

Sequence No. 3

Additions

(Only add the following amounts if they are not included on Ohio IT 1040, line 1)

- 1. Non-Ohio state or local government interest and dividends.....1.
- 2. Ohio pass-through entity taxes excluded from federal adjusted gross income2.
- 3. Taxes paid to another state or District of Columbia related to IRS notice 2020-753.
- 4. 529 plan funds used for non-qualified expenses4.
- 5. Losses from sale or disposition of Ohio public obligations5.
- 6. Nonmedical withdrawals from a medical savings account6.
- 7. Reimbursement of expenses previously deducted on an Ohio income tax return7.

Federal

- 8. Internal Revenue Code 168(k) and 179 depreciation expense add-back8. 0
- 9. Exempt federal interest and dividends subject to state taxation9.
- 10. Federal conformity additions10.
- 11. **Total additions** (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a 11. 0

Deductions

(Only deduct the following amounts if they are included on Ohio IT 1040, line 1)

- 12. Business income deduction – Ohio Schedule of Business Income, line 1312.
- 13. Employee compensation earned in Ohio by residents of neighboring states..... 13.
- 14. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)14.
- 15. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)15.
- 16. Certain railroad benefits16.
- 17. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.....17.
- 18. Amounts contributed to an Ohio county's individual development account program18.
- 19. Amounts contributed to a STABLE account: Ohio's ABLE plan19.
- 20. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....20.
- 21. Certain payments related to the East Palestine train derailment21.
- 22. Ohio adoption grant program payments received from the Ohio Department of Job and Family Services22.

Federal

- 23. Federal interest and dividends exempt from state taxation.....23.

2023 Ohio Schedule of Adjustments

Primary taxpayer's SSN

765 98 1379



23000498

Sequence No. 4

24. Deduction of prior year 168(k) and 179 depreciation add-backs.....	24.
25. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions claimed on a prior year return	25.
26. Repayment of income reported in a prior year	26.
27. Wage expense not deducted based on the federal work opportunity tax credit.....	27.
28. Federal conformity deductions	28.

Uniformed Services

29. Military pay received by Ohio residents while stationed outside Ohio	29.
30. Compensation earned by nonresident military servicemembers and their civilian spouses	30.
31. Uniformed services retirement income.....	31.
32. Military injury relief fund grants and veteran's disability severance payments.....	32.
33. Certain Ohio National Guard reimbursements and benefits.....	33.

Education

34. Amounts contributed to a 529 Plan	34.
35. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board	35.
36. Ohio educator expenses in excess of federal deduction.....	36.
37. Income attributable to loan repayments by the Ohio Department of Higher Education under the rural practice incentive program	37.
38. Grant program payments made by the Ohio Department of Higher Education on behalf of adopted students ...	38.

Medical

39. Disability benefits	39.
40. Survivor benefits.....	40.
41. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy)	41.
42. Medical savings account contributions/earnings (see instructions for worksheet; include a copy)	42.
43. Qualified organ donor expenses	43.
44. Total deductions (add lines 12 through 43 ONLY). Enter here and on Ohio IT 1040, line 2b.....	44.



2023 Ohio Schedule of Dependents



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Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

03 06 24

765 98 1379

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
189 47 4635	08 01 2010	DAUGHTER

Dependent's first name	M.I.	Dependent's last name
SINCHANA		KUNJAL

2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
347 71 8766	05 30 2021	DAUGHTER

Dependent's first name	M.I.	Dependent's last name
SANNIDHI		KUNJAL

3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
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Dependent's first name	M.I.	Dependent's last name
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4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
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2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

765 98 1379

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. 2925

Part B - W-2s

1. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P 593264661	96017	6759

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52437581	96017	2925

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
765 98 1379



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

Staple W-2s to the back of this page

First name BHARATH	Middle	Last name KUNJAL	Suffix	Primary Social Security Number 765 98 1379	<input type="checkbox"/> AMENDED
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If a joint return, spouse's first name PALLAVI	Middle	Last name KUDETHUR	Suffix	Spouse Social Security Number 710 02 1176	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) 7996 BRISTOL BANE CT Mailing address Line 2			Account ID IIT -
City DUBLIN	State OH	Zip Code 43016	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 type="checkbox"/> Same as Mailing	Did you change residence during 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current address (number & street)	If YES, enter date of move: _____
Current address Line 2	Previous address (number & street)
City	Previous address Line 2
State	City
Zip Code	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	72,785.
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	72,785.
4. Tax due (multiply Line 3 by 2.5%).....	4	1,820.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	1,820.
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	0.
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	0.
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	
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 The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.	MAILING INFORMATION NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158											
	<table border="1"> <tr> <td>Sign Here</td> <td>Your Signature</td> <td>Date</td> </tr> <tr> <td>If a joint return, both must sign</td> <td>Spouse's Signature</td> <td>Date</td> </tr> <tr> <td>Paid Preparer's Use Only</td> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>PTIN 88-2145487</td> <td>Phone # (678) 965-9522</td> </tr> </table>	Sign Here	Your Signature	Date	If a joint return, both must sign	Spouse's Signature	Date	Paid Preparer's Use Only	Signature	Date		PTIN 88-2145487
Sign Here	Your Signature	Date										
If a joint return, both must sign	Spouse's Signature	Date										
Paid Preparer's Use Only	Signature	Date										
	PTIN 88-2145487	Phone # (678) 965-9522										

Staple check or money order HERE

Name(s) as shown on Page 1 BHARATH KUNJAL & PALLAVI KUDETHUR	Primary Social Security Number 765 98 1379
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PART B - W-2/W-2G INCOME FROM EMPLOYER (REQUIRED)

Complete a separate Part B for each employer. Print additional pages if you have multiple employers

<p>Employer name from W-2 KFORCE INC & SUBSIDIARIES</p> <p>Employer Identification Number from W-2 59-3264661</p> <p>SSN or ITIN from W-2 765 98 1379</p> <p>Occupation/Nature of Business </p>	<p>Primary Place of Work Address Line 1 8405 BENJAMIN ROAD SUITE G</p> <p>Primary Place of Work Address Line 2 </p> <table style="width:100%;"> <tr> <td style="width:50%;">City TAMPA</td> <td style="width:20%;">State FL</td> <td style="width:30%;">Zip code 33634</td> </tr> </table>	City TAMPA	State FL	Zip code 33634
City TAMPA	State FL	Zip code 33634		

1. Percentage of time worked from home.....	1	
2. Qualified wages listed on W-2 (greater of W-2 Box 5 Medicare Wages or W-2 Box 18 total Local Wages).....	2	72,785.
3. Local tax withheld to Columbus.....	3	
4. Tax withheld or paid to work cities outside of Columbus (Columbus residents only).....	4	

A request for refund or credit of any Columbus tax withheld is not valid without a completed Employer Certification (separate certification required for each employer for which you are requesting a refund or credit.)

PART C - ADJUSTMENTS TO TAXABLE WAGES (OPTIONAL - ONLY COMPLETE IF REQUESTING REFUND)

Employer Certification is required to claim adjustments on Lines 2-11 below (separate certification required for each job for which you have an adjustment.)

Reason for Adjustment (Explain fully)

1. Wages earned while under the age of 18 . Attach a copy of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday..... Enter date of birth _____	1	
2. Income upon which tax was improperly withheld by employer	2	
3. Income earned while working 100% from home	3	
4. Income from disability payments withheld by employer	4	

Non Resident Transportation Employees & Others by Agreement with Columbus

5a. If transportation routes are primarily outside the State of Ohio (interstate), enter total wages here.....	5a	
5b. If based in Columbus but work locations or transportation routes are primarily outside city limits but within Ohio (intrastate), multiply Part B Line 2 by 90%.....	5b	

Nonresident Days Worked Out
If you were a nonresident employee who worked part of the year outside Columbus, complete Lines 6-11 below.

6. Total number of vacation, holiday, sick, & PTO days during the entire year (must attach list of dates).....	6		
7. Total workdays in the year (subtract Line 6 from 260) (see instructions).....	7		
8. Average daily income. Divide qualified wages (Part B Line 2) by total workdays (Part C Line 7).....	8		
9. Total days worked outside of Columbus (must attach list of dates & locations where worked).....	9		
10. Total days in Columbus.....	10		
11. Multiply Line 8 by Line 9.....	11		
12. Total wages minus adjustments (Part B Line 2 minus Part C Lines 1, 2, 3, 4, 5a, 5b, & 11).....	12		72,785.

EMPLOYER CERTIFICATION

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer	Employer's Phone No.	Date
Official's Signature	Official's Name Printed	
	Title	