

Form R  
File by

2023 DUBLIN 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  
ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN  
Date moved in . . . . . Date moved out . . . . .  
BHARATH KUNJAL  
PALLAVI KUDETHUR  
7996 BRISTOL BANE CT  
DUBLIN OH 43016  
ARE YOU A RESIDENT? . . . . .  
DID YOU FILE A RETURN FOR 2022? . . . . .  
HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? . . . . .  
IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED? . . . . .  
YOUR LOCAL PHONE NUMBER . . . . . (480) 208-7602

BHARATH KUNJAL  
PALLAVI KUDETHUR  
7996 BRISTOL BANE CT  
DUBLIN OH 43016

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.

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

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
KFORCE INC & SUBSIDIARIES		465	23232

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) . . . . . 465 23232  
INCOME 2 OTHER INCOME: FROM PAGE 2 . . . . .  
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . . 23232  
4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD  
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT  
ADJUSTMENTS TO INCOME 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) . . . . . 23232  
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 DUBLIN CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . . 23232  
7 DUBLIN CITY TAX RATE 2.000% . . . . . 465  
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above . . . . . 465  
b Payments and credits on 2023 Declaration of Estimated Tax . . . . .  
c Earned income (Resident individuals only) taxes paid City of . . . . .  
TOTAL CREDITS ALLOWABLE . . . . . 465  
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . .  
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) . . . . . 0  
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	\$	

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

VENKATA SAI PAVAN KUMAR DUDIPALLI  
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

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		

<b>CURRENT RESIDENCE</b>	<b>RESIDENCE CHANGE IN 2023</b>
<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 <b>must be provided</b> .	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: \_\_\_\_\_

<b>SIGNATURE</b> 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.	<b>MAILING INFORMATION</b> 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><b>Paid Preparer's Use Only</b></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	<b>Paid Preparer's Use Only</b>	Signature	Date		PTIN 88-2145487
Sign Here	Your Signature	Date										
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<b>Paid Preparer's Use Only</b>	Signature	Date										
	PTIN 88-2145487	Phone # (678) 965-9522										

Staple check or money order HERE

Name(s) as shown on Page 1 <b>BHARATH KUNJAL &amp; PALLAVI KUDETHUR</b>	Primary Social Security Number <b>765 98 1379</b>
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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**

Employer name from W-2 <b>KFORCE INC &amp; SUBSIDIARIES</b>	Primary Place of Work Address Line 1 <b>8405 BENJAMIN ROAD SUITE G</b>		
Employer Identification Number from W-2 <b>59-3264661</b>	Primary Place of Work Address Line 2		
SSN or ITIN from W-2 <b>765 98 1379</b>	City <b>TAMPA</b>	State <b>FL</b>	Zip code <b>33634</b>
Occupation/Nature of Business			

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

**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)
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1. Wages earned while <b>under the age of 18</b> . 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 _____	<b>1</b>	
2. Income upon which tax was <b>improperly withheld by employer</b> .....	<b>2</b>	
3. Income earned while working <b>100% from home</b> .....	<b>3</b>	
4. Income from <b>disability payments withheld by employer</b> .....	<b>4</b>	

**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.....	<b>5a</b>	
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%.....	<b>5b</b>	

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

**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	