

Form **IR-25** City of Columbus, Income Tax Division **City Income Tax Return For Individuals**

2023

Staple W-2s to the back of this page

Staple check or money order HERE

First name SATHIYANARAYANAN	Middle	Last name ARUNACHALAM	Suffix	Primary Social Security Number 141 15 7851
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AMENDED

If a joint return, spouse's first name LALITHASHREE	Middle	Last name SATHIYANARAYANAN	Suffix	Spouse Social Security Number 149 19 7782
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Do you anticipate filing a Columbus return next year?

YES NO

If NO, explain:

Mailing address (number & street)
139 CABOOSE LANE
Mailing address Line 2

City: DELAWARE State: OH Zip Code: 43015

Taxpayer Phone Number Email

Account ID
IIT -

Filing Status
 Single
 Married-Filing Jointly
 Married-Filing Separately

CURRENT RESIDENCE

RESIDENCE CHANGE IN 2023

Same as Mailing

Did you change residence during 2023? YES NO

If YES, enter date of move:

Current address (number & street)
139 CABOOSE LANE
Current address Line 2

City: DELAWARE State: OH Zip Code: 43015

Previous address (number & street)

Previous address Line 2

City: 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	234,930.
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	234,930.
4. Tax due (multiply Line 3 by 2.5%).....	4	5,873.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	5,873.
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 Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES NO

Designee 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

Sign Here Your Signature: *Sathir* Date: 04/13/2024

If a joint return, both must sign Spouse's Signature: *S. Lalithashree* Date: 04/13/2024

Paid Preparer's Use Only Preparer's Signature: Date: 04/14/2024

PTIN: 84-3171965

Phone #: (678) 965-9522

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

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <u>SATHIYANARAYANAN ARUNACHALAM</u>	Social security number <u>141-15-7851</u>
Spouse's name <u>LALITHASHREE SATHIYANARAYANAN</u>	Spouse's social security number <u>149-19-7782</u>

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	197,071.
2	Total tax	2	17,720.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	46,560.
4	Amount you want refunded to you	4	28,840.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	7	8	5	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Sathiyana* Date ▶ 04/13/2024

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	7	7	8	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ *S. Lalithashree* Date ▶ 04/13/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

2023 Ohio IT 1040
Individual Income Tax Return



23000298 Sequence No. 2

SSN: 141 15 7851

7a. Amount from line 7 on page 1	7a.	189471
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	5740
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.	5740
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....	9.	287
10. Tax liability after nonrefundable credits (line 8c minus line 9, if negative, enter zero)	10.	5453
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.	5453
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	7969
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. Amended return only – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	7969
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	7969
<u>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</u>		
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"	AMOUNT DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	2516
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
26. Original return only – portion of line 24 you wish to donate:		
a. Wishes for Sick Children	b. Wildlife Species	c. Military Injury Relief
d. Ohio History Fund	e. Nature Preserves/Scenic Rivers	f. Breast/Cervical Cancer
	Total....	26g.
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	2516

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 Sagar Gup Phone number (732) 347-4907
 ▶ Spouse's signature S. Lalitha Sheela Date 04/13/2024
 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