## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Social security number   PRASHANTH KOLA   Social security number   PRASHANTH KOLA   Social security number   Social sec	Submis	sion Identification Number (SID)		•			
Part   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 140-95. Sfilers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   1	Taxpayer	s name	Social securit	y numb	er		
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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 10, 566, 4 Amount you want refunded to you 4 2,441, 5 Amount you want refunded to you 5 Amount you owe 6 Amount you owe 7 Amount you owe 8 Amount you owe 9 Amount you owe 9 Amount you owe 1 Amount you owe 1 Amount you owe 1 Amount you one 9 Amount you one 1 Amount you owe 1 Amount you one 1 Amount you on	PRAS	HANTH KOLA	303-79-	-1825	5		
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	Spouse's	name	Spouse's soci	al secu	rity nun	nber	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ai	re aut	horizii	ng.)	
Adjusted gross income	Enter w					<u> </u>	
2	Note: F	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Lorder penalities of popiny. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best 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, and to the best 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, and to the best 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, and to the best only knowledge and belief, it is true, correct, and complete. I further achoeved on the return or refund, and (c) the date of any refund, if applicable, I authorize the U.S. Teasury 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 referred taxes over don't have a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the structure of the payment of the suppressor of the financial institutions involved in the processing of the electronic payment of the payment of t				1			
A mount you want refunded to you  5 Amount you went refunded to you  5 Amount you owe  Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or why 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 to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for resident of the transmitter, or electronic return originator (ERS to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejocition of the transmission, (b) the case of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial 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) payment of my federal taxes owed on this return and/or a payment of estimated tax, and 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 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 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 account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or apayment of estimated taxes to receive confident the introduced taxes to receive confident the introduced taxes to receive confident the introduced taxes to receive confident taxes to receive confident taxes to receive confident taxes to receive confidential information neces							
Part II							
Part III 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 or whowledge 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 (ERK to send my return to the IRS and to receive from the IRS (ag an acknowledgement or freeze) or reason for rejection of the transmission, (b) the reason of the reason of the transmission or rejection of the transmission, (b) the reason of the responsibility of the control or the part of the provider or the provider of the provider or the part of the provider or the part of						2,4	141.
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 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 intermediates exercise provider, transmitter, or electronic return originator (ERC to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection or other transmission, (b) the reason is considered and considered			 een a conv	_	OUR re	turn	١
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 ta return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, insmitter, or electronic return originator (ERC 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 reaso 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 Financia 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 the return and/or a payment of settimated 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) payment, I must contact the U.S. Treasury Financial Agent at 1-888-38-4537. Payment cancellation requests must be received no later than business days prior to the payment. If until notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization requests must be received not later than business days prior to the payment. If until notify the U.S. Treasury Financial Agent to terminate the authorization to the payment. If until the entry of the later and							
Taxpayer's PIN: check one box only	for any of Agent to payment authorize payment business taxes to personal	lelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate I, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requived a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and	S. Treasury are cated in the tand to debit the the authorizates must be processing of ayment. I furtile	nd its on the control of the control	lesignation or this a revolution or revoluti	ted Fir softw ccour ke (car later paym dge th	nancial are for it. This ncel) a than 2 nent of nat the
I authorize   GLOBAL TAXES LLC   ERO firm name   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.   Onterest if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part I below.    Spouse's PIN: check one box only   I authorize   ERO firm name   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.   I will enter my PIN 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 I below.    Spouse's signature   Date   Practitioner PIN Method Returns Only—continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   Provided the provided in						_	
Spouse's PIN: check one box only  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 I below.  Spouse's PIN: check one box only  I authorize  ERO firm name 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.  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 I below.  Spouse's signature ▶  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 6 1 9 8 9  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 authorizing.  Cretify 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 authorizing.			9 DINI 9	1 8	3 2 !	5	
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 I below.    Your signature   Date		ERO firm name	Ent			ut	is illy
Spouse's PIN: check one box only  □ I authorize		I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method					
I authorize	Your si	gnature ▶ Date ▶					
I authorize	Spouse	s's PIN: check one box only				_	
ERO firm name 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 I below.  Spouse's signature ▶  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.  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		-	nv PIN				s mv
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 I below.  Spouse's signature ▶  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.  Date ▶  Date ▶  Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  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			Ent			ut	io iiiy
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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.  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 not		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
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.  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	Spouse	's signature ▶ Date ▶					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 6 1 9 8 9  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		•					
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 nov	Part II	Certification and Authentication — Practitioner PIN Method Only					
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 nov	ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2				8	9
			Don't ente	er all ze	ros		
requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.	authorize	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	rn in a	ccorda	nće w	
ERO's signature ▶ Date ▶	ERO's	signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions  Don't Submit This Form to the IRS Unless Requested To Do So							

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		partment of the Treasury—Internal Revenue Servi .S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–De	ec. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and r	middle initial	Last na	ıme						Your so	ocial sec	curity number
PRASHAN'	ГН		KOLA	4						303	79	1825
If joint return, s	pouse	s's first name and middle initial	Last na	ıme						Spouse	's socia	I security numbe
Home address	(numb	per and street). If you have a P.O. box, see	instruction	ons.				Α	pt. no.	Preside	intial Ele	։ ection Campaigı
11500 L	AGO	VISTA						2	125	Check	here if y	ou, or your
City, town, or p	ost of	fice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP co	ode		_	jointly, want \$3
Dallas						ТХ	2	752	34			nd. Checking a not change
Foreign countr	y nam	e	F	Foreign pro	ovince/state/c	count	ty	Foreig	n postal code			•
											Yo	ou Spouse
Filing Status	s [	⊠ Single					☐ Head of ho	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne had i	income)			_					
one box.		Married filing separately (MFS)							ing spouse			
		you checked the MFS box, enter the			ouse. If you	ı che	ecked the HOH	or QS	SS box, ent	er the ch	ild's na	ıme if the
	q	ualifying person is a child but not you	ur deper	ndent:								
Digital	At a	any time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or s	services); oi	r (b) sell,		
Assets		change, or otherwise dispose of a dig										es 🗵 No
Standard	Soi	meone can claim: 🗌 You as a de	penden	t 🗌 `	Your spouse	e as	a dependent					
<b>Deduction</b>		Spouse itemizes on a separate return	n or you	ı were a c	dual-status a	alien	I					
Age/Blindnes	s Yo	u: Were born before January 2, 1	959 F	Are bli	nd <b>Spo</b>	use	: ☐ Was bor	n befo	re January	2. 1959		s blind
		e instructions):		Ī	ocial security		(3) Relationsh	14				(see instructions)
•	•	First name Last name			number		to you	ib	Child tax of		1	or other dependents
If more than four					-							
dependents,											一一	
see instruction and check	s —											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions)					. 1a	1	84,588.
	b	Household employee wages not re	eported	on Form(	s) W-2					. 1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions	s)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s)	W-2 (see ir	nstru	ictions)			. 10	i	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	rm 2441,	line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene	efits from	n Form 88	339, line 29					. 1f	•	
If you did not	g	Wages from Form 8919, line 6 .								. 19	3	
get a Form W-2, see	h	Other earned income (see instruct	ions)				, .	, .		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>					
	Z	_ Add lines 1a through 1h								. 1z	<u> </u>	84,588.
Attach Sch. B	2a	· —	2a				axable interest			. 2b		
if required.	3a	<del>-</del>	3a				ordinary divider					0.
Standard	4a		4a				axable amount			. 4b		
Deduction for—	5a	_	5a				axable amount					
Single or Married filing	6a	,	6a				axable amount	t		. 6b		
separately, \$13,850	_ c	,			•	•	,		!	= F		F.0
Married filing	7	Capital gain or (loss). Attach Sche		•	•							50.
jointly or Qualifying	8	Additional income from Schedule								. 8		-11,170. 73 468
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	_	73,468.
Head of	10	Adjustments to income from Sche								. 10		72 /60
household, \$20,800	11	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-	-					. 11	_	73,468.
If you checked any box under	13	Qualified business income deduct					 5-Δ			. 13	_	13,850.
Standard	14					099	<b>υ</b> Λ			. 14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				our <b>t</b>	axable incom	 ie .				59,618.
				,	y							, •

Form 1040 (202)	3)							Page Z
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	з 🗌		16	8,425.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	8,425.
	19	Child tax credit or credit for other depend	dents from Sched	lule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0				22	8,425.
	23	Other taxes, including self-employment to	ax, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax	<b>x</b>				24	8,425.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			<b>25a</b> 10	,866.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	10,866.
If you have a	26	2023 estimated tax payments and amour	nt applied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8	812		28			
	29	American opportunity credit from Form 8	863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are y	our <b>total other p</b>	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are you	r total payments	<b>.</b>			33	10,866.
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33	. This is the amour	nt you <b>overpaid</b>		34	2,441.
	35a	Amount of line 34 you want refunded to	you. If Form 8888	8 is attached, chec	k here	. 🗆	35a	2,441.
Direct deposit?	b	Routing number 0 6 4 0 0 0		,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 4 4 4 0 2 1	2 7 3 8	1 2				
	36	Amount of line 34 you want applied to yo	our 2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	amount you owe					
You Owe		For details on how to pay, go to www.irs.	.gov/Payments or	see instructions.			37	
	38	Estimated tax penalty (see instructions)			38			
<b>Third Party</b>		you want to allow another person to			_			
Designee		structions			<del>_</del>	•		⊠ No
		signee's me	Phone no.	)		onal identi ber (PIN)	fication	
Sign	Un	der penalties of perjury, I declare that I have exam	nined this return and	accompanying sched	dules and statemen	ts, and to t	he best	of my knowledge and
Here	be	ief, they are true, correct, and complete. Declarati	ion of preparer (othe	er than taxpayer) is ba	sed on all informati	on of whicl	n prepar	er has any knowledge.
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
							ection P inst.)	IN, enter it here
Joint return? See instructions.		average algorithms. If a joint value was bath sover algori	Dete	SOFTWARE E				mt
Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign	. Date	Spouse's occupati	on	Iden		nt your spouse an ection PIN, enter it here
		one no. (901)338-5028	Email address	L KOLAPRASHANT	ш 1/асматт с	,		
		eparer's name Preparer's sign		IMARCANYALION	Date	PTIN		Check if:
Paid		.   ' '		MAR DUDIPALLI		P0247	U833	Self-employed
Preparer				678)965-9522				
Use Only		m's name GLOBAL TAXES LLC m's address 245 ROONEY CT E B	PIINSMICK M	J 08816			's EIN	· · · · · · · · · · · · · · · · · · ·
	<u>'</u>	10406 : 1 I' I'I II II II I'I	TOTAD MATCHE IN	0 00010			3 LIIV	88-2145487

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

PRASHANTH KOLA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soci	ial security number
202-70	_1025

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-11,170.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form	_	44 45-
	1040, 1040-SR, or 1040-NR, line 8		10	-11,170.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

# SCHEDULE D (Form 1040)

Department of the Treasury

## **Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Interna	Revenue Service Go to www.iis.gov/ScheduleD to	or instructions and	the latest illiornat	ion.	`	sequence No. 12
	(s) shown on return ASHANTH KOLA					ecurity number 1825
-	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	1,516.	1,356.			160.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y		Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	mn (h). If you have	e any long-	7	160.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	0.	110.			-110.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-110.

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 50. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Form **8949**

### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
PRASHANTH KOLA

Department of the Treasury

Social security number or taxpayer identification number

303-79-1825

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B						
1  (a) (b) Description of property Date acquired		(c) Date sold or	Proceeds	Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(see instructions) in the separate instructions. (f) Code(s) from An		lay, yr.) (see instructions) in the separate instructions. (f) (g)		(f) (g) Code(s) from Amount of		from column (d) and combine the result with column (g).
ROBINHOOD SECURITES LLC	01/01/23	12/31/23	476.	471.			5.		
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	1,040.	885.			155.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be should	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1 516	1 356			160		

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $PRASHANTH \quad KOLA$ 

Social security number or taxpayer identification number 303-79-1825

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

🗵 (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

<ul><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>				is <b>wasn't</b> reporte	ed to the IF	RS	
1  (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITES LLC	01/01/22	12/31/23	0.	110.			-110.
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract					

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked) .

-110.

0.

110

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number PRASHANTH KOLA 303-79-1825

Part	Income or Loss From Rental Real Estate a  Note: If you are in the business of renting personal prop rental income or loss from Form 4835 on page 2, line 40	erty, use		e C. See	instru	ctions. If you a	are an indiv	idual, repo	ort farm	
	Did you make any payments in 2023 that would require you fixed fixed from the payments in 2023 that would require you five you file required Form(s) 1099?									No No
1a	Physical address of each property (street, city, state, 2									
Α	H-NO:1-62, PATHIPAKA PEDDAPALLI TELANO	ZANA		416						
В	II NO-1 02,1AIIIIIAKA 1800ALABBI 180AK	JAIVA	111 303	110						
C										
1b	Type of Property (from list below)  2 For each rental real estate propagators, report the number of fa				Fa	ir Rental Days	Persona		QJ	V
Α	personal use days. Check the			Α		365	,	0		
В	if you meet the requirements to			В				-		
С	qualified joint venture. See inst	ruction	S.	С					一一	
	of Property:				1					
1	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Lan 6 Roy			Self-Rental Other (desc	ribe)			
						Propert	es:			
ncom				Α		В			С	
3	Rents received	3		5	80.					
4	Royalties received	4								
xper	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,8	57.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	24.					
12	Mortgage interest paid to banks, etc. (see instructions)	_								
13	Other interest	13								
14	Repairs	14		2,9						
15	Supplies	15		2,5	47.					
16	Taxes	16								
17	Utilities	17		2,8	57.					
18	Depreciation expense or depletion	18								
19	Other (list)	. 19								
20	Total expenses. Add lines 5 through 19	20		11,7	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I result is a (loss), see instructions to find out if you mus file <b>Form 6198</b>			-11,1	70.					
22	Deductible rental real estate loss after limitation, if any on <b>Form 8582</b> (see instructions)	, <b>22</b>	(	11,17	"0.)	(	)(	,		
23a	Total of all amounts reported on line 3 for all rental prop	perties			23a		580.			
b	Total of all amounts reported on line 4 for all royalty pro				23b					
С	Total of all amounts reported on line 12 for all propertie				23c					
d	Total of all amounts reported on line 18 for all propertie	s			23d					
е	Total of all amounts reported on line 20 for all propertie				23e	11	,750.			
24	Income. Add positive amounts shown on line 21. Do n		de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real est	ate loss	es from li	ne 22. Eı	nter to	tal losses he	e <b>25</b> (		L1,17	0.
26	Total rental real estate and royalty income or (loss)	. Comb	ine lines	24 and	25. E	nter the resu	ult			
	here. If Parts II, III, and IV, and line 40 on page 2 do r Schedule 1 (Form 1040), line 5. Otherwise, include this	not app	ly to you	, also e	nter t	his amount o		-	-11,1	70.



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

AMIENDED RETORN - Glieck liefe and include Office	)       \L		NOL	DANKIDAOK	- Check here and	ilicidde Scrieddie II NOL.
Primary taxpayer's SSN (required) ✓ If deceased 303 79 1825	Spo	use's SSN (if fili	ing jointly)	<b>~</b>	If deceased	School district #
First name PRASHANTH	M.I.	Last name KOLA				
Spouse's first name (if filing jointly)	M.I.	Last name				
Address line 1 (number and street) or P.O. Box 11500 LAGO VISTA						
Address line 2 (apartment number, suite number, etc.) ${\tt APT} \ \ 2125$						
City			State	ZIP code	Ohio cour	nty (first four letters)
DALLAS			TX	75234	FRAN	ī
Foreign country (if the mailing address is outside the U.S.)			Foreign p	oostal code		

Re	sidency Status	- Check only one f	or primary	*Indicate state	Filing Status - Check one (as reported on federal income tax return
×	Resident	Part-year resident*	Nonresident*		X Single, head of household or qualifying surviving spouse
Ch	eck only one for spo	ouse (if filing jointly)		*Indicate state	Married filing jointly
	Resident	Part-year resident*	Nonresident*		Spouse's SSN  Married filing separately
<u>Oł</u>		t Statement - Se		Federal extension filers - check here.	
	Chausa mosta tha	five criteria for irrebu	ttable presumpti	on as nonresident.	If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Spouse meets the live chieffa for irrebuttable presumption as nonresident.	dependent, check here.	
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a if negative	72/60	
2a. Additions – Ohio Schedule of Adjustments, line 11 (include schedule)	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 t	he box if negative3. 73468	
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. 71318	
6. Taxable business income – Ohio Schedule of Business Income, line 15 (inclu	ide schedule)6.	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	71318	



MM-DD-YY

REV 03/25/24 PRO

### 2023 Ohio IT 1040

#### **Individual Income Tax Return**



303 79 1825 SSN:

discuss this return

23000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	71318
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1606
8b.Business income tax liability – Ohio Schedule of Business Income, line 16 ( <b>include schedule</b> )	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1606
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1606
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12)	13.	1606
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2449
15. Estimated and extension payments, and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 ( <b>include schedule</b> )	16.	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17)	18.	2449
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	2449
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"	<b>DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	843
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. <b>REFUND</b> (line 24 minus lines 25 and 26g)	UND ▶ 27.	843
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.		ess, no refund will be issued. , no payment is necessary.
Primary signature Phone number(901)338-5028	NO Payment In Ohio Departn	icluded – Mail to: nent of Taxation
Spouse's signature Date		ox 2679 H 43270-2679
Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522	Ohio Departn	uded – Mail to: nent of Taxation
Authorize your preparer to Non-paid preparer PTIN: P 02470833		Sox 2057 PH 43270-2057



# 2023 Schedule of Ohio Withholding

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



23350198

Sequence No. 11

Primary taxpayer's SSN

303 79 1825

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 P	Box b - EIN 980429806	Box 1 - Wages, tips, other compensation 84588	Box 2 - Federal income tax withheld 10866
	Box 15 - Employer's Ohio ID number 52650229	Box 16 - Ohio wages, tips, etc. 84588	Box 17 - Ohio income tax 2449
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 303 79 1825





D	4000 D-	303 79 1825		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		ox 7 - istribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - C	Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution		ox 7 - istribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - C	Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution		ox 7 - istribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - C	Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution		ox 7 - istribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - C	Ohio tax withheld
Dowt D	W 2C-			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal in	come tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - C	Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal in	come tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - C	Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal in	come tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - C	Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal in	come tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Of	nio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal in	come tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Oh	nio tax withheld