

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

2023

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 12, 0, 2, 3 AND ENDING 66F

Your First Name and Middle Initial: 1 SUDHEER, Last Name: ADHA, Your Social Security Number: 210 82 6039, Spouse's First Name and Middle Initial (if box 4 or 6 checked): 1 SUMAN, Last Name: RAVULAPELLI, Spouse's Social Security No.: 182 84 0780

Current Home Address - number and street, rural route: 2 6707 PARK MILL DRIVE, Apt. No., Daytime Phone (with area code): 94 (480) 886-6824

City, Town or Post Office: 3 DUBLIN, State: OH, ZIP Code: 43016, Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single

Exemptions 8, 9, and 11a - Dependents 10a and 10b: 8 Age 65 or over, 9 Blind, 10a Dependents Under age of 17, 10b Dependents Age 17 and over, 11a Qualifying parents and grandparents

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military, 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Rows 10c and 10d.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023. Rows 11b and 11c.

14 Dates of Arizona residency: From 0, 1, 0, 1, 2, 0, 2, 3 to 0, 8, 3, 1, 2, 0, 2, 3. List other state(s) of residency: OH

Table with 3 columns: Description, 2023 FEDERAL Amount from Federal Return, 2023 ARIZONA Amount Only. Rows 15-27.

Table with 3 columns: Description, 2023 FEDERAL Amount from Federal Return, 2023 ARIZONA Amount Only. Rows 28-39.

Place any required federal and AZ schedules or other documents after Form 140PY.

Your Name (as shown on page 1) **SUDHEER ADHA & SUMAN RAVULAPELLI** Your Social Security Number **210-82-6039**

| | | | | | | | |
|---------------------------------------|--|---|-----|---------|--|--|----|
| Subtractions cont. from page 1 | 40 | Recalculated Arizona depreciation | 40 | | 00 | | |
| | 41 | Contributions to: 41a 529 College Savings Plans <input type="text"/> 00 41b 529A (ABLE accounts) <input type="text"/> 00 add 41a and 41b... | 41c | | 00 | | |
| | 42 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills | 42 | | 00 | | |
| | 43 | U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income | 43 | | 00 | | |
| | 44 | Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6 | 44 | | 00 | | |
| | 45 | Subtract lines 40 through 44 from line 39. Enter the difference | 45 | 200,633 | 00 | | |
| Exemptions | 46 | Age 65 or over: Multiply the number in box 8 by \$2,100 | 46 | | 00 | | |
| | 47 | Blind: Multiply the number in box 9 by \$1,500 | 47 | | 00 | | |
| | 48 | Other Exemptions. See instructions....48E <input type="text"/> Multiply the number in box 48E by \$2,300 | 48 | | 00 | | |
| | 49 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 | 49 | | 00 | | |
| | 50 | Add lines 46 through 49. Enter the total | 50 | | 00 | | |
| | 51 | Multiply line 50 by the Arizona income ratio on line 27 | 51 | | 00 | | |
| | 52 | Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0" | 52 | 200,633 | 00 | | |
| Balance of Tax | 53 | Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD | 53 | 27,700 | 00 | | |
| | 54 | If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions | 54 | | 00 | | |
| | 55 | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0" | 55 | 172,933 | 00 | | |
| | 56 | Tax: Multiply line 55 by 2.5% (.025). Enter the result | 56 | 4,323 | 00 | | |
| | 57 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31 | 57 | | 00 | | |
| | 58 | Subtotal of tax: Add lines 56 and 57. Enter the total | 58 | 4,323 | 00 | | |
| | 59 | Dependent Tax Credit. See instructions | 59 | 95 | 00 | | |
| | 60 | Family income tax credit (from the worksheet - see instructions) | 60 | | 00 | | |
| | 61 | Nonrefundable credits from Arizona Form 301, Part 2, line 62 | 61 | | 00 | | |
| | 62 | Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0" | 62 | 4,228 | 00 | | |
| Total Payments and Refundable Credits | 63 | 2023 AZ income tax withheld | 63 | 4,076 | 00 | | |
| | 64 | 2023 AZ estimated tax payments..64a <input type="text"/> 00 Claim of Right 64b <input type="text"/> 00 Add 64a and 64b. | 64c | | 00 | | |
| | 65 | 2023 AZ extension payment (Form 204) | 65 | | 00 | | |
| | 66 | Increased Excise Tax Credit (from the worksheet - see instructions) | 66 | | 00 | | |
| | 67 | Other refundable credits: Check the box(es) and enter the total amount.....671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 334 673 <input type="checkbox"/> 349 | 67 | | 00 | | |
| | 68 | Total payments and refundable credits: Add lines 63 through 67. Enter the total | 68 | 4,076 | 00 | | |
| Tax Due or Overpayment | 69 | TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72 | 69 | 152 | 00 | | |
| | 70 | OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment | 70 | | 00 | | |
| | 71 | Amount of line 70 to be applied to 2024 estimated tax | 71 | | 00 | | |
| | 72 | Balance of overpayment: Subtract line 71 from line 70. Enter the difference | 72 | | 00 | | |
| Voluntary Gifts | 73 - 83 | Voluntary Gifts to: | | | | | |
| | | Solutions Teams Assigned to Schools.....73 | | 00 | Arizona Wildlife.....74 | | 00 |
| | | Child Abuse Prevention.....75 | | 00 | Domestic Violence Services.....76 | | 00 |
| | | Neighbors Helping Neighbors..78 | | 00 | Special Olympics.....79 | | 00 |
| | | I Didn't Pay Enough Fund.....81 | | 00 | Sustainable State Parks and Road Fund.....82 | | 00 |
| | | | | | Veterans' Donations Fund.....80 | | 00 |
| | | | | | Spay/Neuter of Animals..83 | | 00 |
| | 84 | Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican | | | | | |
| Penalty | 85 | Estimated payment penalty | 85 | | 00 | | |
| | 86 | 861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included | | | | | |
| | 87 | Add lines 73 through 83 and 85; enter the total | 87 | | 00 | | |
| Refund or Amount Owed | 88 | REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89 | 88 | | 00 | | |
| | | Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/> | | | | | |
| | | <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER <input type="checkbox"/> S <input type="checkbox"/> Savings | | | | | |
| 89 | AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment. | 89 | 152 | 00 | | | |

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____ DATE _____ EMPLOYEE OCCUPATION _____
 SPOUSE'S SIGNATURE _____ DATE _____ EMPLOYEE OCCUPATION _____
 SYAM PRIYA RAM SAGAR GUPTA 04112024 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
 245 ROONEY CT 84-3171965
 PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____
 E BRUNSWICK NJ 08816 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

| | | | | |
|--|-------------|--------------------------|---|--|
| Your First Name and Middle Initial 1 SUDHEER | | Last Name ADHA | Enter your SSN(s). | Your Social Security Number 210 82 6039 |
| Spouse's First Name and Middle Initial 1 SUMAN | | Last Name RAVULAPELLI | | Spouse's Social Security No. 182 84 0780 |
| Current Home Address - number and street, rural route 2 6707 PARK MILL DRIVE | | | Apt. No. | Daytime Phone (with area code) 94 (480) 886-6824 |
| City, Town or Post Office 3 DUBLIN | State OH | ZIP Code 43016 | REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 | |

Please indicate the filing status below:

- Married filing joint return
- Head of household: Enter name of qualifying child or dependent on next line.

- Married filing separate return: Enter spouse's name and Social Security Number above.
- Single

| | |
|--------------|----------------|
| 81 PM | 80 RCVD |
|--------------|----------------|

Enter the amount of payment enclosed..... \$

| | |
|-----|----|
| 152 | 00 |
|-----|----|

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card!
American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2024, or for tax year ending: 20

1 SUDHEER ADHA 210 82 6039
1 SUMAN RAVULAPELLI 182 84 0780

Enter your SSN(s).

2 6707 PARK MILL DRIVE Apt. No.
3 DUBLIN OH 43016

95. Filing Status. Must be the same as Form 140, 140NR or 140PY
95a Married filing joint return 95c Head of Household
95b Married filing separate return 95d Single

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

94 Your Daytime Phone (with area code): (480) 886-6824
Check if this payment is on behalf of a Nonresident Composite return - 140NR
STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS.
Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).
Enter the amount of payment enclosed \$ 38.00

88
81 PM 80 RCVD

2 Check only one box for the quarter for which this payment is made.
Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

1st Quarter - January to March | Due date is April 15, 2024.
2nd Quarter - April to June | Due date is June 15, 2024.
Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.
3rd Quarter - July to September | Due date is September 15, 2024.
Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.
4th Quarter - October to December | Due date is January 15, 2025.

Payment for fiscal year filers are due as follows:

1st Quarter - 15th day of the fourth month of the current fiscal year.
2nd Quarter - 15th day of the sixth month of the current fiscal year.
3rd Quarter - 15th day of the ninth month of the current fiscal year.
4th Quarter - 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:
- Complete and submit this form in its entirety. Do not cut this page in half.
- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card!
American Express ♦ Visa ♦ Discover Card ♦ MasterCard
www.AZTaxes.gov
- Click on "Make a Payment" and select "140ES" as the Payment Type.
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Arizona Form 140ES

Individual Estimated Income Tax Payment

FOR CALENDAR YEAR 2024

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Arizona Form 140ES

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FOR CALENDAR YEAR 2024

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1 SUMAN RAVULAPELLI 182 84 0780

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- Do not mail this form. We will apply this payment to your account.

Please detach here.

REV 03/25/24 PRO

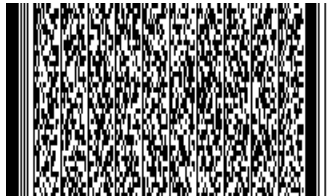
Ohio Universal Payment Coupon (OUPC)

Tax Year 04 11 24
2023

Individual Income Tax 440

ID Type 01 Coupon Typ 54

SUDHEER ADHA
6707 PARK MILL DRIVE
DUBLIN OH 43016



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

ADH

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

98

Taxpayer's SSN
210 82 6039

Amount of Payment → \$

450.00

440 8 01 8 000002108260391223 2 54 7 0000 0 222

Do not staple or paper clip.



Department of Taxation

2023 Ohio IT 1040 Individual Income Tax Return



04 11 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) 210 82 6039 If deceased Spouse's SSN (if filing jointly) 182 84 0780 If deceased School district # 2513

First name SUDHEER M.I. Last name ADHA

Spouse's first name (if filing jointly) SUMAN M.I. Last name RAVULAPELLI

Address line 1 (number and street) or P.O. Box 6707 PARK MILL DRIVE

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

City DUBLIN State OH ZIP code 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 Filing Status - Check one (as reported on federal income tax return) Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



23000298 Sequence No. 2

SSN: 210 82 6039

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (256804), 8a. Nonbusiness income tax liability (8265), 8b. Business income tax liability (8265), 8c. Income tax liability before credits (8265), 9. Ohio nonrefundable credits (6130), 10. Tax liability after nonrefundable credits (2135), 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (2135), 14. Ohio income tax withheld (1685), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (1685), 19. Amended return only - overpayment, 20. Line 18 minus line 19 (1685), 21. Tax due (450), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (450), 24. Overpayment, 25. Original return only, 26. Original return only - portion of line 24 you wish to donate (a-f), 27. REFUND (YOUR REFUND).

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) 886-6824

Spouse's signature _____ Date _____

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

| | | |
|--|-----|------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c)..... | 1. | 8265 |
| 2. Retirement income credit (include 1099-R forms)..... | 2. | |
| 3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)..... | 3. | |
| 4. Senior citizen credit (must be 65 or older to claim this credit)..... | 4. | |
| 5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)..... | 5. | |
| 6. Child care & dependent care credit (include a copy of the worksheet)..... | 6. | |
| 7. Displaced worker training credit (include a copy of the worksheet and all required documentation)..... | 7. | |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly..... | 8. | 0 |
| 9. Exemption credit..... | 9. | 0 |
| 10. Total (add lines 2 through 9)..... | 10. | 0 |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero)..... | 11. | 8265 |
| 12. Joint filing credit (see instructions for table). 5 % times line 11, up to \$650..... | 12. | 413 |
| 13. Earned income credit..... | 13. | |
| 14. Home school expenses credit (include copies of all required documentation)..... | 14. | |
| 15. Scholarship donation credit (include copies of all required documentation)..... | 15. | |
| 16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation)..... | 16. | |
| 17. Credit for work-based learning experiences (include a copy of the credit certificate)..... | 17. | |
| 18. Ohio adoption credit carryforward..... | 18. | |
| 19. Nonrefundable job retention credit (include a copy of the credit certificate)..... | 19. | |
| 20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)..... | 20. | |
| 21. Credit for the beginning farmers financial management program (include a copy of the credit certificate)..... | 21. | |
| 22. Welcome Home Ohio credit (include a copy of the credit certificate)..... | 22. | |
| 23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)..... | 23. | |



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

210 82 6039



23280298

Sequence No. 8

| | | |
|--|-----|------|
| 24. Grape production credit | 24. | |
| 25. InvestOhio credit (include a copy of the credit certificate) | 25. | |
| 26. Lead abatement credit (include a copy of the credit certificate) | 26. | |
| 27. Opportunity zone investment credit (include a copy of the credit certificate) | 27. | |
| 28. Technology investment credit carryforward (include a copy of the credit certificate) | 28. | |
| 29. Enterprise zone day care & training credits (include a copy of the credit certificate) | 29. | |
| 30. Research & development credit (include a copy of the credit certificate) | 30. | |
| 31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) | 31. | |
| 32. Ohio low-income housing credit (include a copy of the credit certificate) | 32. | |
| 33. Affordable single-family housing credit (include a copy of the credit certificate) | 33. | |
| 34. Total (add lines 12 through 33) | 34. | 413 |
| 35. Tax less additional credits (line 11 minus line 34; if negative, enter zero) | 35. | 7852 |
| Residency Credits | | |
| 36. Nonresident credit – Ohio IT NRC, line 20 (include a copy) | 36. | 5717 |
| 37. Resident credit – Ohio IT RC, line 7 (include a copy) | 37. | |
| 38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) | 38. | 6130 |

Refundable Credits

| | | |
|--|-----|--|
| 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate) | 39. | |
| 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 40. | |
| 41. Pass-through entity credit (include a copy of all Ohio IT K-1s) | 41. | |
| 42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) | 42. | |
| 43. Venture capital credit (include a copy of the credit certificate) | 43. | |
| 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) | 44. | |



2023 Ohio Schedule of Dependents



23230198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

04 11 24

210 82 6039

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 |
| 093 39 8363 | 05 15 2004 | SON |

| | | |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
| DHRUV | R | ADHA |

| | | |
|--------------------|--|---------------------------------|
| 2. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
| 677 20 4283 | 04 08 2010 | SON |

| | | |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
| PRANAV | | ADHA |

| | | |
|--------------------|--|---------------------------------|
| 3. 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 |
|------------------------|------|-----------------------|

| | | |
|--------------------|--|---------------------------------|
| 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 |
|------------------------|------|-----------------------|





2023 Schedule of Ohio Withholding

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



23350198

Sequence No. 11

Primary taxpayer's SSN

210 82 6039

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. 1685

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
S 050340626 97837 11796

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
51476846 29610 818

2. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 050340626 124415 17151

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
51476846 42259 867

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
210 82 6039



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