

#### 2023 Ohio IT 1040

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



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

23000198

NOL CARRYBACK - Check here and include Schedule IT NOL.

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

✓ If deceased Spouse's SSN (if filing jointly) 808 73 4520

ointly) ✓ If deceased

School district # 2103

First name

Do not staple or paper clip.

KRISHNA KUMAR

089 91 5839

Primary taxpayer's SSN (required)

Spouse's first name (if filing jointly)

SHWETHA

M.I. Last name
L SAMAGA

M.I. Last name

S PEDAMALE

Address line 1 (number and street) or P.O. Box

910 BAYRIDGE DRIVE

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

City State ZIP code Ohio county (first four letters)

LEWIS CENTER OH 43035 DELA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Re	sidency Status	- Check only one	for primary	*Indicate state	Filing Status - Check one (as reported on federal	income tax return)
×	Resident	Part-year resident*	Nonresident*		Single, head of household or qualifying survivi	ng spouse
Check only one for spouse (if filing jointly)				*Indicate state	× Married filing jointly	
×	Resident	Part-year resident*	Nonresident*		Spouse' Married filing separately	s SSN
Ohio Nonresident Statement – See instructions for required criteria  Primary meets the five criteria for irrebuttable presumption as nonresident.				Federal extension filers - check here.		
	Spouse meets the five criteria for irrebuttable presumption as nonresident.				If someone can claim you (or your spouse if filing jointly) as a dependent, check here.	
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative						

Spouse meets the five criteria for irreduttable presumption as nonresident.	dependent, check here.	e if filing jointly) as a
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place if negative		145840
5 2a. Additions – Ohio Schedule of Adjustments, line 11 ( <b>include schedule</b> )	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 "-" ir	n the box if negative3.	145840
Exemption amount (include Schedule of Dependents if applicable)  Number of exemptions including you and your spouse/dependents, if applicable		3800
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5.	142040
6. Taxable business income – Ohio Schedule of Business Income, line 15 (inc	clude schedule)6.	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	142040
יותר בורב בורו ליותר ליותר ביותר שיאו לייתר של אינו של אינו של היותר של או בורב בורב או השיבות היותר ביותר ביות	A MILII	



MM-DD-YY

REV 03/25/24 PRO

#### 2023 Ohio IT 1040

#### Individual Income Tax Return

SSN:





089 91 5839 Sequence No. 2 142040 3961 8b. Business income tax liability - Ohio Schedule of Business Income, line 16 (include schedule) ......8b. 3961 198 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)......9. 3763 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 3763 14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (include schedule and 4186 16. Refundable credits - Ohio Schedule of Credits, line 44 (include schedule).......16. 4186 19. Amended return only – overpayment previously requested on original and/or amended return......19. 4186 20. Line 18 minus line 19. Place a "-" in the box if negative.... 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. 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment 423 24. Overpayment (line 20 minus line 13) .......24. 26. Original return only – portion of line 24 you wish to donate: a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief Total....26g. f. Breast/Cervical Cancer d. Ohio History Fund e. Nature Preserves/Scenic Rivers 423 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: Phone number (513) 655-8899 Ohio Department of Taxation P.O. Box 2679 Date Columbus, OH 43270-2679

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 Spouse's signature Phone number (678)965-9522SYAM PRIYA RAM SAGAR GUP

Non-paid preparer

REV 03/25/24 PRO

Authorize your preparer to discuss this return

PTIN: P 02082703

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



### 2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

089 91 5839



23280198 Sequence No. 7

Many of these credits <u>must</u> 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. 39	61
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.	С
9.	Exemption credit	9.	С
10.	Total (add lines 2 through 9)	10.	С
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11. 39	61
12.	Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	12. 1	98
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 089 91 5839



280298 Sequence No. 8

24. Grape production credit					
25. InvestOhio credit (include a copy of the credit certificate)					
26. Lead abatement credit (include a copy of the credit certificate)					
27. Opportunity zone investment credit (include a copy of the credit certificate)					
28. Technology investment credit carryforward (include a copy of the credit certificate)					
29. Enterprise zone day care & training credits (include a copy of the credit certificate)					
30. Research & development credit (include a copy of the credit certificate)					
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)					
32. Ohio low-income housing credit (include a copy of the credit certificate)					
33. Affordable single-family housing credit (include a copy of the credit certificate)					
34. Total (add lines 12 through 33)	198				
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	3763				
Residency Credits					
36. Nonresident credit – Ohio IT NRC, line 20 ( <b>include a copy</b> )					
37. Resident credit – Ohio IT RC, line 7 (include a copy)					
38. <b>Total nonrefundable credits</b> (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	198				
Refundable Credits					
39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)					
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)					
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)					
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)					
43. Venture capital credit (include a copy of the credit certificate)					
44. <b>Total refundable credits</b> (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)44.					



# 2023 Schedule of Ohio Withholding

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

Primary taxpayer's SSN



Sequence No. 11

089 91 5839

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 314379441	Box 1 - Wages, tips, other compensation $64402$	Box 2 - Federal income tax withheld 8340		
	Box 15 - Employer's Ohio ID number 51151805	Box 16 - Ohio wages, tips, etc. 64402	Box 17 - Ohio income tax 1750		
2. P/S S	Box b - EIN 980429806	Box 1 - Wages, tips, other compensation 81438	Box 2 - Federal income tax withheld 11084		
	Box 15 - Employer's Ohio ID number 52650229	Box 16 - Ohio wages, tips, etc. 81438	Box 17 - Ohio income tax 2436		
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



		Primary taxpayer's SSN	23350298
Part C	1099-Rs	089 91 5839	Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
Part D -	W-2Gs		
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld

Box 1 - Nonemployee compensation

Box 7 - State income

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld