

Form R  
File by

2023 STOW CITY INCOME TAX RETURN 2023  
THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates  
Beginning  
Ending  
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY . . . . .  
INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER  
ACCOUNT NUMBER ACCOUNT TYPE SSN  
Date moved in . . . . . Spouse SSN  
Date moved out . . . . .  
VARUN RAJA ANKAM  
1152 BEAN LN  
AKRON OH 44313

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AKRON OH 44313

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

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

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
UNIVERSITY HOSPITALS HEALTH		1865	71735

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) . . . . . 1865 71735  
INCOME 2 OTHER INCOME: FROM PAGE 2 . . . . .  
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . . 71735  
4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD  
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT  
ADJUSTMENTS TO INCOME c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) . . . . .  
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) . . . . . 71735  
b Amount of Line 5a Allocable ( % from step 5 Schedule Y) . . . . .  
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) . . . . .  
TAX 6 AMOUNT SUBJECT TO STOW CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . . 71735  
7 STOW CITY TAX RATE 2.000% . . . . . 1435  
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above . . . . . 1865  
b Payments and credits on 2023 Declaration of Estimated Tax . . . . .  
c Earned income (Resident individuals only) taxes paid City of . . . . .  
TOTAL CREDITS ALLOWABLE . . . . . 1865  
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . .  
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) . . . . . 430  
Enter Amount of line 10 You Want: Credited to your 2024 Estimated Tax . . \$  
Refunded . . . . . \$ 430

DECLARATION OF ESTIMATED TAX FOR 2024

11 Total Income Subject to Tax	\$	x	%	11	\$
12 Estimated Tax Withheld				12	\$
13 Total Estimated Tax (Line 11 - Line 12)				13	\$
14 Credit From Line 10				14	\$
15 Net Estimated Tax Due (Line 13 - Line 14)				15	\$
16 First Quarter 2024 Estimated Payment Due (1/4 of Line 15)				16	\$
17 Total Due With This Return (Add Lines 9 and 16)				17	\$

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA 04/25/2024  
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC  
245 ROONEY CT  
E BRUNSWICK NJ 08816  
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES  NO