



04 08 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) 290 57 7791

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 8304

First name SATYA BHARATHI

M.I. Last name SEERAM

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 777 DUNLAVY STREET

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

City HOUSTON

State ZIP code TX 77019

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 *Indicate state

X Resident Part-year resident* Nonresident*

Check only one for spouse (if filing jointly) *Indicate state

Resident Part-year resident* Nonresident*

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying surviving spouse

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (47410), Additions (2a), Deductions (2b), Ohio adjusted gross income (47410), Exemption amount (2150), Ohio income tax base (45260), Taxable business income (6), and Taxable nonbusiness income (45260).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 290 57 7791

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (45260), 8a. Nonbusiness income tax liability (889), 8b. Business income tax liability (889), 8c. Income tax liability before credits (889), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (889), 11. Interest penalty on underpayment of estimated tax (11.00), 12. Unpaid use tax (12.00), 13. Total Ohio tax liability before withholding (889), 14. Ohio income tax withheld (1412), 15. Estimated and extension payments (15.00), 16. Refundable credits (16.00), 17. Amended return only (17.00), 18. Total Ohio tax payments (1412), 19. Amended return only overpayment (19.00), 20. Line 18 minus line 19 (1412), 21. Tax due (21.00), 22. Interest due on late payment of tax (22.00), 23. TOTAL AMOUNT DUE (523), 24. Overpayment (523), 25. Original return only (25.00), 26. Original return only donation (26.00).

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 523

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 (224) 875-2610

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



2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

290 57 7791

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. 1412

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 311319961 53876 4832

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
52130503 53876 1412

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
290 57 7791



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

Staple W-2s to the back of this page

First name SATYA BHARATHI	Middle	Last name SEERAM	Suffix	Primary Social Security Number 290 57 7791	<input type="checkbox"/> AMENDED
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If a joint return, spouse's first name	Middle	Last name	Suffix	Spouse Social Security Number	Do you anticipate filing a Columbus return next year? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain: _____
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Mailing address (number & street) 777 DUNLAVY STREET			Account ID IIT - _____		
Mailing address Line 2			Filing Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately		
City HOUSTON	State TX	Zip Code 77019			
Taxpayer Phone Number	Email				

CURRENT RESIDENCE **RESIDENCE CHANGE IN 2023**

<input type="checkbox"/> Same as Mailing	Did you change residence during 2023? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Current address (number & street)	If YES, enter date of move: _____				
Current address Line 2	Previous address (number & street)				
City	State	Zip Code	Previous address Line 2		
			City		
			State		
			Zip Code		

PART A - TAX CALCULATION

1. W-2/W-2G income (total of Part B(s) Line 2 or Part C(s) Line 12 as applicable).....	1	53,876.
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	53,876.
4. Tax due (multiply Line 3 by 2.5%).....	4	1,347.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	1,347.
6. W-2 tax withheld or paid to work cities outside Columbus (total of Part(s) B Line 4).....	6	
7. Other credit from non-wage income (from Part D Line 13).....	7	
8. Total tax due (Line 4 less Lines 5, 6, & 7).....	8	0.
9. Credit for estimated tax payments & prior year overpayments.....	9	
10. Balance due or net tax due (Line 8 less Line 9). If Line 9 is greater than Line 8, enter overpayment in parentheses here. If amount is \$10 or less, enter \$0.....	10	0.
11. Overpayment (enter amount from Line 10 without parentheses)..... If any portion of your overpayment is Columbus withholding, the signed Employer Certification on Page 2 must be provided.	11	
A. Enter the amount from Line 11 that you want credited to your next year tax estimates....	11A	
B. Enter the amount from Line 11 that you want refunded (must be greater than \$10)	11B	

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES NO

Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE **MAILING INFORMATION**

Sign Here Your Signature _____ If a joint return, both must sign Spouse's Signature _____	Date _____	PTIN 84-3171965 Phone # (678) 965-9522	NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437
	Date _____		
Paid Preparer's Use Only Signature _____ Date 04/08/2024			Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158

Staple check or money order HERE

Name(s) as shown on Page 1 SATYA BHARATHI SEERAM	Primary Social Security Number 290 57 7791
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PART B - W-2/W-2G INCOME FROM EMPLOYER (REQUIRED)

Complete a separate Part B for each employer. Print additional pages if you have multiple employers

Employer name from W-2 DYNOTEC INC	Primary Place of Work Address Line 1 2931 E DUBLIN GRANVILLE RD		
Employer Identification Number from W-2 31-1319961	Primary Place of Work Address Line 2		
SSN or ITIN from W-2 290 57 7791	City COLUMBUS	State OH	Zip code 43229
Occupation/Nature of Business			

1. Percentage of time worked from home.....	1	
2. Qualified wages listed on W-2 (greater of W-2 Box 5 Medicare Wages or W-2 Box 18 total Local Wages).....	2	53,876.
3. Local tax withheld to Columbus.....	3	
4. Tax withheld or paid to work cities outside of Columbus (Columbus residents only).....	4	

A request for refund or credit of any Columbus tax withheld is not valid without a completed Employer Certification (separate certification required for each employer for which you are requesting a refund or credit.)

PART C - ADJUSTMENTS TO TAXABLE WAGES (OPTIONAL - ONLY COMPLETE IF REQUESTING REFUND)

Employer Certification is required to claim adjustments on Lines 2-11 below (separate certification required for each job for which you have an adjustment.)

Reason for Adjustment (Explain fully)

1. Wages earned while under the age of 18 . Attach a copy of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday..... Enter date of birth _____	1	
2. Income upon which tax was improperly withheld by employer	2	
3. Income earned while working 100% from home	3	
4. Income from disability payments withheld by employer	4	

Non Resident Transportation Employees & Others by Agreement with Columbus

5a. If transportation routes are primarily outside the State of Ohio (interstate), enter total wages here.....	5a	
5b. If based in Columbus but work locations or transportation routes are primarily outside city limits but within Ohio (intrastate), multiply Part B Line 2 by 90%.....	5b	

Nonresident Days Worked Out

If you were a nonresident employee who worked part of the year outside Columbus, complete Lines 6-11 below.

6. Total number of vacation, holiday, sick, & PTO days during the entire year (must attach list of dates).....	6		
7. Total workdays in the year (subtract Line 6 from 260) (see instructions).....	7		
8. Average daily income. Divide qualified wages (Part B Line 2) by total workdays (Part C Line 7).....	8		
9. Total days worked outside of Columbus (must attach list of dates & locations where worked).....	9		
10. Total days in Columbus.....	10		
11. Multiply Line 8 by Line 9.....	11		
12. Total wages minus adjustments (Part B Line 2 minus Part C Lines 1, 2, 3, 4, 5a, 5b, & 11).....	12		53,876.

EMPLOYER CERTIFICATION

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer	Employer's Phone No.	Date
Official's Signature	Official's Name Printed	
	Title	