

2023 Ohio IT 1040

Individual Income Tax Return



23000198

NOL CARRYBACK - Check here and include Schedule IT NOL.

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

X Single, head of household or qualifying surviving spouse

Marriad filing jointly

REV 03/15/24 PRO

Sequence No. 1

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

AMENDED RETURN - Check here and include Ohio IT RE.

Spouse's SSN (if filing jointly)

ly) ✓ If deceased

School district # 2903

First name

BHARATH RAJA

304 99 5378

Primary taxpayer's SSN (required)

M.I. Last name DHANEKULA

Spouse's first name (if filing jointly)

M.I. Last name

✓ If deceased

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

3701 KETTERING CT

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

Residency Status – Check only one for primary

Part-year

resident*

APT 101

Resident

City State ZIP code Ohio county (first four letters)

*Indicate state

*Indicate state

FAIRBORN OH 45324 GREE

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

Foreign postal code

Nonresident*

	Check only one for sp	oouse (if filing jointly	')	*indicate state	Married filing jointly			
	Resident	Part-year resident*	Nonresident ^a	•	Married filing separately	Spouse's SSN		
	Ohio Nonreside	nt Statement -	See instructions	for required criteria	Federal extension filers - check here.			
	Primary meets the	ne five criteria for irre	buttable presump	tion as nonresident.				
	Spouse meets th	ne five criteria for irre	buttable presump	tion as nonresident.	If someone can claim you (or your spouse if filing jointly) as a dependent, check here.			
paper clip.						38907		
or	2a. Additions – Ohio Schedule of Adjustments, line 11 (include schedule)2a.							
t staple								
Do not	3. Ohio adjusted gro	ss income (line 1 pl	us line 2a minus	the box if negative3.	38907			
		nt (include Schedu l ions including you ar	 : 1	2400				
	5. Ohio income tax b	pase (line 3 minus lii	ne 4; if negative,	enter zero)	5.	36507		
	6. Taxable business	income – Ohio Sch	edule of Business	s Income, line 15 (incl	ude schedule)6.			



MM-DD-YY

36507

2023 Ohio IT 1040



304 99 5378 SSN:

discuss this return

Individual Income Tax Return

7a. Amount from line 7 on page 1	7a.	36507
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	648
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	648
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.	648
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	648
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	945
15. Estimated and extension payments, and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	945
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.	945
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"		
24. Overpayment (line 20 minus line 13)	24.	297
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	Total26g.	
27. REFUND (line 24 minus lines 25 and 26g)	FUND ▶ 27.	297
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 <u>_(361)228−998</u> 3	NO Payment In	icluded – Mail to: nent of Taxation
Spouse's signature Date	P.O. B	Box 2679 BH 43270-2679
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522	Payment Incl Ohio Departn	luded – Mail to: nent of Taxation
Authorize your preparer to Non-paid preparer PTIN: P 02082703		Box 2057 DH 43270-2057

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2023 Schedule of Ohio Withholding

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



Sequence No. 11

Primary taxpayer's SSN

304 99 5378

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. 945

Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 874634369 38907 3100 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 54205814 38907 945 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 7. P/S Box b - EIN Box 17 - Ohio income tax

Box 16 - Ohio wages, tips, etc.



Box 15 - Employer's Ohio ID number

2023 Schedule of Ohio Withholding Primary taxpayer's SSN

304 99 5378





D	4000 D-	304 99 5378		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	E	Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Į.	Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	I	3ox 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	I	3ox 14 - Ohio tax withheld
Dowt D	W 2C2			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	I	Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	I	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - F	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	I	Box 15 - Ohio income tax withheld
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - F	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	i	Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - F	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	I	Box 5 - Ohio tax withheld