

Form R
File by

2023 DUBLIN 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 ARE YOU A RESIDENT? DID YOU FILE A RETURN FOR 2022?

ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?

Date moved in Date moved out YOUR LOCAL PHONE NUMBER (832) 985-9060

POORNA CHANDER REDDY MADUPU
NAIMISHA REDDY KOSNA
4622 LOWELL LANE
DUBLIN OH 43016

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.

This Space For Tax Office Use Only

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

Table with 4 columns: Employer's Name (Attach Copy of W-2 Form(s)), City Where Employed, City Tax Withheld, Wages, Etc. Rows include CARDINAL HEALTH 5 LLC with wages of 70599 and 565.

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 1624 70599
INCOME 2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 70599

ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
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) 70599
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 DUBLIN CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 70599
7 DUBLIN CITY TAX RATE 2.000% 1412
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 1624

ALLOWABLE CREDITS b Payments and credits on 2023 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
TOTAL CREDITS ALLOWABLE 1624

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) 212
Enter Amount of line 10 You Want: Credited to your 2024 Estimated Tax . . \$
Refunded \$ 212

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 TALLAM 02/10/2024
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 []

Smart Worksheets From 2023 Ohio Tax Return

Generic, Page 1: City Income Tax Return DUBLIN CITY -- Smart Worksheet

A to I	J to R	S to Z
Select City: <u>DUBLIN CITY</u>		
City income tax rate		▶ <u>2.00000</u> %

Generic, Page 1: City Income Tax Return DUBLIN CITY -- Smart Worksheet

City mailing address for use in client letter	
Enter the 'Pay To' name for addressing checks.....	_____
Enter the first line of city address.....	_____
Enter the second line of city address.....	_____
Enter the third line of city address.....	_____
Enter the fourth line of city address (if applicable).....	_____
Enter the fifth line of city address (if applicable).....	_____