

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KESAVA RAO YERRA	Social security number 851-37-7054
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	35,572.
2	Total tax	2	2,387.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,753.
4	Amount you want refunded to you	4	1,366.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	7	0	5	4
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial KESAVA RAO	Last name YERRA	Your social security number 851 37 7054
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 9414, ALNWICK LOOP		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PLAIN CITY	State OH	ZIP code 43064	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status Single Head of household (HOH)

Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)

Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 35,572.
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h 0.
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 35,572.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	b Taxable interest 2b	
	3a Qualified dividends 3a	b Ordinary dividends 3b	
	4a IRA distributions 4a	b Taxable amount 4b	
	5a Pensions and annuities 5a	b Taxable amount 5b	
	6a Social security benefits 6a	b Taxable amount 6b	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Additional income from Schedule 1, line 10 8		
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9		35,572.
	10 Adjustments to income from Schedule 1, line 26 10		
	11 Subtract line 10 from line 9. This is your adjusted gross income 11		35,572.
	12 Standard deduction or itemized deductions (from Schedule A) 12		13,850.
	13 Qualified business income deduction from Form 8995 or Form 8995-A 13		
	14 Add lines 12 and 13 14		13,850.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15		21,722.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section.

Third Party Designee section with checkboxes for 'Yes' and 'No'.

Sign Here section with signature lines, dates, and occupations.

Paid Preparer Use Only section with fields for name, signature, date, PTIN, and address.



01 26 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) 851 37 7054

If deceased

Spouse's SSN (if filing jointly)

If deceased

School district # 4902

First name KESAVA RAO

M.I. Last name YERRA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 9414, ALNWICK LOOP

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

City PLAIN CITY

State ZIP code OH 43064

Ohio county (first four letters) MADI

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, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 851 37 7054

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (33172), 8a. Nonbusiness income tax liability (557), 8b. Business income tax liability (557), 8c. Income tax liability before credits (557), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (557), 11. Interest penalty on underpayment of estimated tax (11), 12. Unpaid use tax (12), 13. Total Ohio tax liability before withholding (557), 14. Ohio income tax withheld (886), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (886), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (886), 21. Tax due (21), 22. Interest due on late payment of tax (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (329), 25. Original return only (25), 26. Original return only donation (a-f), Total (26g).

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 329

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 (614) 648-0003

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.

Primary taxpayer's SSN

851 37 7054



23350198

Sequence No. 11

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. 886

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 311688884 35572 3753

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
52624592 35572 886

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
851 37 7054



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

Do not staple or paper clip.



Department of Taxation

2023 Ohio SD 100 School District Income Tax Return



23020198

01 26 24

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

AMENDED RETURN - Check here and include Ohio SD RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required)

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

851 37 7054

First name

KESAVA RAO

M.I. Last name

YERRA

Spouse's first name (if filing jointly)

M.I. Last name

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

9414, ALNWICK LOOP

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

City

PLAIN CITY

State

OH

ZIP code

43064

Ohio county (first four letters)

MADI

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

Foreign postal code

Federal extension filers - check here.

Filing Status - Check one (as reported on the Ohio IT 1040)

X Single, head of household or qualifying surviving spouse

Married filing jointly

Spouse's SSN

Married filing separately

Schedule of School District Residency

Enter the school district number of each school district in which you and/or your spouse (if filing jointly) resided during the year as well as the dates that you were a resident. If you and your spouse were both residents of a school district for the same time period, check both boxes. Use 9999 as the school district number for any portion of the year you were a nonresident of Ohio.

Do not staple or paper clip.

School district # 4902 Non-taxing Dates of residency 01 01 23 to 12 31 23 Primary Spouse X

School district # Non-taxing Dates of residency Primary Spouse to

School district # Non-taxing Dates of residency Primary Spouse to

School district # Non-taxing Dates of residency Primary Spouse to

School district # Non-taxing Dates of residency Primary Spouse to



MM-DD-YY

MM-DD-YY

2023 Ohio SD 100
School District Income Tax Return

SSN: 851 37 7054



23020298

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 5 with descriptions like 'Ohio adjusted gross income' and 'Modified adjusted gross income less exemptions'.

Residents of taxing school districts: Complete the applicable schedule(s) on page 3 to determine the line 6 and/or line 7 amounts. Full-year nonresidents of taxing school districts: Skip to line 11.

Table with 3 columns: Line number, Description, and Amount. Includes lines 6 through 16 with descriptions like 'Total tax from traditional tax base districts' and 'Total school district income tax payments'.

If line 16 is MORE THAN line 10, go to line 20. OTHERWISE, continue to line 17.

Table with 3 columns: Line number, Description, and Amount. Includes lines 17 through 22 with descriptions like 'Tax due', 'TOTAL AMOUNT DUE', and 'REFUND'.

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, Preparer's printed name SYAM PRIYA RAM SAGAR GUPT, 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 182197 Columbus, OH 43218-2197

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389

2023 Ohio SD 100
School District Income Tax Return

SSN: 851 37 7054



23020398

Traditional Tax Base Schedule

Complete this schedule for each traditional tax base school district in which you resided during the year, starting with Column A. If you resided in more than two traditional tax base school districts, complete additional copies of this page.

(A)
 School district #

(B)
 School district #

- 23. Enter the portion of line 5 received while a resident of the school district above. If negative, enter zero23.
- 24. Enter the lesser of line 5 or line 23 24.
- 25. Enter the tax rate for the school district above (see instructions)25.
- 26. School district tax (line 24 times line 25)26.
- 27. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district)27.
- 28. Tax after credits (line 26 minus line 27; if less than zero, enter zero)28.
- 29. Sum of all line 28 amounts above as well as any additional Traditional Tax Base Schedules. Enter here and on line 6 29.

Earned Income Tax Base Schedule

Complete this schedule for each earned income tax base school district in which you resided during the year, starting with Column A. If you resided in more than two earned income tax base school districts, complete additional copies of this page.

(A)
 School district #

(B)
 School district #

- | | | | |
|--|-------------------|-------|-------------------|
| | (A) | | (B) |
| | School district # | | School district # |
| | 4902 | | |
| 30. Enter wages reported on your federal return and received while a resident of the school district above 30. | | 0 | |
| 31. Enter self-employment income reported on your federal return and received while a resident of the school district above. Place a "-" in the box if negative..... 31. | | 0 | |
| 32. Line 30 plus line 31. If negative, enter zero 32. | | 0 | |
| 33. Enter your federal deductions used in the calculation of federal adjusted gross income incurred while a resident of the school district above 33. | | 0 | |
| 34. Enter your Ohio Schedule of Adjustments deductions (excluding the Business Income Deduction) incurred while a resident of the school district above 34. | | 0 | |
| 35. Line 32 minus lines 33 and 34. If negative, enter zero 35. | | 0 | |
| 36. Enter the lesser of line 3 or line 35 36. | | 0 | |
| 37. Enter the tax rate for the school district above (see instructions) 37. | | .0125 | |
| 38. School district tax (line 36 times line 37)..... 38. | | 0 | |
| 39. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district) 39. | | 0 | |
| 40. Tax after credits (line 38 minus line 39; if negative, zero)..... 40. | | 0 | |
| 41. Sum of all line 40 amounts above as well as any additional Earned Income Tax Base Schedules. Enter here and on line 7 41. | | | 0 |



2023 Schedule of School District Withholding

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



23360198

Primary taxpayer's SSN

851 37 7054

List your and your spouse's (if filing jointly) W-2 and 1099-R forms only if they have school district 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 copies of your income statements that show the school district withholding information. Note: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes.

Part A - Total Withholding

1. Total of all school district income tax withheld for all school districts. Enter here and on line 11 of your SD 100 1. 445

Part B - W-2s

1. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld
P 4902 311688884 35572 3753

Box 15 - Employer's Ohio ID number 52624592 Box 18 - School district wages 35572 Box 19 - School district tax 445

2. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax

3. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax

4. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax

5. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax

Part C - 1099-Rs

1 P/S School district # Payer's TIN Box 1 - Gross distribution Box 4 - Federal income tax withheld

Box 15 - Payer's Ohio number Box 19 - School district distribution Box 17 - School district tax

