## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAI	nevertue Gervice					
Subm	ission Identification Number (SID)					
Taxpay	er's name	Social secur	ity numl	oer		
KES	AVA RAO YERRA	851-37	705	4		
Spouse	's name	Spouse's so	cial sec	urity num	nber	
Part	g , , ,	year you	are au	thorizir	ng.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	ı	2 E 1	7.0
1	Adjusted gross income		2			372. 387.
2 3	Total tax		3			
4	Amount you want refunded to you		4			753.
5	Amount you owe		5		⊥,.	366.
Part		eep a coi		our re	eturn	)
Under my kni return to send for any Agent paymed authoring paymed taxes in person Electro Taxpa	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected early in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U of initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indigent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Indigent of the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I among Funds Withdrawal Consent.  **Rever's PIN: check one box only**	I am now aute are the amitter, or electrotion of the S. Treasury a cated in the the authorizatests must be processing ayment. I furn now authorizatest most be processing to ayment. I furn now authorizatest most be processed as a furnity of the processed at the	thorizing and its of the electron't enter five on't enter five	g, and to from the turn original sides of the total	o the e inco pinator of the e inco pinator of the ted Finator of the t	best of me tax (ERO) reason nancial are for tt. This ncel) a than 2 nent of at the ole, my
Cnau	ne's DIN shook one have only					
Spou	se's PIN: check one box only  I authorize to enter or generate	my DINI			$\Box$ ,	as my
	ERO firm name	_	nter five	digits, bu		as iiiy
	signature on the income tax return (original or amended) I am now authorizing.			er all zero		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	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 en	ter all ze	eros		
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this ret	urn in a	accordar	nce w	
ERO's	s signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	o So				

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury—Internal Revenue Serv		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last nar	ast name						Your social security number		urity number	
KESAVA :	RAO		YERR	A							851	37	7054
		s first name and middle initial	Last nar										security number
		er and street). If you have a P.O. box, see	instruction	ons.				F	Apt. no.	- 1			ection Campaigr
9414, A						10.		710					ou, or your jointly, want \$3
		ice. If you have a foreign address, also co	omplete sp	paces belo	W.	Sta		ZIP c			•	_	nd. Checking a
PLAIN C						OF		430					not change
Foreign countr	y name			oreign pro	vince/state/	count	У	Foreig	n postal c	ode	your tax	or retu	
Filing Status	s X	Single					Head of h	L ouseh	old (HOI	——↓ H)			
-		Married filing jointly (even if only o	ne had ir	ncome)						,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spoi	use (C	QSS)		
one box.	If v	you checked the MFS box, enter the	e name o	f vour sp	ouse. If vou	ı che	, ,		0 1	,	,	ld's na	me if the
	-	ialifying person is a child but not you			-								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward.	award, or	payn	nent for prope	rty or	services	); or (	b) sell,		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No
Standard	Som	neone can claim:   You as a de	pendent	: <u> </u>	our spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd <b>Spo</b>	ouse	: Was bo	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		<b>(2)</b> So	cial security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for (	(see instructions):
If more	(1) F	First name Last name	Last name number		number	to you			Child tax c		dit	Credit fo	or other dependents
than four													
dependents, see instruction	۰												
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	`		,						1a		35,572.
Attach Form(s)	b	Household employee wages not re	•	•	•						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•								1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
1099-R if tax	е	Taxable dependent care benefits t									1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 88	39, line 29						1f	_	
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)			<u>1</u> i						25 572
	z	Add lines 1a through 1h			· · · ·						1z		35,572.
Attach Sch. B if required.	2a	. –	2a				axable interes				2b		
ıı required.	3a_		3a				rdinary divide				3b		
Standard	4a	<del>-</del>	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	C	If you elect to use the lump-sum e		•		`	,				J   -		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		
jointly or Qualifying	8	Additional income from Schedule									8		25 552
surviving spouse, \$27,700  10  Add lines 12, 25, 35, 45, 55, 55, 7, and 6. This is your total income									9		35 <b>,</b> 572.		
									10	_	25 552		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		35 <b>,</b> 572.
If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct									13		10 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.
	15	SUBTRACT LING 1/1 from ling 11 lf 70	ra ar lecc	· ontor (	I I DIC IC V	OUR !	TOTAL PROPERTY	••			15		/ 1 1 1 1 1 1 1

Form 1040 (2023	3)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	2,387.	
Credits	17	Amount from Schedule 2, lir						17		
	18	Add lines 16 and 17						18	2,387.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	<u> </u>	
	20	Amount from Schedule 3, lin	•					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0				22	2,387.	
	23	Other taxes, including self-e	,				<del></del>	23	0.	
	24	Add lines 22 and 23. This is			•			24	2,387.	
Payments	25	Federal income tax withheld							· · · · · · · · · · · · · · · · · · ·	
. ayee	а	Form(s) W-2				<b>25a</b> 3	<b>,</b> 753.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction:				25c				
	d	Add lines 25a through 25c	•				2	.5d	3 <b>,</b> 753.	
If you have a	26	2023 estimated tax paymen						26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .								
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31	. These are your	total other p	ayments and refu	ndable credits	;	32		
	33	Add lines 25d, 26, and 32. T	-					33	3,753.	
Refund	34	If line 33 is more than line 24						34	1,366.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						5a	1,366.	
Direct deposit?	b									
See instructions.	d	Account number 5 2 1 2 5 6 3 3 2								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				. 🗌 Yes. Co	mplete belo	w.	<b>X</b> No	
		signee's		Phone			onal identificat per (PIN)	tion		
0:	naı		hat I have examined	no.	accompanying scho		` '	oost of	f my knowledge and	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here	Yo	ur signature		Date Your occupation			If the IRS	S sent	you an Identity	
		ar oignaturo		Date Tour occupation			Protection	on PIN	N, enter it here	
Joint return?				IT EMPLOYEE			(see inst	.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupati	on			your spouse an	
your records.							(see inst		ction PIN, enter it here	
		ono no (614) 649 000	າ	Email address	VECATIVEDDA	AVALIOO TNI	(	<del></del>		
		one no. (614) 648-000 eparer's name	Preparer's signat	1	KESAVYERRA	Date	PTIN	<del></del>	Check if:	
Paid		•	1 .		GUPTA TALLAM		P020827		Self-employed	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM m's name GLOBAL TA:	1	NAPI DAGAK	GOLIW INTINU	01/20/2024				
Use Only			XES LLC Y CT E BRU	INIQWITOK NI	J 08816		Firm's E		578) 965-9522 84-3171965	
Go to want im ~		n1040 for instructions and the late		TADATCI/ IN			I IIIII S E	11.4	84-3171965 Form <b>1040</b> (2023)	
GO TO WWW.IIS.go	וווטיווער	TOTO IOI IIISII UCIIOIIS AIIU IIIE IALE	acimonnation.		BAA	REV 01/21/24 PRO			FOIIII 1070 (2023)	



### 2023 Ohio IT 1040

#### **Individual Income Tax Return**



23000198

Sequence No. 1

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

AMENDED RETURN - Check here and include Ohio IT 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 School district # 851 37 7054 4902 First name M.I. Last name KESAVA RAO 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.) Ohio county (first four letters) City State ZIP code PLAIN CITY ОН 43064 MADI Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary **Filing Status** – Check one (as reported on federal income tax return) \*Indicate state Resident Part-year Nonresident\* X Single, head of household or qualifying surviving spouse resident\* \*Indicate state Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-vear Nonresident\* resident\* Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here. paper clip 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 35572 if negative..... Do not staple or 35572 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 2400 4. Exemption amount (include Schedule of Dependents if applicable)..... Number of exemptions including you and your spouse/dependents, if applicable: 33172 



6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule)................6.

MM-DD-YY

33172

REV 01/16/24 PRO

## 2023 Ohio IT 1040

#### **Individual Income Tax Return**

851 37 7054

SSN:



23000298 Sequence No. 2

7a.Amount from line 7 on page 1	7	<b>′</b> a.	33172
8a.Nonbusiness income tax liability on line 7a (see instructions fo	r tax tables)	8a.	557
8b.Business income tax liability – Ohio Schedule of Business Inco	ome, line 16 ( <b>include schedule</b> )	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)		8c.	557
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38	3 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if	negative, enter zero)	10.	557
11. Interest penalty on underpayment of estimated tax (include O	hio IT/SD 2210)	11.	
12.Unpaid use tax (see instructions)		12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payme	ents (add lines 10, 11 and 12)	13.	557
14. Ohio income tax withheld – Schedule of Ohio Withholding, par income statements)		14.	886
15. Estimated and extension payments, and credit carryforward from	om last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 ( <b>includ</b>	le schedule)	16.	
17. Amended return only – amount previously paid with original a			
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)			886
19. Amended return only – overpayment previously requested or	Tonginal and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative		20.	886
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore th		21.	
22. Interest due on late payment of tax (see instructions)		22	
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include the O</b>			
Coupon (OUPC) and make check payable to "Ohio Treasure	•	<b>DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13)		24.	329
25. Original return only – portion of line 24 carried forward to next 26. Original return only – portion of line 24 you wish to donate:  a. Wishes for Sick Children b. Wildlife Species	year's tax liability	25.	
a. Wishes for old Children b. Wilding Species	c. Williary Highly Relief		
d. Ohio History Fund e. Nature Preserves/Scenic Rivers	f. Breast/Cervical Cancer	otal26g.	
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	YOUR REFL	JND ▶ 27.	329
Sign Here (required): I have read this return. Under penalties of per and belief, the return and all enclosures are true, correct and complete.		If your refund is \$1.00 or less, n	
Primary signature  Primary signature	Phone number _(614) 648-0003	NO Payment Include Ohio Department	ded – Mail to:
Spouse's signature	Date	P.O. Box 2 Columbus, OH 4	679
Preparer's printed name SYAM PRIYA RAM SAGAR GUP	Phone number ${(678)\ 965-9522}$	Payment Include Ohio Department	d – Mail to: of Taxation
A 11	TIN D 00000E00	P.O. Box 2	U5/

PTIN: P 02082703

Non-paid preparer

Authorize your preparer to

discuss this return

Columbus, OH 43270-2057

REV 01/16/24 PRO



## 2023 Schedule of Ohio Withholding

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



Sequence No. 11

Primary taxpayer's SSN 851 37 7054

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 886 and on line 14 of your Ohio IT 1040 ......1.

Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 3753 311688884 35572 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 35572 886 52624592 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 - FIN 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 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc.



## 2023 Schedule of Ohio

Withholding Primary taxpayer's SSN 851 37 7054





Sequence No. 12

D 40	4000 B	851 37 7054		Sequence No. 12
	1099-Rs 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		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		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		Box 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		Box 14 - Ohio tax withheld
Part D -	W 2Ge			
	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part F -	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

## 2023 Ohio SD 100

#### **School District Income Tax Return**

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

23020198

AMENDED RETURN - Check here and include Ohio SD 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

First name

26 24

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

Do not staple or paper clip.

State

ZIP code

Ohio county (first four letters)

PLAIN CITY

OH 43064

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.

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



MANA DD VV

MM-DD-YY

## 2023 Ohio SD 100

**School District Income Tax Return** 



1. Ohio adjusted gross income (from Ohio IT 1040, line 3)	1.	35572
2. Business income deduction add-back (from the Ohio Schedule of Adjustments, line 12)	2.	
3. Modified adjusted gross income (line 1 plus line 2; if negative enter zero)	3.	35572
4. Exemption amount (from Ohio IT 1040, line 4)	4.	2400
5. Modified adjusted gross income less exemptions (line 3 minus line 4; if negative, enter zero)	5.	33172
Residents of taxing school districts: Complete the applicable schedule(s) on page 3 to determine the and/or line 7 amounts. Full-year nonresidents of taxing school districts: Skip to line 11.	ne line 6	
6. Total tax from traditional tax base districts (from line 29)	6.	
7. Total tax from earned income tax base districts (from line 41)	7.	0
8. School district income tax liability after credits (line 6 plus line 7)	8.	0
9. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	9.	
10. Total school district income tax liability before withholding or estimated payments (line 8 plus line 9)	10.	0
11. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements)	11.	445
12. Estimated and extension payments, and credit carryforward from last year's returns	12.	
13 <u>Amended return only</u> – amount previously paid with original and/or amended return	13.	
14. Total school district income tax payments (add lines 11, 12, and 13)	14.	445
15. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	15.	
16. Line 14 minus line 15. Place a "-" in the box if negativ	16.	445
If line 16 is MORE THAN line 10, go to line 20. OTHERWISE, continue to line 17.		
17. Tax due (line 10 minus line 16). If line 16 is negative, ignore the "-" and add line 16 to line 10	17.	
18. Interest due on late payment of tax (see instructions)	18.	
19. TOTAL AMOUNT DUE (line 17 plus line 18). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "School District Income Tax"AMOUI	<b>NT DUE ▶</b> 19.	
20. Overpayment (line 16 minus line 10)	20.	445
21. Original return only – amount of line 20 to be credited toward next year's school district income tax	liability21.	
22. <b>REFUND</b> (line 20 minus line 21)		445
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.	If your refund is \$1.00 or less, no refund water liftyou owe \$1.00 or less, no payment is	
Primary signature  Phone number (614) 648-0003	NO Payment Included — Ma	•

Preparer's printed name SYAM PRIYA RAM SAGAR GUPT Phone number (678) 965-9522

Authorize your preparer to discuss this return

851 37 7054

SSN:

Non-paid preparer

PTIN: P 02082703

\_\_ Date \_\_

O 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

REV 01/16/24 PRO

## 2023 Ohio SD 100

#### **School District Income Tax Return**





(B)

23020398

#### **Traditional Tax Base Schedule**

SSN:

851 37 7054

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)

27. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district).....27.

26. School district tax (line 24 times line 25) ......26.

28. Tax after credits (line 26 minus line 27; if less than zero, enter zero) ......28.

#### **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.

•	1 10		
	(A)		(B)
	School district #		School district #
	4902		
30. Enter wages reported on your federal return and received while a resident of the school district above30	. 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	. 0		
32. Line 30 plus line 31. If negative, enter zero32	. 0		
33. Enter your federal deductions used in the calculation of federal adjusted gross income incurred while a resident of the school district above	. 0		
34. Enter your Ohio Schedule of Adjustments deductions (excluding the Business Income Deduction) incurred while a resident of the school district above34	. 0		
35. Line 32 minus lines 33 and 34. If negative, enter zero	. 0		
36. Enter the lesser of line 3 or line 35	. 0		
37. Enter the tax rate for the school district above (see instructions)	370125		
38. School district tax (line 36 times line 37)	38.		
39. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district)	39.		
40. Tax after credits (line 38 minus line 39; if negative, zero	0)40.		
41. Sum of all line 40 amounts above as well as any additional and a sum of all line 40 amounts above as well as any additional and a sum of all line 40 amounts above as well as any additional and a sum of all line 40 amounts above as well as any additional and a sum of all line 40 amounts above as well as any additional and a sum of all line 40 amounts above as well as any additional and a sum of all line 40 amounts above as well as any additional and a sum of a sum		41.	0



## 2023 Schedule of School **District Withholding**

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

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

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

1. P/S P	School district #	Box b - EIN 311688884	Box 1 - Wages, tips, etc. 35572	Box 2 - Federal income tax withheld 3753
	Box 15 - Employer's 52624592	Ohio ID number	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 Ohi	o number	Box 19 - School district distribution	Box 17 - School district tax

