

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

Personal information section including name (PRAVEEN KUMAR), social security number (088 43 0536), spouse's name (NAVYA), and address (547 NORTHWEST HWY, IRVING, TX 75039).

Filing Status section with options for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section with question: "At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose of a digital asset?" Answered No.

Standard Deduction section with "Someone can claim" options for dependent, spouse, or dual-status alien.

Age/Blindness section with checkboxes for "Were born before January 2, 1959" and "Are blind".

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z listing various income sources and their amounts, such as 1a: 127,589.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain (7), and Adjustments to income (9-15) leading to taxable income of 99,889.

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.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration of preparer and signature fields for preparer and spouse.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.



04 19 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) 088 43 0536 If deceased Spouse's SSN (if filing jointly) 995 99 4715 If deceased School district # 2503

First name PRAVEEN KUMAR M.I. Last name KOLLIPARA

Spouse's first name (if filing jointly) NAVYA M.I. Last name BADDAM

Address line 1 (number and street) or P.O. Box 547 NORTHWEST HWY

Address line 2 (apartment number, suite number, etc.) APT 3201

City IRVING State TX ZIP code 75039 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 Resident [X] Part-year resident* Nonresident* TX *Indicate state
Filing Status - Check one (as reported on federal income tax return) Single, head of household or qualifying surviving spouse Married filing jointly [X] 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 sp dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative... 127589. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 11 (include schedule) ... 2a. Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 44 (include schedule) ... 2b. Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative .. 127589. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable) ... 3800. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero) ... 123789. Row 7: 6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule) ... 6. Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) ... 123789.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 088 43 0536

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (123789), 8a. Nonbusiness income tax liability (3277), 8b. Business income tax liability (0), 8c. Income tax liability before credits (3277), 9. Ohio nonrefundable credits (1559), 10. Tax liability after nonrefundable credits (1718), 11. Interest penalty (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (1718), 14. Ohio income tax withheld (2400), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (2400), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (2400), 21. Tax due (2400), 22. Interest due on late payment (0), 23. TOTAL AMOUNT DUE (2400), 24. Overpayment (682), 25. Original return only (0), 26. Original return only donation (0).

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 682

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 (832) 862-4151
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



Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

Table with 2 columns: Description and Amount. Rows include: 1. Tax liability before credits (from Ohio IT 1040, line 8c) 3277; 2. Retirement income credit (include 1099-R forms) 2; 3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) 3; 4. Senior citizen credit (must be 65 or older to claim this credit) 4; 5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) 5; 6. Child care & dependent care credit (include a copy of the worksheet) 6; 7. Displaced worker training credit (include a copy of the worksheet and all required documentation) 7; 8. Campaign contribution credit for Ohio statewide office or General Assembly 0; 9. Exemption credit 0; 10. Total (add lines 2 through 9) 0; 11. Tax less credits (line 1 minus line 10; if negative, enter zero) 3277; 12. Joint filing credit (see instructions for table). % times line 11, up to \$650 0; 13. Earned income credit 13; 14. Home school expenses credit (include copies of all required documentation) 14; 15. Scholarship donation credit (include copies of all required documentation) 15; 16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation) 16; 17. Credit for work-based learning experiences (include a copy of the credit certificate) 17; 18. Ohio adoption credit carryforward 18; 19. Nonrefundable job retention credit (include a copy of the credit certificate) 19; 20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 20; 21. Credit for the beginning farmers financial management program (include a copy of the credit certificate) 21; 22. Welcome Home Ohio credit (include a copy of the credit certificate) 22; 23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate) 23.



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

088 43 0536



23280298

Sequence No. 8

| | | |
|--|-----|------|
| 24. Grape production credit | 24. | |
| 25. InvestOhio credit (include a copy of the credit certificate) | 25. | |
| 26. Lead abatement credit (include a copy of the credit certificate) | 26. | |
| 27. Opportunity zone investment credit (include a copy of the credit certificate) | 27. | |
| 28. Technology investment credit carryforward (include a copy of the credit certificate) | 28. | |
| 29. Enterprise zone day care & training credits (include a copy of the credit certificate) | 29. | |
| 30. Research & development credit (include a copy of the credit certificate) | 30. | |
| 31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) | 31. | |
| 32. Ohio low-income housing credit (include a copy of the credit certificate) | 32. | |
| 33. Affordable single-family housing credit (include a copy of the credit certificate) | 33. | |
| 34. Total (add lines 12 through 33) | 34. | 0 |
| 35. Tax less additional credits (line 11 minus line 34; if negative, enter zero) | 35. | 3277 |
| <u>Residency Credits</u> | | |
| 36. Nonresident credit – Ohio IT NRC, line 20 (include a copy) | 36. | 1559 |
| 37. Resident credit – Ohio IT RC, line 7 (include a copy) | 37. | |
| 38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) | 38. | 1559 |

Refundable Credits

| | | |
|--|-----|--|
| 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate) | 39. | |
| 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 40. | |
| 41. Pass-through entity credit (include a copy of all Ohio IT K-1s) | 41. | |
| 42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) | 42. | |
| 43. Venture capital credit (include a copy of the credit certificate) | 43. | |
| 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) | 44. | |



2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

088 43 0536

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. 2400

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 821026416 127589 20706

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
54094042 66906 2400

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
088 43 0536



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



2023 IT NRC
Ohio Nonresident Credit Calculation
 Use black ink only. Use whole dollars only.
 Primary taxpayer's SSN
 088 43 0536



This form is for individuals who were either full-year nonresidents or part-year residents of Ohio during the tax year above. Generally, full-year residents of Ohio should not complete this form. However, full-year Ohio residents filing a joint return with a nonresident or part-year resident spouse should include all their income in Column B. Part-year residents should enter their dates of residency below.

Primary taxpayer's dates of Ohio residency

Spouse's dates of Ohio residency (if filing jointly)

01 01 23 to 04 30 23

to

Section I – Nonresident Credit Calculation

For each line in this section, enter in Column A the total income included on your federal return. Enter in Column B income earned or received in Ohio from each of the corresponding sources. Only report amounts included in federal adjusted gross income.

Part A - Complete for taxpayers who are either part-year or full-year nonresidents of Ohio.

| | (A) Federal Amount | (B) Ohio Amount |
|---|-----------------------|--------------------|
| 1. Wages, salaries, tips, and guaranteed payments (Do not include amounts paid by a pass-through entity in which the taxpayer has a 20% or greater direct or indirect ownership interest. See instructions) | 127589 | 66906 |
| 2. Nonbusiness capital gain income..... | 2. _____ | _____ |
| 3. Nonbusiness rent and royalty income | 3. _____ | _____ |
| 4. Lottery, casino, and sports gaming winnings | 4. _____ | _____ |
| 5. Business income (from Section II) | 5. _____ | _____ |
| 6. Net Apportioned Ohio Depreciation Adjustment (from Section II, Line 22, Column B) | 6. _____ | _____ |
| 7. Net additions from Ohio Schedule of Adjustments (excluding the IRC 168(k) & 179 depreciation add-back) List the additions here: | 7. _____ | _____ |
| 8. Net deductions from Ohio Schedule of Adjustments (excluding the business income deduction and the deduction of prior year 168(k) and 179 depreciation add-backs) List the deductions here: | 8. _____ | _____ |
| 9. Total (Sum of lines 1 through 7, minus line 8, Column B only)..... | 9. _____ | 66906 |

Part B - Complete only for taxpayers who are part-year residents of Ohio.

| | | |
|--|-----------|-------|
| 10. Nonbusiness interest and dividend income..... | 10. _____ | _____ |
| 11. Pensions, annuities and IRA distributions | 11. 0 | _____ |
| 12. Unemployment compensation..... | 12. _____ | _____ |
| 13. Other nonbusiness income | 13. 0 | _____ |
| 14. Deductions from your federal return included in federal adjusted gross income. List the deductions here: | 14. _____ | _____ |
| 15. Total (Sum of lines 10 through 13, minus line 14, Column B only)..... | 15. _____ | _____ |

Part C - Calculation of the Nonresident Portion of Ohio Adjusted Gross Income.

| | |
|---|------------|
| 16. Ohio Adjusted Gross Income (from Ohio IT 1040, line 3) | 16. 127589 |
| 17. Total Income Allocated or Apportioned to Ohio (line 9 plus line 15; if negative, enter zero)..... | 17. 66906 |
| 18. Nonresident Portion of Ohio Adjusted Gross Income (line 16 minus line 17; if negative enter zero) | 18. 60683 |
| 19. Divide line 18 by line 16. Carry to 4 digits without rounding. If greater than 1, enter 1 | 19. 0.4756 |
| 20. Ohio Nonresident Credit. Multiply line 19 by Ohio Schedule of Credits, line 35. Enter here and on the Ohio Schedule of Credits, line 36..... | 20. 1559 |



2023 IT NRC



10211411

SSN: 088 43 0536

Section II – Ohio Business Income

Report each business from which the taxpayer received business income or loss during the tax year. List the businesses in descending order from highest "Ohio Apportioned Income" to lowest, including those businesses with no Ohio apportionment.

Use Section III of this form to calculate the amounts reported in Columns B and C. Certain taxpayers who receive an Ohio IT K-1 may be able to attach a copy of the form in lieu of completing Section III for that entity. Such taxpayers should check the box and report the IT K-1 amounts in Columns B and C. Section III is not required for businesses with no Ohio apportionment.

Important: "Federal Business Income" is the taxpayer's share of income they reported for federal income tax purposes. **Column A is NOT a total of Columns B and C.**

| | IT K-1 | (A) Federal Business Income | (B) Ohio Depreciation Adjustment | (C) Ohio Apportioned Income |
|--|--------------------------|-----------------------------------|--|-----------------------------------|
| 1. FEIN/SSN: _____ | <input type="checkbox"/> | 1. _____ | _____ | _____ |
| 2. FEIN/SSN: _____ | <input type="checkbox"/> | 2. _____ | _____ | _____ |
| 3. FEIN/SSN: _____ | <input type="checkbox"/> | 3. _____ | _____ | _____ |
| 4. FEIN/SSN: _____ | <input type="checkbox"/> | 4. _____ | _____ | _____ |
| 5. FEIN/SSN: _____ | <input type="checkbox"/> | 5. _____ | _____ | _____ |
| 6. FEIN/SSN: _____ | <input type="checkbox"/> | 6. _____ | _____ | _____ |
| 7. FEIN/SSN: _____ | <input type="checkbox"/> | 7. _____ | _____ | _____ |
| 8. FEIN/SSN: _____ | <input type="checkbox"/> | 8. _____ | _____ | _____ |
| 9. FEIN/SSN: _____ | <input type="checkbox"/> | 9. _____ | _____ | _____ |
| 10. FEIN/SSN: _____ | <input type="checkbox"/> | 10. _____ | _____ | _____ |
| 11. FEIN/SSN: _____ | <input type="checkbox"/> | 11. _____ | _____ | _____ |
| 12. FEIN/SSN: _____ | <input type="checkbox"/> | 12. _____ | _____ | _____ |
| 13. FEIN/SSN: _____ | <input type="checkbox"/> | 13. _____ | _____ | _____ |
| 14. FEIN/SSN: _____ | <input type="checkbox"/> | 14. _____ | _____ | _____ |
| 15. FEIN/SSN: _____ | <input type="checkbox"/> | 15. _____ | _____ | _____ |
| 16. FEIN/SSN: _____ | <input type="checkbox"/> | 16. _____ | _____ | _____ |
| 17. FEIN/SSN: _____ | <input type="checkbox"/> | 17. _____ | _____ | _____ |
| 18. FEIN/SSN: _____ | <input type="checkbox"/> | 18. _____ | _____ | _____ |
| 19. FEIN/SSN: _____ | <input type="checkbox"/> | 19. _____ | _____ | _____ |
| 20. FEIN/SSN: _____ | <input type="checkbox"/> | 20. _____ | _____ | _____ |
| 21. Enter the total of all additional businesses, if any..... | | 21. _____ | _____ | _____ |
| 22. Totals (sum of lines 1 through 21, by column)..... | | 22. _____ | _____ | _____ |

Enter the total from line 22, Column B on Section 1, line 6.

If line 22, Column C is zero or less, **STOP HERE** and enter that amount on Section I, line 5. Otherwise, continue to lines 23 and 24.

23. Business Income Deduction (from the Ohio Schedule of Business Income, line 13) 23. _____

24. Ohio Business Income (line 22, Column C minus line 23; if less than zero, enter zero). Enter here
and on Section I, line 5..... 24. _____