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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ıce.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions	 s.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numbe	er
PRAVEEN	KUM	AR	KOLL	IPARA							088	43	0536	
If joint return, s	pouse'	s first name and middle initial	Last na										security nu	mber
NAVYA			BADD	MA							995	99	4715	
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.				ection Camp	oaign
547 NOR	THWE	ST HWY						3	3201		Check h	nere if y	ou, or your	_
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c					jointly, want	
IRVING						ТХ	ζ	750	39		U		nd. Checkin not change	•
Foreign countr	y name		F	Foreign pr	ovince/state/	count	ty	Foreig	ın postal c		your tax		•	
												Yo	ou 🗌 Spo	ouse
Filing Status	s [Single					Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qι	ıalifying person is a child but not you	ır depen	ndent:										
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oc	a roward										
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🗵 No	,
		neone can claim: You as a de					a dependent), (O	30 11101114	Otion	J.,		, o	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Deddollon			11 O1 you	- WCIC a	duai Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	_ Are bli	ind Sp	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4	-				see instructi	
If more	(1) F	First name Last name			number		to you		Child tax c		edit	Credit fo	or other depen	dents
than four														
dependents, see instruction	s													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		127,58	<u>9.</u>
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						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	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, 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 instructi	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						105 50	^
		Add lines 1a through 1h			· · ;						1z		127,58	9.
Attach Sch. B	2a	· —	2a				axable interes				2b			
if required.	3a_		3a				ordinary divide				3b			
Standard	4a	-	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				`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7			
jointly or Qualifying	8	Additional income from Schedule									8		100 50	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		127,58	9.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		127,58	
If you checked	12	Standard deduction or itemized									12		27,70	0.
any box under Standard	13	Qualified business income deducti									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		27,70	
COO INCLIDENCIONS.	15	Suptract line 1/1 from line 11 If zer	o or loca	e antar	11 Thic ic v	Our 1	ravabla incom	•			15	1	uu QQ	L A

Form 1040 (2023	3)						_		Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	12,588.	
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17						18	12,588.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,588.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	12,588.	
Payments	25	Federal income tax withheld	from:			1 1				
-	а	Form(s) W-2				25a 20	706.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	20,706.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return	.,,		26		
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)				27				
attacii Scii. Lio.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	20,706.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	8,118.	
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	8,118.	
Direct deposit?	b	Routing number 1 1 1			c Type:	Checking	Savings			
See instructions.	d	Account number 4 8 8 0 5 0 5 7 1 0 1 7								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party	Do	you want to allow another				See				
Designee		structions				🗌 Yes. C	omplete	oelow.	⋈ No	
		signee's		Phone			onal identi ber (PIN)	fication		
		me	ant I have aversing	no.			(/	ha haat	of my lenguing and	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the besi belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer									
Here	Υo	ur signature		Date Your occupation				RS se	nt you an Identity	
		ar oignataro		Duto	Tour occupation				IN, enter it here	
Joint return?				SOFTWARE DEVELOPER			(see	inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Dh	one no. (832) 862-415	1	Email address	HOME MAKE					
		eparer's name	Preparer's signat		NOTITIAKA ' LKE	VEEN4U@GMAIL.C Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDTA	04/19/2024	P0208	2703	Self-employed	
Preparer				1 1/111 DA	WILL OOL IN	104/10/2024			(678) 965-9522	
Use Only										
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm	's EIN	84-3171965	



2023 Ohio IT 1040

Individual Income Tax Return





Sequence No. 1

Use only black ink/UPPERCASE letters. Use whole dollars only. 04 19 24

AMENDED RETURN - Check here and include Ohio IT RE.

088 43 0536

Primary taxpayer's SSN (required)

✓ If deceased

Spouse's SSN (if filing jointly) 995 99 4715

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 2503

First name

PRAVEEN KUMAR

Spouse's first name (if filing jointly)

NAVYA

M.I. Last name

KOLLIPARA

M.I. Last name BADDAM

*Indicate state

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

547 NORTHWEST HWY

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

APT 3201

IRVING

City

State

ZIP code

Ohio county (first four letters)

TX

75039

FRAN

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

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

Residency Status - Check only one for primary

Foreign postal code

	Resident X	Part-year resident*	Nonresident*	TX	Single, head of household or qua	lifying surviving spouse
	Check only one for spo	(0, ,,		Indicate state	X Married filing jointly	Cravas'a CCN
	Resident	Part-year X resident*	Nonresident*		Married filing separately	Spouse's SSN
	Ohio Nonresiden	ıt Statement – S	ee instructions for	required criteria		
	Primary meets the	e five criteria for irrebu	uttable presumption	n as nonresident.	Federal extension filers - check h	nere.
	Spouse meets the	e five criteria for irrebu	uttable presumption	n as nonresident.	If someone can claim you (or your dependent, check here.	sp
paper clip.	1. Federal adjusted of if negative	•		. ,	"-" in the box1.	127589
ō	2a. Additions – Ohio So	chedule of Adjustme	nts, line 11 (inclu	de schedule)	2a.	
t staple	2b. Deductions - Ohio	Schedule of Adjustn	nents, line 44 (inc	lude schedule)	2b.	
Do not	3. Ohio adjusted gross	s income (line 1 plus	s line 2a minus line	e 2b). Place a "-" in t	the box if negative3.	127589
	Exemption amount Number of exemption	(include Schedule ons including you and		' '	•	3800
	5. Ohio income tax ba	ase (line 3 minus line	4; if negative, en	ter zero)	5.	123789
	6. Taxable business in	ncome – Ohio Sched	lule of Business Ir	ncome, line 15 (incl i	ude schedule)6.	
	7. Taxable nonbusines	ss income (line 5 mi	nus line 6; if negat	tive, enter zero)	7.	123789



MM-DD-YY

REV 03/25/24 PRO

2023 Ohio IT 1040

Individual Income Tax Return

088 43 0536

discuss this return

SSN:



23000298 Sequence No. 2

7a.Amount from line 7 on page 17	'a.	123789
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	3277
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.	3277
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	1559
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1718
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.	1718
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2400
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.	2400
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.	2400
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"	DUE ▶ 23.	
24.Overpayment (line 20 minus line 13)	24.	682
25. Original return only – 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	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFU	JND ▶ 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.		or less, no refund will be issued. less, no payment is necessary.
Primary signature Phone number(832) 862-4151	NO Paymen	nt Included – Mail to: artment of Taxation
Spouse's signature Date	P.C	D. Box 2679 s, OH 43270-2679
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522	Ohio Depa	Included – Mail to: artment of Taxation
Authorize your preparer to Non-paid preparer PTIN: P 02082703		D. Box 2057 s, OH 43270-2057



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $088 \ \ 43 \ \ 0536$



23280198 _{Se}

Sequence No. 7

Many of these credits <u>must</u> 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

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	3277
2.	Retirement income credit (include 1099-R forms)	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	Senior citizen credit (must be 65 or older to claim this credit)	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	Child care & dependent care credit (include a copy of the worksheet)	
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 credit9	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	
14.	Home school expenses credit (include copies of all required documentation)	
15.	Scholarship donation credit (include copies of all required documentation)	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	
17.	Credit for work-based learning experiences (include a copy of the credit certificate)	
18.	Ohio adoption credit carryforward	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	
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)	
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



27. Opportunity zone investment credit (include a copy of the credit certificate)27. 0 3277 **Residency Credits** 1559 1559 **Refundable Credits** 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.



2023 Schedule of Ohio Withholding

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



23350198

Sequence No. 11

Primary taxpayer's SSN 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

Part B -	- W-2s		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
Р	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





Dord O	4000 D-	088 43 0536		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 260			
	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
	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 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.

1. Wages, salaries, tips, and guaranteed payments (Do not include amounts (A) Federal Amount		(B) Ohio Amount
paid by a pass-through entity in which the taxpayer has a 20% or		66006
greater direct or indirect ownership interest. See instructions)	-	66906
2. Nonbusiness capital gain income		
3. Nonbusiness rent and royalty income		
4. Lottery, casino, and sports gaming winnings	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	66906
9. Total (Sum of lines 1 through 7, minus line 8, Column B only)	9	00900
Part B - Complete only for taxpayers who are part-year residents of Ohio.		
10. Nonbusiness interest and dividend income	_	
11. Pensions, annuities and IRA distributions	_	
12. Unemployment compensation	_	
13. Other nonbusiness income	_	
 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)		127589
17. Total Income Allocated or Apportioned to Ohio (line 9 plus line 15;		66006
if negative, enter zero)17.		66906
18. Nonresident Portion of Ohio Adjusted Gross Income (line 16 minus line 17; if negative enter zero)		60683
19. Divide line 18 by line 16. Carry to 4 digits without rounding. If greater than 1, enter 119.		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		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.

INC	of 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:		 1			
2.	FEIN/SSN:	. 🗆				
3.	FEIN/SSN:	. 🗆	3			
	FEIN/SSN:		4			
5.	FEIN/SSN:	. 🗆				
6.	FEIN/SSN:	. 🗆	6			
7.	FEIN/SSN:	. 🗆	7			
8.	FEIN/SSN:	. 🗆	8			
9.	FEIN/SSN:	. 🗆	9			
10.	FEIN/SSN:	. 🗆	10			
11.	FEIN/SSN:	. 🗆	11			
12.	FEIN/SSN:	. 🗆	12			
13.	FEIN/SSN:	. 🗆	13			
14.	FEIN/SSN:	. 🗆	14			
15.	FEIN/SSN:	. 🗆	15			
16.	FEIN/SSN:	. 🗆	16			
17.	FEIN/SSN:	. 🗆	17			
18.	FEIN/SSN:	. 🗆	18			
19.	FEIN/SSN:	. 🗆	19			
20.	FEIN/SSN:	. 🗆	20			
21.	Enter the total of all additional businesses, if any		21			
22.	Totals (sum of lines 1 through 21, by column)		22			
Ent	er the total from line 22, Column B	on Sec	tion 1, I	line 6.		
lf lir	ne 22, Column C is zero or less, <u>ST</u>	OP HE	RE and	d enter that amount on Se	ction I, line 5. Otherwise, con	tinue to lines 23 and 24.
23.	Business Income Deduction (from	the Of	nio Sche	edule of Business Income	, line 13)23	i
24.	Ohio Business Income (line 22, C and on Section I, line 5				,	