



02 01 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) 892 72 2008

✓ If deceased

Spouse's SSN (if filing jointly) 752 92 1432

✓ If deceased

School district # 3207

First name KONDALARAO

M.I. Last name GOPI

Spouse's first name (if filing jointly) LAVANYA

M.I. Last name GOPI

Address line 1 (number and street) or P.O. Box 1041 CLAUDIA LANE

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

City FINDLAY

State ZIP code OH 45840

Ohio county (first four letters) HANC

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

X Resident Part-year resident* Nonresident*

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

Single, head of household or qualifying surviving spouse

X 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 (83945), Additions (2a), Deductions (2b), Ohio adjusted gross income (83945), Exemption amount (7600), Ohio income tax base (76345), Taxable business income (6), and Taxable nonbusiness income (76345).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 892 72 2008

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (76345), 8a. Nonbusiness income tax liability (1744), 8b. Business income tax liability (1744), 8c. Income tax liability before credits (1744), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (1744), 11. Interest penalty on underpayment of estimated tax (1744), 12. Unpaid use tax (1744), 13. Total Ohio tax liability before withholding (1744), 14. Ohio income tax withheld (3171), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (3171), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (3171), 21. Tax due (21), 22. Interest due on late payment of tax (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (1427), 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 1427

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 (331) 201-7722

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 Ohio Schedule of Dependents



23230198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

02 01 24

892 72 2008

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
948 98 6443	12 17 2014	DAUGHTER

Dependent's first name	M.I.	Dependent's last name
RUSHIKA		GOPI

2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
656 50 8164	08 16 2017	DAUGHTER

Dependent's first name	M.I.	Dependent's last name
VUDVITHA		GOPI

3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
------------------------	------	-----------------------

7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
--------------------	--	---------------------------------

Dependent's first name	M.I.	Dependent's last name
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2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

892 72 2008

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. 3171

Part B - W-2s

1. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P 311260729	103144	8604

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52015953	103144	3171

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
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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2023 Schedule of Ohio Withholding

Primary taxpayer's SSN
892 72 2008



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

02 01 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) 892 72 2008

✓ If deceased

Spouse's SSN (if filing jointly) 752 92 1432

✓ If deceased

First name KONDALARAO

M.I. Last name GOPI

Spouse's first name (if filing jointly) LAVANYA

M.I. Last name GOPI

Address line 1 (number and street) or P.O. Box 1041 CLAUDIA LANE

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

City FINDLAY

State ZIP code OH 45840

Ohio county (first four letters) HANC

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)

Single, head of household or qualifying surviving spouse

X 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 # 3207 Non-taxing Dates of residency 01 01 23 to 12 31 23 Primary Spouse X X

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

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

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

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



MM-DD-YY

2023 Ohio SD 100
School District Income Tax Return

SSN: 892 72 2008



23020298

1. Ohio adjusted gross income (from Ohio IT 1040, line 3).....	1.	83945
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.	83945
4. Exemption amount (from Ohio IT 1040, line 4)	4.	7600
5. Modified adjusted gross income less exemptions (line 3 minus line 4; if negative, enter zero)	5.	76345

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.

6. Total tax from traditional tax base districts (from line 29).....	6.	0
7. Total tax from earned income tax base districts (from line 41)	7.	
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.	712
12. Estimated and extension payments, and credit carryforward from last year's returns	12.	
13. Amended return only – amount previously paid with original and/or amended return	13.	
14. Total school district income tax payments (add lines 11, 12, and 13).....	14.	712
15. Amended return only – overpayment previously requested on original and/or amended return.....	15.	
16. Line 14 minus line 15. Place a "-" in the box if negative.....	16.	712

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"	19.	AMOUNT DUE ▶
20. Overpayment (line 16 minus line 10)	20.	712
21. Original return only – amount of line 20 to be credited toward next year's school district income tax liability	21.	
22. REFUND (line 20 minus line 21)	22.	YOUR REFUND ▶ 712

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 (331) 201-7722

▶ Spouse's signature _____ Date _____

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: 892 72 2008



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)	(B)
	School district #	School district #
	3207	
23. Enter the portion of line 5 received while a resident of the school district above. If negative, enter zero 23.	0	
24. Enter the lesser of line 5 or line 23	0	
25. Enter the tax rate for the school district above (see instructions)0100	
26. School district tax (line 24 times line 25)	0	
27. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district)	0	
28. Tax after credits (line 26 minus line 27; if less than zero, enter zero)	0	
29. Sum of all line 28 amounts above as well as any additional Traditional Tax Base Schedules. Enter here and on line 6		0

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



2023 Schedule of School District Withholding

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



23360198

Primary taxpayer's SSN

892 72 2008

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. 712

Part B - W-2s

1. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld
P 3207 311260729 103144 8604

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax
52015953 71287 712

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

