

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 # 750 67 5362 2903 First name M.I. Last name ADUSUMALLI **MEENAKSHI** Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 225 ORVILLE ST Address line 2 (apartment number, suite number, etc.) Ohio county (first four letters) City State ZIP code FAIRBORN OH 45324 GREE 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 1 if negative..... Do not staple or 1 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: ()



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

MM-DD-YY

()

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2023 Ohio IT 1040

Individual Income Tax Return

750 67 5362

discuss this return

SSN:



3b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	Bb. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	7a.Amount from line 7 on page 17	'a.	0
3c. Income tax liability before credits (line 8a plus line 8b)	3c. Income tax liability before credits (line 8a plus line 8b)	Ba. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	0
9. Ohio norrefundable credits – Ohio Schedule of Credits, line 38 (include schedule) 9. 20 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) 10. 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) 11. 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. 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) 14. 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. Amended return only – amount previously paid with original and/or amended return 17. 18. Total Ohio tax payments (add lines 14, 15, 16 and 17) 18. Total Ohio tax payments (add lines 14, 15, 16 and 17) 18. Interest of tax in the box if negative 19. Amended return only – overpayment previously requested on original and/or amended return 19. 20. Line 18 minus line 19. Place a "-" in the box if negative 19. If line 20 is mogrative, ignore the "-" and add line 20 to line 13. 21. 22. Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State" AMOUNT DUE \$\frac{1}{2}\$ 2. Credital return only – portion of line 24 carried forward to next year's tax liability 25. 26. Original return only – portion of line 24 you wish to donate: a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief	9, Ohio nonrefundable credits — Ohio Schedule of Credits, line 38 (include schedule)	Bb. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.	
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	3c. Income tax liability before credits (line 8a plus line 8b)	8c.	0
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11. Interest penalty on underpayment of estimated tax (include Ohio Ti7SD 2210)	9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	20
12. Unpaid use tax (see instructions)	12. Unpaid use tax (see instructions)	10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	0
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
14. Ohio income tax withheld — Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	12.Unpaid use tax (see instructions)	12.	
income statements)	14. 15. Estimated and extension payments, and credit carryforward from last year's return	13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	0
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)		14.	
17. Amended return only — amount previously paid with original and/or amended return	17. Amended return only – amount previously paid with original and/or amended return	15.Estimated and extension payments, and credit carryforward from last year's return	15.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	16.Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.	
19. Amended return only – overpayment previously requested on original and/or amended return	19. Amended return only — overpayment previously requested on original and/or amended return	17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20. Line 18 minus line 19. Place a "." in the box if negative	18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	
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	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	19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	22. Interest due on late payment of tax (see instructions)		20.	
22. Interest due on late payment of tax (see instructions)	22. Interest due on late payment of tax (see instructions)			\cap
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"	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"	21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	O
Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	22. Interest due on late payment of tax (see instructions)	22.	
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability	25. Original return only – portion of line 24 carried forward to next year's tax liability		DUE ▶ 23.	0
26. Original return only – portion of line 24 you wish to donate: a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief Total26g.	26. Original return only – portion of line 24 you wish to donate: a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief Total26g. Total26g. Total26g. Total26g. YOUR REFUND > 27. 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 Primary signature Phone number (848) 466-4661 Spouse's signature Date Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522 Phone number Ohio Department of Taxation Payment Included — Mail to: Ohio Department of Taxation Payment Included — Mail to: Ohio Department of Taxation Payment Included — Mail to: Ohio Department of Taxation Taxation Payment Included — Mail to: Ohio Department of Taxation Taxation Taxation Payment Included — Mail to: Ohio Department of Taxation Taxation Taxation Taxation Payment Included — Mail to: Ohio Department of Taxation Taxatio	24.Overpayment (line 20 minus line 13)	24.	
Total26g.	d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer 27. REFUND (line 24 minus lines 25 and 26g)	26. Original return only – portion of line 24 you wish to donate:	25.	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer 27. REFUND (line 24 minus lines 25 and 26g)	a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief		
	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(848) 466-4661 Preparer's printed name Phone number	d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	otal26g.	
27. REFUND (line 24 minus lines 25 and 26a)	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(848) 466-4661 Preparer's printed name Phone number	27. REFUND (line 24 minus lines 25 and 26a)	JND ▶ 27.	
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is \$1.00 or less, no refund will be issue	Primary signature Phone number (848) 466-4661 Spouse's signature Date Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (848) 466-4661 NO Payment Included – Mail to: Ohio Department of Taxation Phone number Ohio Department of Taxation Phone number (678) 965-9522 NO Payment Included – Mail to: Ohio Department of Taxation	Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no refund v	
, , , , , , , , , , , , , , , , , , , ,	Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522 Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Payment Included – Mail to: Ohio Department of Taxation	•		
Ohio Department of Taxation P.O. Box 2679	Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522 Proparer's printed name Oddambds, 611 45270-2075 Payment Included – Mail to: Ohio Department of Taxation		Ohio Department of Taxat P.O. Box 2679	ion
Goldminds, GTT 40210-2010	SYAM PRIYA RAM SAGAR GUP (678) 965-9522 Ohio Department of Taxation		Payment Included – Mail	l to:
F.O. DOX 2007	Authorize your preparer to Non-paid preparer PTIN: P 02082703 Columbus, OH 43270-2057		P.O. Box 2057	



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

750 67 5362



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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)	1.	(
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	8.	C
9.	Exemption credit	9.	20
10.	Total (add lines 2 through 9)	.10.	20
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	C
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	C
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 750 67 5362



27. Opportunity zone investment credit (include a copy of the credit certificate)27. 0 0 **Residency Credits** 20 **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. 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)......44.