

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PAVITHRA MANUPATI RAMESH BABU	Social security number 838-32-1584
Spouse's name THEJESH NAIDU LANKIPALLI	Spouse's social security number 506-69-2791

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	36,799.
2 Total tax	2	908.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,170.
4 Amount you want refunded to you	4	4,262.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

2	1	5	8	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	2	7	9	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO'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 enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Personal information section including names (PAVITHRA, MANUPATI RAMESH BABU, THEJESH NAIDU, LANKIPALLI), addresses (1060 HILARY LANE, FINDLAY, OH, 45840), and social security numbers (838 32 1584, 506 69 2791).

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

Digital Assets section: At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose of a digital asset? (See instructions.) [] Yes [X] No

Standard Deduction section: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness section: You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is 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.

Table for Income with rows 1a through 1z. Total amount from Form(s) W-2, box 1 is 36,799.

Table for Deductions with rows 2a through 15. Standard deduction or itemized deductions is 27,700. Taxable income is 9,099.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 908.

Table for Payments (lines 25-33). Includes federal income tax withheld (5,170) and total payments (5,170).

Table for Refund (lines 34-36). Shows overpaid amount of 4,262 and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

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

Sign Here section with signature lines for taxpayer and preparer, including occupation and date.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.



03 28 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) 838 32 1584

✓ If deceased

Spouse's SSN (if filing jointly) 506 69 2791

✓ If deceased

School district # 3207

First name PAVITHRA

M.I. Last name MANUPATI RAMESH BABU

Spouse's first name (if filing jointly) THEJESH NAIDU

M.I. Last name LANKIPALLI

Address line 1 (number and street) or P.O. Box 1060 HILARY LANE

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

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, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 838 32 1584

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (31999), 8a. Nonbusiness income tax liability (524), 8b. Business income tax liability (524), 8c. Income tax liability before credits (524), 9. Ohio nonrefundable credits (0), 10. Tax liability after nonrefundable credits (524), 11. Interest penalty on underpayment of estimated tax (11.00), 12. Unpaid use tax (12.00), 13. Total Ohio tax liability before withholding (524), 14. Ohio income tax withheld (1157), 15. Estimated and extension payments (15.00), 16. Refundable credits (16.00), 17. Amended return only (17.00), 18. Total Ohio tax payments (1157), 19. Amended return only overpayment (19.00), 20. Line 18 minus line 19 (1157), 21. Tax due (21.00), 22. Interest due on late payment of tax (22.00), 23. TOTAL AMOUNT DUE (633), 24. Overpayment (633), 25. Original return only (25.00), 26. Original return only donation (26.00).

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 633

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 (419) 788-1206

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 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

838 32 1584

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. 1157

Part B - W-2s

1. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P 912198647	36799	5170

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52800455	36799	1157

2. 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
------------------------------------	---------------------------------	--------------------------

3. 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
------------------------------------	---------------------------------	--------------------------

4. 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
------------------------------------	---------------------------------	--------------------------

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
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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
838 32 1584



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

03 28 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) 838 32 1584

✓ If deceased

Spouse's SSN (if filing jointly) 506 69 2791

✓ If deceased

First name PAVITHRA

M.I. Last name MANUPATI RAMESH BABU

Spouse's first name (if filing jointly) THEJESH NAIDU

M.I. Last name LANKIPALLI

Address line 1 (number and street) or P.O. Box 1060 HILARY LANE

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

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.

Table with 5 rows for school district residency, columns for School district #, Non-taxing, Dates of residency, Primary, and Spouse.

Do not staple or paper clip.



MM-DD-YY

2023 Ohio SD 100
School District Income Tax Return

SSN: 838 32 1584



23020298

1. Ohio adjusted gross income (from Ohio IT 1040, line 3).....	1.	36799
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.	36799
4. Exemption amount (from Ohio IT 1040, line 4)	4.	4800
5. Modified adjusted gross income less exemptions (line 3 minus line 4; if negative, enter zero)	5.	31999

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.	320
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.	320
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.	320
11. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements)	11.	368
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.	368
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.	368

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"	AMOUNT DUE ▶ 19.	
20. Overpayment (line 16 minus line 10)	20.	48
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)	YOUR REFUND ▶ 22.	48

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 (419) 788-1206

▶ 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: 838 32 1584



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.	36799	
24. Enter the lesser of line 5 or line 23	31999	
25. Enter the tax rate for the school district above (see instructions)0100	
26. School district tax (line 24 times line 25)	320	
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)	320	
29. Sum of all line 28 amounts above as well as any additional Traditional Tax Base Schedules. Enter here and on line 6		320

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. Reserved for future use		
34. Reserved for future use		
35. Reserved for future use		
36. Earned income school district tax base (see instructions)		
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

838 32 1584

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. 368

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 912198647 36799 5170

Box 15 - Employer's Ohio ID number 52800455 Box 18 - School district wages 36799 Box 19 - School district tax 368

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

