Internal Revenue Service

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	S	Social security number	
PAVITHRA MANUPATI RAMESH BABU		838-32-1584	
Spouse's name	S	Spouse's social security r	number
THEJESH NAIDU LANKIPALLI		506-69-2791	
Part I Tax Return Information – Tax Year Ending December 31,	2023 (Enter y	ear you are author	izing.)
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	-

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

Under penalties of periury. 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

	2	1	5	8	4				
Enter five digits, but don't enter all zeros									

1

Enter five digits, but don't enter all zeros

9 2 7 9 my

as mv

signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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 🕨	Da	te 🕨	•				 	
Practitioner PIN Method Returns Only—con	ntinue	bel	w					
Part III Certification and Authentication – Practitioner PIN Method C	Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	IN.	2	2	 	 6 Iter all	_	 7	1

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 Demonstrate Deduction Act Notice	and the set of the test of the set	DEV/ 00/07/04 DDO	Farm 8870 (Day, 01 0001)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial sec	urity number
PAVITHRA	A		MAN	UPATI	RAMESH	BAI	ЗU			838	32	1584
		s first name and middle initial	Last n		141112011	2111						security number
THEJESH	ΝΑΤΙ	ן	T.AN	KIPALI	т					506	69	2791
		er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
1060 HII	ARY	LANE						K	2			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c				jointly, want \$3
FINDLAY						OF	ł	458	40			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code		k or refu	•
											Yo	ou 🗌 Spouse
Filing Status	; [Single	I				Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	income)					· · ·			
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
		alifying person is a child but not you										
D :	<u> </u>						ment for prope			r (b) coll		
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi	•					-		. ,	ΠYe	es 🛛 No
Standard	-	eone can claim: You as a de					a dependent	.). (O				
Deduction		Spouse itemizes on a separate return					-					
Age/Blindness	S You:	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2. 1959		s blind
Dependents				(2) 5	Social security		(3) Relationsh	14	,		ifies for (see instructions):
If more		irst name Last name			number		to you		Child tax of	credit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	3											
here												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	ctions) .					. 1a	1	36,799.
	b	Household employee wages not re	eported	d on Form	n(s) W-2 .					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see ir	nstruction	is)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi	rom Fo	orm 2441,	line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı 📃	
get a Form W-2, see	h	Other earned income (see instructi	ions)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			1 i					
	z	Add lines 1a through 1h	• •							. 1z	:	36,799.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	: .		. 2b)	
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b)	
Others desired	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)	
 Single or 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b)	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method,	check here	(see	instructions)					
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here			7		
jointly or	8	Additional income from Schedule 1	1, line	10						. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is y	our total inc	come	e			. 9		36,799.
\$27,700 • Head of	10	Adjustments to income from Schee	dule 1,	line 26						. 10		
household,	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incor	ne				. 11		36,799.
 \$20,800 If you checked Γ 	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2	27,700.
any box under Standard	13	Qualified business income deducti	ion fror	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14	Add lines 12 and 13								. 14	·	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	e.		. 15	5	9,099.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	908.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[18	908.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	908.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is						24	908.
Payments	25	Federal income tax withheld							
. aj mente	а	Form(s) W-2				25a 5	,170.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	5,170.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T					• •	33	5,170.
Defined	34	If line 33 is more than line 24					• •	34	4,262.
Refund	34 35a		-			, .		35a	4,262.
Direct deposit?	b soa	Amount of line 34 you want Routing number $0 \mid 4 \mid 4$						35a	1,202.
See instructions.		Account number 5 3 5					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24						~ 7	
rou Owe		For details on how to pay, g	÷	-		1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete be	alow	🗙 No
Designee							onal identifi		
	nar	signee's ne		Phone no.			ber (PIN)	Jation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statement	ts, and to the	e best	of my knowledge and
-	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all information	on of which	prepare	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation		If the I	IRS ser	nt you an Identity
				-				IN, enter it here	
Joint return?					SOFTWARE		(see ir	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.					FI.FOTRICAL	DEBUG ENGINE			sector r int, enter it here
	Ph	one no. (419)788-120	6	Email address		1303@GMAIL.CO			
		eparer's name	Preparer's signat		IAVIINA.MR	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA				03/28/2024	P02082	702	Self-employed
Preparer		m's name GLOBAL TAX			JUNC OUF IA	05/20/2024	Phone		
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		678)965-9522
Go to wave in a				TIDWICK IN					Form 1040 (2023)
GO IO WWW.IIS.go	JV/POM	n1040 for instructions and the late	si mornation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

Do not staple or paper clip.



Do not staple or paper clip.

2023 Ohio IT 1040



Individual Income Tax Return Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198 Sequence No. 1

AMENDED RETURN - Check here and include Oh	NOL CARRYBACK - Check here and include Schedule IT NOL.					
Primary taxpayer's SSN (required) V If deceased 838 32 1584	Spouse's SSN (if fil 506 69 2		✓ If deceased	School district # 3207		
First name PAVITHRA	M.I. Last name MANUPA	TI RAMESH	BABU			
Spouse's first name (if filing jointly) THEJESH NAIDU	M.I. Last name LANKIP	ALLI				
Address line 1 (number and street) or P.O. Box						
Address line 2 (apartment number, suite number, etc.)						
City		State ZIP code	e Ohio co	ounty (first four letters)		
FINDLAY		OH 4584	0 HAN	IC		
Foreign country (if the mailing address is outside the U.S.	.)	Foreign postal cod	e			
Residency Status – Check only one for primary	*Indicate state	Filing Status	- Check one (as repo	orted on federal income tax return)		
X Resident Part-year Nonresident resident*	*			alifying surviving spouse		
Check only one for spouse (if filing jointly) X Resident Part-year Nonresident resident*	*Indicate state *	× Married filin Married filin		Spouse's SSN		
Ohio Nonresident Statement – See instructions	for required criteria					
Primary meets the five criteria for irrebuttable presump		Federal exte	ension filers - check	here.		
Spouse meets the five criteria for irrebuttable presump	otion as nonresident.	If someone of dependent, of		r spouse if filing jointly) as a		
1. Federal adjusted gross income (federal 1040 or 104 if negative	. ,		1.	36799		
2a. Additions - Ohio Schedule of Adjustments, line 11 (ind	clude schedule)		2a.			
2b. Deductions – Ohio Schedule of Adjustments, line 44 (i	include schedule)		2b.			
3. Ohio adjusted gross income (line 1 plus line 2a minus	line 2b). Place a "-" in	the box if negative .	3.	36799		
 Exemption amount (include Schedule of Dependent Number of exemptions including you and your spouse/di 			4.	4800		
5. Ohio income tax base (line 3 minus line 4; if negative,				31999		
6. Taxable business income – Ohio Schedule of Busines	s Income, line 15 (incl	ude schedule)	6.			
7. Taxable nonbusiness income (line 5 minus line 6; if ne	gative, enter zero)		7.	31999		
				MM-DD-YY		

2023 Ohio IT 1040



SSN: 838 32 1584	dividual Income Tax Return	23000298 Sequence No. 2
7a. Amount from line 7 on page 1		
8a.Nonbusiness income tax liability on line 7a (see instruction	ons for tax tables)	
8b.Business income tax liability – Ohio Schedule of Busines	s Income, line 16 (include schedule)	8b.
8c. Income tax liability before credits (line 8a plus line 8b)		
9. Ohio nonrefundable credits – Ohio Schedule of Credits, I		
10. Tax liability after nonrefundable credits (line 8c minus line		5.0.4
11. Interest penalty on underpayment of estimated tax (inclu		
12. Unpaid use tax (see instructions)		
13. Total Ohio tax liability before withholding or estimated p		
14. Ohio income tax withheld – Schedule of Ohio Withholdin	g, part A, line 1 (include schedule and	1100
income statements)		
15. Estimated and extension payments, and credit carryforw		
16. Refundable credits – Ohio Schedule of Credits, line 44 (i	nclude schedule)	16.
17. <u>Amended return only</u> – amount previously paid with original structure of the second structure of	-	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).		
19. <u>Amended return only</u> – overpayment previously reques	ted on original and/or amended return	19.
20. Line 18 minus line 19. Place a "-" in the box if negative		20. 1157
If line 20 is MORE THAN line 13, skip to line 24 21. Tax due (line 13 minus line 20). If line 20 is negative, ignored and the statement of the statemen		
22. Interest due on late payment of tax (see instructions)		
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include t	the Ohio Universal Payment	
		(2)
 25. <u>Original return only</u> – portion of line 24 carried forward the 26. <u>Original return only</u> – portion of line 24 you wish to dona a. Wishes for Sick Children b. Wildlife Species 	ate:	25.
d. Ohio History Fund e. Nature Preserves/Scenic R	To To Rivers f. Breast/Cervical Cancer	otal26g.
27. REFUND (line 24 minus lines 25 and 26g)		JND ▶ 27. 633
Sign Here (required): I have read this return. Under penalties and belief, the return and all enclosures are true, correct and comple		If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Primary signature	Phone number (419)788-1206	NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature		P.O. Box 2679 Columbus, OH 43270-2679
Preparer's printed name	DP Phone number (678)965-9522	Payment Included – Mail to: Ohio Department of Taxation PO Box 2057
Authorize your preparer to Non-paid preparer discuss this return	PTIN: P 02082703	Columbus, OH 43270-2057
a. Wishes for Sick Children b. Wildlife Species d. Ohio History Fund e. Nature Preserves/Scenic R 27. REFUND (line 24 minus lines 25 and 26g) <u>Sign Here (required)</u> : I have read this return. Under penalties and belief, the return and all enclosures are true, correct and comple Primary signature Preparer's signature <u>SYAM PRIYA RAM SAGAR G</u> Authorize your preparer to Non-paid preparer	o next year's tax liability ate: s c. Military Injury Relief Rivers f. Breast/Cervical Cancer YOUR REFU of perjury, I declare that, to the best of my knowledge te. Phone number (419)788–1206 Date Date UP Phone number (678)965–9522	



2023 Schedule of Ohio Withholding



23350198

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

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 1040
 1157

<u>Part B -</u> 1. P/S P	- <u>W-2s</u> Box b - EIN 912198647	Box 1 - Wages, tips, other compensation 36799	Box 2 - Federal income tax withheld 5170
	Box 15 - Employer's Ohio ID number 52800455	Box 16 - Ohio wages, tips, etc. 36799	Box 17 - Ohio income tax 1157
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



23350298

uence No. 12

		838 32 1584		23350298
Part C -	<u>1099-Rs</u>	050 52 1501		Sequence No.
1. 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
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
Devit D	W 00-			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federa	l 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 - Federa	l 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 - Federa	l income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15	- Ohio income tax withheld
Devit F				
<u>Part E -</u> 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federa	l 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 - Federa	l income tax withheld
	Poy 6 Dovor's Obio number	Pov 7 State income	Day 5	Obio tox withhold

Box 7 - State income

Box 5 - Ohio tax withheld



Box 6 - Payer's Ohio number

Do not staple or paper clip.



Do not staple or paper clip.

2023 Ohio SD 100

School District Income Tax Return



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

23020198

AMENDED RETURN - Check here and include Ohio	SD RE.	NOL	CARRYBACK - Chec	k here and include Schedule IT NOL.
Primary taxpayer's SSN (required) ✓ If deceased 838 32 1584	Spouse's SSN (if filin 506 69 27			
First name PAVITHRA	M.I. Last name MANUPAT	I RAN	1ESH BABU	
Spouse's first name (if filing jointly) THEJESH NAIDU	M.I. Last name LANKIPA	LLI		
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 OH	ZIP code 45840	Ohio county (first four letters) HANC
Foreign country (if the mailing address is outside the U.S.)		Foreign p	ostal 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		
	 Married filing jointly Spouse's SSN Married filing separately 		

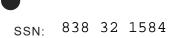
Schedule of School District Residency

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.

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



MM-DD-YY



0

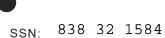
2023 Ohio SD 100

School District Income Tax Return



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)	. 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 and/or line 7 amounts. Full-year nonresidents of taxing school districts: Skip to line 11.	line 6
6. Total tax from traditional tax base districts (from line 29)	
7. Total tax from earned income tax base districts (from line 41)	
8. School district income tax liability after credits (line 6 plus line 7)	
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)	
11. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements)	
12. Estimated and extension payments, and credit carryforward from last year's returns	
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)	
15. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	15.
16. Line 14 minus line 15. Place a "-" in the box if negative	
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	
18. Interest due on late payment of tax (see instructions)	
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)	
21. Original return only - amount of line 20 to be credited toward next year's school district income tax lial	bility21.
22. REFUND (line 20 minus line 21)	UND ▶ 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.	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
▶ Primary signature Phone number (419)788-1206	NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature Date	P.O. Box 182197 Columbus, OH 43218-2197
Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUPT</u> Phone number (678)965-9522 Authorize your preparer to Non-paid preparer PTIN: P 02082703 discuss this return	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389
	REV 03/15/24 PRO



2023 Ohio SD 100

School District Income Tax Return



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 #	S	chool district #
	3207		
23. Enter the portion of line 5 received while a resident of the school district above. If negative, enter zero23.	36799		
24. Enter the lesser of line 5 or line 2324.	31999		
25. Enter the tax rate for the school district above (see instructions)25.	.0100		
26. School district tax (line 24 times line 25)26.	320		
27. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district)27.	0		
 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)		
School district #		

(B)
School district #

30. Enter wages reported on your federal return and received while a resident of the school district above	30.
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	.31.
32. Line 30 plus line 31. If negative, enter zero	. 32.
33. Reserved for future use	. 33.
34. Reserved for future use	34.
35. Reserved for future use	. 35.
36. Earned income school district tax base (see instructions)	36.
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 cla this credit; limit \$50 per district)	
40. Tax after credits (line 38 minus line 39; if negative,	zero)40.
41. Sum of all line 40 amounts above as well as any ac Earned Income Tax Base Schedules. Enter here ar	dditional nd on line 741.





2023 Schedule of School District Withholding



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

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

Part B - W-2s

1. P/S P	School district # 3207	Box b - EIN 912198647		Box 1 - Wages, tips, etc. 36799	Box 2 - Federal income tax withheld 5170
	Box 15 - Employer's 52800455	Ohio ID number	Box 18 - School 3679	-	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
	1099-Rs School district #	Payer's TIN		Box 1 - Gross distribution	Box 4 - Federal income tax withheld
	Box 15 - Payer's Ohi	io number	Box 19 - School	district distribution	Box 17 - School district tax

