



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial SRINITHA PASIKANTI	Last name	Your Social Security number 834554336
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 1672 GINKGO CT APT NO 268		
City/Town/Post Office KENT	State OH	Zip 44240
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

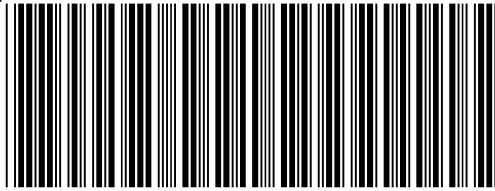
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
	04022024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816
			<input type="radio"/> Fill in if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
P02082703	04022024		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT	E BRUNSWICK	NJ	08816



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

SRINITHA

PASIKANTI

834554336

1672 GINKGO CT

KENT

OH 44240
268

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 5063
b. Federal adjusted gross income 5063

1. Filing status (select one only): Single
Married filing jointly
Married filing separate return NRA
Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From 01012023 To 01262023

3. Total days as Massachusetts resident 26 ÷ 365 = .0712 3

\$1 You \$1 Spouse TOTAL
You Spouse
You Spouse
You Spouse
You Spouse

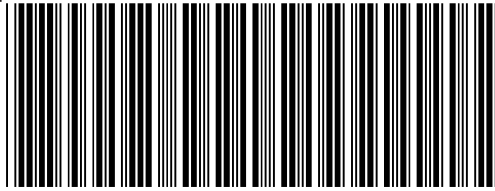
Fill in if noncustodial parent
Fill in if filing Schedule TDS
Fill in if filing Schedule FCI
 Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

857-230-4884

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



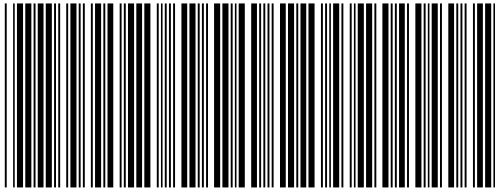
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
834554336

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

SRINITHA

PASIKANTI

834554336

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

- a. Total 5.0% income 14a
- b. Interest income 14b
- c. Total capital gain income 14c
- d. Total income this return 14d
- e. Non-Massachusetts source income. **Not less than "0"** 14e
- f. Total income 14f
- g. Deduction and exemption ratio 14g

15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement 15a

15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement 15b

16. Reserved for future use 16

17. Reserved for future use 17

18. Rental deduction. a. ÷ 2 = 18

Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future

19. Other deductions from Schedule Y, line 19 19

20. Total deductions. Add lines 15 through 19 20

21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. **Not less than "0"** 21

22. Exemption amount. a. 22 313

23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. **Not less than "0"** 23

24. INTEREST AND DIVIDEND INCOME 24

25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24 25

26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 26

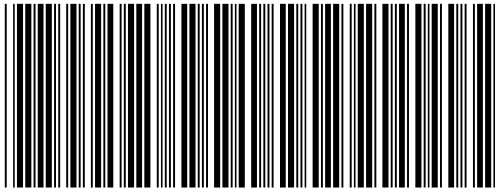
27. INCOME FROM SCHEDULE B. Not less than "0." 27

a. x .085 = 27a

b. x .12 = 27b

TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b 27

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

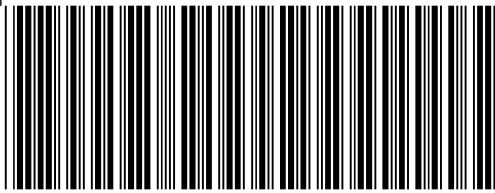


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Massachusetts Nonresident/
Part-Year Resident Income Tax Return
834554336

28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28	28
29.	Credit recapture amount (from Credit Recapture Schedule)	29
30.	Additional tax on installment sale	30
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32	X
32.	TOTAL INCOME TAX.	
	a. Income tax. Add lines 26 through 30	32a
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b
	c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NR CR, Nonresident Composite Return. Otherwise, enter 0	32c
	Total tax. Subtract line 32c from the total of lines 32a and 32b	32
33.	Limited Income Credit	33
34.	Income tax due to another state or jurisdiction	34
35.	Other credits (from Credit Manager Schedule)	35
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36
37.	Voluntary Contributions	
	a. Endangered Wildlife Conservation	37a
	b. Organ Transplant Fund	37b
	c. Massachusetts Public Health HIV and Hepatitis Fund	37c
	d. Massachusetts U.S. Olympic Fund	37d
	e. Massachusetts Military Family Relief Fund	37e
	f. Homeless Animal Prevention and Care	37f
	Total. Add lines 37a through 37f	37
38.	Use tax due on Internet, mail order and other out-of-state purchases	38
39.	Health care penalty a. You + b. Spouse	39
40.	Amended return only. Overpayment from original return	40
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40	41
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a
	b. Massachusetts income tax withheld from Form(s) 1099	42b
	c. Massachusetts income tax withheld from other forms	42c
	Total. Add lines 42a through 42c	42

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Schedule NTS-L-NRPY

MA23021011555

No Tax Status and Limited Income Credit

834554336

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	5063
8. Total income. Combine lines 3 through 7	8	5063
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	5063
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



04 02 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) 834 55 4336

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 6705

First name SRINITHA

M.I. Last name PASIKANTI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 1672 GINKGO CT

Address line 2 (apartment number, suite number, etc.) APT 268

City KENT

State ZIP code OH 44240

Ohio county (first four letters) PORT

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

Foreign postal code

Residency Status - Check only one for primary *Indicate state

Resident X Part-year resident* Nonresident* MA

Check only one for spouse (if filing jointly) *Indicate state

Resident Part-year resident* Nonresident*

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

X Single, head of household or qualifying surviving spouse

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 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: 834 55 4336

23000298 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	2663
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0
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.	0
9. Ohio nonrefundable 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.	0
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.	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	36
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.	36
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.....	20.	36
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"	AMOUNT DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	36
25. Original 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		
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer		
Total.....		26g.

27. **REFUND** (line 24 minus lines 25 and 26g)..... **YOUR REFUND** ▶ 27. 36

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 (857) 230-4884

▶ 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



Many of these credits **must** 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.	0
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.	0
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.	0
12. Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0
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

834 55 4336



23280298

Sequence No. 8

24. Grape production credit	24.	
25. InvestOhio credit (include a copy of the credit certificate)	25.	
26. Lead abatement credit (include a copy of the credit certificate)	26.	
27. Opportunity zone investment credit (include a copy of the credit certificate)	27.	
28. Technology investment credit carryforward (include a copy of the credit certificate).....	28.	
29. Enterprise zone day care & training credits (include a copy of the credit certificate)	29.	
30. Research & development credit (include a copy of the credit certificate).....	30.	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	31.	
32. Ohio low-income housing credit (include a copy of the credit certificate).....	32.	
33. Affordable single-family housing credit (include a copy of the credit certificate)	33.	
34. Total (add lines 12 through 33)	34.	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero).....	35.	0
<u>Residency Credits</u>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	0
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	20

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.	
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.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.	
43. Venture capital credit (include a copy of the credit certificate)	43.	
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	



2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

834 55 4336

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. 36

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 316402079 5063 7

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
51164429 5063 36

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
834 55 4336



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