



04 12 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) 701 23 2046

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 5703

First name ROSHINI

M.I. Last name UPPATI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 3424 N MARSHAL ROAD

Address line 2 (apartment number, suite number, etc.) APT 203

City DAYTON

State ZIP code OH 45429

Ohio county (first four letters) MONT

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

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) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (4320), Additions (2a), Deductions (2b), Ohio adjusted gross income (4320), Exemption amount (2400), Ohio income tax base (1920), Taxable business income (6), and Taxable nonbusiness income (1920).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 701 23 2046

23000298 Sequence No. 2

7a. Amount from line 7 on page 17a. 1920
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. 29
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 return17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....18. 29
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. 29
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. 29
25. Original return only – portion of line 24 carried forward to next year's tax liability25.
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. 29

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 (937) 344-0081

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

Table listing 23 categories of nonrefundable credits with corresponding line numbers and values (e.g., 1. Tax liability before credits (from Ohio IT 1040, line 8c) 1. 0; 10. Total (add lines 2 through 9) 10. 20; 11. Tax less credits (line 1 minus line 10; if negative, enter zero)..... 11. 0).



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

701 23 2046



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

Residency Credits

36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	
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

701 23 2046

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. 29

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 310536715 4320

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
51064594 4320 29

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
701 23 2046



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



PAYMENT DUE
PLEASE REMIT TO:
CITY OF DAYTON
PO BOX 643700
CINCINNATI, OH 45264-3700

2023 CITY OF DAYTON INDIVIDUAL INCOME TAX RETURN

RETURN WITH PAYMENT DUE BY APRIL 15, 2024
90% of Estimated Tax Liability due by January 15, 2025

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

ROSHINI UPPATI

3424 N MARSHAL ROAD APT 203
DAYTON OH 45429

Is this Dayton Tax Return: Single Joint Filing

TAX ID # OR SS # 701 23 2046

TAX ID # OR SS # _____

Your phone # (937) 344-0081

Your Email address UPPATIR1@DAYTON.EDU

May we contact you by secured email? Yes No

Are you a Dayton resident? Yes No

Did you file a Dayton Return last year? Yes No

Did you file on a different Tax ID# last year? Yes No
If so, please list Tax ID# _____

Did You Move during this tax year? Yes No

Old address _____

Date Moved in _____ or Date Moved Out _____

If you moved more than once during the year, attach list to tax return showing addresses and dates

All supporting W-2's and Federal Schedules must be submitted with this return

Please Complete Work Sheet On Reverse Side Before Completing Section A

PLEASE ATTACH CHECK AND WAGE STATEMENTS (W-2S) HERE

SECTION A TOTAL TAXABLE INCOME

1. Wages, Salaries, Tips, and Other Employee Compensation-Use highest wage figure on W-2. See Section A on back of return. (Part year residents must pro-rate their income based on time lived in Dayton.)	\$	<u>4 320 00</u>
2. Other Taxable Income or Deductions from Reverse Side	\$	_____
3. Taxable Income (Add Lines 1 through 2)	\$	<u>4 320 00</u>
4. Dayton Tax Due @ 2.5% of Line 3	\$	<u>108 00</u>
5. Payments and Credits:		
A. Dayton Tax Withheld	\$	<u>108 00</u>
B. Other City Tax Withheld	\$	_____
C. Estimated Taxes Paid/Prior Year Credit	\$	_____
D. Other Credits /Partnership Payments	\$	_____
6. Total Payments and Credits (Add Lines 5A through 5D)	\$	<u>108 00</u>
7. Balance of Tax Due (Line 4 minus Line 6)	\$	_____
8. Penalty \$ _____ Interest \$ _____ Total Penalty/Interest	\$	_____
9. Amount Due: Make Checks Payable to City of Dayton	\$	_____
10. If Overpayment: Credit to Estimated Taxes \$ _____ or Refund \$ <u>0 00</u> If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.		

OFFICE USE ONLY

SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2024

11. Estimated Income Subject To Tax \$ <u>4 320 00</u> @ 2.5% =	\$	<u>108 00</u>
12. Estimated Tax Withheld By Your Employer(s)	\$	_____
13. Total Estimated Tax Due (Line 11 minus Line 12)	\$	<u>108 00</u>
14. Credit From Prior Tax Year	\$	_____
15. Net Estimated Tax Due (Line 13 minus Line 14)	\$	<u>108 00</u>
16. Estimated Tax Amount Due is 22.5% of Line 15 (First Payment)	\$	_____
17. TOTAL AMOUNT DUE (Line 9 plus Line 16) AMOUNT ENCLOSED:	\$	_____

SECTION C CREDIT CARD PAYMENTS

To help keep your information secure, credit card payments will be accepted by telephone at (937) 333-3500 or online at <https://www.daytonohio.gov/paytax>. If paying by telephone, select "Option 2" to connect to the tax system, and then press "Option 1" to make a payment. To speak to a customer service representative during normal business hours, select "Option 2" and then "Option 0".

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by \$200.00 or 10% of tax due) I will be charged an underpayment penalty if I fail to make required estimated tax payments. If this return was prepared by a tax professional, may we contact them directly? Yes No

X

Tax Preparer Signature

Taxpayer Signature Date

(678) 965-9522
Tax Preparer Phone #

Spouse Signature Date

SECTION D RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME CHECK APPROPRIATE EXPLANATION(S)

- Retired with No Taxable Income
- All Tax Withheld @ 2.5% By My Employer
- Lived and Worked Outside Of Dayton
- Active Duty Military
- Business or Rental Sold on _____ to _____ or Closed on _____
- I certify that I had NO Schedules E, C, K1, 2106, 4797, or 1099-MISC. income or losses reported on my Federal Tax Return.

SECTION A TOTAL W-2 WAGES

Employer's Name	Work Address	Dayton tax	Other City Tax	Total Taxable Wages*
UNIVERCITY OF DAYTON	DAYTON	108 00		4 320 00
Total Taxable Wages*				4 320 00

*Total Taxable Wages: Box 5 is usually, but not always, the highest gross wage. Use the largest amount from boxes 1, 3, 5, or 18, of your W-2 tax forms. **Please provide a written explanation if Box 5 is not the highest wage figure.**

SECTION E OTHER INCOME OR LOSS AND FORM 2106 EXPENSE

List all income as reported to the IRS on each of the following attached Schedules or Forms. Copies of the Federal Income Tax Return and/or various applicable Federal Schedules are required to be included with your tax return.

	Profit and/or Loss		Profit and/or Loss		Profit and/or Loss
Schedule C		Form 4797		Schedule K-1	
Schedule C		Form 1099-MISC		Schedule K-1	
Schedule E		Form 1099-MISC		Other	
Schedule E		Form 1099-MISC		Other	
Total to Line 2		Total to Line 2		Total to Line 2	

Please note losses are not deductible against W-2 wages. Schedule of Net Operating Loss (NOL) carryforward is required to be attached to this return for supporting documentation.

Form 2106 expenses are deductible from wages for reservists, performing artists, fee-basis government officials, and disabled employees. IRS Form 1040 and supporting schedules are required to be attached to this return for supporting documentation.

SCHEDULE Y ALLOCATION OF PROFITS

	a. Located Everywhere	b. Located in Dayton	c. Percentage (b ÷ a)
1. Original Cost of Real and Tangible Personal Property	_____	_____	_____ %
Gross Annual Rentals Paid Multiplied by 8	_____	_____	_____ %
Total Step 1	_____	_____	_____ %
2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
3. Wages, Salaries and Other Compensation Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Total Percentages/Number of Percentages Used)	_____	_____	_____ %

Additional addresses or comments: _____

IMPORTANT INFORMATION: MAIL RETURN WITH:

- PAYMENT DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 643700, Cincinnati, OH 45264-3700
- NON-PAYMENT OR ZERO BALANCE DUE TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830
- REFUND REQUEST TO:** City of Dayton, Division of Tax & Accounting Administration, PO Box 1830, Westerville, OH 43086-1830

Completed tax returns will be accepted through the Fax as an original document. All necessary information and attachments must be included. Income tax preparation service will be provided only to those households earning \$35,000 or less. In the event your check is returned unpaid for insufficient funds or uncollected funds, we may electronically debit your account for the principal amount of the check. A return check fee, currently \$25.00, as set forth by the Director of Finance, will be assessed.