



04 05 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) 272 99 3195

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 8701

First name JAGADEESH VARMA

M.I. Last name CHINTALAPATI

Spouse's first name (if filing jointly)

M.I. Last name

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

921 THURSTIN STREET

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

APT 46

City

BOWLING GREEN

State

OH

ZIP code

43402

Ohio county (first four letters)

WARR

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

Married filing separately

Spouse's SSN

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 (10934), Additions (2a), Deductions (2b), Ohio adjusted gross income (10934), Exemption amount (2400), Ohio income tax base (8534), Taxable business income (6), and Taxable nonbusiness income (8534).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 272 99 3195

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (8534), 8a. Nonbusiness income tax liability (0), 8b. Business income tax liability (0), 8c. Income tax liability before credits (0), 9. Ohio nonrefundable credits (20), 10. Tax liability after nonrefundable credits (0), 11. Interest penalty on underpayment of estimated tax (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (0), 14. Ohio income tax withheld (106), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (106), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (106), 21. Tax due (106), 22. Interest due on late payment of tax (0), 23. TOTAL AMOUNT DUE (106), 24. Overpayment (106), 25. Original return only (0), 26. Original return only donation (0), 26g. Total (106).

27. REFUND (line 24 minus lines 25 and 26g) YOUR REFUND ▶ 27. 106

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) 378-7260

Spouse's signature _____ Date _____

Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522

Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02470833

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

272 99 3195



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.	
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

272 99 3195

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. 106

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 346402018 10934 11

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
51164426 10934 106

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
272 99 3195



23350298

Sequence No. 12

Part C - 1099-Rs

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

Part D - W-2Gs

1. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal 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 - Federal 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 - Federal income tax withheld
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal 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 - Federal income tax withheld
Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld

Do not staple or paper clip.



Department of Taxation

2023 Ohio SD 100 School District Income Tax Return



23020198

04 05 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) 272 99 3195

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

First name JAGADEESH VARMA

M.I. Last name CHINTALAPATI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 921 THURSTIN STREET

Address line 2 (apartment number, suite number, etc.) APT 46

City BOWLING GREEN

State ZIP code OH 43402

Ohio county (first four letters) WARR

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)

X 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.

Table with 5 rows for school district residency. Columns: School district #, Non-taxing, Dates of residency, Primary, Spouse. Row 1: 8701, 01 01 23 to 12 31 23, X, Spouse.

Do not staple or paper clip.



MM-DD-YY

2023 Ohio SD 100
School District Income Tax Return

SSN: 272 99 3195



23020298

1. Ohio adjusted gross income (from Ohio IT 1040, line 3).....	1.	10934
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.	10934
4. Exemption amount (from Ohio IT 1040, line 4)	4.	2400
5. Modified adjusted gross income less exemptions (line 3 minus line 4; if negative, enter zero)	5.	8534

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.	0
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.	0
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.	0
11. School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements)	11.	55
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.	55
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.	55

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.	55
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.	55

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) 378-7260

▶ Spouse's signature _____ Date _____

Preparer's printed name VENKATA SAI PAVAN KUMAR D Phone number (678) 965-9522

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02470833

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: 272 99 3195



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 #
	8701	
23. Enter the portion of line 5 received while a resident of the school district above. If negative, enter zero 23.	0	
24. Enter the lesser of line 5 or line 23 24.	0	
25. Enter the tax rate for the school district above (see instructions) 25.	.0050	
26. School district tax (line 24 times line 25) 26.	0	
27. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district) 27.	0	
28. Tax after credits (line 26 minus line 27; if less than zero, enter zero) 28.	0	
29. Sum of all line 28 amounts above as well as any additional Traditional Tax Base Schedules. Enter here and on line 6 29.		0

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 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) 37.		
38. School district tax (line 36 times line 37)..... 38.		
39. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per district) 39.		
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 additional Earned Income Tax Base Schedules. Enter here and on line 7 41.		



2023 Schedule of School District Withholding

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



23360198

Primary taxpayer's SSN

272 99 3195

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. 55

Part B - W-2s

1. P/S School district # Box b - EIN Box 1 - Wages, tips, etc. Box 2 - Federal income tax withheld
P 8701 346402018 10934 11

Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax
51164426 10934 55

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

