



04 14 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) 874 90 1586

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 5703

First name NANDAKUMAR REDD

M.I. Last name DEVU

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 425 DAYTON TOWERS DRIVE

Address line 2 (apartment number, suite number, etc.) APT 8F

City DAYTON

State ZIP code OH 45410

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 (683), Additions (2a), Deductions (2b), Ohio adjusted gross income (683), Exemption amount (2400), Ohio income tax base (0), Taxable business income (6), and Taxable nonbusiness income (0).



MM-DD-YY

2023 Ohio IT 1040 Individual Income Tax Return



SSN: 874 90 1586

23000298 Sequence No. 2

Table with 2 columns: Line number and Amount. Includes items like 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 13. Total Ohio tax liability, 18. Total Ohio tax payments, 23. TOTAL AMOUNT DUE, 27. REFUND.

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 4

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) 900-1946
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

874 90 1586



23280298

Sequence No. 8

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

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**Refundable Credits**

39. Refundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....	39.	
40. Refundable job creation credit & job retention credit ( <b>include a copy of the credit certificate</b> ) .....	40.	
41. Pass-through entity credit ( <b>include a copy of all Ohio IT K-1s</b> ) .....	41.	
42. Motion picture & Broadway theatrical production credit ( <b>include a copy of the credit certificate</b> ) .....	42.	
43. Venture capital credit ( <b>include a copy of the credit certificate</b> ) .....	43.	
44. <b>Total refundable credits</b> (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

874 90 1586

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 .....1. 4

### Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld  
P 310536715 683

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax  
51064594 683 4

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  
874 90 1586



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

Is this Dayton Tax Return:  Single  Joint Filing  
TAX ID # OR SS # 874 90 1586  
TAX ID # OR SS # \_\_\_\_\_  
Your phone # (937) 900-1946  
Your Email address NANDAKUMARREDDYDEVU@GMAIL.COM

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

NANDAKUMAR REDDY DEVU  
  
425 DAYTON TOWERS DRIVE APT 8F  
DAYTON OH 45410

**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-2'S) 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.) ..... \$ 683 00
2. Other Taxable Income or Deductions from Reverse Side..... \$ \_\_\_\_\_
3. Taxable Income (Add Lines 1 through 2)..... \$ 683 00
4. **Dayton Tax Due @ 2.5% of Line 3** ..... \$ 17 00
5. Payments and Credits:
 

A. Dayton Tax Withheld .....	\$ <u>17 00</u>	OFFICE USE ONLY
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) ..... \$ 17 00
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 \$ 0 00  
If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.

## SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2024

11. Estimated Income Subject To Tax \$ 683 00 @ 2.5% = ..... \$ 17 00
12. Estimated Tax Withheld By Your Employer(s) ..... \$ \_\_\_\_\_
13. Total Estimated Tax Due (Line 11 minus Line 12) ..... \$ 17 00
14. Credit From Prior Tax Year..... \$ \_\_\_\_\_
15. Net Estimated Tax Due (Line 13 minus Line 14) ..... \$ 17 00
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

(678) 965-9522  
Tax Preparer Phone #

\_\_\_\_\_  
Spouse Signature

**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	17 00		683 00
Total Taxable Wages*				683 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.