Form **8879**

(Rev. January 2021)

Department of the Treasury 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.

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social securi	ty number	
PRAVEEN CHEKURI	475-53	-8490	
Spouse's name	Spouse's soo	cial security number	er .
PRASANNA NELLURI	944-94		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	are authorizing	J.)
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 43	3,612.
2 Total tax		2	1,093.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,890.
4 Amount you want refunded to you		4	3,797.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of your retu	urn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above turn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requousiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the propersonal identification number (PIN) below is my signature for the income tax return (original or amended) I and Electronic Funds Withdrawal Consent.	tter, or electrication of the ties. Treasury a cated in the ties to debit the authorizatests must be processing of ayment. I fur	onic return originariansmission, (b) tand its designated ax preparation so entry to this accation. To revoke e received no laft the electronic pther acknowledg	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of
Taxpayer's PIN: check one box only			1
X I authorize GLOBAL TAXES LLC to enter or generate r	my PIN 3	8 4 9 0	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your signature ► Date ►			
Spouse's PIN: check one box only			1
X I authorize GLOBAL TAXES LLC to enter or generate r	En	ter five digits, but	as my
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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	ow authorizi		
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 1 9 ster all zeros	8 9
certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this reti	urn in accordanc	

ERO's signature ▶

Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£104 (eartment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	e and m	niddle initial	Last na										curity number
	spouse'	s first name and middle initial	CHEF Last na										security number
PRASANN			NELI								•		0717
		er and street). If you have a P.O. box, see							Apt. no.				: ○ / ⊥ / ection Campaigr
STEEPLE	•	· -							267	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP c					jointly, want \$3
EXTON		, , , , , , , , , , , , , , , , , , , ,				PA		193			•		nd. Checking a
Foreign countr	v name			Foreign p	rovince/state/				gn postal c		your tax		not change ınd.
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Filing Status	s [Single	'				Head of h	ouseh	old (HOH	-			
Check only	×	Married filing jointly (even if only o	ne had	income)			_						
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ving spou	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name o	of your sp	pouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ır depei	ndent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	ment for prope	rty or	services); or ((b) sell,		
Assets	excl	nange, or otherwise dispose of a dig	ital asse	et (or a fir	nancial inter	est ir	n a digital asse	et)? (S	ee instru	ction	s.)	Ye	es 🗵 No
Standard		neone can claim: 🗌 You as a de	penden	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind Sp o	ouse	: Was bor	n befo	ore Janua	ary 2	, 1959		s blind
Dependent	s (see	instructions):		(2) 9	Social security	ocial security (3) Relationship		nip (4	(4) Check the box		x if quali	fies for ((see instructions)
If more		First name Last name		number to you			Child t	ax cre	edit	Credit fo	or other dependents		
than four	SHA	ANMUKHA SAI CHEKURI		955	-94-437	4	Son						X
dependents,													
see instruction and check									[
here													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		43,612.
Attach Form(s)	b	Household employee wages not re			. ,						1b		
W-2 here. Also	С	Tip income not reported on line 1a			•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29	•					1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	,								1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<u>1</u> i						40 610
	<u>z</u>	Add lines 1a through 1h	. ;		· · ;						1z		43,612.
Attach Sch. B if required.	2a	· –	2a				axable interes				2b		
ıı required.	3a_	· '	3a				ordinary divide						
Standard	4a	-	4a				axable amoun						
Deduction for—	5a		5a				axable amoun						
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	_ c	If you elect to use the lump-sum e				`	,				┤┝╸		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		
jointly or Qualifying	8	Additional income from Schedule									8		12 (10
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		43,612.
\$27,700 • Head of	10	Adjustments to income from Sche									10		40.610
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		43,612.
If you checked	12	Standard deduction or itemized									12		27,700.
any box under Standard	13	Qualified business income deduct									13		07 700
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 700.
	15	SUBTRACT LING 1/1 from ling 11 It zon	O Or ICC	C Ontor	II INICICA		TOVODIO IDOOM				15		15 417

Transport Credits 17	Form 1040 (202	3)								Page 2
Transmission Tra	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	1,593.
19	Credits	17							17	
19		18	Add lines 16 and 17						18	1,593.
21		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
22 Subtract line 21 from line 18. If zero or less, enter -0		20		•					20	
22 Subtract line 21 from line 18. If zero or less, enter -0		21	·						21	500.
23		22							22	
Payments 25		23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	
Payments 25		24	. •			•			24	
a Form(s) 1099	Payments	25								,
C Other forms (see instructions) 25c 25d 4 , 890	,	а	Form(s) W-2				25a 4	,890.		
typu have a pullphage and dilines 25s through 25c		b	Form(s) 1099				25b			
d Add lines 25a through 25c 25d 4,890. 26 2023 estimated tax payments and amount applied from 2022 return 26 27 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8 29 30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 27, 28, 29, and 31. These are your total payments 31 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 3, 797. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3, 797. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3, 797. 35a Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want 39 Amount of line 34 you want 39 Amount of line 34 you want 30 Amount of line 34 you want 30 Amount 30		С	. ,				25c			
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31							30			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		31					31			
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Refund 34									33	4,890.
Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions. Do you want to allow another person to discuss this return with the IRS? See instructions. Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Proparer is ginature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (614) 380-5022 Email address PRAVEENCHEKURI @MAIL.COM Proparer's name Preparer's signature Pr	Refund	34		•					34	3,797.
Direct deposit? See instructions. See instructi	rioidila						•	. П	35a	
Account number 9 9 8 1 3 0 8 4 3	Direct deposit?	b								
Amount You Owe 37 Subtract line 34 you want applied to your 2024 estimated tax	See instructions.							3-		
For details on how to pay, go to www.irs.gov/Payments or see instructions		36			2024 estimate	ed tax	36			
For details on how to pay, go to www.irs.gov/Payments or see instructions	Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe	٠.							37	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions		38	Estimated tax penalty (see in	structions) .			38			
Designee's name Designee's name Phone no. Personal identification number (PIN)			,	•				omplete l	nelow.	X No
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Software Engineer Software Engineer Software Engineer Software Engineer If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Software Engineer Home Maker Software Engineer Home Maker Software Finde Maker Phone no. (614) 380-5022 Email address Preparer's name Venkata Sal Pavan Kumar Dudi Palli Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Doolgilloo	De	signee's		Phone					
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Your signature Your signature Your occupation Software Engineer Software Engineer Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (614) 380-5022 Email address PRAVEENCHEKURI1@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Firm's name GLOBAL TAXES LLC Firm's address Province in the RS sent your an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Spouse's occupation HOME MAKER Date PTIN Check if: P02470833 Self-employed Phone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Sign Here									
Joint return? See instructions. Keep a copy for your records. Phone no. (614) 380-5022	Here	Yo	ur signature		Date	Your occupation				, ,
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Phone no. (614) 380-5022 Email address PRAVEENCHEKURI1@GMAIL.COM	Keep a copy for		ouse's signature. If a joint return, b	ootn must sign.				Iden	ity Prot	
Preparer's name Preparer's signature Date PTIN Check if:	,		(614) 200 500		Farall address			(1131.)	
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SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2023

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

PRAV		475-5	3-84	190
Pa	rt I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1		43,612.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 20	d	0.
3	Add lines 1 and 2d	. 3	3	43,612.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000	5	5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	. 7	7	500.
8	Add lines 5 and 7	. 8	3	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \int	. 9		400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.			0.
11	Multiply line 10 by 5% (0.05)			0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	2	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	▼ Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		_	1,593.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	4	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	₹ throug	gh lin	e 27
	(also complete Schedule 3, line 11) before completing Part II-A.			

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers						
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.						
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .					
16a	a Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A						
	and II-B. Enter -0- on line 27	16a	0.				
b	Number of qualifying children under 17 with the required social security number: x \$1,600.						
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.						
	Enter -0- on line 27	16b					
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.						
17	Enter the smaller of line 16a or line 16b	17					
18a	Earned income (see instructions)						
b	Nontaxable combat pay (see instructions)						
19	Is the amount on line 18a more than \$2,500?						
	No. Leave line 19 blank and enter -0- on line 20.						
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19						
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20					
	Next. On line 16b, is the amount \$4,800 or more?						
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the						
	smaller of line 17 or line 20 on line 27.						
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.						
David	Otherwise, go to line 21.	f D	t. Dies				
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S OT P	uerto Rico				
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,						
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If						
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions						
		-					
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .						
23	Add lines 21 and 22	-					
24	1040 and	-					
24	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,						
	and Schedule 3 (Form 1040), line 11.						
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.						
25	Subtract line 24 from line 23. If zero or less, enter -0	25					
26	Enter the larger of line 20 or line 25	26					
	Next, enter the smaller of line 17 or line 26 on line 27.	-5					
Par <u>t</u>	II-C Additional Child Tax Credit						
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27					

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

PRAV	VEEN CHEKURI & PRASANNA NELLURI	475-53-8490	0		
reparer	's name	Preparer tax identifica	ation numl	oer	
VENE	KATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .		$\overline{\Box}$	
	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processed to the appropriate on to determine eligibility for the credit(s) and/or HOH filing states are supplied to the appropriate that the appropriate of the appropriate that the appropriate	7, a copy of any or prepare Form provided by the attus or to figure			
	the amount(s) of the credit(s)		X		
	List those documents provided by the taxpayer, if any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui	alified	Yes	No
	tuition and related expenses for the claimed AOTC?		<u> </u>	
Part	· · · · · · · · · · · · · · · · · · ·			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year 	Yes	No 🗆
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	complete?	· · · Form 88 0	67 (Rev.	11-2023



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

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

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 475 53 8490

✓ If deceased

Spouse's SSN (if filing jointly) 944 94 0717

✓ If deceased

School district # 2103

First name

PRAVEEN

M.I. Last name CHEKURI

Spouse's first name (if filing jointly)

PRASANNA

M.I. Last name

NELLURI

*Indicate state

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

STEEPLECHASE DRIVE

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

APT 267

City

State

ZIP code

Ohio county (first four letters)

EXTON

PA

19341

DELA

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

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

Residency Status - Check only one for primary

Foreign postal code

	coraciio, ctatat	e oneon only on	o for primary	indicate state	- Interest of the Cast operated of the delta	i ii loomo tax rotam)
×	Resident	Part-year resident*	Nonresident*		Single, head of household or qualifying survivi	ing spouse
Ch	neck only one for spo	ouse (if filing jointly	()	*Indicate state	× Married filing jointly	
X	Resident	Part-year	Nonresident*		Spouse	's SSN
		resident*			Married filing separately	
01	hio Nonresiden	t Statement -	See instructions f	or required criteria		
	Primary meets the	five criteria for irre	buttable presumpti	on as nonresident.	Federal extension filers - check here.	
	Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.					
	, ,	•)-SR, line 11). Place a	a "-" in the box 1.	43612
2a.	. Additions – Ohio Sc	chedule of Adjustm	nents, line 11 (incl	ude schedule)	2a.	
)	. Deductions – Ohio	Schedule of Adjus	tments, line 44 (ir	clude schedule)	2b.	
3.	. Ohio adjusted gross	s income (line 1 pl	us line 2a minus li	ne 2b). Place a "-" in	the box if negative3.	43612
4.		,		if applicable) pendents, if applicable	•	6450
5.	•	0,			5.	37162



6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule)..................6.

MM-DD-YY

37162

REV 03/25/24 PRO

2023 Ohio IT 1040

Individual Income Tax Return



SSN: 475 53 8490

discuss this return

23000298 Sequence No. 2

7a.Amount from line 7 on page 17	7a.	37162
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	666
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.	666
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	666
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.	666
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	1321
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. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	1321
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	1321
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	0.4	
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 D	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	655
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	UND ▶ 27.	655
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or les	
and belief, the return and all enclosures are true, correct and complete. Primary signature Phone number(614) 380-5022		no payment is necessary. cluded — Mail to:
Spouse's signature Date	Ohio Departme	ent of Taxation ox 2679
Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522	Payment Inclu	1 43270-2679 uded – Mail to:
Authorize your preparer to Non-paid preparer PTIN: P 02470833		ent of Taxation ox 2057 H 43270-2057



2023 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters. Primary taxpayer's SSN

Sequence No. 9 04 13 24 475 53 8490

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN 955 94 4374	Dependent's date of birth (MM-DD-YYYY) 03 17 2013	Dependent's relationship to you
Dependent's first name SHANMUKHA SAI	M.I. Dependent's last name CHEKURI	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





2023 Schedule of Ohio Withholding

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



23350198

Sequence No. 11

Primary taxpayer's SSN 475 53 8490

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

Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN Ρ 720542904 43612 4890 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 52020875 43612 1321 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5 P/S Box b - FIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 7. P/S Box b - EIN Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc.



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

475 53 8490





		475 53 8490		Sequence No. 12
	1099-Rs	Box 1 - Gross distribution		Sequence No. 12
1. P/S	Payer's TIN	DOX 1 - GIOSS distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	ox 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	В	ox 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	В	ox 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	В	ox 14 - Ohio tax withheld
<u>Part D -</u> 1. P/S	W-2Gs Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	ox 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	ox 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	ox 15 - Ohio income tax withheld
Dowt 5	4000 NEC-			
1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	В	ox 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	В	ox 5 - Ohio tax withheld