



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) 502 35 3467

✓ If deceased

Spouse's SSN (if filing jointly) 664 17 1074

✓ If deceased

School district # 9999

First name VENKATA

M.I. Last name S CHINTALAPUDI G

Spouse's first name (if filing jointly) LAKSHMI SIREESH

M.I. Last name S VILLA

Address line 1 (number and street) or P.O. Box 12405 ALAMEDA TRACE CIRCLE

Address line 2 (apartment number, suite number, etc.) APT 1412

City AUSTIN

State ZIP code TX 78727

Ohio county (first four letters) FRAN

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

Foreign postal code

Residency Status - Check only one for primary *Indicate state

Resident Part-year resident* X Nonresident* TX

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

Resident Part-year resident* X Nonresident* TX

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

Single, head of household or qualifying surviving spouse

X 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, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 502 35 3467

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (223041), 8a. Nonbusiness income tax liability (6999), 8b. Business income tax liability, 8c. Income tax liability before credits (6999), 9. Ohio nonrefundable credits (5381), 10. Tax liability after nonrefundable credits (1618), 11. Interest penalty, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (1618), 14. Ohio income tax withheld (1774), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (1774), 19. Amended return only overpayment, 20. Line 18 minus line 19 (1774), 21. Tax due, 22. Interest due, 23. TOTAL AMOUNT DUE (156), 24. Overpayment (156), 25. Original return only, 26. Original return only (a-f), 26g. Total.

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 156

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 (313) 919-8432

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.	6999
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.	0
10. Total (add lines 2 through 9)	10.	0
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	6999
12. Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	12.	350
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

502 35 3467



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.	350
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35.	6649
<u>Residency Credits</u>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	5031
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.	5381

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 Ohio Schedule of Dependents



23230198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

04 12 24

502 35 3467

Sequence No. 9

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	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
819 71 6801	05 16 2018	SON

Dependent's first name	M.I.	Dependent's last name
VIVAAN		CHINTALAPUDI

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
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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
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7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
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Dependent's first name	M.I.	Dependent's last name
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2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

502 35 3467

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. **1774**

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
S 431537250 120174 19126

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
54216729 55674 1774

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
502 35 3467



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

Staple W-2s to the back of this page

First name VENKATA S	Middle	Last name CHINTALAPUDI	Suffix	Primary Social Security Number 502 35 3467	<input type="checkbox"/> AMENDED
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If a joint return, spouse's first name LAKSHMI SIREESHA S	Middle	Last name VILLA	Suffix	Spouse Social Security Number 664 17 1074	Do you anticipate filing a Columbus return next year? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain: _____
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Mailing address (number & street) 12405 ALAMEDA TRACE CIRCLE 1412 Mailing address Line 2	Account ID IIT -
City AUSTIN	Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately
State TX	
Zip Code 78727	
Taxpayer Phone Number	Email

CURRENT RESIDENCE	RESIDENCE CHANGE IN 2023
<input type="checkbox"/> Same as Mailing	Did you change residence during 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current address (number & street)	If YES, enter date of move: _____
Current address Line 2	Previous address (number & street)
City	Previous address Line 2
State	City
Zip Code	State
	Zip Code

PART A - TAX CALCULATION

1. W-2/W-2G income (total of Part B(s) Line 2 or Part C(s) Line 12 as applicable).....	1	72,104.
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	72,104.
4. Tax due (multiply Line 3 by 2.5%).....	4	1,803.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	1,803.
6. W-2 tax withheld or paid to work cities outside Columbus (total of Part(s) B Line 4).....	6	
7. Other credit from non-wage income (from Part D Line 13).....	7	
8. Total tax due (Line 4 less Lines 5, 6, & 7).....	8	0.
9. Credit for estimated tax payments & prior year overpayments.....	9	
10. Balance due or net tax due (Line 8 less Line 9). If Line 9 is greater than Line 8, enter overpayment in parentheses here. If amount is \$10 or less, enter \$0.....	10	0.
11. Overpayment (enter amount from Line 10 without parentheses)..... If any portion of your overpayment is Columbus withholding, the signed Employer Certification on Page 2 must be provided .	11	
A. Enter the amount from Line 11 that you want credited to your next year tax estimates....	11A	
B. Enter the amount from Line 11 that you want refunded (must be greater than \$10)	11B	

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES NO

Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.	MAILING INFORMATION NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158											
	<table border="1"> <tr> <td>Sign Here</td> <td>Your Signature</td> <td>Date</td> </tr> <tr> <td>If a joint return, both must sign</td> <td>Spouse's Signature</td> <td>Date</td> </tr> <tr> <td>Paid Preparer's Use Only</td> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>PTIN 88-2145487</td> <td>Phone # (678) 965-9522</td> </tr> </table>	Sign Here	Your Signature	Date	If a joint return, both must sign	Spouse's Signature	Date	Paid Preparer's Use Only	Signature	Date		PTIN 88-2145487
Sign Here	Your Signature	Date										
If a joint return, both must sign	Spouse's Signature	Date										
Paid Preparer's Use Only	Signature	Date										
	PTIN 88-2145487	Phone # (678) 965-9522										

Staple check or money order HERE

Name(s) as shown on Page 1 VENKATA S CHINTALAPUDI, G & LAKSHMI SIREESHA S VILLA	Primary Social Security Number 502 35 3467
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PART B - W-2/W-2G INCOME FROM EMPLOYER (REQUIRED)

Complete a separate Part B for each employer. Print additional pages if you have multiple employers

Employer name from W-2 TRAVELPORT LP	Primary Place of Work Address Line 1 300 GALLERIA PARKWAY SE		
Employer Identification Number from W-2 43-1537250	Primary Place of Work Address Line 2		
SSN or ITIN from W-2 664 17 1074	City ATLANTA	State GA	Zip code 30339
Occupation/Nature of Business			

1. Percentage of time worked from home.....	1	
2. Qualified wages listed on W-2 (greater of W-2 Box 5 Medicare Wages or W-2 Box 18 total Local Wages).....	2	72,104.
3. Local tax withheld to Columbus.....	3	
4. Tax withheld or paid to work cities outside of Columbus (Columbus residents only).....	4	

A request for refund or credit of any Columbus tax withheld is not valid without a completed Employer Certification (separate certification required for each employer for which you are requesting a refund or credit.)

PART C - ADJUSTMENTS TO TAXABLE WAGES (OPTIONAL - ONLY COMPLETE IF REQUESTING REFUND)

Employer Certification is required to claim adjustments on Lines 2-11 below (separate certification required for each job for which you have an adjustment.)

Reason for Adjustment (Explain fully)

1. Wages earned while under the age of 18 . Attach a copy of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday..... Enter date of birth _____	1	
2. Income upon which tax was improperly withheld by employer	2	
3. Income earned while working 100% from home	3	
4. Income from disability payments withheld by employer	4	

Non Resident Transportation Employees & Others by Agreement with Columbus

5a. If transportation routes are primarily outside the State of Ohio (interstate), enter total wages here.....	5a	
5b. If based in Columbus but work locations or transportation routes are primarily outside city limits but within Ohio (intrastate), multiply Part B Line 2 by 90%.....	5b	

Nonresident Days Worked Out
If you were a nonresident employee who worked part of the year outside Columbus, complete Lines 6-11 below.

6. Total number of vacation, holiday, sick, & PTO days during the entire year (must attach list of dates).....	6		
7. Total workdays in the year (subtract Line 6 from 260) (see instructions).....	7		
8. Average daily income. Divide qualified wages (Part B Line 2) by total workdays (Part C Line 7).....	8		
9. Total days worked outside of Columbus (must attach list of dates & locations where worked).....	9		
10. Total days in Columbus.....	10		
11. Multiply Line 8 by Line 9.....	11		
12. Total wages minus adjustments (Part B Line 2 minus Part C Lines 1, 2, 3, 4, 5a, 5b, & 11).....	12		72,104.

EMPLOYER CERTIFICATION

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer	Employer's Phone No.	Date
Official's Signature	Official's Name Printed	
	Title	