



02 28 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) 814 10 1748 If deceased Spouse's SSN (if filing jointly) If deceased School district # 2102

First name SRINU NAYAK M.I. Last name KARAMTOTH

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 1572 EAST SUMMIT STREET

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

City KENT State OH ZIP code 44240 Ohio county (first four letters) DELA

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

Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - 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: 814 10 1748

23000298 Sequence No. 2

7a. Amount from line 7 on page 1 .....	7a.	2848
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	0
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 ( <b>include schedule</b> ) .....	8b.	
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 ( <b>include schedule</b> ).....	9.	20
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .....	10.	0
11. Interest penalty on underpayment of estimated tax ( <b>include Ohio IT/SD 2210</b> ).....	11.	
12. Unpaid use tax (see instructions).....	12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	0
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 ( <b>include schedule and income statements</b> ) .....	14.	34
15. Estimated and extension payments, and credit carryforward from last year's return.....	15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 ( <b>include schedule</b> ) .....	16.	
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	34
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative.....	20.	34
<u>                    <b>if line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b></u>		
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. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include the Ohio Universal Payment Coupon (OUPC)</b> and make check payable to "Ohio Treasurer of State" .....	<b>AMOUNT DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13) .....	24.	34
25. <b>Original return only</b> – portion of line 24 carried forward to next year's tax liability .....	25.	
26. <b>Original return only</b> – portion of line 24 you wish to donate:		
a. Wishes for Sick Children      b. Wildlife Species      c. Military Injury Relief		
d. Ohio History Fund      e. Nature Preserves/Scenic Rivers      f. Breast/Cervical Cancer		
Total....		26g.

27. **REFUND** (line 24 minus lines 25 and 26g)..... **YOUR REFUND** ▶ 27. 34

**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 (417) 315-7582

▶ 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

814 10 1748



23280298

Sequence No. 8

24. Grape production credit .....	24.	
25. InvestOhio credit (include a copy of the credit certificate) .....	25.	
26. Lead abatement credit (include a copy of the credit certificate) .....	26.	
27. Opportunity zone investment credit (include a copy of the credit certificate) .....	27.	
28. Technology investment credit carryforward (include a copy of the credit certificate) .....	28.	
29. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	29.	
30. Research & development credit (include a copy of the credit certificate) .....	30.	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) .....	31.	
32. Ohio low-income housing credit (include a copy of the credit certificate) .....	32.	
33. Affordable single-family housing credit (include a copy of the credit certificate) .....	33.	
34. Total (add lines 12 through 33) .....	34.	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero) .....	35.	0

## Residency Credits

36. Nonresident credit – Ohio IT NRC, line 20 (include a copy) .....	36.	
37. Resident credit – Ohio IT RC, line 7 (include a copy) .....	37.	
38. <b>Total nonrefundable credits</b> (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. <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

814 10 1748

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. 34

### Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld  
P 316402079 5248 211

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax  
51164429 5248 34

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  
814 10 1748



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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SRINU NAYAK Last name KARAMTOTH Your social security number 814 10 1748

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1572 EAST SUMMIT STREET Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State OH ZIP code 44240 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and 2a through 2z, including total income of 5,248.

Table with rows 2a through 2z, including taxable interest, qualified dividends, IRA distributions, pensions and annuities, and social security benefits.

Table with rows 7 through 15, including capital gain or loss, total income, adjusted gross income, standard deduction, and taxable income.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	0.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	211.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	211.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	211.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	211.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	211.
Direct deposit? See instructions.	<b>b</b>	Routing number 041000124 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 4167636658		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**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 FSW WORKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (417) 315-7582	Email address SKARAMTO@KENT.EDU		

**Paid Preparer Use Only**

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487