

2023 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2024. Type or print in blue or black ink.

1. Filer's First Name SAURABH		M.I.	Last Name PATIL		2. Filer's Full Social Security No. (Example: 123-45-6789) 821 — 30 — 0337	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 1040 IRVING AVE, APT. 1					4. School District Code (5 digits) 10000	
City or Town DAYTON			State OH	ZIP Code 45419		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/>		
7. 2023 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*				8. 2023 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident *		
				* If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	<input style="width: 30px; text-align: center;" type="text" value="1"/>	x \$5,400	9a.	5400	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.	<input style="width: 30px;" type="text"/>	x \$3,100	9b.		00
c. Number of qualified disabled veterans.....	9c.	<input style="width: 30px;" type="text"/>	x \$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input style="width: 30px;" type="text"/>	x \$5,400	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>		9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				5400	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.				18098	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.					00
12. Total. Add lines 10 and 11.....	12.				18098	00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.				8018	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.				10080	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.				3008	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.				7072	00
17. Tax. Multiply line 16 by 4.05% (0.0405).....	17.				286	00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

821	—	30	—	0337
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NON-REFUNDABLE CREDITS

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....		00		00
19. Michigan Historic Preservation Tax Credit (see instructions).....		00		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....			286	00
21. Voluntary Contributions from Form 4642, line 6. Include Form 4642				00
22. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5.....				00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....			0	00
24. Total Tax Liability. Add lines 20 through 23.....			286	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2.....				00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5.....				00
	FEDERAL		MICHIGAN	
27. Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b.....		00		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581				00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....				00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)			408	00
31. Estimated tax, extension payments and 2022 credit forward.....				00
32. 2023 AMENDED RETURNS ONLY. Taxpayers completing an original 2023 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .				
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.				
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.				
32c.				00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c.....			408	00

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

821 — 30 — 0337

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.

Include interest 00 and penalty 00 **YOU OWE** 34. 00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 35. 122 00

36. **Credit Forward.** Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return ... 36. 00

37. Subtract line 36 from line 35 **REFUND** 37. 122 00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
044000037	766508698	1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-DD-YYYY)

Filer — — Spouse — —

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02470833

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Preparer's Name (print or type)
VENKATA SAI PAVAN KUMAR DUDIP

Preparer's Signature
VENKATA SAI PAVAN KUMAR DUDIP

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2023 MICHIGAN Schedule 1 Additions and Subtractions

Include with Form MI-1040. Type or print in blue or black ink.

Attachment 01

Filer's First Name SAURABH	M.I.	Last Name PATIL	Filer's Full Social Security No. (Example: 123-45-6789) 821 — 30 — 0337
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Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions)	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expense. Enter amount from line 20 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i>	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	8018	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2023 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i>	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . Include Form 5792	21.		00
22. MRTMA/marihuana expense subtraction.	22.		00
23. Miscellaneous subtractions (see instructions). Describe: _____	23.		00

2023 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name SAURABH	M.I.	Last Name PATIL	Filer's Full Social Security No. (Example: 123-45-6789) 821 — 30 — 0337
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Deduction Based on Year of Birth

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

24.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2023	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2023	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1998	25	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

25. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 26, 27 or 28.	25.		00
26. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1957, and reached age 67 on or before December 31, 2023. Do not complete lines 25, 27 or 28.	26.		00
27. Retirement benefits. Enter amount from line 16, 17, 18 or 19 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	27.		00
28. Dividend/interest/capital gains deduction for taxpayers 78 years and older . This deduction is limited to \$13,712 on a single return or \$27,424 on a joint return, and must be reduced by any deduction for retirement benefits (see instructions).....	28.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

29. Subtotal. Add lines 10 through 28	29.	8018	00
30. 2023 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	30.		00
31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13.....	31.	8018	00

2023 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Read all instructions before completing this form. Type or print in blue or black ink.

Attachment 02

1. Filer's First Name SAURABH	M.I.	Last Name PATIL	2. Filer's Full Social Security No. (Example: 123-45-6789) 821 — 30 — 0337
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2023 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2023*

*Dates of Michigan residency in 2023 (Enter dates as MM-DD-YYYY, Example: 04-15-2023)

	FILER	SPOUSE
FROM:	01 — 01 — 2023	— — 2023
TO:	04 — 02 — 2023	— — 2023

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	20598 00	10080 00	10518 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions).....	00	00	00
12. Total income. Add lines 5 through 11.....	20598 00	10080 00	10518 00
13. Enter the total adjustments from U.S. 1040 Describe: <u>STUDENT LOAN INTE</u>	2500 00	0 00	2500 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	18098 00	10080 00	8018 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	5400 00
16. Enter Michigan source income from line 14, column B.....	16.	10080 00
17. Enter total income from line 14, column A.....	17.	18098 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	55.7 %
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	3008 00

2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SAURABH	M.I.	Last Name PATIL	2. Filer's Full Social Security No. (Example: 123-45-6789) 821 — 30 — 0337
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		27-0709316	SPARK BUILDING E	10080	00	408	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	408 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	408 00



03 09 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) 821 30 0337

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 5709

First name SAURABH

M.I. Last name PATIL

Spouse's first name (if filing jointly)

M.I. Last name

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

1040 IRVING AVE

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

APT 1

City

DAYTON

State

OH

ZIP code

45419

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

Resident X Part-year resident* Nonresident* MI

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

Resident Part-year resident* Nonresident*

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

X Single, head of household or qualifying surviving spouse

Married filing jointly

Married filing separately

Spouse's SSN

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (18098), Additions (2a), Deductions (2b), Ohio adjusted gross income (18098), Exemption amount (2400), Ohio income tax base (15698), Taxable business income (6), and Taxable nonbusiness income (15698).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 821 30 0337

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (15698), 8a. Nonbusiness income tax liability (0), 8b. Business income tax liability (0), 8c. Income tax liability before credits (0), 9. Ohio nonrefundable credits (20), 10. Tax liability after nonrefundable credits (0), 11. Interest penalty on underpayment of estimated tax (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (0), 14. Ohio income tax withheld (208), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (208), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (208), 21. Tax due (0), 22. Interest due on late payment of tax (0), 23. TOTAL AMOUNT DUE (208), 24. Overpayment (208), 25. Original return only (0), 26. Original return only donation (0), 27. REFUND (208).

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) 654-6343

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

Table listing 23 categories of nonrefundable credits with corresponding line numbers and values (e.g., 1. Tax liability before credits (from Ohio IT 1040, line 8c) 1. 0; 10. Total (add lines 2 through 9) 10. 20; 11. Tax less credits (line 1 minus line 10; if negative, enter zero)..... 11. 0).



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

821 30 0337



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.	0
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	20

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.	
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.	
43. Venture capital credit (include a copy of the credit certificate)	43.	
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.	



2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

821 30 0337

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. 208

Part B - W-2s

1. P/S	Box b - EIN P 316402047	Box 1 - Wages, tips, other compensation 6959	Box 2 - Federal income tax withheld 722
	Box 15 - Employer's Ohio ID number 51164428	Box 16 - Ohio wages, tips, etc. 6959	Box 17 - Ohio income tax 180
2. P/S	Box b - EIN P 310536715	Box 1 - Wages, tips, other compensation 3559	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number 51064594	Box 16 - Ohio wages, tips, etc. 3559	Box 17 - Ohio income tax 28
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
821 30 0337



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 # 821 30 0337
TAX ID # OR SS # _____
Your phone # (937) 654-6343
Your Email address SAURABHPATIL.6616@GMAIL.COM

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

SAURABH PATIL

1040 IRVING AVE APT 1
DAYTON

OH 45419

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.)	\$ 11 303 00
2. Other Taxable Income or Deductions from Reverse Side	\$
3. Taxable Income (Add Lines 1 through 2)	\$ 11 303 00
4. Dayton Tax Due @ 2.5% of Line 3	\$ 283 00
5. Payments and Credits:	
A. Dayton Tax Withheld	\$ 228 00
B. Other City Tax Withheld	\$ 54 00
C. Estimated Taxes Paid/Prior Year Credit	\$
D. Other Credits /Partnership Payments	\$
6. Total Payments and Credits (Add Lines 5A through 5D)	\$ 282 00
7. Balance of Tax Due (Line 4 minus Line 6)	\$ 1 00
8. Penalty \$ _____ Interest \$ _____ Total Penalty/Interest	\$
9. Amount Due: Make Checks Payable to City of Dayton	\$ 1 00
10. If Overpayment: Credit to Estimated Taxes \$ _____ or Refund \$ _____ If your refund is \$10.00 or less, no refund will be issued. If you owe \$10.00 or less, no payment is necessary.	

OFFICE USE ONLY

SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2024	
11. Estimated Income Subject To Tax \$ 11 303 00 @ 2.5% =	\$ 283 00
12. Estimated Tax Withheld By Your Employer(s)	\$
13. Total Estimated Tax Due (Line 11 minus Line 12)	\$ 283 00
14. Credit From Prior Tax Year	\$
15. Net Estimated Tax Due (Line 13 minus Line 14)	\$ 283 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:	\$ 1 00

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 Date

(678) 965-9522

Tax Preparer Phone #

Spouse Signature Date

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*
STATE OF OHIO	COLUMBUS		54 00	7 744 00
STATE OF OHIO	DAYTON	139 00		
UNIVERSITY OF DAYTON	DAYTON	89 00		3 559 00
Total Taxable Wages*				11 303 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.

Staple W-2s to the back of this page

First name SAURABH	Middle	Last name PATIL	Suffix	Primary Social Security Number 821 30 0337	<input type="checkbox"/> AMENDED
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If a joint return, spouse's first name	Middle	Last name	Suffix	Spouse Social Security Number	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) 1040 IRVING AVE 1 Mailing address Line 2			Account ID IIT -
City DAYTON	State OH	Zip Code 45419	Filing Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately
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	2,177.
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	2,177.
4. Tax due (multiply Line 3 by 2.5%).....	4	54.
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	54.
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	MAILING INFORMATION
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Sign Here Your Signature If a joint return, both must sign Spouse's Signature	Date	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
	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 SAURABH PATIL	Primary Social Security Number 821 30 0337
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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

<p>Employer name from W-2 STATE OF OHIO</p> <p>Employer Identification Number from W-2 31-6402047</p> <p>SSN or ITIN from W-2 821 30 0337</p> <p>Occupation/Nature of Business </p>	<p>Primary Place of Work Address Line 1 30 E BROAD ST 40TH FLOOR</p> <p>Primary Place of Work Address Line 2 </p> <table style="width:100%;"> <tr> <td style="width:33%;">City COLUMBUS</td> <td style="width:33%;">State OH</td> <td style="width:33%;">Zip code 43215</td> </tr> </table>	City COLUMBUS	State OH	Zip code 43215
City COLUMBUS	State OH	Zip code 43215		

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	2,177.
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		2,177.

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	