

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-15-24
FISCAL FILER ONLY

814-82-1164 GH

DECLARATION OF EST TAX PAYMENT AMOUNT

GHALI
LIKHITA SRIN

\$ 1128.00 \$ 282.00

127 MILL GROVE DR
NORRISTOWN
PA
19403 224-368-2297

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue
2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-17-24
FISCAL FILER ONLY

814-82-1164 GH

DECLARATION OF EST TAX PAYMENT AMOUNT

GHALI
LIKHITA SRIN

\$ 1128.00 \$ 282.00

127 MILL GROVE DR
NORRISTOWN
PA
19403 224-368-2297

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue
2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-16-24
FISCAL FILER ONLY

814-82-1164 GH

DECLARATION OF EST TAX PAYMENT AMOUNT

GHALI
LIKHITA SRIN

\$ 1128.00 \$ 282.00

127 MILL GROVE DR
NORRISTOWN
PA
19403 224-368-2297

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue
2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-15-25
FISCAL FILER ONLY

814-82-1164 GH

DECLARATION OF EST TAX PAYMENT AMOUNT

GHALI
LIKHITA SRIN

\$ 1128.00 \$ 282.00

127 MILL GROVE DR
NORRISTOWN
PA
19403 224-368-2297

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue
2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

1555 REV 02/24/24 PRO

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:

PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
'2023 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2023 PA-40 V PA PAYMENT VOUCHER

1555
REV 02/24/24 PRO

814-82-1164 GH

2300917792

PAYMENT AMOUNT

GHALI
LIKHITA SRIN

224-368-2297

₹ 1176.00

127 MILL GROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2023
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

814821164

GHALI

LIKHITA SRINITH

Occupation DATA ANALY

Occupation

127 MILL GROVE DR

NORRISTOWN

PA 19403

224-368-2297

01375

N Extension. N Amended Return.
P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 053123 to 123123
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name GETTYSBURG AR

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (36651), 1b (0), 1c (36651), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (36651), 10 (0), 11 (36651)



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2023

Social Security Number

814821164

Name(s) LIKHITA SRINITHA GHAI

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2022 PA Income Tax return.

15 2023 Estimated Installment Payments. REV-459B included.

16 2023 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code: E

If including form REV-1630/REV-1630A, mark the box. Y

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND

31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Signature and Preparer information table with fields for Your Signature, Spouse's Signature, Preparer's Name and Telephone Number, and Date.

E-File Opt Out N

Firm FEIN 882145487
Preparer's PTIN P02470833



REV-1630 - 2023
Underpayment of Estimated Tax
By Individuals (11-23)
PA Department of Revenue

LIKHITA SRINITHA GHALI

814821164

BEFORE YOU BEGIN: Did you qualify for 100 percent tax forgiveness in 2022? If yes, stop here. You do not owe an estimated underpayment penalty and are not required to complete this form or include it with your return. If no, continue to see if you qualify for any of the exceptions.

SECTION I - CALCULATING THE UNDERPAYMENT

Table with 2 columns: Description and Amount. Rows include 1a. 2023 Tax Liability from Line 12 of Form PA-40 (1125), 1b. Multiply the amount on Line 1a by 0.90 (1013), 2. Add the amounts reported on Lines 13, 17, 21, 22 and 23 of Form PA-40 (0), 3. Subtract Line 2 from Line 1a. If result is less than \$246, stop here. (1125), 4. Subtract Line 2 from Line 1b. (1013)

ESTIMATED PAYMENT DUE DATES - Fiscal filers see instructions.

Table with 5 columns: Description, a April 17, 2023, b June 15, 2023, c Sept. 15, 2023, d Jan. 16, 2024. Rows include 5. Divide Line 4 by the number of payments required for the year (usually four). Enter the result in the appropriate columns. (253, 253, 253, 254), 6. Estimated tax paid including carryover credit from previous tax year. See instructions. (0, 0, 0, 0), 7. Overpayment (from Line 10) from a previous period. See instructions (0, 0, 0, 0), 8. Add Lines 6 and 7. (0, 0, 0, 0), 9. Underpayment. Subtract Line 8 from Line 5. If Columns a through d are all zero, stop here. No penalty is due. (253, 253, 253, 254), 10. Overpayment. Subtract Line 5 from Line 8. If Columns a through d all show an overpayment, stop here. No penalty is due. (0, 0, 0, 0)

SECTION II - EXCEPTIONS TO INTEREST

You will not have to pay interest on the underpayment if the tax payments you made as shown in Section II, Line 11 were paid on time and the amount shown on Section II, Line 11 is equal to or more than the amount in Section II, Line 12 or Line 13, for the same payment period. This exception does not apply if you did not file a return for the prior year or if the prior year's return was filed as a part-year resident.

EXCEPTION 1 WORKSHEET - Section II, Line 11 Calculation

Table with 5 columns: Description, a April 17, 2023, b June 15, 2023, c Sept. 15, 2023, d Jan. 16, 2024. Rows include A. Divide the amount reported in Section I, Line 2 by 4. Enter the amount in each of the four columns. (0, 0, 0, 0), B. Enter the estimated payments reported in Section I, Line 6. Enter the payments under the installment period in which they were paid. (0, 0, 0, 0), C. Add Lines A and B under each column. (0, 0, 0, 0), 11. Enter the amounts listed on Exception 1 Worksheet, Line C. For Column a this is the amount from Line C above. For Column b add the amounts of Columns a and b from Line C; for Column c add the amounts from Columns a, b and c; and for Column d add the amounts from Columns a, b, c and d. (0, 0, 0, 0), 12. Exception 1 - Tax on 2022 income using 2023 tax rate. See instructions. (0, 0, 0, 0)

If the amount on Line 11 is equal to or greater than Line 12, you do not owe penalty for that quarter and you should place an X in the applicable box on Line 14a or 14b for that quarter.



REV-1630 - 2023
Underpayment of Estimated Tax
By Individuals (11-23)
PA Department of Revenue

SECTION II - EXCEPTIONS TO INTEREST cont.

EXCEPTION 2 WORKSHEET - Use this worksheet if your income was earned unevenly throughout 2023 and your 2023 estimated tax payments, tax withholdings and credits equal at least 90 percent of the tax on your taxable income for the periods.

EXCEPTION 2 WORKSHEET - Section II, Line 13 Calculation

Table with 5 columns: Description, 01/01/23 - 03/31/23, 01/01/23 - 05/31/23, 01/01/23 - 08/31/23, 01/01/23 - 12/31/23. Rows include A. Enter your actual taxable income for the period, B. Multiply Line A by 3.07 percent (0.0307), and 13. Exception 2 - Tax on 2023 income over three, five, eight and 12 month periods.

If the amount on Line 11 is equal to or greater than Line 13, you do not owe penalty for that payment period and you should place an X in the applicable box on Line 14a or 14b for that quarter.

SECTION III - CALCULATING INTEREST

COMPLETE LINES 15 THROUGH 16 IF NONE OF THE EXCEPTIONS APPLY. DO NOT USE FEDERAL CALCULATIONS.

Table with 5 columns: Description, 253, 253, 253, 254. Rows include 9. Enter the amounts from Section I, Line 9, 14a. Number of days after due date of estimated payment to and including date of annual payment or Dec. 31, 2023, 14b. Number of days after due date of estimated payment to and including date of annual payment or April 15, 2024, 14c. Number of days after Dec. 31, 2023 to and including date of annual payment or April 15, 2024, 15a. Number of days on Line 14a times 0.000192 times underpayment on Line 9, 15b. Number of days on Line 14b times 0.000219 times underpayment on Line 9, 15c. Number of days on Line 14c times 0.000219 times underpayment on Line 9, and 16. Interest. Add amounts on Lines 15a, b and c. Include on Line 27 of Form PA-40.

SPECIAL EXCEPTION INFORMATION

Please enter the following information to verify the correct application of the special exceptions rule:

A. Enter the amount of your 2022 PA Tax Liability (Line 12 from your 2022 PA-40 tax return), less the amounts from Lines 13, 17, 22 and 23 from your 2022 PA-40 tax return. 0

B. Did you make estimated payments beginning in the period in which it became known that your income not subject to tax exceeded \$8,000? N

If the amount for Line A is \$246 or greater, or if you answer "No" to Line B, you do not qualify for the special exception. To be eligible for the special exception, you must also make estimated payments beginning in the period in which it becomes known that income not subject to withholding will exceed \$8,000. See the instructions for "DETERMINING THE UNDERPAYMENT AMOUNT ON WHICH THE ADDITION OF INTEREST MAY BE ASSESSED" on Page 4 for additional information.

Filing Tips

The department calculates the following using two decimal places:

- Line 1b and Lines 4 through 10 of Section I;
Lines A, B, C and 11 of Exception 1 of Section II;
Line 13 of Exception 2 of Section II; and
Lines 14a through 16 of Section III

Rounding to whole dollars is utilized only on the following:

- Lines 1a, 2 and 3 of Section I;
Line 12 of Exception 1 of Section II; and
Lines A and B of Exception 2 of Section III.

FOR ADDITIONAL INFORMATION, PLEASE SEE THE "EXAMPLE OF INTEREST CALCULATION" ON THE LAST PAGE OF THE INSTRUCTIONS





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 03-23 (I)

2023

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Includes Primary and Secondary Taxpayer information.

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)

Table with 2 columns: Line Item and Amount. Includes Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 21164 as my signature on my tax year 2023 electronically filed income tax return.

Signature _____ Date _____

SECONDARY TAXPAYER'S PIN Mark one oval only.
[] I authorize _____ to enter my PIN _____ as my signature on my tax year 2023 electronically filed income tax return.

Signature _____ Date _____

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature _____ Date _____

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name
LIKHITA SRINITHA GHALI

Social Security Number
814-82-1164

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	ALLWYN CORPORATION 57-1153631	36,651.	36,651. 0.	PA
2	<input checked="" type="checkbox"/>	T	<input type="checkbox"/>	NXTTHING RPO LLC 83-2925888	642. 642.	642. 0.	OH
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2	36,651.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6	642.	
Withholding	0.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1	<input type="checkbox"/>	T	57-1153631	150402	36,651.	275.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	36,651.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	275.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation.
Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan.
Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above
Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	36,651.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	0.	_____

Total gross compensation to Form PA-40 line 1a	36,651.
--	---------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Please detach here.

REV 03/15/24 PRO

Ohio Universal Payment Coupon (OUPC)

Tax Year 03 19 24
2023

Individual Income Tax 440

ID Type 01 Coupon Type 54

LIKHITA SRINITHA GHALI
127 MILL GROVE DR
NORRISTOWN PA 19403



Using UPPERCASE letters,
print the first three letters of
the taxpayer's last name.

▼
GHA

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State
Mail to: Ohio Department of Taxation,
P.O. box 182131, Columbus, OH 43218-2131

98

Taxpayer's SSN
814 82 1164

Amount of Payment → \$

4.00

440 8 01 8 000008148211641223 2 54 7 0000 0 222



03 19 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 82 1164

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 7610

First name LIKHITA SRINITH

M.I. Last name GHALI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 127 MILL GROVE DR

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

City NORRISTOWN

State ZIP code PA 19403

Ohio county (first four letters) CARR

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* PA

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

Resident Part-year resident* Nonresident*

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

X Single, head of household or qualifying surviving spouse

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

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

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, 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 82 1164

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (32393), 8a. Nonbusiness income tax liability (535), 8b. Business income tax liability, 8c. Income tax liability before credits (535), 9. Ohio nonrefundable credits (525), 10. Tax liability after nonrefundable credits (10), 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (10), 14. Ohio income tax withheld (6), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (6), 19. Amended return only overpayment, 20. Line 18 minus line 19 (6), 21. Tax due (4), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (4), 24. Overpayment (24), 25. Original return only, 26. Original return only (a-f), Total (26g).

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

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 (224) 368-2297

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.	535
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.	535
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 82 1164



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.	535
<u>Residency Credits</u>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	525
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.	525

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

814 82 1164

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. 6

Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld
P 832925888 642 2

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax
54134863 642 6

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 82 1164



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