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Do not staple or

#### 2023 Ohio IT 1040

#### **Individual Income Tax Return**



23000198

Sequence No. 1

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

AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL. Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 662 83 5034 6705 First name M.I. Last name SNIGDHA HARI Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 316 DALE DR 101 Address line 2 (apartment number, suite number, etc.) Ohio county (first four letters) City State ZIP code KENT ОН 44240 PORT 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) \*Indicate state Resident Part-year Nonresident\* X Single, head of household or qualifying surviving spouse resident\* \*Indicate state Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-vear Nonresident\* resident\* Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly dependent, check here. 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 1701 if negative..... 1701 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ... 2400 4. Exemption amount (include Schedule of Dependents if applicable)..... Number of exemptions including you and your spouse/dependents, if applicable: ()6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule)................6.



MM-DD-YY

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REV 03/25/24 PRO

# 2023 Ohio IT 1040

### **Individual Income Tax Return**

662 83 5034

discuss this return

SSN:



23000298 Se

Sequence No. 2

7a.Amount from line 7 on page 1	<i>7</i> a.	0
Ba. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	0
Bb.Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.	
3c. Income tax liability before credits (line 8a plus line 8b)	8c.	0
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	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 (include Ohio IT/SD 2210)	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</b>		
income statements)	14.	9
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. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	9
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20	9
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	20.	
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
22. Interest due on late payment of tax (see instructions)	22.	
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment  Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	<b>DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	9
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability	25.	
26. Original return only – portion of line 24 you wish to donate:  a. Wishes for Sick Children  b. Wildlife Species  c. Military Injury Relief		
т	otal26g.	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	3	
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	JND ▶ 27.	9
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.	If your refund is \$1.00 or less, no refund was If you owe \$1.00 or less, no payment is	
Primary signature Phone number <u>(979) 326−002</u> 6	NO Payment Included – Ma Ohio Department of Taxat	ail to:
Spouse's signature Date	P.O. Box 2679 Columbus, OH 43270-26	
Preparer's printed name VENKATA SAI PAVAN KUMAR  Phone number (678) 965-9522	Payment Included – Mail Ohio Department of Taxat	to: ion
Authorize your preparer to Non-paid preparer PTIN: P 02470833	P.O. Box 2057 Columbus, OH 43270-20	)57



### 2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN  $662\ \ 83\ \ 5034$ 



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Sequence No. 7

Many of these credits <u>must</u> 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.	C
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.	С
9.	Exemption credit	9. 2	С
10.	Total (add lines 2 through 9)	.10. 2	С
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	С
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	.12.	С
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 662 83 5034



24.	Grape production credit	1.
25.	InvestOhio credit (include a copy of the credit certificate)	5.
26.	Lead abatement credit (include a copy of the credit certificate)	3.
27.	Opportunity zone investment credit (include a copy of the credit certificate)	7.
28.	Technology investment credit carryforward (include a copy of the credit certificate)	3.
29.	Enterprise zone day care & training credits (include a copy of the credit certificate)	Э.
30.	Research & development credit (include a copy of the credit certificate)	).
31.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	1.
32.	Ohio low-income housing credit (include a copy of the credit certificate)	2.
33.	Affordable single-family housing credit (include a copy of the credit certificate)	3.
34.	Total (add lines 12 through 33)	4. 0
35.	Tax less additional credits (line 11 minus line 34; if negative, enter zero)	5. 0
Res	idency Credits	
36.	Nonresident credit – Ohio IT NRC, line 20 ( <b>include a copy</b> )	S.
37.	Resident credit – Ohio IT RC, line 7 (include a copy)	7.
38.	Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	3. 20
	Refundable Credits	
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	9.
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	).
41.	Pass-through entity credit (include a copy of all Ohio IT K-1s)4	I.
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)42	2.
43.	Venture capital credit (include a copy of the credit certificate)	3.
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)44	1.



### 2023 Schedule of Ohio Withholding

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



Sequence No. 11

Primary taxpayer's SSN

662 83 5034

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. Include state copies of your income statements.

#### Part A - Total Withholding

Part B - W-2s

1. 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. 9

1. P/S P	Box b - EIN 316402079	Box 1 - Wages, tips, other compensation 1701	Box 2 - Federal income tax withheld 46
	Box 15 - Employer's Ohio ID number 51164429	Box 16 - Ohio wages, tips, etc. 1701	Box 17 - Ohio income tax
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

662 83 5034





Dt-O	4000 B-	662 83 5034		Sequence No. 12
	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Part D	W 2Gc			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

Spouse's Signature if a joint return

May RITA discuss this return with the preparer shown above?  $\square$  Yes

# Regional Income Tax Agency



800.860.7482 TDD: 440.526.5332

2023 RITA Individual Income Tax Return ritaohio.com Do not use staples, tape or glue Filing Status: Your social security number Spouse's social security number Single or Married Filing Separately 662835034 Joint Your first name and middle initial Last name SNIGDHA HARI If you have an EXTENSION check here and attach a If a joint return, spouse's first name and middle initial Last name copy: 

EXTENSION If this is an AMENDED return, check here: **CURRENT MAILING** address (number and street) Apt# In the space provided below, state why you are filing an AMENDED return. Attach an explanation if you require 316 DALE DR 101 additional space. City, state, and ZIP code 44240 KENT Daytime phone number Evening phone number Residency Status in RITA Municipalities: 979 326 0026 ▼ Full-Year Part-Year Non-Resident City/Village/Township of Residence - Required In the boxes below, indicate the physical location of your residence(s) for all of 2023 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2023, list the effective date of the move into the city/village/ township, and enter the city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/ village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet. Effective Date City/ Village/ Township Address 01/01/2023 KENT 316 DALE DR 101 KENT OH 44240 Section A List all income from W-2 wages and W-2G winnings reported in 2023 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 **ONLY** (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3. Column 1 Column 2 Column 3 Column 4 Column 5 W-2/W-2 G Local/City Tax Local/City Tax Workplace/ Resident Dates Wages Date Income Withheld for Withheld for Winning Municipality Were Earned of winnings Paperclip Local/City copy of W-2/W-2G (see instructions Workplace/ Resident Municipality (City or village where you lived) From Date Thru Date Date Won Money Order Here for qualifying Winning Municipality (City or village glue MM/DD/YY MM/DD/YY MM/DD/YY wages) Municipality where you worked) tape or g 1701 KENT KENT 12/31/23 38 01/01/23 and Check or Money Do not use staples, For Full or Part Year Residents in RITA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, Line 4a; and enter Column 3 Total onto Page 2, Line 7a. For Non-Residents required to file or Totals 1701 workplace wages - Go to Page 3, Schedule K, Line 34 to calculate tax due. Tax balances are due by April 15, 2024. Submitting an incomplete form could subject you to penalty and interest if a tax /į balance is due. If you want RITA to calculate your taxes, please use the online eFile system at ritaohio.com. It is easy to use, Caution secure and will calculate your taxes immediately. Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year. VENKATA SAI PAVAN KUMAR DUDIPALLI Your Signature Preparer's Name (Please Print) Date Date 88-2145487

Preparer's Signature

Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.

No Preparer Phone #: 678 965 9522

ID Number

Page **2** 

#### **Section B**

For NON W-2/ Schedule income see Pages 3-5 before starting Section B.

Withheld taxes shown on your W-2 forms are reported on either Line

4a or 7a.

If your resident city/village has a Credit Rate of 0%; enter -0- on Line 5b, 5c and Line 6 and go to Line 7a. You do not need to complete the Credit Rate Worksheet.

Refunds:
To avoid delays in processing your refund, mail your return to the PO BOX address listed in the lower right hand corner of this page.

Refunds of

from your wages must be applied for on Form 10A. Download Form 10A at

ritaohio.com

tax withheld

В						
1	а	Total W-2/W-2G income from Page 1, Section A, Column 1.	1a	1701		
	b	Total self-employment, rental, partnership, and (if applicable)				
		S-Corp. income as well as any other taxable income from Page	١			
		3, Schedule J, Line 29, Column 7. If less than zero, enter -0	1b	0		
2		Total taxable income. Add Lines 1a and 1b.	2	1701		
3		Multiply Line 2 by the tax rate of your resident municipality from the tax Enter the tax rate of your resident municipality here: 0.02250	table	<del>)</del> .	3	38
4	а	Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. <b>Do not</b> enter estimated tax payments.	4a			
	b	Direct payments from Page 3, Schedule K, Line 37. <b>Do not</b> enter tax withheld from your wages and/or estimated tax payments on this line.	4b			
5	а	Add Lines 4a and 4b.	5a			
	b	Total tentative <b>credit</b> from Credit Rate Worksheet, Column E <b>located at the bottom of this page</b> . Your resident municipality's credit rate: 0.0000	5b			
	С	Enter the smaller of Line 5a or Line 5b.	5c			
6		Multiply Line 5c by the <b>credit factor</b> of your resident municipality from the tax table. Your resident municipality's credit factor: 1.0000	6	0		
7	а	Tax withheld for your resident municipality from Page 1, Section A,	_			
	<b>L</b>	Column 3. <b>Do not</b> enter estimated tax payments (see instructions).  Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality(from Worksheet R)	7a	38		
_	D		7b			
8		Total credits allowable. (Add Lines 6, 7a, and 7b.)		I	8	38
		Subtract Line 8 from Line 3.	9	0		
10		Tax on non-withheld wages from Page 3, Schedule K, Line 34.	10			
11		Tax on Schedule J Income from Page 3, Line 33, Column 7.	11	0		
12		<b>TAX DUE RITA BEFORE ESTIMATED PAYMENTS.</b> Add Lines 9, 10 than zero, enter -0- and file Form 10A (see instructions).	and	11. If less	12	0
13		2023 Estimated Tax Payments made to RITA. <b>Do not</b> enter tax withheld from your W-2s. <b>Only</b> include payments made for the 2023 tax year.	13			
14		Credit carried forward from 2022.	14			
15		TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and	14.		15	
16		<b>Balance Due.</b> If Line 15 is less than Line 12, subtract Line 15 from Lir 12. If the amount is \$10 or less, enter -0	ne	<b>•</b>	16	
17		If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter	er <b>OV</b>	ERPAYMENT.	17	0
18		Amount you want credited to your 2024 estimated tax.	18			
19		Amount to be <b>refunded</b> . You may not split an overpayment				
		between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.	19			
20	a	Enter <b>2024 estimated tax</b> in full (see instructions). Estimates are due 4/15/24, 6/15/24, 9/15/24 and 1/15/25.	20a			
	b	Enter first quarter estimate (1/4 of Line 20a).	20b			
21		Subtract Line 18 from Line 20b.			21	
22		TOTAL DUE by April 15, 2024. Add Lines 16 and 21.			22	

**Estimated Taxes** (Line 20a): If your estimated tax liability is \$200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your estimate or use Worksheet 1 in the instructions to calculate your estimate. **Note**: If Line 20a is left blank, RITA will calculate your estimate. Use Form 32 EST-EXT to pay 6/15/24, 9/15/24 and 1/15/25 estimates.

Credit Rate Worksheet (enter each wage separately):

Α	В	С	D	E
Wages/Income	Credit Rate	Maximum credit	Workplace tax	Tentative Credit
earned outside of	for resident municipality	(multiply Column	withheld/paid	Enter lesser of
resident municipality	from tax table	A by Column B)		Columns C or D
Enter amount fro	m WORKSHEET	ΓL, Row 17, Colu	mn 7	
Total Tentative (	Credit: Enter on	Section B, Line 5b	o, above.	

a copy of your federal schedules to:

With payment made payable to RITA:
Regional Income Tax Agency
PO Box 6600
Cleveland, OH 44101-2004
Without payment:
Regional Income Tax Agency
PO Box 94801
Cleveland, OH 44101-4801
Refund with an amount on Line 19:
Regional Income Tax Agency
PO Box 89409
Cleveland, OH 44101-6409

Mail your return with W-2s and

2023

# Form 37, Page 2, Line 5b and 6 Smart Worksheet

City	NR Sch J	Income earned outside resi. city	Credit limit rate	A Maximum tax subject to credit limit	<b>B</b> City tax	C Lower of col <b>A</b> or <b>B</b>	<b>D</b> Tax Credit Factor	E Col C times col D
KENT:								
		Line 5b tentative cre Line 6 credit						

662-83-5034

2023

# Form 37, Page 2, City Income Allocation Worksheet

Resident City #1: KENT From: 01/01/23 To: 12/31/23

City	W2 Employer, W-2 G Payee or Schedule J	NR Sch J	Non-Rita Wages	From	То	Resident Percent	Income	Resident Total
KENT	KENT STATE UNIVERSITY			01/01/23	12/31/23	100.00	1701	170
Total allocated to resident	period	1	I.	l	1	1		1701