



02 28 24

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

23000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 898 80 9236

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 5703

First name NAVEEN KUMAR

M.I. Last name SIDDIRALA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 3044 WEST MINSTER DR

Address line 2 (apartment number, suite number, etc.) APT 309

City DAYTON

State ZIP code OH 45431

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

X Resident Part-year resident\* Nonresident\*

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 (27053), Additions (2a), Deductions (2b), Ohio adjusted gross income (27053), Exemption amount (2400), Ohio income tax base (24653), Taxable business income (6), and Taxable nonbusiness income (24653).



MM-DD-YY

2023 Ohio IT 1040  
Individual Income Tax Return



SSN: 898 80 9236

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (24653), 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 (806), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (806), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (806), 21. Tax due (0), 22. Interest due on late payment of tax (0), 23. TOTAL AMOUNT DUE (806), 24. Overpayment (806), 25. Original return only (0), 26. Original return only donation (0), 27. REFUND (806)

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) 993-2855
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

**Nonrefundable Credits**

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	0
2. Retirement income credit (include 1099-R forms) .....	2.	
3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) .....	3.	
4. Senior citizen credit (must be 65 or older to claim this credit) .....	4.	
5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) .....	5.	
6. Child care & dependent care credit (include a copy of the worksheet) .....	6.	
7. Displaced worker training credit (include a copy of the worksheet and all required documentation) .....	7.	
8. Campaign contribution credit for Ohio statewide office or General Assembly .....	8.	0
9. Exemption credit .....	9.	20
10. Total (add lines 2 through 9) .....	10.	20
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	0
12. Joint filing credit (see instructions for table).      % times line 11, up to \$650 .....	12.	0
13. Earned income credit .....	13.	
14. Home school expenses credit (include copies of all required documentation) .....	14.	
15. Scholarship donation credit (include copies of all required documentation) .....	15.	
16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation) .....	16.	
17. Credit for work-based learning experiences (include a copy of the credit certificate) .....	17.	
18. Ohio adoption credit carryforward .....	18.	
19. Nonrefundable job retention credit (include a copy of the credit certificate) .....	19.	
20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) .....	20.	
21. Credit for the beginning farmers financial management program (include a copy of the credit certificate) .....	21.	
22. Welcome Home Ohio credit (include a copy of the credit certificate) .....	22.	
23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate) .....	23.	



# 2023 Ohio Schedule of Credits

Primary taxpayer's SSN

898 80 9236



23280298

Sequence No. 8

24. Grape production credit .....	24.	
25. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....	25.	
26. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....	26.	
27. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....	27.	
28. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....	28.	
29. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....	29.	
30. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....	30.	
31. Nonrefundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....	31.	
32. Ohio low-income housing credit ( <b>include a copy of the credit certificate</b> ) .....	32.	
33. Affordable single-family housing credit ( <b>include a copy of the credit certificate</b> ) .....	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
<b><u>Residency Credits</u></b>		
36. Nonresident credit – Ohio IT NRC, line 20 ( <b>include a copy</b> ) .....	36.	
37. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> ) .....	37.	
38. <b>Total nonrefundable credits</b> (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) .....	38.	20

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### Refundable Credits

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



# 2023 Schedule of Ohio Withholding

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



23350198

Primary taxpayer's SSN

Sequence No. 11

898 80 9236

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

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 806

### Part B - W-2s

1. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P 311703371	29553	3518

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52624863	29553	806

2. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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3. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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4. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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5. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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6. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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7. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
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# 2023 Schedule of Ohio Withholding

Primary taxpayer's SSN  
898 80 9236



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