



04 11 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) 060 33 5297

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 6705

First name MIRZA

M.I. Last name R BAIG

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 1177 ROSE CT

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

City KENT

State ZIP code OH 44240

Ohio county (first four letters) PORT

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 (2842), Additions (2a), Deductions (2b), Ohio adjusted gross income (2842), Exemption amount (2400), Ohio income tax base (442), Taxable business income (6), and Taxable nonbusiness income (442).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 060 33 5297

23000298 Sequence No. 2

7a. Amount from line 7 on page 17a. 442
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....8a. 0
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.
8c. 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. Total Ohio tax liability 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 (include schedule and income statements) 14. 20
15. Estimated and extension payments, and credit carryforward from last year's return..... 15.
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule) 16.
17. Amended return only – amount previously paid with original and/or amended return 17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18. 20
19. Amended return only – overpayment previously requested on original and/or amended return..... 19.
20. Line 18 minus line 19. Place a "-" in the box if negative..... 20. 20
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.
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" AMOUNT DUE ▶ 23.
24. Overpayment (line 20 minus line 13)24. 20
25. Original return only – portion of line 24 carried forward to next year's tax liability25.
26. Original return only – portion of line 24 you wish to donate:
a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer Total....26g.
27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 20

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 (234) 327-2942
Spouse's signature _____ Date _____
Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522
Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02470833

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

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



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

Nonrefundable Credits

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



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

060 33 5297



23280298

Sequence No. 8

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

Residency Credits

36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	
38. 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

060 33 5297

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. 20

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 843204824	1084	

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
54206272	1084	8

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 316402079	1758	

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
51164429	1758	12

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
------------------------------------	---------------------------------	--------------------------

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
060 33 5297



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

Your social security number 060335297	Spouse's social security number	
Your first name and middle initial MIRZA R	Last name BAIG	
If a joint return, spouse's first name and middle initial	Last name	
CURRENT MAILING address (number and street) 1177 ROSE CT		Apt #
City, state, and ZIP code KENT OH 44240		
Daytime phone number 234 327 2942	Evening phone number	

Filing Status:

- Single or Married Filing Separately
 Joint

If you have an EXTENSION check here and attach a copy: EXTENSION

If this is an AMENDED return, check here:
 In the space provided below, state why you are filing an AMENDED return. Attach an explanation if you require additional space.

Residency Status in RITA Municipalities:

- 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	1177 ROSE CT 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.**

Paperclip Local/City copy of W-2/W-2G Forms and Check or Money Order Here Do not use staples, tape or glue	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6		
	W-2/W-2 G Income (see instructions for qualifying wages)	Local/City Tax Withheld for Workplace/ Winning Municipality	Local/City Tax Withheld for Resident Municipality	Workplace/ Winning Municipality (City or village where you worked)	Resident Municipality (City or village where you lived)	Dates Wages Were Earned		Date of winnings
						From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY
	1084		24	KENT	KENT	01/01/23	12/31/23	
	1740		39	KENT	KENT	01/01/23	12/31/23	
Totals	2824		63	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 on workplace wages - Go to Page 3, Schedule K, Line 34 to calculate tax due.				
 Caution	Tax balances are due by April 15, 2024 . Submitting an incomplete form could subject you to penalty and interest if a tax 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, 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.

Your Signature	Date	VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's Name (Please Print)	Date
Spouse's Signature if a joint return	Date		245 ROONEY CT	88-2145487
			E BRUNSWICK NJ 08816	
			Preparer's Signature	ID Number

May RITA discuss this return with the preparer shown above? Yes No Preparer Phone #: 678 965 9522

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

Section B

For NON W-2/ Schedule income see Pages 3-5 before starting Section B.	1 a Total W-2/W-2G income from Page 1, Section A, Column 1.	1a	2824	64
	b Total self-employment, rental, partnership, and (if applicable) S-Corp. income as well as any other taxable income from Page 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	2824	
Withheld taxes shown on your W-2 forms are reported on either Line 4a or 7a.	3 Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: <u>0.02250</u>	3	64	63
	4 a Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments.	4a		
	b Direct payments from Page 3, Schedule K, Line 37. Do not enter tax withheld from your wages and/or estimated tax payments on this line.	4b		
	5 a Add Lines 4a and 4b.	5a		
	b Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: <u>0.02250</u>	5b		
	c Enter the smaller of Line 5a or Line 5b.	5c		
	6 Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor: <u>1.00000</u>	6	0	
	7 a Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).	7a	63	
	b Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality (from Worksheet R)	7b		
	8 Total credits allowable. (Add Lines 6, 7a, and 7b.)	8	63	
9 Subtract Line 8 from Line 3.	9	1		
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 TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions).	12	1		
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 tax withheld from your wages must be applied for on Form 10A. Download Form 10A at ritaohio.com	13 2023 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only 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 Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0-.	16	0	
	17 If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.	17		
	18 Amount you want credited to your 2024 estimated tax.	18		
	19 Amount to be refunded. 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 2024 estimated tax 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	0		

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):

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

Mail your return with W-2s and 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

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	To	Resident Percent	Income	Resident Total
KENT	TAHINI MEDITERRANEAN CUISINE INC			01/01/23	12/31/23	100.00	1084	1084
KENT	KENT STATE UNIVERSITY			01/01/23	12/31/23	100.00	1740	1740
Total allocated to resident period								2824