



# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

**PHILADELPHIA**

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

\*If you have relocated during the tax year, please supply additional information.

Tax Year 20

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
01/01/20 TO 12/31/20	361 HILLTOP DRIVE	KING OF PRUSSIA	PA	19406
01/01/20 TO 12/31/20	361 HILLTOP DRIVE	KING OF PRUSSIA	PA	19406

\*\*If you need additional space - please see back of form.

LAST NAME, FIRST NAME, MIDDLE INITIAL <b>ACHHAKALA, VENUGOPAL</b>	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL <b>PONAM, HEMA LATHA</b>
STREET ADDRESS (No PO Box, RD or RR) <b>361 HILLTOP DRIVE, APT 106</b>	
SECOND LINE OF ADDRESS	
CITY <b>KING OF PRUSSIA</b>	STATE <b>PA</b>
	ZIP CODE <b>19406</b>

DAYTIME PHONE NUMBER	RESIDENT PSD CODE <b>1 6 8 2</b>	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted.</p> <p style="text-align: center;"><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;"><b>7 7 5 7 8 2 0 1 4</b></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student  <input type="checkbox"/> deceased <input type="checkbox"/> military  <input type="checkbox"/> homemaker <input type="checkbox"/> retired  <input type="checkbox"/> unemployed</p>	<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"><b>5 0 3 9 9 2 1 2 1</b></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student  <input type="checkbox"/> deceased <input type="checkbox"/> military  <input type="checkbox"/> homemaker <input type="checkbox"/> retired  <input type="checkbox"/> unemployed</p>
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1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) . . . . .	86991.00	0.00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .	0.00	0.00
3. Other Taxable Earned Income * . . . . .	0.00	0.00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3) . . . . .	86991.00	0.00
5. Net Profit (Enclose PA Schedules*) . . . . . NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	0.00	0.00
6. Net Loss (Enclose PA Schedules*) . . . . .	0.00	0.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . . . .	0.00	0.00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .	86991.00	0.00
9. Total Tax Liability (Line 8 multiplied by 3.5019) . . . . .	3046.00	0.00
10. Total Local Earned Income Tax Withheld (May note equal W-2 - See Instructions) . . . . .	3022.00	0.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .	0.00	0.00
12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .	0.00	0.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12) . . . . .	3022.00	0.00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .	0.00	0.00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account) . . . . . <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	0.00	0.00
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) . . . . .	24.00	0.00
17. Penalty after April 15* (multiply Line 16 by ) . . . . .	0.00	0.00
18. Interest after April 15* (multiply Line 16 by ) . . . . .	0.00	0.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) . . . . .	24.00	0.00

\*See Instructions REV 02/06/21 PRO

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.		
YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>		PHONE NUMBER <b>(678) 965-9522</b>

**Make Check Payable To:** **Mail To:**

# Smart Worksheets from your 2020 Pennsylvania Tax Return

SMART WORKSHEET FOR: Taxpayer Annual Local Earned Income Tax Return (PHILADELPHIA)

Check this box if you want to use this form ( <b>and it is acceptable to your local taxing authority,</b> please see Tax Help for further information). . . . .	<input checked="" type="checkbox"/>
<b>QuickZoom</b> to another copy of Local Tax . . . . .	➔ _____
City, township or borough . . . . .	<u>PHILADELPHIA</u>
File by . . . . .	<u>04/15/21</u>