

**IRS e-file Signature Authorization**

**2019**

▶ ERO must obtain and retain completed Form 8879.  
 ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SWAPNIKA MITTAPALLY	Social security number 782-10-4471
Spouse's name	Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	<b>1</b>	76,662.
<b>2</b> Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	<b>2</b>	10,043.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	<b>3</b>	12,268.
<b>4</b> Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	<b>4</b>	2,225.
<b>5</b> Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

0	4	4	7	1
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 as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name  
Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name  
Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial SWAPNIKA	Last name MITTAPALLY	Your social security number 782-10-4471
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 7000 DEE LN	Apt. no. 7208	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Malvern PA 19355		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	81,112.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b> -4,450.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			<b>7b</b> 76,662.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			<b>8b</b> 76,662.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b> 12,200.		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .			<b>11a</b> 12,200.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b> 64,462.

<b>12a</b>	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	10,043.
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	10,043.
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	10,043.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	0.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	10,043.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	12,268.
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) No	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>	
<b>d</b>	Schedule 3, line 14	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	12,268.

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	2,225.																				
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	2,225.																				
<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings											
X	X	X	X	X	X	X	X	X	X														
<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>																					

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/20/2021	P02082703	<input type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.	<input type="checkbox"/> Self-employed		
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR  
SWAPNIKA MITTAPALLY

Your social security number  
782-10-4471

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-4,450.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	-4,450.

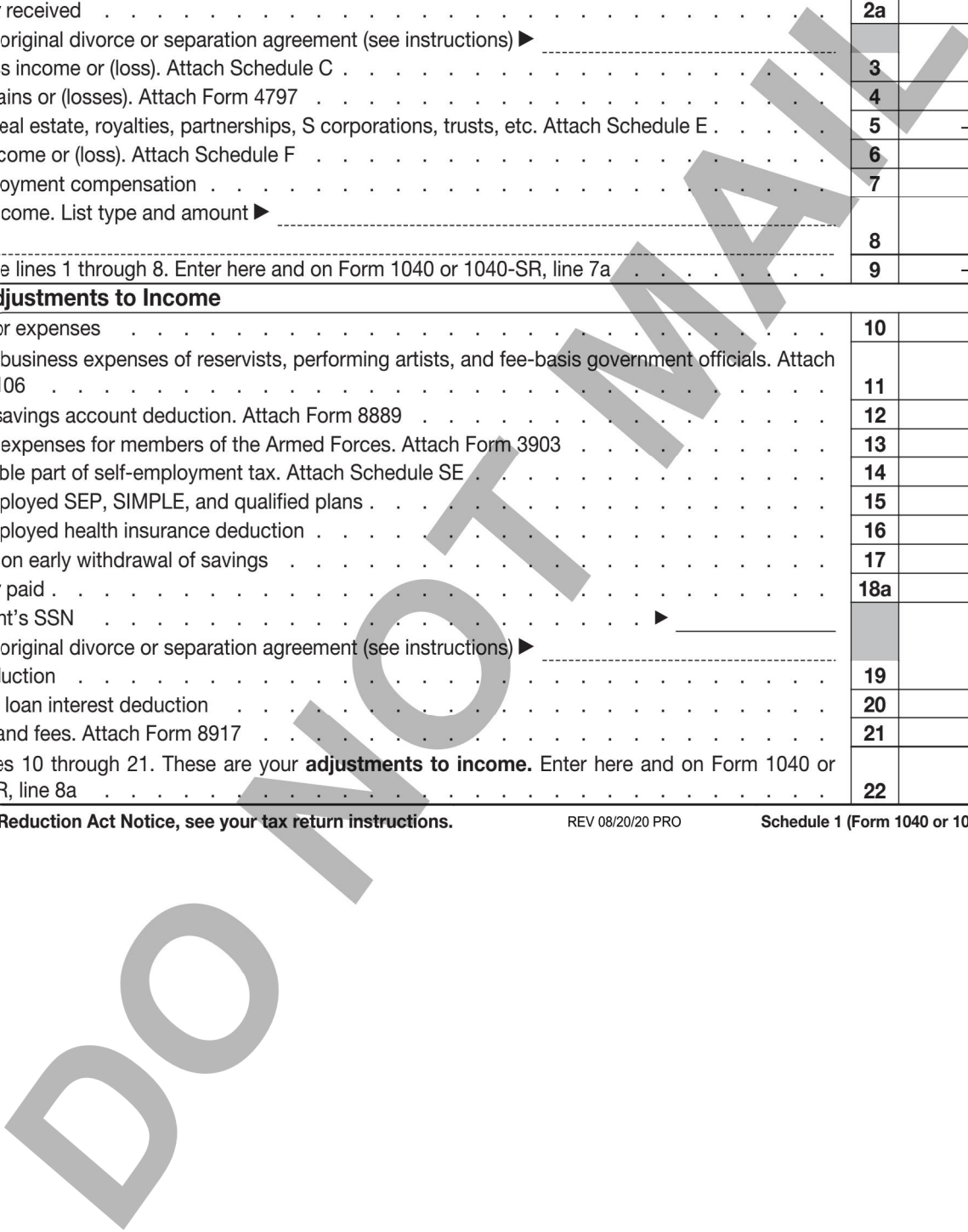
**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 08/20/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019



**SCHEDULE E**  
(Form 1040 or 1040-SR)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**  
▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

SWAPNIKA MITTAPALLY

Your social security number

782-10-4471

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	HYD HYDERABAD IN				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	350.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	600.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	800.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	1,100.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,100.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,200.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	4,800.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-4,450.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -4,450. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		350.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,800.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 4,450. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-4,450.

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

PA DEPARTMENT OF REVENUE

DO NOT MAIL

2020 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 07-15-20  
FISCAL FILER ONLY

782-10-4471 MI

DECLARATION OF EST TAX PAYMENT AMOUNT

MITTAPALLY  
SWAPNIKA

\$ 1268.00 \$ 317.00

APT 7208  
7000 DEE LN  
MALVERN  
PA

19355 408-306-6621

DEPARTMENT USE ONLY

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

2002518666

2020 ESTIMATED 2020 ESTIMATED 2020 ESTIMATED  
PA-40ES

DO NOT MAIL

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

PA DEPARTMENT OF REVENUE

2020 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 07-15-20  
FISCAL FILER ONLY

782-10-4471 MI

DECLARATION OF EST TAX PAYMENT AMOUNT

MITTAPALLY  
SWAPNIKA

\$ 1268.00 \$ 317.00

APT 7208  
7000 DEE LN  
MALVERN  
PA  
19355 408-306-6621

DEPARTMENT USE ONLY

[Empty box for Department Use Only]

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

2002518666

2020 ESTIMATED 2020 ESTIMATED 2020 ESTIMATED  
PA-40ES

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

PA DEPARTMENT OF REVENUE

DO NOT MAIL

2020 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-15-20  
FISCAL FILER ONLY

782-10-4471 MI

DECLARATION OF EST TAX PAYMENT AMOUNT

MITTAPALLY  
SWAPNIKA

\$ 1268.00 \$ 317.00

APT 7208  
7000 DEE LN  
MALVERN  
PA

19355 408-306-6621

DEPARTMENT USE ONLY

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

2002518666

2020 ESTIMATED 2020 ESTIMATED 2020 ESTIMATED  
PA-40ES



DO NOT MAIL

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

PA DEPARTMENT OF REVENUE

2020 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-15-21  
FISCAL FILER ONLY

782-10-4471 MI

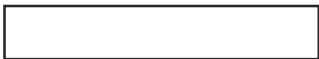
DECLARATION OF EST TAX PAYMENT AMOUNT

MITTAPALLY  
SWAPNIKA

1268.00 317.00

APT 7208  
7000 DEE LN  
MALVERN  
PA  
19355 408-306-6621

DEPARTMENT USE ONLY



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

2002518666

2020 ESTIMATED 2020 ESTIMATED 2020 ESTIMATED  
PA-40ES

PA-40 - 2019  
Pennsylvania Income Tax Return  
ENTER ONE LETTER OR NUMBER IN EACH BOX (07-19)

782104471

MITTAPALLY

SWAPNIKA

Occupation SOFTWARE D

Occupation

APT 7208

7000 DEE LN

MALVERN

PA 19355

408-306-6621

15900

N Extension. N Amended Return.

R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to

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 WEST CHESTER

- 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.

1a 81112

1b 0

1c 81112

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 81112

N 10 0

11 81112



EC	OFFICIAL USE ONLY	FC

Social Security Number

782104471

Name(s) SWAPNIKA MITTAPALLY

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

12 2490

13 Total PA Tax Withheld. See the instructions.

13 1224

14 Credit from your 2018 PA Income Tax return.

14 0

15 2019 Estimated Installment Payments. REV-459B included.

15 0

16 2019 Extension Payment.

16 0

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

17 0

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

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

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

19a 00

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

19b 00

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

20 0

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

21 0

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

22 1266

23 Total Other Credits. Submit your PA Schedule OC.

23 0

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

24 2490

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

25 0

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

26 0

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

27 0

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

28 TOTAL PAYMENT DUE. See the instructions.

28 0

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

29 0

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

30 0

31 Credit - Amount of Line 29 you want as a credit to your 2020 estimated account.

31 0

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

32

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

33

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

34

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

35

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

36

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 Signature, Spouse's Signature, Name, Telephone Number, Date, and Preparer's PTIN.

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



**PA SCHEDULE W-2S**  
Wage Statement Summary

1901910024

PA-40 W-2S 09-19 (1)  
PA Department of Revenue

**2019**

OFFICIAL USE ONLY

**Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation**

Name shown first on the PA-40 (if filing jointly) SWAPNIKA MITTAPALLY	Social Security Number (shown first) 782-10-4471
--	---

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

**Section I Instructions:** List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

**Section II Instructions:** List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

**IMPORTANT:** You **must submit** a copy of each form and statement that you list in Section II, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Section I and Section II.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Section I - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	45-4884897	41,240	41,240	41,240	0
T	45-2481302	39,872	39,872	39,872	1,224
<b>Total Section I - Add the Pennsylvania columns</b>				81,112	1,224

Section II - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS SECTION							
A. T/S	B. Type	C. Payer FEIN	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
<b>Total Section II - Add the Pennsylvania columns</b>							

<b>TOTAL - Add the totals from Sections I and II</b>	81,112	1,224
<b>Enter the TOTALS on your PA tax return on:</b>		
	<b>Line 1a</b>	<b>Line 13</b>

- Payment type:**
- A. Executor fee
  - B. Jury duty pay
  - C. Director's fee
  - D. Expert witness fee
  - E. Honorarium
  - F. Covenant not to compete
  - G. Damages or settlement for lost wages, other than personal injury
  - H. Other nonemployee compensation. Describe: \_\_\_\_\_
  - I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
  - J. Distribution from IRA (Traditional or Roth)
  - K. Distribution from Life Insurance, Annuity or Endowment Contracts
  - L. Distribution from Charitable Gift Annuities
  - M. Distribution from Employee Stock Ownership Plan
- Describe: \_\_\_\_\_



1555  
REV 07/17/20 PRO

1901910024

**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

1901410025

PA-40 E 05-19 (I)  
PA Department of Revenue **2019**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule: **SWAPNIKA MITTAPALLY** Social Security Number (shown first) or EIN: **782-10-4471**

Sales Tax License Number (if applicable). See the instructions. \_\_\_\_\_ Are rental payments made by lessees through a third party broker?  Yes  No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I – Property Description** Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	3 HYD	YES <input type="radio"/> NO <input checked="" type="radio"/>	HYD HYDERABAD, India
B		YES <input type="radio"/> NO <input type="radio"/>	
C		YES <input type="radio"/> NO <input type="radio"/>	

Property type: 1. Single family residence 2. Multi-family residence 3. Vacation/short-term rental 4. Commercial 5. Land 6. Royalties 7. Self-rental 8. Other, describe: \_\_\_\_\_

SECTION II – Income and Expenses		Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)		<input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J
Line b: Is the property rental location in PA?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Line c: Is the property rented for any period less than 30 days?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Income:	1. Rent received	350		
	2. Royalties received			
Expenses:	3. Advertising			
	4. Automobile and travel			
	5. Cleaning and maintenance	600		
	6. Commissions			
	7. Insurance			
	8. Legal and professional fees			
	9. Management fees	800		
	10. Mortgage interest			
	11. Other interest			
	12. Repairs	1,100		
	13. Supplies	1,100		
	14. Taxes - not based on net income			
	15. Utilities	1,200		
	16. Depreciation expense - See the instructions			
	17. Other expenses (itemize):			
	18. Total Expenses - Add Lines 3 through 17	4,800		
Income or Loss:	19. Income – Subtract Line 18 from Line 1 or 2			
	20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	0		
	21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)			
	22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)			0
	23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)			
	24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)			0



1901410025

1901410025

**PA SCHEDULE G-L**

PA-40 G-L (08-15) (I) **2019**  
PA DEPARTMENT OF REVENUE

OFFICIAL USE ONLY

<b>Part I - Calculation of Credit for Taxes Paid to Other States</b>			
Name of taxpayer claiming the credit SWAPNIKA MITTAPALLY		Social Security Number 782-10-4471	
1. Name of other state NORTH CAROLINA	Fill in the oval if the credit you are claiming on this schedule is listed on a PA Schedule RK-1 or consolidated return. Otherwise, include a copy of the other state's return. <input type="radio"/>		
2. Class of income subject to tax in the other state	A Amount of income subject to tax in PA per PA-40 return	B Amount of income subject to tax in the other state	C Lesser of Column A or B
a. Compensation	81,112	41,240	
b. Unreimbursed business expenses	0		
c. Net compensation	81,112	41,240	41,240
d. Interest	0	0	0
e. Dividends	0	0	0
f. Net income or loss from business, profession or farm	0	0	0
g. Gain or loss from sale, exchange or disposition of property	0	0	0
h. Income or Loss from rents, royalties, patents and copyrights	0	0	0
i. Estate or trust income	0	0	0
j. Gambling and lottery winnings	0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.			41,240
4. a. Tax due or assessed in the other state			1,882
b. Tax paid in the other state			1,882
c. Enter the lesser of Line 4a or Line 4b			1,882
d. Less: adjustments - Enter the amount from Part III, Line 5.			0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.			1,882
5. Line 3 x 3.07 percent (0.0307)			1,266
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).			1,266

<b>Part II - Worksheet for Sources and Amounts of Income Subject to Tax in the Other State</b>					
	A	B	C	D	E
1. Source entity name					TOTALS
2. Income by class					
Compensation					41,240
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

<b>Part III - Worksheet for Adjusted Tax Paid in the Other State</b>	
1. Enter the amount from Part I, Column C, Line 3 here.	41,240
2. Add the amounts from Part I, Column B, Lines 2c through 2j. Enter the result here.	41,240
3. Divide the amount from Part III, Line 1 by Part III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Part III, Line 3 equals 1.000000, you may stop here and enter "0" on Part I, Line 4d.	1.000000
4. If the amount on Part III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Part III, Line 4 by the amount on Part I, Line 4c. Enter the result here and on Part I, Line 4d.	0



Declaration Control Number/Submission ID

Primary Taxpayer's Name SWAPNIKA MITTAPALLY	Social Security Number 782-10-4471
Secondary Taxpayer's Name	Social Security Number

**SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2019 (whole dollars only)**

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	81,112
2. PA Tax Liability (Form PA-40, Line 12)	2.	2,490
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	1,224
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	0

**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 2019 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)**

- I authorize GLOBAL TAXES LLC to enter my PIN 04471 as my signature on my tax year 2019 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2019 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 2019 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Program Participants Only – Continue Below**

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 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 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.**

**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE**

## Instructions for Form D-400V, Payment Voucher

### What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

### Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

### What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

### Other Payment Methods

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit [www.ncdor.gov](http://www.ncdor.gov).

### Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



<b>D-400V (50)</b>	<b>Individual Income Payment Voucher</b>
9-16-08	North Carolina Department of Revenue

REV 10/02/20 PRO

782104471      MITT      7000      19355

SWAPNIKA      MITTAPALLY

7000 DEE LN APT 7208

For Calendar Year    2019

#### AMOUNT OF THIS PAYMENT

This must match the amount shown  
on your check or money order.

MALVERN      PA      19355

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

\$                      34 .00

Date: 02 20 21      Phone: (678) 965-9522

7270150106



20192 7821044710 0000000 06408

**Mail to:**  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640



**D-400 (50)** 8-20-19 **2019 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2019, or fiscal year beginning <u>19</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SWAPNIKA MITTAPALLY 7000 DEE LN 7208 Your SSN: 782104471		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
MALVERN PA 19355 FOREI Spouse's SSN: _____		Were you granted an automatic extension to file your 2019 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Year spouse died: _____
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Return for deceased taxpayer. Date of death: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
MITT	7000	19355	DS	N	EA	N	TD			SD				FDEXT	N
SWAPNIKA				MITTAPALLY				782104471				FOREI			
												PA	19355		
7000	DEE LN							7208	MALVERN						
06		76662		16				0	26C					0	
07		0		18	Y			0	26E					0	
09		0		20A			1848		EU						
10A		0		20B				0	27					34	
10B		0		21A				0	29					0	
11	S	Y	I	N				0	30					0	
11		10000		21C				0	31					0	
13		05379		21D				0	32					0	
14		35857		26A				34	34					0	
15		1882		26B				0							
TN	4083066621			PN			6789659522		PP					P02082703	



<b>Sign Return Below</b>		<input type="checkbox"/> Refund Due	<u>0</u>	<input checked="" type="checkbox"/> Payment Due	<u>34</u>
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.			<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.		
_____ Your Signature	_____ Date	_____ Spouse's Signature (If filing joint return, both must sign.)	_____ Date	<u>4083066621</u> Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.					
<u>SYAM PRIYA RAM SAGAR GUPT</u>	<u>02 20 21</u>	<u>6789659522</u>	<u>P02082703</u>		
Paid Preparer's Signature		Date		Preparer's Contact Phone Number (Include area code)	
				Preparer's FEIN, SSN, or PTIN	
<p><b>If REFUND, mail return to:</b> N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001</p> <p><b>If you ARE NOT due a refund, mail return, any payment, and D-400V to:</b> N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640</p>					

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	76662
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	76662
9.	Deductions from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10000
12.	a. Add Lines 9, 10b, and 11	12a.	10000
	b. Subtract amount on Line 12a from Line 8	12b.	66662
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.5379
14.	N.C. Taxable Income	14.	35857
15.	N.C. Income Tax	15.	1882
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1882
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1882

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	1848
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2019 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	1848
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1848
26a.	<b>Tax Due</b>	26a.	34
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>34</b>
28.	<b>Overpayment</b>	28.	0

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2020 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>0</b>

**D-400 Sch PN (50)**

8-21-19

**2019 Part-Year Resident and Nonresident Schedule**

North Carolina Department of Revenue

DOR  
Use  
Only

If you complete Schedule PN, you **MUST** attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **MITTAPALLY** Your Social Security Number **782104471**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT Y PYT N 22 41240  
NRS N PYS N 23 76662

**Part A. Residency Status**

Taxpayer is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

Spouse is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

Total Income	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, salaries, tips, etc.	1. 81112	41240
2. Taxable interest	2. 0	0
3. Taxable dividends	3. 0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4. 0	0
5. Alimony received	5. 0	0
6. Business income or (loss)	6. 0	0
7. Capital gain or (loss)	7. 0	0
8. Other gains or (losses)	8. 0	0
9. Taxable amount of IRA distributions	9. 0	0
10. Taxable amount of pensions and annuities	10. 0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11. -4450	0
12. Farm income or (loss)	12. 0	0
13. Unemployment compensation	13. 0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14. 0	0
15. Other income	15. 0	0
16. Total Income	16. 76662	41240

North Carolina Adjustments	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions		
a. Interest income from obligations of states other than N.C.	17a. 0	0
b. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	17b. 0	0
c. Bonus depreciation	17c. 0	0
d. IRC section 179 expense	17d. 0	0
e. Other additions to federal adjusted gross income that relate to gross income	17e. 0	0
18. Total additions	18. 0	0

Last Name (First 10 Characters) MITTAPALLY

Your Social Security Number 782104471

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Bonus depreciation	19e. 0	0
f. IRC section 179	19f. 0	0
g. Recognized IRC section 1400Z-2 gain	19g. 0	0
h. Other deductions to federal adjusted gross income that relate to gross income	19h. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 76662	41240

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the amount from Column B, Line 21	22. 41240
23. Enter the amount from Column A, Line 21	23. 76662
24. Part-year residents and nonresident taxable percentage	24. 0.5379

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