E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	0	OMB No. 1545	-0074	IRS Use	only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	eparately (I use. If you c	,	_					, ,	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me							Your so	cial securi	ty number
SAIKIRA	N		NIRN	IEMULA							737-	33-268	6
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse'	s social se	curity number
Home address		er and street). If you have a P.O. box, see D CT	instructi	ons.				A	Apt. no.		Check ł	nere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a
MALVERN						PA	<del>J</del>	193	355			ow will not	0
Foreign countr	y name		1	Foreign pro	ovince/state/	count	ty	Foreig	gn postal c	ode	your tax	or refund.	
												You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherw	ise acquire	any	financial intere	est in a	any virtua	al cu	rrency?	Yes	🗙 No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956 🛛	Are bli	nd Spo	ouse	: 🗌 Was bo	rn befo	ore Janu	ary 2	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip	(4) 🖌	if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name			number		to you		Child	tax c	redit	Credit for ot	her dependents
than four													
dependents, see instruction	c												
and check													
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		87,500.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2b		
required.	<u>3a</u>	Qualified dividends	3a			b C	ordinary divide	nds .			. 3b		
	) 4a	IRA distributions	4a			bΤ	axable amoun	t			. 4b		
	5a	Pensions and annuities	5a			<b>b</b> Taxable amount .					. 5b		
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6b		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Sche	dule D if	f required	. If not requ	uired	, check here				_ 7		-3,000.
Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-6,860.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	This is you	ur total inc	ome					▶ 9		77,640.
Married filing	10	Adjustments to income:					1						
Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard ded	uction. See	insti	ructions 10	b					
Head of	с	Add lines 10a and 10b. These are	Add lines 10a and 10b. These are your total adjustments to income						► <u>10</u>				
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted	gross inco	ome					► <u>11</u>		77,640.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized				'							12,400.
Standard	13	Qualified business income deduct	ion. Atta	ach Form	8995 or Fo	rm 8	995-A			•	. 13		
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ero or less,	ente	r-0				. 15		65,240.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020	))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	10,140.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	10,140.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	10,140.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	24	10,140.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	13	,805		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	13,805.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return					26	
qualifying child,	27	Earned income credit (EIC)			<sup>N</sup>	io .	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	ble cr	edits	. 🕨	· 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	13,805.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is th	ne amour	nt you	overpaid		34	3,665.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attach	ied, cheo	ck here	)		35a	3,665.
Direct deposit?	►b	Routing number 1 1 1			► c Typ		Chec		Savings	3	
See instructions.	►d	Account number 4 8 8	0 5 4 9	7 9 6 4	4 4			-	-		
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1			•			latee jea	00		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another					See	1			
Designee		structions						Yes. Co	omplete	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here							1360 011				nt you an Identity
	, TO	ur signature		Date	Your occ	upation					IN, enter it here
Joint return?					SOFTW	ARE E	ENGII	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	<b>*</b>										ection PIN, enter it here
your records.									(SE	e inst.) 🕨	
		one no.		Email address					DT::: :		
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA :	TALLAM	02/	19/2021		82703	Self-employed
Use Only		m's name 🕨 GLOBAL TA							Ph	one no. (	(678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	0041			Fir	m's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	02/07/21 PRC	)		Form <b>1040</b> (2020

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

► Go to www.irs.gov/Form1040 for instructions and the latest information.

	)		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
SAIKIRAN NIRNEMULA 737-33-			-2686
Part I Addition	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,860.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Dar	line 8	9	-6,860.
		40	
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO	Schedule	e 1 (Form 1040) 2020

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

20

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12** 

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SAIKIRAN NIRNEMULA

Your social security number 737-33-2686

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	19,560.	28,887.	2,8	93.	-6,434.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-6,434.

### Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	33.	20.			13.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat			.,	12	
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	13.

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -6,421.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero,</b> skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	<b>21</b> ( 3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/07/21 PRO

Schedule D (Form 1040) 2020

SCHEDULE	Е
(Form 1040)	

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

### **Supplemental Income and Loss**

OMB No. 1545-0074

► Atta NR, or 1041. nd the latest information. ► Go to www.irs.g

ach	to I	Form	104	0, 1	1040	-SR,	104	0-1
gov/	Sci	hedul	leE i	for	insti	ucti	ons	an

ICs, etc.)	2020
	Attachment Sequence No. <b>13</b>
Your soci	al security number

SAIK	IRAN NIRNEMULA							73	87-33	-268	б	
Part	Income or Loss	From Rental Real Estate and Roy	yaltie	s Note: If y	ou are	e in the	e business o	f renti	ng pers	onal p	roperty,	use
	Schedule C. See	instructions. If you are an individual, repo	ort farr	n rental incor	me or	loss fr	om <b>Form 48</b>	<b>35</b> on	page 2	, line 4	0.	
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 1099	? See	e instr	uctions .				Yes 🛛	No
<b>B</b> If "	Yes," did you or will yo	ou file required Form(s) 1099?									Yes 🗌	No
1a		each property (street, city, state, ZIP										
Α		LUKA NAGAR UPPAL, HYDERAB			A IN	J 50	0039					
В												
С												
1b	Type of Property	2 For each rental real estate prop	perty li	isted		Fair	Rental	Per	sonal I	Jse	0	JV
	(from list below)	above, report the number of fai personal use days. Check the <b>(</b>	ir renta	al and		D	ays		Days		G	
Α	3	if you meet the requirements to	o file a	sa 🏼 A			365		(	)		
В		qualified joint venture. See inst	ructio	ns. B	3							
С				С	;							
Туре с	of Property:											
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	Self-F	Rental					
2 Mult	i-Family Residence	4 Commercial	6 Ro	yalties	8	Other	(describe)					
Incom	e:	Properties:		A			B	}			С	
3	Rents received		3		52	20.						
4	Royalties received .		4									
Expen												
5	Advertising		5		15	50.						
6		nstructions)	6		33	30.						
7	Cleaning and mainter	nance	7		25	50.						
8	Commissions		8									
9	Insurance		9									
10	Legal and other profe	ssional fees	10									
11	Management fees .		11									
12	Mortgage interest pai	d to banks, etc. (see instructions)	12									
13	Other interest		13		6,40	00.						
14	Repairs		14		25	50.						
15	Supplies		15									
16	Taxes		16									
17	Utilities		17									
18	Depreciation expense	e or depletion	18									
19	Other (list) 🕨		19									
20	Total expenses. Add	lines 5 through 19	20		7,38	30.						
21	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 Form 6198		21	-	6,86	50.						
22		estate loss after limitation, if any,										
	on Form 8582 (see in	structions)	22	( -6	5,86	0.)(			)(			)
23a		eported on line 3 for all rental proper				23a		5	20.			
b	Total of all amounts re	eported on line 4 for all royalty prope	erties		.	23b						
С		eported on line 12 for all properties				23c						
d						23d						
е		eported on line 20 for all properties			L .	23e		7,3				
24		e amounts shown on line 21. <b>Do no</b> t						.	24			
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from line 22	2. Ente	er tota	l losses her	e.	25 (		6,8	360.)
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not a						on				
	Schedule 1 (Form 104	10), line 5. Otherwise, include this an	nount	in the total	on lir	ne 41	on page 2	.	26		-б,	860.

### PA-40 - 2020 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

					Ν	Extension.	Ν	Amended Return.
73.	7332686					Residency Statu	ç	
NIF	RNEMULA				R			Part-Year Resident
SAI	IKIRAN	Occupation	SOFTWARE E		Ζ	Single, Married Married/Filing		intly,
		Occupation				Deceased	1 0	
					Ν	Deceased		
1.11.2	24 REDWOOD CT				Ν	Taxpayer Date of	of Death	
<u>л</u> чс					Ν	Spouse Date of	Death	
					N	Farmers.		
MAL	_VERN					School District	Name <b>G</b> R	EAT VALLEY
(no	0 254-598-0372	l	5350	I				
1a	Gross Compensation. Do not includ qualifying retirement benefits. See t		e, such as combat zone	e pay and		la		87500
1b	Unreimbursed Employee Business H	Expenses.				lb		٥
1c	Net Compensation. Subtract Line 18	from Line 1a.				Гс		87500
2	Interest Income. Complete PA Sche	<b>dule A</b> if require	ed.			z		٥
3	Dividend and Capital Gains Distribut	tions Income. Co	omplete PA Schedule B	if required	1.	3		0
4	Net Income or Loss from the Operation	on of a Business	, Profession or Farm.					٥
5	Net Gain or Loss from the Sale, Exc	hange or Dispos	sition of Property.			5		-9314
6	Net Income or Loss from Rents, Roy							0
7	Estate or Trust Income. Complete an					7		0
8	Gambling and Lottery Winnings. Co	-				89		0
9	<b>Total PA Taxable Income.</b> Add on 2, 3, 4, 5, 6, 7 and 8. DO NOT ADI	• •						87500
10	<b>Other Deductions.</b> Enter the appro See the instructions for additional in		he type of deduction.	N	l	10		0
11	Adjusted PA Taxable Income. Sub		m Line 9.			77		87500
1555	REV 02/06/21 PRO							





PA-40 - 2020

Social Security Number

### 737332686 Name(s) SAIKIRAN NIRNEMULA

			1
12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	73 75	2686 2686
14 15 16 17 18	Credit from your 2019 PA Income Tax return. 2020 Estimated Installment Payments. REV-459B included. N 2020 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
Tax	Forgiveness Credit. Submit PA Schedule SP.		
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a OO	
	Dependents, Section II, Line 2, PA Schedule SP	19b 00	
20	Total Eligibility Income from Section III, Line 11, PA Schedule SP.	20 00	D
21	Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	57	ō
			_
22	Resident Credit. Submit your <b>PA Schedule(s)</b> G-L and/or <b>RK-1</b> .	22	0
23	Total Other Credits. Submit your <b>PA Schedule OC.</b> <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23.	23 24	
24 25	<b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions.	25	2686
26	<b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	56	
27	Penalties and Interest. See the instructions. Enter Code:	27	0
	If including form REV-1630/REV-1630A, mark the box.		U
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	29	Ō
	the difference here.		
	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 2021 estimated account.	31	0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	
	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	
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all		
	panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
Pren	arer's Name and Telephone Number Date E-File Op	t Out	N
~	M PRIYA RAM SAGAR GUPTA TALLAM 021921		N
	B9659522 Firm FED	ł	301017196
	Preparer's	PTIN	P02082703
	1555 REV 02/06/21 PRO		

Page 2 of 2



### PA SCHEDULE D

2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

PA Department of Revenue <b>2020</b>	OFFICIAL USE ONLY
If you need more space, you may p	hotocopy.
Name of the taxpayer filing this schedule	Social Security Number (shown first)
SAIKIRAN NIRNEMULA	737-33-2686
Taxpayer (	Joint 🔵
Important: A taxpayer and spouse must complete separate schedules to report their gain	ns or losses or if any amounts are reported on Lines 3 through
10 of PA Schedule D. However, if all the gains and losses were realized on a joint ba	sis, one schedule may be completed. Complete the oval to

10 of indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions**. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

Describe th 100 shares of	a) ne property: i XYZ stock, or auphin County	<b>(b)</b> Date acquired: Month/day/year	<b>(c)</b> Date sold: Month/day/year	(d) Gross sales price less expenses of sale	<b>(e)</b> Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).			
1.Robinhood	Securities	05/27/20	06/09/20	19,560.	28,887.	9,327.			
Robinhood	Securities	12/26/17	05/29/20	33.	20.	$\sim$ 13.			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
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						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
						LOSS			
2. Net gain (loss) from a	above sales.				LOSS 2.	9,314.			
3. Gain from installmen									
4. Taxable distributions									
	= 4.								
- · · /	5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.								
6. Net PA S corporation									

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
<ol><li>Taxable g If you real</li></ol>						
8. Taxable d						
9. Taxable d						
10. Taxable g						
11. Total PA	Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (	If a net loss, fill in the c	oval) 📕 11.	9,314.

1555 REV 02/06/21 PRO



2001310024

## PA SCHEDULE E

Rents and Royalty Income (Loss)

2001410022

#### PA-40 E (EX) 06-20 (I) PA Department of Revenue

PA Department of Revenue	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
SAIKIRAN NIRNEMULA	737-33-2686
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

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.

2020

	Туре	Description of Property	For Prof	it Prop	erty Complete Address (street, city, state and ZIP code)			
_			YES	$\bigcirc$	CHILUKA NAGAR UPPAL			
A	3	H:NO-20-12 NEAR INDIRA GANDHI	S NO		HYDERABAD, 500039, India			
в			YES	$\bigcirc$				
в			NO	$\bigcirc$				
С			YES	$\bigcirc$				
C			NO	$\bigcirc$				
Pro	Property type: 1. Single family residence 3. Vecation/short term rental 5. Land 7. Self-rental							

 Property type:
 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: \_

SECTION II INCOME & EXPENSES			
	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	🗇 T 🔵 S 🔵 J	○ T ○ S ○ J	□ T □ S □ J
Line b: Is the property rental location in PA?	🔵 YES 🛑 NO	YES NO	O YES O NO
Line c: Is the property rented for any period less than 30 days?	🔵 YES 🛑 NO	YES NO	YES NO
Income: 1. Rent received 1.	520		
2. Royalties received 2.			
Expenses: 3. Advertising 3.	150		
4. Automobile and travel 4.	330		
5. Cleaning and maintenance 5.	250		
6. Commissions 6.			
7. Insurance 7.			
8. Legal and professional fees 8.			
9. Management fees9.			
10. Mortgage interest 10.			
11. Other interest 11.	6,400		
12. Repairs	250		
13. Supplies			
14. Taxes - not based on net income14.			
15. Utilities			
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	7,380		
Income 19. Income – Subtract Line 18 from Line 1 or 2			
or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.	0	0	$\bigcirc$
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the inst	structions(fill in the	e oval, if a net loss) 21.	
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	e instructions (fill in the	e oval, if a net loss) 22.	0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your	, , , , , , , , , , , , , , , , , , ,	· · ·	<b>_</b>
PA Schedule(s) RK-1 or NRK-1. 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more th		e oval, if a net loss) 23.	
total all Line 22 and 23 amounts and include on Line 6 of your PA-40.		e oval, if a net loss) 24.	0
	KEV 02/00/21 PRO		1555





PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

Primary Taxpayer's N	ame	Social Security Number	r	
SAIKIRAN NIRNEN	737-33-2686			
Secondary Taxpayer's	Social Security Number	Social Security Number		
SECTION I	TAX RETURN INFORMATION - TAX YEAR ENDIN	G DEC. 31, 2020 (whole dollars only	)	
1. Adjusted F	A Taxable Income (Form PA-40, Line 11)	1	87,500	
2. PA Tax Lia	bility (Form PA-40, Line 12)	2	2,686	
3. Total PA Ta	ax Withheld (Form PA-40, Line 13)	3	2,686	
4. Refund (Fe	orm PA-40, Line 30)			
5. Total Payn	nent (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 2020 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)

X lauthorize GLOBAL TAXES LLC	to enter my PIN	32686	as my signature on my tax
year 2020 electronically filed income tax return			
I will enter my PIN as my signature on my tax y	year 2020 electronically filed income tax ret	urn.	
Signature		Date	
Secondary Taxpayer's PIN: (mark one oval	only)		
I authorize	to enter my PIN		as my signature on my tax
year 2020 electronically filed income tax return			
I will enter my PIN as my signature on my tax	year 2020 electronically filed income tax ret	urn.	
Signature		Date	
Practitioner PIN Pro	ogram Participants Only – Contin	ue Belov	v
SECTION III CERTIFICATION AND AU	THENTICATION		
ERO's EFIN/PIN. Enter your six-digit EFIN follow	ed by your five-digit self-selected PIN	58	87278 <b>/</b> 61989
As a participant in the Practitioner PIN Program, I 2020 electronically filed income tax return for the Program in accordance with the requirements est	certify the above numeric entry is my PIN, v taxpayer(s) indicated above. I confirm I am	vhich is my	signature on the tax year
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

Name SAIKIRAN NIRNEMULA Social Security Number 737-33-2686

				Federal Form	s W-2		
# of W2	* N T / T X B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				SP TECH RESOURCES INC           37-1795098	87,500. 87,500.	87,500. 2,686.	

Pennsylvania W-2	<b>Taxpayer</b> 87,500.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,686.	

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	37-1795098	15 	87,500.	875.	<u>PA</u>

	Taxpayer	Spouse
Pennsylvania Local W-2	87,500.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	875.	

### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*       Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhele	*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Executor fee       H       Other nonemployee compensation.         Jury duty pay       Director's fee       I       Employer sponsored retirement/pension/deferred compensation plan         Expert withers fee       I       Employer sponsored retirement/pension/deferred compensation plan         Damages or settlement for lost wages, other than personal injury       N       Distribution from TAR (Traditional or Roth)         N       Fiduciary fees from a trust O Other income not listed above Describe:       N       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Withholding       T       Fed       PA         O       Other income not listed above Describe:       Spouse         Withholding       T       Fed       PA       Gross       PA Taxable       PA Taxable         *       Payer's EIN       T       Fed       PA       Gross       PA Taxable       Withhele         *       Payer's Name       S       ##       Type       Distribution       Basis       PA Taxable       Withhele         *       Payer's Sink       T       Fed       PA       Gross       Datribution type       In traditional or Roth IRA: Im over 59.5       Taxable       Withhele         *       Payer's Sink											
Executor fee       H       Other nonemployee compensation.         Jury duty pay       Director's fee       I       Employer sponsored retirement/pension/deferred compensation plan         Expert withers fee       I       Employer sponsored retirement/pension/deferred compensation plan         Damages or settlement for lost wages, other than personal injury       N       Distribution from TAR (Traditional or Roth)         N       Fiduciary fees from a trust O Other income not listed above Describe:       N       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Withholding       T       Fed       PA         O       Other income not listed above Describe:       Spouse         Withholding       T       Fed       PA       Gross       PA Taxable       PA Taxable         *       Payer's EIN       T       Fed       PA       Gross       PA Taxable       Withhele         *       Payer's Name       S       ##       Type       Distribution       Basis       PA Taxable       Withhele         *       Payer's Sink       T       Fed       PA       Gross       Datribution type       In traditional or Roth IRA: Im over 59.5       Taxable       Withhele         *       Payer's Sink											
Executor fee       H       Other nonemployee compensation.         Jury duty pay       Director's fee       I       Employer sponsored retirement/pension/deferred compensation plan         Expert withers fee       I       Employer sponsored retirement/pension/deferred compensation plan         Damages or settlement for lost wages, other than personal injury       N       Distribution from TAR (Traditional or Roth)         N       Fiduciary fees from a trust O Other income not listed above Describe:       N       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Withholding       T       Fed       PA         O       Other income not listed above Describe:       Spouse         Withholding       T       Fed       PA       Gross       PA Taxable       PA Taxable         *       Payer's EIN       T       Fed       PA       Gross       PA Taxable       Withhele         *       Payer's Name       S       ##       Type       Distribution       Basis       PA Taxable       Withhele         *       Payer's Sink       T       Fed       PA       Gross       Datribution type       In traditional or Roth IRA: Im over 59.5       Taxable       Withhele         *       Payer's Sink	nnevly	/ania Payment type:									
Director's fee Laper witheres fee Honoratium Compensation plan Expert witheres fee Honoratium Comment to compete the Distribution from IRA (Traditional or Roth) Comment not to compete Damages or settlement for La Distribution from Employee Stock Ownership Plan. Describe:	Ēxe	ecutor fee	I				yee co	mpensa	ition.		
Honorarium Covenant to to compete Damages or settlement for lost wages, other than personal injury       K       Distribution from Employee Stock Ownership Plan. Describe:         N       Fiduciary fees from a trust O Other income not listed above Describe:       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding       Taxpayer       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Withholding       Teat       PA       Gross Type       PA Taxable       PA Tax Withheli         *       Payer's EIN Payer's Name       Teat       PA       Gross Type       Distribution from Federal Forms 1099R         *       Payer's Name       Teat       PA       Taxpayer       Spouse         *       Payer's Name       Teat       PA       Tay       Gross Type       Distribution from Federal Forms 1099R         *       Payer's Name       Teat       PA       Taxable       PA Taxable       Withheli         *       Payer's Name       Teat       PA       Tay       Distribution from Tederal Forms 1099R         *       Payer's Name       Teat       PA       Taxable       PA Taxable         * <td>Dire</td> <td>ector's fee</td> <td></td> <td>   </td> <td>Emplo</td> <td>yer spons</td> <td>ored re</td> <td>tiremer</td> <td>nt/pension/def</td> <td>erred compen</td> <td>sation plan</td>	Dire	ector's fee			Emplo	yer spons	ored re	tiremer	nt/pension/def	erred compen	sation plan
Covenant not to compete Damages other than personal injury       L       Distribution from Charitable Gift Annuities Describe:         N       Fiduciary fees from a trust Other income not listed above Describe:       N         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Withholding       T       Fred       PA       Gross       PA Taxable       PA Taxable         *       Payer's EIN Payer's Name       T       Fred       PA       Gross       PA Taxable       Withheld         *       Payer's Name       T       # # # # # # # # # # # # # # # # # # #										Endowment C	ontracts
Iteration       Describe:       Taxpayer       Spouse         Withholding       N       Fiduciary fees from a trust Other income not listed above Describe:       Taxpayer       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Withholding       T       Fed       PA       Gross       PA Taxable       PA Taxable         Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhele         *       Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhele         *       Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhele         *       Payer's Name       S       #       Tradi       Image: State in the sta	Cov	venant not to compete	I	LI	Distrib	ution from	Charit	able Gi	ft Annuities		onnaoto
O       Other income not listed above Describe:         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse         Payer's EIN       T       Fed       PA       Gross       Distribution       Basis       PA Taxable       PA Tax         *       Payer's Name       S       ##       Type       Distribution       Basis       PA Taxable       Withheli         *       Payer's Name       S       ##       Type       Distribution       Basis       PA Taxable       Withheli         *       Image: Compensation from Form 1099R       Image: Compensation from Form 1098R       Image: Compensation from Form 1098R         *       Payer's Name       S       ##       Type       Distribution       Basis       PA Taxable       Withheli         *       Enter an 'X' if this income is Not subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.       PA       Tax       PA       Tax         No entry       Image: Compensation from Form PA       Tax       PA       PA       Source Sons       Source Sons       Ji Traditional or Roth IRA; I'm over 59.5       Ji Traditional or Roth IRA; I'm over 59.5       Ji Traditional or Roth IRA; I'm over 59.5       Ji	lost	t wages, other than			Descri	be:	-	-		o Fidil.	
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.         Withholding         Compensation from Federal Forms 1099R         *       Payer's EIN       T       Fed       PA       Gross       Distribution       Basis       PA Taxable       Withhele	per	sonal injury		0	Other	income no					
Withholding         Compensation from Federal Forms 1099R         *       Payer's EIN       T       Fed       PA       Gross       Basis       PA Taxable       PA Taxable         *       Payer's Name       T       Fed       PA       Gross       Basis       PA Taxable       Withhele         •	Miscel	laneous Compensatio	n fror	n Fo	rm 100	9MISC/1	099K/1	099NE		ayer	Spouse
Payer's EIN Payer's Name       T S       Fed #       PA Type       Gross Distribution       Basis       PA Taxable       PA Tax Withhele         Image: State of the state	Withho	olding									
Payer's EIN Payer's Name       T S       Fed #       PA Type       Gross Distribution       Basis       PA Taxable       PA Tax Withhele         Image: State of the state											
*       Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhele		1	Cor	npe	nsati	on from	Feder	al For	ms 1099R		
Imaginary product of the second state of the second sta	*							E	Basis F	PA Taxable	PA Tax Withheld
Imaginary product of the second state of the second sta											
Imaginary product of the second state of the second sta								-			
Imaginary product of the second state of the second sta								-		<u> </u>	
Imaginary product of the second state of the second sta								-			
Imaginary product of the second state of the second sta											
No entry       122       I'm not eligible yet; plan is eligible in PA         PA school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       K2       Non-qualified deferred compensation plan         U.S. Civil service retirement/disability/annuity       K3       Life insurance or endowment         Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)       L       Distribution from Charitable Gift Annuities         Rollover       M1       ESOP: Non-Allocated ESOP Stock Dividend         Rollover       M3       KSOP: Taxable ESOP within a 401(k)         Distribution from Life Insurance, Annuity, Endowment Contracts or       ineligible retirement plans (see Tax Help FAQ's for more info)       Taxpayer       Spouse         Distribution from Charitable Gift Annuities             Withholding        Total Gross Compensation       Spouse           Total gross compensation to Form PA-40 line 1a       87,500       0	* E	nter an 'X' if this incom	ie is <b>I</b>	Not a	subjec	t to Penns	sylvania	a tax - P	A Part-Year a	nd Nonreside	ents Only.
Image: United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       K2       Non-qualified deferred compensation plan         Image: U.S. Civil service retirement/disability/annuity       K3       Life insurance or endowment         Image: Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)       K3       Life insurance or endowment         Image: Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)       M1       ESOP: Allocated ESOP Stock Dividend         Image: Annuity or Rollover       M2       ESOP: Non-Allocated ESOP Stock Dividend         Image: Annuity or Rollover       M3       KSOP: Taxable ESOP within a 401(k)         Image: Image: Annuity or Rollocate Ison promestion from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) Distribution from Charitable Gift Annuities.       Taxpayer       Spouse         Distribution from Form 1099R (eligible retirement plans)             Withholding        Total Gross Compensation       Spouse           Total gross compensation to Form PA-40 line 1a.       87,500.       0	No No	entry		emp	lovee i	olan		l'm n Tradi	ot eligible yet;	plan is eligib IRA: I'm over	le in PA
3       U.S. Civil service retirement/disability/annuity       K3       Life insurance or endowment         Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)       Life insurance or endowment         1       Early distribution from a retirement plan       M1       ESOP: Allocated ESOP Stock Dividend         2       Rollover       M3       KSOP: Taxable ESOP within a 401(k)         3       I'm eligible; plan is eligible (no PA tax)       M4       KSOP: Non-Allocated ESOP within a 401(k)         Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) Distribution from Charitable Gift Annuities	1 Uni	ted Mine Workers pen		omp	.0,001		J2	Trad	itional or Roth	IRA; I'm unde	er 59.5
(including Qual Joint Survivorship Annuity)       M1       ESOP: Allocated ESOP Stock Dividend         I Early distribution from a retirement plan       M2       ESOP: Non-Allocated ESOP Stock Dividend         Rollover       M3       KSOP: Taxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         Distribution from Life Insurance, Annuity, Endowment Contracts or       Image: Compensation from Charitable Gift Annuities         Distribution from Charitable Gift Annuities       Taxpayer         Spouse       Compensation from Form 1099R (eligible retirement plans)         Withholding       Total Gross Compensation         Total gross compensation to Form PA-40 line 1a       87,500.	3 U.S	S. Civil service retireme				uity	K	Life i	nsurance or e	ndowment	-
Image: Early distribution from a retirement plan       M2       ESOP: Non-Allocated ESOP Stock Dividend         Image: Rollover       M3       KSOP: Taxable ESOP within a 401(k)         Image: Rollover       M4       KSOP: Non-Allocated ESOP Stock Dividend         Image: Rollover       M3       KSOP: Taxable ESOP within a 401(k)         Image: Rollover       M4       KSOP: Nontaxable ESOP within a 401(k)         Image: Rollover       M4       KSOP: Nontaxable ESOP within a 401(k)         Image: Rollover       Image: Rollover       Spouse         Distribution from Life Insurance, Annuity, Endowment Contracts or						()					
3       I'm eligible; plan is eligible (no PA tax)       M4       KSOP: Nontaxable ESOP within a 401(k)         Taxpayer       Spouse         Distribution from Life Insurance, Annuity, Endowment Contracts or	1 Éar	ly distribution from a re				,	M2	ESO	P: Non-Alloca	ted ESOP Sto	ock Dividend
Distribution from Life Insurance, Annuity, Endowment Contracts or			e (no	PA t	ax)						
ineligible retirement plans (see Tax Help FAQ's for more info)	Distri	ibution from Life Insura	ance,	Ann	uity, E	ndowmer	it Conti	acts or	Тахра	ayer	Spouse
Withholding       Total Gross Compensation         Total gross compensation to Form PA-40 line 1a.       Taxpayer 87,500.       Spouse 0	i Distri	ineligible retirement pla ibution from Charitable	ans (s Gift	see T Ann	Tax He	elp FAQ's	for moi	e info)	· · <u> </u>		
Total gross compensation to Form PA-40 line 1a											
Total gross compensation to Form PA-40 line 1a					Tota	Gross	Comp	ensatio	on		
Total gross compensation to Form PA-40 line 1a					_		•			aver	Spouse
									iunpo	-, <del>-</del> ,	

Total gross compensation to Form PA-40 line 1a ..... 87,500.

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.