Department of the Treasury Internal Revenue Service

Calendar Year — Due 04/15/2020 2020 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . 1555 REV 03/08/20 PRO

1,493.

757-02-5026 507-67-8650 MANU GARG PALLAVI GARG 1 FRANKLINTOWN BLVD APT 1812 PHILADELPHIA PA 19103

INTERNAL REVENUE SERVICE PO BOX 37007 HARTFORD CT O6176-7007

Department of the Treasury Internal Revenue Service

 $_{\text{Due}}^{\text{Calendar Year}}$ 2020 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order 1555 REV 03/08/20 PRO

1,493.

757-02-5026 507-67-8650 MANU GARG PALLAVI GARG 1 FRANKLINTOWN BLVD APT 1812 PHILADELPHIA PA 19103

INTERNAL REVENUE SERVICE PO BOX 37007 HARTFORD CT OL176-7007

Department of the Treasury Internal Revenue Service

 $^{\text{Calendar Year}\,-}_{\text{Due}}$ 2020 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order 1555 REV 03/08/20 PRO

1,493.

757-02-5026 507-67-8650 MANU GARG PALLAVI GARG 1 FRANKLINTOWN BLVD APT 1812 PHILADELPHIA PA 19103

INTERNAL REVENUE SERVICE PO BOX 37007 HARTFORD CT OL176-7007

Department of the Treasury Internal Revenue Service

Calendar Year — Due 01/15/2021

2020 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order

REV 03/08/20 PRO 1555

1,493.

757-02-5026 507-67-8650
MANU GARG
PALLAVI GARG
L FRANKLINTOWN BLVD APT 1812
PHILADELPHIA PA 19103

INTERNAL REVENUE SERVICE PO BOX 37007 HARTFORD CT 06176-7007

Form **8879**

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2019

Taxpayer's name	Social securit	ty numbe	er	
MANU GARG	757-02-	-		
Spouse's name	ial secur	ity numbe	r	
PALLAVI GARG	507-67	-8650	1	
Part I Tax Return Information — Tax Year Ending December 31, 2019 (Who	ole dollars only)			
1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)		1	253	3,597.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)		2	43	3,517.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17	7; Form 1040-NR,			
line 62a)		3	41	,897.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Pa	rt I, line 13a) .	4		
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)		5		,620.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a cop	y of yo	our retu	ırn)
statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, declare that the amounts in Part I above are the amounts from my electronic income tax return. I constransmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IR for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal account indicated in the tax preparation software for payment of my federal taxes owed on this returninancial institution to debit the entry to this account. This authorization is to remain in full force and Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury cancellation requests must be received no later than 2 business days prior to the payment (settlement involved in the processing of the electronic payment of taxes to receive confidential information necrelated to the payment. I further acknowledge that the personal identification number (PIN) below is my and, if applicable, my Electronic Funds Withdrawal Consent.	sent to allow my inters (a) an acknowledge the date of any refund (direct debit) entry in and/or a payment effect until I notify the Financial Agent at also authoricessary to answer in	ermediatement of the distribution of estimates and the distribution of the distributio	te service of receipt oblicable, I financial mated tax Treasury 153-4537. Inancial ir and resol	provider, or reason authorize institution c, and the Financial Payment astitutions ve issues
Taxpayer's PIN: check one box only				
■ I authorize GLOBAL TAXES LLC to enter or gen	erate my PIN 2	5 0	2 6	as my
ERO firm name			igits, but	asiny
signature on my tax year 2019 electronically filed income tax return.			all zeros	
 I will enter my PIN as my signature on my tax year 2019 electronically filed income entering your own PIN and your return is filed using the Practitioner PIN method. The Your signature ► 				
Spouse's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or gen	•	8 6	5 0	as my
ERO firm name			igits, but all zeros	
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 entering your own PIN and your return is filed using the Practitioner PIN method. The				
Spouse's signature ▶ Dat	e ▶			
Practitioner PIN Method Returns Only—continue b	pelow			
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 Don't ente	8 6 er all zer	1 9 8 os	9
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electroni indicated above. I confirm that I am submitting this return in accordance with the requirements of Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.				
ERO's signature ▶ Dat	e ▶			
ERO Must Retain This Form — See Instructio				
Don't Submit This Form to the IRS Unless Requested				

Form 1040-V 2019 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Louisiana, Mississippi, North Carolina, South Carolina, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, California, Hawaii, Washington	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arizona, Colorado, Idaho, Illinois, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, South Dakota, Utah, Wisconsin, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Arkansas, Connecticut, District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maryland, Missouri, New Jersey, Oklahoma, Rhode Island, Tennessee, Virginia, West Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2019

▼ Detach Here and Mail With Your Payment and Return ▼

E 1040-V

Internal Revenue Service (99)

2019 Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"

REV 03/08/20 PRO 1555

MANU GARG
PALLAVI GARG
L FRANKLINTOWN BLVD LBL2
PHILADELPHIA PA 19103

INTERNAL REVENUE SERVICE P.O. BOX 37008 HARTFORD, CT 06176-7008

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Ē		U4U	U.S. Individual Income Tax Retu	rn

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space

	_ O.	o. marriada moonic re	1/1	CCUIII		OIVID INO. 1	343-007	4 Ind Use Off	iy—Do not	write or s	stapie in triis s	ърасе.
Filing Status		Single Married filing jointly	Mar	ried filing separ	ately (MFS)	Head of hous	sehold (H	HOH) 🗌 Qu	alifying wi	dow(er)	(QW)	
Check only one box.		u checked the MFS box, enter the namild but not your dependent. ▶	e of s	pouse. If you o	checked the	e HOH or QW box, e	nter the	child's name i	f the qual	ifying pe	rson is	
Your first name	and m	iddle initial	La	st name					Your s	ocial se	ecurity num	ber
MANU			G.	ARG					757-02-5026			
If joint return, s	pouse's	s first name and middle initial	La	st name					Spouse's social security number			
PALLAVI			G.	ARG					507-67-8650			
Home address	(numbe	er and street). If you have a P.O. box, se	e inst	ructions.				Apt. no.	1		ection Cam	
1 FRANK	LINT	OWN BLVD						1812	Check here if you, or your spouse if filin jointly, want \$3 to go to this fund.			
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reign	address, also d	complete sp	paces below (see ins	truction	s).			ow will not cha	
PHILADE:	LPHI.	A PA 19103							tax or ref	_		Spouse
Foreign country	y name			Foreign pr	ovince/stat	e/county	For	eign postal code	If more	than fo	ur depender	nts,
									see ins	struction	s and 🗸 here	e ▶
Standard	Som	eone can claim: You as a depend	dent	Your s	pouse as a	dependent						
Deduction		Spouse itemizes on a separate return or	r you v	were a dual-sta	atus alien							
Age/Blindness	You:	Were born before January 2, 195	5 [Are blind	Spouse:	☐ Was born be	fore Jar	nuary 2, 1955	Is b	olind		
Dependents (see ins	structions):		(2) Social secur	ity number	(3) Relationship to	you	(4) ✓	if qualifies	for (see in	structions):	
(1) First name		Last name					Child tax	child tax credit Credit for other		for other depe	endents	
	1	Wages, salaries, tips, etc. Attach Forr	n(s) W	<i>l</i> -2						1	251,2	236.
	2a	Tax-exempt interest	2a			b Taxable interes	t. Attacl	n Sch. B if requ	ired 2	b	1,0	78.
d	3a	Qualified dividends	3a		698.	b Ordinary divider	nds. Atta	ch Sch. B if requ	ired 3	b	7	737.
standard Deduction for—	4a	IRA distributions	4a			b Taxable amour	nt .		. 4	b		
Single or Married filing separately,	С	Pensions and annuities	4c			d Taxable amour	nt .		. 4	d		
\$12,200	5a	Social security benefits	5a			b Taxable amour	nt .		. 5	b		
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedule	e D if	required. If not	required, c	heck here		•		6	7,2	292.
widow(er),	7a	Other income from Schedule 1, line 9							. 7	а	-6,7	746.
\$24,400 Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	1 7a. T	his is your tota	al income				▶ 7	b	253,5	97.
household,	8a	Adjustments to income from Schedul	e 1, lir	ne 22					. 8	а		
\$18,350 If you checked	b	Subtract line 8a from line 7b. This is y			income				▶ 8	b	253,5	97.
any box under Standard	9	Standard deduction or itemized de					9	24,40	00.		-	
Deduction,	10	Qualified business income deduction.		,	,	95-A	10	<u> </u>				
see instructions.	11a	Add lines 9 and 10							. 11	la	24,4	100.
	b	Taxable income. Subtract line 11a fr	om lin	e 8b. If zero or	less, enter	-0			. 11	lb	229,1	

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

Form **1040** (2019)

Form 1040 (2019	9)							Page 2		
	12a b	Tax (see inst.) Check if any from Form(s): 1 88. Add Schedule 2, line 3, and line 12a and enter the		3 🗌	12a 43,29	94. ▶ 12b		43,294.		
	13a	Child tax credit or credit for other dependents .			13a					
	b	Add Schedule 3, line 7, and line 13a and enter the				13b	+	43,294.		
	14	Subtract line 13b from line 12b. If zero or less, en				. 14	+	223.		
	15 16	Other taxes, including self-employment tax, from		10		. <u>15</u>	+	43,517.		
		Add lines 14 and 15. This is your total tax					_	41,897.		
	17	Federal income tax withheld from Forms W-2 and	11099			. 17	_	41,097.		
 If you have a qualifying child, 	18	Other payments and refundable credits:			40-					
attach Sch. EIC.	a	Earned income credit (EIC)			18a					
If you have nontaxable	b	Additional child tax credit. Attach Schedule 8812			18b		1			
combat pay, see	c	American opportunity credit from Form 8863, line	8		18c					
instructions.	d	Schedule 3, line 14			18d	10	1			
	e	Add lines 18a through 18d. These are your total of		and refundable cred	iits	18e	+	41,897.		
	19	Add lines 17 and 18e. These are your total paym				▶ 19	+	41,097.		
Refund	20	If line 19 is more than line 16, subtract line 16 from			paid	. 20	+			
Direct deposit?	21a	Amount of line 20 you want refunded to you. If F	1 1 1	_		21a				
See instructions.	►b	Routing number X X X X X X X X X X X X X X X X X X X		· · · · · · · · · · · · · · · · · · ·	Checking Savir	ngs	1			
	► d									
Amount	22	Amount of line 20 you want applied to your 2020			22	>		1,620.		
Amount You Owe	23 24	Amount you owe. Subtract line 19 from line 16. I			1 1	23		1,020.		
		Estimated tax penalty (see instructions) you want to allow another person (other than your			ith the IDS2 See instruc	tions \square	<u> </u>			
Third Party Designee			,	discuss this return w		×	No	mplete below.		
(Other than paid preparer)		signee's me ▶	Phone no. ▶		Personal ide number (PIN					
Sign	Und	der penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than taxp	return and accomp		tatements, and to the best	,	ge and bel	ief, they are true,		
Here	Yo	ur signature	Date	Your occupation		If the IRS se	,	,		
Joint return?				MANAGEMENT	CONSULTANT	(see inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	se's occupation If t			the IRS sent your spouse an entity Protection PIN, enter it here		
your records.			REPORTING ANALYST (s			(see inst.)				
	Ph	one no.	Email address							
Paid	Pre	eparer's name Preparer's signa	ature		Date PT	IN	Check	if:		
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	03/14/2020 P			2082703	3rd Party Designee			
Use Only	Fir	m's name ▶ GLOBAL TAXES LLC		Phone no. (646)727-7157 Se			elf-employed			
————	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's				Firm's EIN	▶ 30-	-1017196			
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 03/08/20 PRO		For	m 1040 (2019)		

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. 01

virtual	currency?		🗌 Yes 🔀 No
Part	Additional Income		_
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
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	-6,750.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 4.		
		8	4.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-6,746.
Part	II Adjustments to Income		
10	Educator expenses	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. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or	_	
	1040-SR, line 8a	22	

SCHEDULE 2

(Form 1040 or 1040-SR)

Department of the Treasury

Internal Revenue Service

Additional Taxes

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment

Sequence No. 02

Name(s) shown on Form 1040 or 1040-SR Your social security number 757-02-5026 MANU & PALLAVI GARG Part I Tax Alternative minimum tax. Attach Form 6251 2 Excess advance premium tax credit repayment. Attach Form 8962 2 Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . 3 Part II **Other Taxes** 4 5 Unreported social security and Medicare tax from Form: **a** 4137 **b** 🗌 8919 . . . 5 6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 6 7a Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required 7b Taxes from: **a** X Form 8959 **b** X Form 8960 **c** Instructions; enter code(s) 8 223. 9 Section 965 net tax liability installment from Form 965-A Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, 10 223. 10

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

REV 03/08/20 PRO

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE D

(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99)

▶ 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.

Name(s) shown on return Your social security number 757-02-5026 MANU & PALLAVI GARG

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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) 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 Box A checked 46,313. 39,236. 215. 7,292. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7,292. 7

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.	(d) (e) Proceeds Cost		(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and 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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F 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 corporate	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•	-	-	14	(
15	Net long-term capital gain or (loss). Combine lines 8a the back	· ·	. ,	Part III on	15	

BAA

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	7,292.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18.		
	▼ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see		
	instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.		
	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 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

757-02-5026

MANU & PALLAVI GARG

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

instructions). For long-term transactions, see page 2.

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	(B) Short-term transactions(C) Short-term transactions			_	sis wasn't report	ed to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below See the separate instruc		See the separate instructions.	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robi	nhood Securities LLC	06/03/19	12/18/19	38,827.	32,804.	W	215.	6,238.
Robi	nhood Securities LLC	07/15/19	10/22/19	7,486.	6,432.			1,054.
ne Sc	tals. Add the amounts in column gative amounts). Enter each tot hedule D, line 1b (if Box A abovo ove is checked), or line 3 (if Box	al here and ince is checked), li	lude on your ne 2 (if Box B	46,313.	39,236.		215.	7,292.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

2019
Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number

MANU	& PALLAVI GARG						757	-02-50	26
Part	Income or Loss From Rental Real Estate and Ro	yalties	Not	e: If you	are in th	e business o	of renting	personal	property, use
	Schedule C (see instructions). If you are an individual, rep	oort farm	n rental	income	or loss t	rom Form 4	835 on pa	age 2, line	40.
A Dic	you make any payments in 2019 that would require you to	o file Fo	rm(s)	1099?	(see inst	ructions) .		П	Yes X No
	Yes," did you or will you file required Forms 1099?		. ,		•	,			
1a	Physical address of each property (street, city, state, ZII								_
Α	GANDHI NAGAR HYDERABAD TELANGANA IN 5								
В									
С									
1b	Type of Property 2 For each rental real estate pro	nerty lis	sted		Fair	Rental	Persoi	nal Use	0.11/
	(from list below) above, report the number of fa	air renta	land			ays	Da	ays	QJV
A	personal use days. Check the only if you meet the requirement	QJV bo	ile as [Α		365		0	
В	a qualified joint venture. See ir	nstructio	ons.	В					
С	 			С					
Туре	of Property:								
	gle Family Residence 3 Vacation/Short-Term Rental	5 Lan	d		7 Self-	Rental			
2 Mult	ti-Family Residence 4 Commercial	6 Roy	alties		8 Othe	r (describe	:)		
Incom	e: Properties:	Ī		Α			3		С
3	Rents received	3			600.				
4	Royalties received	4							
Expen									
5	Advertising	5			100.				
6	Auto and travel (see instructions)	6			350.				
7	Cleaning and maintenance	7			200.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11							
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		6	,500.				
14	Repairs	14			200.				
15	Supplies	15							
16	Taxes	16							
17	Utilities	17							
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		7	,350.				
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	,750.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (-6,	750.)	()()
23a	Total of all amounts reported on line 3 for all rental proper	erties			23a		600		
b	Total of all amounts reported on line 4 for all royalty prop	perties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e		7,350		
24	Income. Add positive amounts shown on line 21. Do no	t includ	de any	losses	s		. 2	4	
25	Losses. Add royalty losses from line 21 and rental real estate	e losses	from li	ne 22.	Enter tot	al losses he	re . 2	5 (6,750.
26	Total rental real estate and royalty income or (loss).	Combin	ne line	s 24 a	nd 25. E	nter the re	sult		
	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040 or 1040-SR), line 5, or Form								
	amount in the total on line 41 on page 2							6	-6,750.

	٠,		return. Do not enter	name a	and social security	number if sh	nown on o	other side.					ocial securi	-	
			LAVI GARG										-02-502	26	
											n on Schedule(s) K				
Pa	ırt II	sto	ck, or receive a lo	oan rep report	oayment from an a loss from an a	S corpora t-risk activ	tion, yo	u must che	ck the	box	If you report a loss, in column (e) on line ot at risk, you must	28 and	d attach the	e required basis	
27		passiv	e activity (if tha	t loss	was not repor	ted on Fo	orm 858	32), or unre	eimbu	rsec	sis limitations, a pr d partnership expe	enses?	If you an		
28			(a) Nan		. 0	(b) Enter	er P for	(c) Check foreign partnersh	c if		(d) Employer identification number	(e) basis c	Check if omputation equired	(f) Check if any amount is not at risk	
Α	PTF	P-BROOF	KFIELD RENEWA	ABLE	PARTNERS L.I					9	8-1015903				
В															
С															
D												L			
			Passive Inco	me a			-				npassive Income		1		
			ssive loss allowed orm 8582 if required	d)	(h) Passive from Schedu			onpassive los see Schedul e		ed	(j) Section 179 exp deduction from Form			passive income Schedule K-1	
Α				0.		0.	1								
В															
С															
D		T - 4 - 1 -											-		
29		Totals Totals		0.		0.									
30			umns (h) and (k		L 16 29a							30		0.	
31			umns (g), (i), and									31	(0.	
32			artnership and	•				mbine line	es 30 a	and	31	32	\	0.	
_	rt II		come or Loss									1		<u> </u>	
33	(a) Name								nployer on number						
Α															
В															
			Pass	ive In	come and Los	SS					Nonpassive In	ncome	and Los	s	
			ssive deduction or l tach Form 8582 if r			(-)	ssive inco chedule				Deduction or loss m Schedule K-1		(f) Other income from Schedule K-1		
Α															
В															
34		Totals Totals													
35	A	Add col	umns (d) and (f)	of lin	e 34a							35			
36			umns (c) and (e									36	(
37			state and trust						<u> </u>			37	L		
Рa	rt I\	/ Ind	come or Loss	Fro	m Real Estat					nau	its (REMICs) – I	Kesia	ual Hold	ier	
38		(a)	Name	(b) E	Employer identifica number	tion	Schedu	s inclusion fro les Q, line 20 nstructions)			axable income (net loss in Schedules Q, line 1b			me from s Q, line 3b	
00		O = 1= !	l / -l\	n al (-)	ank Fotonii			la alu-l- 1	4l= c +	. 4 - 1	an Dan 44 5 -1	00	-		
39				na (e)	only. Enter the	result ne	ere and	include in	tne to	otai (on line 41 below	39			
40	rt V	_	immary n rental income	or (lo	es) from Form	4835 Ala	0 000	nlete line	12 hal	O\^/		40			
40					,			•			or Form 1040-NR, line 18 ▶	41		-6,750.	
									10-0-011),	, iii i	, or rount to to tell, line to	71		0,750.	
42			liation of farm and fishing incor												
		_	165), box 14, coc												
			Schedule K-1 (F						42						
43			ation for real esta			•		*							
			uctions), enter the	-	•										
	1	1040, Fori	m 1040-SR, or For	n 1040	-NR from all renta	l real estate	activitie	s in which							
	У	ou mater	ially participated ur	nder the	e passive activity lo	oss rules			43						

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.

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

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. 71

Name(s) shown on return

MANU & PALLAVI GARG

757-02-5026

Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	264,802.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	264,802.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	14,802.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).	Enter	here and go to		
	Part II			7	133.
Part	Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section				
	A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or				
	1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0			40	
Dort	go to Part III	Cor	nnoncotion	13	
Part		Cor	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	4.4			
45	(see instructions)	14			
15	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er)	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin			10	
17	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 10	040-S	SR), line 8 (check		
	box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to P			18	133.
Part	V Withholding Reconciliation				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	3,839.		
20	Enter the amount from line 1	20	264,802.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	3,840.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include				
	federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-SR))40-N	IR, 1040-PR, or		
	1040-SS filers, see instructions)			24	0.

BAA

Form **8960**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2019
Attachment
Sequence No. 72

Internal Revenue Service (99)

Name(s) shown on your tax return

Your social security number or EIN

MANU	& PALLAVI GARG		/5/-	02-5	0026
Part	Investment Income ☐ Section 6013(g) election (see instructions)				
	☐ Section 6013(h) election (see instructions)				
	☐ Regulations section 1.1411-10(g) election (see in	structions)			
1	Taxable interest (see instructions)			1	1,078.
2	Ordinary dividends (see instructions)		-	2	737.
3	Annuities (see instructions)		-	3	737.
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see				
	instructions)	4a -6,	750.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b		[4c	-6,750.
5a	Net gain or loss from disposition of property (see instructions)	5a 7,	292.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	7,292.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	2,357.
Part		cations			·
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part	Tax Computation				
			0.17		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, of the second trusts, complete lines 189, 21, If your explose enter 0.			40	2 257
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			12	2,357.
40		140 050	E 0 E		
13	Modified adjusted gross income (see instructions)		,597.		
14	Threshold based on filing status (see instructions)		,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0		,597.		
16	Enter the smaller of line 12 or line 15			16	2,357.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				
	on your tax return (see instructions)			17	90.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under				
С	section 642(c) (see instructions)	18b	-		
J	If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
		19c			
C	Subtract line 19b from line 19a. If zero or less, enter -0			20	
20			-	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0 include on your tax return (see instructions)			21	

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

DUE DATE 04-15-20 FISCAL FILER ONLY 757-02-5026 GA 507-67-8650 DECLARATION OF EST TAX PAYMENT AMOUNT

GARG MANU PALLAVI \$ 280.00 \$ 70.00

GARG
APT 1812
1 FRANKLINTOWN BLVD
PHILADELPHIA
PA

19103

267-496-0883

DEPARTMENT USE ONLY

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

Q3TAMITZ3 0505 Q3TAMITZ3 0505 Q3TAMITZ3 0505 Q3TAMITZ3 0505

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

DUE DATE 06-15-20 FISCAL FILER ONLY 757-02-5026 GA 507-67-8650 DECLARATION OF EST TAX PAYMENT AMOUNT

GARG
MANU
PALLAVI \$ 280.00 \$ 70.00
GARG
APT 1812
1 FRANKLINTOWN BLVD

PHILADELPHIA
PA
DEPARTMENT USE ONLY
19103 267-496-0883

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

2002578666

Q3TAMITZ3 0505 Q3TAMITZ3 0505 Q3TAMITZ3 0505 Q3TAMITZ3 0505

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

DUE DATE 09-15-20 FISCAL FILER ONLY
757-02-5026 GA 507-67-8650

DECLARATION OF EST TAX PAYMENT AMOUNT
GARG

MANU
PALLAVI
GARG
APT 1812
L FRANKLINTOWN BLVD
PHILADELPHIA
PA
19103 267-496-0883

DEPARTMENT USE ONLY

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

70.00

2002278666

CETAMITZE OSOS GETAMITZE OSOS GETAMITZE OSOS CETAMITZE OSOS CETAMI

1555 REV 02/14/20 PRO

580.00

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

DUE DATE 01-15-21 FISCAL FILER ONLY
757-02-5026 GA 507-67-8650

DECLARATION OF EST TAX PAYMENT AMOUNT

GARG
MANU
PALLAVI \$ 280.00 \$ 70.00
GARG
APT 1812
1 FRANKLINTOWN BLVD

PHILADELPHIA
PA
DEPARTMENT USE ONLY
19103 267-496-0883

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

2002518666

COSC GATAMITZA OSOS GATAMITZA OSOS CATAMITZA OSOS C

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
L REVENUE PLACE
HARRISBURG, PA 17129-0001
NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),

DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2019 PA-40 V PA PAYMENT VOUCHER

1555 REV 02/14/20 PRO

757-02-5026 GA 507-67-8650 1900919190

PAYMENT AMOUNT

GARG
MANU
GARG
PALLAVI
APT 1812
1 FRANKLINTOWN BLVD
PHILADELPHIA
PA
19103

DEPARTMENT USE ONLY

267-496-0883

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

279.00

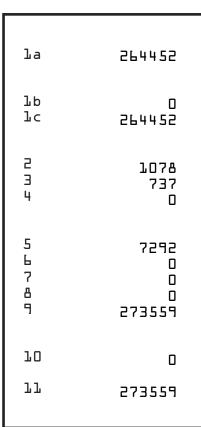
PA-40 - 2019

Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (07-19)

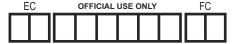
			N	Extension.	N	Amended Return.
757025026 50)767865O			Dagidanay Stat		
GARG			R	Residency Stat PA Resident/N		Part-Year Resident
GARG				from	omesidend	to
MANU	Occupation	n MANAGEMENT	J	Single, Marrie	d/Filing ${f J}$ o	intly,
				Married/Filing	Separately	, Final Return
PALLAVI	Occupation	n REPORTING				
			N	Deceased		
GARG				Taxpayer Date	of Death	
APT 1812			N	Taxpayer Date	of Death	
WILL HORE			l N	Spouse Date of	f Death	
¹ FRANKLINTOWN E	BLVD		'-			
			N	Farmers.		
PHILADELPHIA	PA	19103		School District	Name PF	IILADELPHIA
212 401 0002		F1 F00				
267-496-0883		51500				
				- 1		

- 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. **N** See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.









Social Security Number

757025026 Name(s) MANU & PALLAVI GARG

	PANA RUPA VENKATA SA 37277157	INAM IAZ AYT	031420	Firm FEIN	I	3	01017196
_	arer's Name and Telephone Number		Date	E-File Op	Out	N	
Your	Signature	Spouse's Signature, if fili	ing jointly				
_	ature(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best						
	Refund donation line. Enter the organ			uons.	36		
	Refund donation line. Enter the organ				35		
	Refund donation line. Enter the organ				34		
	Refund donation line. Enter the organ				33		
32	Refund donation line. Enter the organ	nization code and donation	amount See instruc	tions	32		
30 31	Refund – Amount of Line 29 you wa Credit – Amount of Line 29 you wan	nt as a check mailed to you		REFUND	31 [,] 30		0
	the difference here. The total of Lines 30 through 36 mi	ıst equal Line 29.					
28 29	TOTAL PAYMENT DUE. See the in OVERPAYMENT. If Line 24 is morths difference here.		Line 25 and Line 2	7, enter	28 29		279 0
20			k the box.	N	7.0		
27	Penalties and Interest. See the instruc		de:		27		
2526	USE TAX. Due on internet, mail order TAX DUE. If the total of Line 12 and			nce here.	25 26		0 279
24	TOTAL PAYMENTS and CREDIT				24		8119
22 23	Resident Credit. Submit your PA Sch Total Other Credits. Submit your PA		ı .		23 22		0
20 21	Tax Forgiveness Credit from Section				57		0
19b	Filing Status: 01 Unmarried or S Dependents, Section II, Line 2, PA So Total Eligibility Income from Section	chedule SP			19a 19b 20	00 00	
	Forgiveness Credit. Submit PA Sch Filing Status: 01 Unmarried or S		02 Degessed		10-		
18	Total Estimated Payments and Cree		•		78		0
16 17	2019 Extension Payment. Nonresident Tax Withheld from your	PA Schedule(s) NRK-1 (Nonresidents only)		16 17		0
15	2019 Estimated Installment Payments			N	15		
14	Credit from your 2018 PA Income Ta.	x return.			14		0
12 13	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instru				73 75		8398 8119

1555 REV 02/14/20 PRO

6467277157

Page 2 of 2



Preparer's PTIN

P02090332

PA SCHEDULE W-2S

Wage Statement Summary

PA-40 W-2S 09-19 (I) 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)	Social Security Number (shown first)					
MANU GARG	757-02-5026					
II di la	1.6					

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			
Т	36-3249852	174,318	180,992	180,638	5,546			
S	27-3143658	76,918	83,810	83,810	2,573			
T. (-1.0.								
lotal Sec	ction I - Add the Pennsylvania columns			264,448	8,119			

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 В T/S Payer FEIN Total federal amount Adjusted plan basis PA compensation PA tax withheld Type Т Η 38-4019216 4 4 Total Section II - Add the Pennsylvania columns

		Enter the TOTALS of	n your PA tax return on:	Line 1a	Line 13
Payment type:	A. Executor fee	B. Jury duty pay	C. Director's fee	D. Expert witne	
	E. Honorarium	F. Covenant not to compete	G. Damages or settlement f	or lost wages, othe	r than personal injury
	H. Other nonemployee	e compensation. Describe: ROE	SINHOOD SECURIT	IES LLC	

- I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
- J. Distribution from IRA (Traditional or Roth) L. Distribution from Charitable Gift Annuities

TOTAL - Add the totals from Sections I and II

- K. Distribution from Life Insurance, Annuity or Endowment Contracts
- M. Distribution from Employee Stock Ownership Plan

Describe:



PA SCHEDULE A

Interest Income

PA-40 A 05-19 (I) PA Department of Revenue

2019

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

MANU GARG

Social Security Number (shown first)

757-02-5026

CAUTION: Federal and PA rules for taxable interest income are different. Read the instructions.

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.) Spouse Joint Taxpayer \$ 874 1. Interest income reported on your federal return. See instructions. 1 \$ 2. Tax-exempt interest income included in Line 2a of your federal return. 2. 3. Other addition adjustments. See instructions. \$ Description: 3. \$ 874 4. Add Lines 1, 2 and 3. 4. \$ 5. Interest income from federal Schedule(s) K-1. See instructions. 5. 6. Interest income from direct obligations of the Commonwealth of Pennsylvania \$ and/or its municipalities. 6. \$ 0 7. Interest income from direct obligations of the U.S. government. 7. 8. Other reduction adjustments. See instructions. \$ 8. Description: \$ 0 9. Add Lines 5, 6, 7 and 8. 9. 874 10. Subtract Line 9 from Line 4. 10. 11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 11. 12. Distributions from Charitable Gift Annuities included in federal taxable income. 12. 13. Distributions from IRC Section 529 Qualified Tuition Programs for \$ non-educational purposes. 13. 14. Distributions from Health/Medical Savings Accounts included in federal 14. 15. Interest income from PAS corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 15. 874 16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40. 16.



PA SCHEDULE A

Interest Income

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

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

MANU GARG

Social Security Number (shown first)

757-02-5026

CAUTION: Federal and PA rules for taxable interest income are different. Read the instructions.

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.) Spouse **Joint** Taxpayer \$ 204 1. Interest income reported on your federal return. See instructions. 1 \$ 2. Tax-exempt interest income included in Line 2a of your federal return. 2. 3. Other addition adjustments. See instructions. \$ Description: 3. \$ 204 4. Add Lines 1, 2 and 3. 4. \$ 5. Interest income from federal Schedule(s) K-1. See instructions. 5. 6. Interest income from direct obligations of the Commonwealth of Pennsylvania \$ and/or its municipalities. 6. \$ 0 7. Interest income from direct obligations of the U.S. government. 7. 8. Other reduction adjustments. See instructions. \$ 8. Description: \$ 0 9. Add Lines 5, 6, 7 and 8. 9. 204 10. Subtract Line 9 from Line 4. 10. 11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 11. 12. Distributions from Charitable Gift Annuities included in federal taxable income. 12. 13. Distributions from IRC Section 529 Qualified Tuition Programs for \$ non-educational purposes. 13. 14. Distributions from Health/Medical Savings Accounts included in federal 14. 15. Interest income from PAS corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 15. 204 16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40. 16.



PA SCHEDULE B Dividend Income

PA-40 B 05-19 (I) PA Department of Revenue

2019

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

MANU GARG

Social Security Number (shown first)

757-02-5026

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer Spouse Joint		
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 489
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$ 119
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$
Other reduction adjustments. See instructions. Description:	4.	\$
5. Add the amounts on Lines 2, 3 and 4.	5.	\$ 119
6. Subtract Line 5 from Line 1.	6.	\$ 370
7. Total exempt-interest dividends. See instructions.	7.	\$
8. Other addition adjustments. See instructions. Description:	8.	\$
9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. b. Total payments of earnings and profits included in Line 9a received in prior years. 9b		
c. Payments of earnings and profits included in Line 9a received in current year.	9c.	\$
10. Capital Gains Distributions - See instructions.	10.	\$
11. Dividend income from PAS corporation(s) and partnerships, reported on your PASchedule(s) RK-1 or federal Schedule(s) K-1.	11.	\$ 119
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 489



PA SCHEDULE B Dividend Income

PA-40 B 05-19 (I) PA Department of Revenue

2019

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

MANU GARG

Social Security Number (shown first)

757-02-5026

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer Spouse Joint		
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 248
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$
Other reduction adjustments. See instructions. Description:	4.	\$
5. Add the amounts on Lines 2, 3 and 4.	5.	\$
6. Subtract Line 5 from Line 1.	6.	\$ 248
7. Total exempt-interest dividends. See instructions.	7.	\$
8. Other addition adjustments. See instructions. Description:	8.	\$
9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a.		
b. Total payments of earnings and profits included in Line 9a received in prior years.9b		
c. Payments of earnings and profits included in Line 9a received in current year.	9c.	\$
10. Capital Gains Distributions - See instructions.	10.	\$
11. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	11.	\$
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 248



PA SCHEDULE D

Sale, Exchange or Disposition of Property

PA-40 D 05-19 (I) PA Department of Revenue

2019

OFFICIAL USE ONLY

	If you need m	ore space, you n	nay photocopy.			
Name of the taxpayer filing this schedule MANU GARG				Number (shown first) -5026		
Taxpayer		Spouse	Joint C	\supset		
Important: A taxpayer and spouse must comple 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale o sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible property.	ete separate sched s and losses were on the schedule a f jointly owned pro instructions. Ente from Federal Sch	lules to report their realized on a joint from the taxpa perty that is not reer all sales, exchaedule D may not	nt basis, one schedu yer, spouse or joint. (ported on a joint PA S nges or other disposit be correct for PA inco	ule may be completed one spouse may not schedule D, each mutions of real or personates. Note that the contract of the contract	ed. Complete the oval to t use a loss to reduce the list show their share of the hal tangible and intangible	
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (lf a loss, fill in the oval).	
1.Robinhood Securities	06/03/19	12/18/19	38,827.	32,589.	6,238.	
					LOSS LOSS LOSS LOSS LOSS LOSS LOSS LOSS	
					LOSS	
Net gain (loss) from the sale of 6-1-71 property Net PA S corporation and partnership gain (loss	D-1	distribution justed basis D-71.		3. = 4. Loss 5. Loss 6.	6,238.	
Taxable gain from selling a principal residence. Com	iplete and submit PA (b)			-		
(a) Address of residence		ed: C) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)	
7. Taxable gain from the sale of your principal reside If you realized a gain/loss on the sale of the nonre	esidential portion of y	our principal resider	nce, enter the information	n on Line 1 7.		
8. Taxable distributions from partnerships from RE	EV-999			8.		
9. Taxable distributions from PA S corporations from	om REV-998			9.		
10. Taxable gain from exchange of insurance contra						
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 oval) Loss 11. 6, 23					6,238.	



PA SCHEDULE D

Sale, Exchange or Disposition of Property

PA-40 D 05-19 (I) PA Department of Revenue

2019

OFFICIAL USE ONLY

	If you i	need mor	e space, you m	iay photocopy.				
ame of the taxpayer filing this schedule Social Security ALLAVI GARG 757-02-								
Taxpayer			Spouse (Joint C				
Important: A taxpayer and spouse must complete 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale or sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible property.	ete separat s and losse on the sch f jointly ow instructio from Fede	e schedules were redule are ned properns. Enter	les to report thei ealized on a joi e from the taxparerty that is not re all sales, exchalule D may not	r gains or losses or if nt basis, one schedu yer, spouse or joint. (ported on a joint PA S nges or other disposit be correct for PA inco	any amounts are regule may be completed. One spouse may no schedule D, each muions of real or person ome tax purposes.	ed. Comp t use a los ist show th nal tangibl	lete the oval to ss to reduce the neir share of the e and intangible	
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	Date acc Month/da	quired:	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(d	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).	
1.Robinhood Securities	07/15	5/191	0/22/19	7,486.	6,432.	LOSS	1,054.	
HODIIIIOOG BEGGITETED	0 / / ± 5	,, 1, 1	0/22/17	7 7 100.	0,132.	LOSS	1,031.	
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
						LOSS		
2. Net gain (loss) from above sales					LOSS 2.		1,054.	
Gain from installment sales from PA Schedule I								
4. Taxable distributions from C corporations								
					= 4.			
		-						
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71								
Taxable gain from selling a principal residence. Com						l I gain on Lir	ne 7.	
(a)	·	(b)	(c)	(d)	(e)	Ī	(f)	
Address of		ate acquired	: Date sold:	Gross sales price	Cost or adjusted basis of		ain or loss:	
residence	IVI	onth/day/yea	m Month/day/year	less expenses of sale	the property sold	(0	d) minus (e)	
7. Taxable gain from the sale of your principal reside								
If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1								
Taxable distributions from PA S corporations from PA S corporat								
10. Taxable gain from exchange of insurance contracts								
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 oval) Loss 11.						1,054.		
	, agii 10. Lii	CI OII LIIIC	o or your i A-40.	, i a not 1000, iiii iii tile t	714		т,оэт.	



PA SCHEDULE E Rents and Royalty Income (Loss)

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

2019

OFFICIAL USE ONLY Name of the taxpayer filing this schedule Social Security Number (shown first) or EIN MANU GARG 757-02-5026 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. **Description of Property** For Profit Property Complete Address (street, city, state and ZIP code) Type YES GANDHI NAGAR Α 3 PLOT NO-65 NO 500046 HYDERABAD, TELANGANA, India YES В NO YES С NO 1. Single family residence 3 Vacation/short-term rental 5 Land 7 Self-rental Property type: 2. Multi-family residence 4. Commercial 6. Royalties 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) **T** S S т S J Line b: Is the property rental location in PA? YES NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES NO 600 Income: 2. Royalties received 100 Expenses: 3. Advertising 350 200 5. Cleaning and maintenance 6. Commissions ... 8. Legal and professional fees 9. Management fees 6,500 200 12. Repairs 7,350 Loss: 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 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) 21. 0 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) 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your(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) 24. 0





TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

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

You are entitled to receive a written explanation of		t, арреаі, ептогсегнегі	т, гетипа апа сопесноп оп в		x Year 19	
*If you have relocated during the tax year, please supply addition			OTY OF FORT OFF			_
DATES LIVING AT EACH ADDRESS STREET TO	FADDRESS (No PO Box, RD or	RR)	CITY OR POST OFFI	CE	STATE	ZIP
						+
ТО			**If you r	need additiona	al space - plea	ase see back of form.
LAST NAME, FIRST NAME, MIDDLE INITIAL		SPOUSE'S LAST N	NAME, FIRST NAME, MID	DLE INITIAL		
GARG, MANU		GARG, PALL	AVI			
STREET ADDRESS (No PO Box, RD or RR) 1 FRANKLINTOWN BLVD , APT 1812						
SECOND LINE OF ADDRESS						
CITY PHILADELPHIA		STATE PA	ZIP CODE			
DAYTIME PHONE NUMBER	RESIDENT PSD CODE	Т		19103		
	P H I L A D	EXTENSIC		RETURN .	NON-R	RESIDENT
The calculations reported in the first column MUST pe	ertain to the name printed	Socia	al Security #	Spo	ouse's Socia	al Security #
in the column, regardless of whether the husband	d or wife appears first.	7 5 7 0		5 0	7 6 7	8 6 5 0
Combining income is NOT perm	nitted.	If you had NO check th	EARNED INCOME, ne reason why:	If you	had NO EA	RNED INCOME, eason why:
ONLY USE BLACK OR BLUE INK TO COM	VIPLETE THIS FORM	disabled	student	disat	bled	student
		deceased homemaker	military retired		eased emaker	military retired
Single X Married, Filing Jointly Married, Filing	Separately Final Return*	unemployed			nployed	100.00
1. Gross Compensation as Reported on W-2(s). (Er	nclose W-2s)		182062 .00			86218.00
2. Unreimbursed Employee Business Expenses. (E	nclose PA Schedule UE)		0 .00			0.00
3. Other Taxable Earned Income *			0 .00			0.00
4. Total Taxable Earned Income (Subtract Line 2 from	m Line 1 and add Line 3)		182062 .00			86218.00
Net Profit (Enclose PA Schedules*)			0 .00			0 .00
6. Net Loss (Enclose PA Schedules*)			0.00			0.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5.	If less than zero, enter zero)		0.00			
8. Total Taxable Earned Income and Net Profit (Add I	Lines 4 and 7)		86218.00			
9. Total Tax Liability (Line 8 multiplied by 3.88	309)		3346.00			
10. Total Local Earned Income Tax Withheld (May no	t equal W-2 - See Instructions)		3342.00			
11.Quarterly Estimated Payments/Credit From Previ	ious Tax Year		0.00			0 .00
12. Out-of-State or Philadelphia Credits (include supp	orting documentation)		0.00			0.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10	0 through 12)		7056 .00			3342.00
14. Refund IF MORE THAN \$1.00, enter amount (c	or select option in 15)		0.00			0.00
15. Credit Taxpayer/Spouse (Amount of Line 13 you wa	nt as a credit to your account)		0 .00			0.00
16. EARNED INCOME TAX BALANCE DUE (Line 9	minus Line 13)		10 .00	T		4 .00
17. Penalty after April 15* (multiply Line 16 by)		0.00			0.00
18. Interest after April 15* (multiply Line 16 by		0.00			0.00	
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)		10 .00			4 .00	
*See Instructions REV 02/14/20 PRO						
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.						
YOUR SIGNATURE	SPOUSE'S	SIGNATURE (If Filin	g Jointly)		DATE (I	MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE APPANA RUPA VENKATA SATYA SAI 1			PHONE NUI	 MBER 27-7157	,	



Pennsylvania e-file Signature Authorization

2019

PA-8879 (EX) 09-19

Declaration	Control	Num	ber/Sul	omission	ID

Primary Taxpayer's Name	Social Security Number
MANU GARG	757-02-5026
Secondary Taxpayer's Name	Social Security Number
PALLAVI GARG	507-67-8650
TAX RETURN INFORMATION – TAX	YEAR ENDING DEC. 31, 2019 (whole dollars only)
1. Adjusted PA Taxable Income (Form PA-40, Line 11) .	
2. PA Tax Liability (Form PA-40, Line 12)	
3. Total PA Tax Withheld (Form PA-40, Line 13)	3. 8,119
4. Refund (Form PA-40, Line 30)	4
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5. <u>279</u>
SECTION II DECLARATION AND SIGNATURE A	UTHORIZATION OF TAXPAYER
statements of my 2019 PA Tax Return (Form PA-40), and to the best of my computer system and software to prepare and transmit my return electron system and software and to the transmission of my tax return electronically above are the amounts shown on the copy of my electronic income tax refinancial agents to initiate an electronic funds withdrawal (direct debit) entrinancial institution to debit the entry to my account and the financial institution formation necessary to answer inquiries and resolve issues account within the United States or one of its territories. I have selected a return and, if applicable, my electronic funds withdrawal consent.	ny electronic individual income tax return and accompanying schedules and by knowledge and belief, it is true, correct and complete. In addition, by using a nically, I consent to the disclosure of all information pertaining to my use of the 7 to the PA Department of Revenue. I further declare that the amounts in Section sturn. If applicable, I authorize the PA Department of Revenue and its designated by to my designated account for Pennsylvania taxes owed. I also authorize my tutions involved in the processing of my electronic payment of taxes to receive a related to payment. I certify the funds for this withdraw are originating from an appersonal identification number as my signature for my electronic income tax
Primary Taxpayer's Personal Identification Number (PI	, ,
	to enter my PIN as my signature on my tax
year 2019 electronically filed income tax return.	potropically filed in come toy return
I will enter my PIN as my signature on my tax year 2019 ele	scholically liled income tax return.
Signature	Date
Secondary Taxpayer's PIN: (mark one oval only)	
Signature	Date
Practitioner PIN Program Par	ticipants Only – Continue Below
SECTION III CERTIFICATION AND AUTHENTICATION	TION
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	ve-digit self-selected PIN 587278 / 61989
As a participant in the Practitioner PIN Program, I certify the ab	pove numeric entry is my PIN, which is my signature on the tax year indicated above. I confirm I am participating in the Practitioner PIN
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