

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

703667885

MEDARA

RAKESH

Occupation ELECTRICAL

Occupation

9880 JOHNNYCAKE RIDGE RD

MENTOR

OH 44060

313-420-8926

01110

N Extension. N Amended Return.

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

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name BERMUDIAN SPR

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (56475), 1b (0), 1c (56475), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (56475), 10 (0), 11 (56475).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2019

Social Security Number

703667885

Name(s) RAKESH MEDARA

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

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2018 PA Income Tax return.

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

16 2019 Extension Payment.

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

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

Tax Forgiveness Credit. Submit PA Schedule SP.

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

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

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

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

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

23 Total Other Credits. Submit your PA Schedule OC.

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

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

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

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

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

28 TOTAL PAYMENT DUE. See the instructions.

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

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

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

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

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

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

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

12		1734
13		1687
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1687
25		0
26		47
27		0
28		47
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number GLOBAL TAXES LLC 6789659522	Date

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN



PA SCHEDULE W-2S
Wage Statement Summary

1901910024

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)
RAKESH MEDARA

Social Security Number (shown first)
703-66-7885

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

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

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

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

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

Section I - Federal Forms W-2		SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2			
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	22-2995894	1,539		1,539	0
T	46-3009207	54,936		54,936	1,687
Total Section I - Add the Pennsylvania columns				56,475	1,687

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

TOTAL - Add the totals from Sections I and II	56,475	1,687
Enter the TOTALS on your PA tax return on:		
	Line 1a	Line 13

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



1555
REV 07/17/20 PRO

1901910024

Declaration Control Number/Submission ID

Primary Taxpayer's Name RAKESH MEDARA	Social Security Number 703-66-7885
Secondary Taxpayer's Name	Social Security Number

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

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	56,475
2. PA Tax Liability (Form PA-40, Line 12)	2.	1,734
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	1,687
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	47

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

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

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

- I authorize GLOBAL TAXES LLC to enter my PIN 67885 as my signature on my tax year 2019 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (mark one oval only)

- I authorize _____ to enter my PIN _____ as my signature on my tax year 2019 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 /

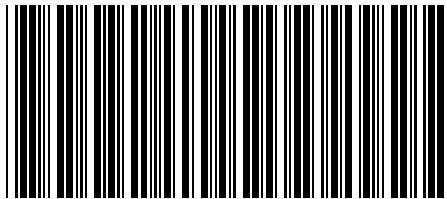
As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

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

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

NJ-1040NR
2019



040NV01190

New Jersey Nonresident
Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2019 - December 31, 2019 or Other Tax Year
Beginning _____, 2019 Ending _____, 2020
Check box [] if application for federal extension is attached
or enter confirmation number _____

1555

Your Social Security Number
703-66-7885

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Pennsylvania

Driver's License # (Voluntary)
33501754

State
PA

Joint filers enter first name and initial of each. Enter spouse/CU partner last name only if different.

Last Name, First Name, and Initial

MEDARA RAKESH

Home Address (Number and Street, incl. apt. # or rural route)

9880 JOHNNYCAKE RIDGE RD

City, Town, Post Office

MENTOR

State

OH

ZIP Code

44060

Change of address

Foreign address

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

FILING STATUS (Check only one box)

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
- _____
Name and SSN of Spouse/CU Partner
- 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS

- 6. Regular Domestic Partner 6. 1
- 7. Age 65 or Over 7.
- 8. Blind or Disabled 8.
- 9. Veteran Exemption 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a - Add lines 6, 7, 8, and 12. For line 13b - Add lines 10 and 11. For line 13c - Enter amount from line 9. 13a. 1 13b. 13c.

14. Dependent Information

Last Name, First Name, Middle Initial

Social Security Number

Birth Year

- A.
- B.
- C.
- D.

GUBERNATORIAL
ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "yes" box(es), it will not increase your tax or reduce your refund.

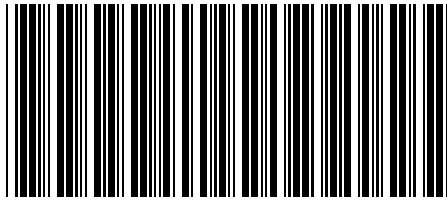
Yes No
Yes No

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 64 through 70	15.	56475	15.	0
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 63)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents (Schedule NJ-BUS-1, Part II, line 4)	20.	.	20.	.
21. Net gambling winnings (See instructions)	21.	.	21.	.
22. Pensions, Annuities, and IRA Withdrawals	22.	.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		.
26. Other - State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	56475	27.	0
28a. Pension Exclusion (See Instructions)	28a.	.		.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c.	.





040NV02190

MEDARA RAKESH

703667885

29. Gross Income (Subtract line 28c from line 27)	29.	56475	.	29.	0	.
30. Gross Income (From line 29)	30.	56475	.	30.	0	.
31. Total Exemption Amount (See Instructions)	31.	1000	.			
32. Medical Expenses (See Worksheet and Instructions)	32.	.	.			
33. Alimony and separate maintenance payments	33.	.	.			
34. Qualified Conservation Contribution	34.	.	.			
35. Health Enterprise Zone Deduction	35.	.	.			
36. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	36.	.	.			
37. Total Exemptions and Deductions (Add lines 31 through 36)	37.	1000	.			
38. TAXABLE INCOME (Subtract line 37 from line 30, column A)	38.	55475	.			
39. Tax on amount on line 38 (From Tax Table page 34)	39.	1572	.			
40. Income Percentage B. (line 30) / A. (line 30) =		0.00				
41. NEW JERSEY TAX (Multiply amount from line 39 <u>1572</u> x <u>0.00</u> % from line 40)	41.				0	.
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.			
43. Balance of Tax (Subtract line 42 from line 41)	43.		.		0	.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.			
45. Balance of Tax After Credits (Subtract line 44 from line 43)	45.		.		0	.
46. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed.	46.		.			
47. Total Tax and Penalty (Add line 45 and line 46)	47.		.		0	.
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48.	31	.			
49. New Jersey Estimated Tax Payments/Credit from 2018 return	49.	.	.			
50. Tax paid on your behalf by Partnership(s)	50.	.	.			
51. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	51.	.	.			
52. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	52.	.	.			
53. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	53.	.	.			
54. Total Payments/Credits (Add lines 48 through 53)	54.		.		31	.
55. If line 54 is LESS THAN line 47, enter AMOUNT YOU OWE	55.		.			
56. If line 54 is MORE THAN line 47, enter OVERPAYMENT	56.		.		31	.
57. Deductions from Overpayment on line 56 that you elect to credit to:						
(A) Your 2020 Tax	57A.	.	.			
(B) N.J. Endangered Wildlife Fund	57B.	.	.			
(C) N.J. Children's Trust Fund	57C.	.	.			
(D) N.J. Vietnam Veterans' Memorial Fund	57D.	.	.			
(E) N.J. Breast Cancer Research Fund	57E.	.	.			
(F) U.S.S. N.J. Educational Museum Fund	57F.	.	.			
(G) Designated Contribution CODE	57G.	.	.			
58. Total Deductions From Overpayment (Add lines 57A through 57G)	58.		.			
59. REFUND (Amount to be sent to you. Subtract line 58 from line 56)	59.		.		31	.

Also enter on line 49:
- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

NOTE:
AN ENTRY ON LINE 57A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____ Date
Your Signature

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number
GLOBAL TAXES LLC 30-1017196

Pay amount on line 55 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR
 MEDARA RAKESH

Your Social Security Number
 703-66-7885

PART I		NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)		
60.							

61. Capital Gains Distribution	61		
62. Other Net Gains.....	62		
63. Net Gains (Add Lines 60, 61, and 62) (Enter here and on Line 19) (If Loss, enter ZERO).....	63		

PART II		ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
64. Amount reported on Line 15 in Column A required to be allocated	64			
65. Total days in taxable year	65			
66. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	66			
67. Total days worked in taxable year (subtract Line 66 from 65)	67			
68. Deduct days worked outside New Jersey.....	68			
69. Days worked in New Jersey (subtract Line 68 from Line 67)	69			
70. ALLOCATION FORMULA _____ x _____ = _____ (Include this amount on Line 15, Col. B)				
_____ x _____ = _____ (Enter amount from Line 64) (Salary earned inside N.J.)				

PART III		ALLOCATION OF BUSINESS INCOME TO NEW JERSEY		(See instructions if other than Formula Basis of allocation is used.)
BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)				
Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.				
From Line No. _____	\$ _____	x _____	% = \$ _____	
From Line No. _____	\$ _____	x _____	% = \$ _____	
From Line No. _____	\$ _____	x _____	% = \$ _____	