

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

Your first name and middle initial: ANILKUMAR REDDY
Last name: MEKA
Your social security number: 182-63-0313
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
252 STONEHEDGE LANE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
MECHANICSBURG
State: PA
ZIP code: 17055
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

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

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 54,181.

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

|    |   |     |         |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16  | 7,709.  |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 7,709.  |
| 19 | Child tax credit or credit for other dependents   | 19  |         |
| 20 | Amount from Schedule 3, line 7  | 20  |         |
| 21 | Add lines 19 and 20   | 21  |         |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-   | 22  | 7,709.  |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 7,709.  |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 11,401. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 11,401. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 27  |         |
| 28 | Additional child tax credit. Attach Schedule 8812   | 28  |         |
| 29 | American opportunity credit from Form 8863, line 8  | 29  |         |
| 30 | Recovery rebate credit. See instructions  | 30  |         |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 11,401. |

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

Refund

|     |   |     |        |
|-----|---|-----|--------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 3,692. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,692. |
| b   | Routing number 1 2 1 0 0 0 3 5 8  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 3 2 5 0 5 9 2 0 9 0 9 0  |     |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

For details on how to pay, see instructions.

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |  |    |  |
| 38   | Estimated tax penalty (see instructions)                             | 38 |  |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Joint return? See instructions. Keep a copy for your records.

Phone no. (609) 635-1292 Email address ANILKUMARREDDY4560@GMAIL.COM

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>09/09/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 30-1017196  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ANILKUMAR REDDY MEKA

Your social security number  
182-63-0313

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -6,000. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -6,000. |

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ANILKUMAR REDDY MEKA

182-63-0313

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

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | SRI NAGAR HYDERABAD TELANGANA IN 500045                           |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | <b>A</b> 365            | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>                |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>                |                          | <input type="checkbox"/> |

**Type of Property:**

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

| <b>Income:</b>   |   | <b>Properties:</b> |   | <b>A</b> | <b>B</b> | <b>C</b> |
|------------------|---|--------------------|---|----------|----------|----------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>           |   | 650.     |          |          |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>           |   |          |          |          |
| <b>Expenses:</b> |   |                    |   |          |          |          |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>           |   | 150.     |          |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>           |   | 300.     |          |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>           |   |          |          |          |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>           |   |          |          |          |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>           |   |          |          |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>          |   |          |          |          |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>          |   |          |          |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |   |          |          |          |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>          |   | 6,000.   |          |          |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>          |   | 200.     |          |          |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>          |   |          |          |          |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>          |   |          |          |          |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>          |   |          |          |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>          |   |          |          |          |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>          |   |          |          |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          |   | 6,650.   |          |          |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>          |   | -6,000.  |          |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          | ( | -6,000.) | (        | )        |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>         |   | 650.     |          |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>         |   |          |          |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>         |   |          |          |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>         |   |          |          |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>         |   | 6,650.   |          |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |   |          |          |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( | 6,000.)  |          |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>          |   | -6,000.  |          |          |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

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

182630313

MEKA

ANILKUMAR REDDY Occupation SOFTWARE E

Occupation

252 STONEHEDGE LANE

MECHANICSBURG PA 17055

609-635-1292 01375

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 GETTYSBURG AR

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

1a 72581

1b 0

1c 72581

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 72581

10 0

11 72581



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

PA-40 - 2020

Social Security Number

182630313

Name(s) ANILKUMAR REDDY MEKA

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 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 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 2021 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  |    | 2228 |
| 13  |    | 2229 |
| 14  |    | 0    |
| 15  |    | 0    |
| 16  |    | 0    |
| 17  |    | 0    |
| 18  |    | 0    |
| 19a | 00 |      |
| 19b | 00 |      |
| 20  |    | 0    |
| 21  |    | 0    |
| 22  |    | 0    |
| 23  |    | 0    |
| 24  |    | 2229 |
| 25  |    | 0    |
| 26  |    | 0    |
| 27  |    | 0    |
| 28  |    | 0    |
| 29  |    | 1    |
| 30  |    | 1    |
| 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<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM<br>6789659522 | Date<br>090921                        |

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703



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

2001410022

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

**2020**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule  
**ANILKUMAR REDDY MEKA**

Social Security Number (shown first) or EIN  
**182-63-0313**

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

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

**SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| Type | Description of Property | For Profit Property  | Complete Address (street, city, state and ZIP code) |
|------|-------------------------|--|---|
| A    | 3 PLOT NO-5             | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | SRI NAGAR<br>HYDERABAD, TELANGANA, 500045, India    |
| B    |                         | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |   |
| C    |                         | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |   |

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

**SECTION II INCOME & EXPENSES**

|   | Property A  | Property B   | Property C   |
|---|---|--|--|
| <b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)  | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| <b>Line b:</b> Is the property rental location in PA?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| <b>Line c:</b> Is the property rented for any period less than 30 days?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         | <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| <b>Income:</b> 1. Rent received   | 650   |  |  |
| 2. Royalties received   |   |  |  |
| <b>Expenses:</b> 3. Advertising   | 150   |  |  |
| 4. Automobile and travel  | 300   |  |  |
| 5. Cleaning and maintenance   |   |  |  |
| 6. Commissions  |   |  |  |
| 7. Insurance  |   |  |  |
| 8. Legal and professional fees  |   |  |  |
| 9. Management fees  |   |  |  |
| 10. Mortgage interest   |   |  |  |
| 11. Other interest  | 6,000   |  |  |
| 12. Repairs   | 200   |  |  |
| 13. Supplies  |   |  |  |
| 14. Taxes - not based on net income   |   |  |  |
| 15. Utilities   |   |  |  |
| 16. Depreciation expense - See the instructions   |   |  |  |
| 17. Other expenses (itemize):   |   |  |  |
| 18. Total Expenses - Add Lines 3 through 17   | 6,650   |  |  |
| <b>Income or Loss:</b> 19. Income – Subtract Line 18 from Line 1 or 2.  |   |  |  |
| 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)   | <input type="checkbox"/> 0 <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 21. <b>Net Income or Loss</b> - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)   |   |  |  |
| 22. <b>Net Income or Loss</b> - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)   |   |  | 0  |
| 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)   |   |  |  |
| 24. <b>Net Rent and Royalty Income (Loss).</b> Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) |   |  | 0  |

REV 04/06/21 PRO

1555



2001410022

2001410022



# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

## MECHANICSBURG

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

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

Tax Year 20

| DATES LIVING AT EACH ADDRESS | STREET ADDRESS (No PO Box, RD or RR) | CITY OR POST OFFICE | STATE | ZIP |
|------------------------------|--------------------------------------|---------------------|-------|-----|
| TO                           |                                      |                     |       |     |
| TO                           |                                      |                     |       |     |

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

|   |  |  |                          |
|---|--|--|--------------------------|
| LAST NAME, FIRST NAME, MIDDLE INITIAL<br><b>MEKA, ANILKUMAR REDDY</b> |  | SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL   |                          |
| STREET ADDRESS (No PO Box, RD or RR)<br><b>252 STONEHEDGE LANE</b>    |  |  |                          |
| SECOND LINE OF ADDRESS  |  |  |                          |
| CITY<br><b>MECHANICSBURG</b>  |  | STATE<br><b>PA</b>   | ZIP CODE<br><b>17055</b> |
| DAYTIME PHONE NUMBER  | RESIDENT PSD CODE<br><span style="border: 1px solid black; padding: 2px;">2 1 0 6 0 3</span> | EXTENSION <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> |                          |

|   |  |   |
|---|--|---|
| <p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first.<br/><b>Combining income is NOT permitted.</b></p> <p style="text-align: center;"><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p> | <p style="text-align: center;">Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">1 8 2 6 3 0 3 1 3</span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student<br/> <input type="checkbox"/> deceased <input type="checkbox"/> military<br/> <input type="checkbox"/> homemaker <input type="checkbox"/> retired<br/> <input type="checkbox"/> unemployed</p> | <p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;"> </span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student<br/> <input type="checkbox"/> deceased <input type="checkbox"/> military<br/> <input type="checkbox"/> homemaker <input type="checkbox"/> retired<br/> <input type="checkbox"/> unemployed</p> |
|---|--|---|

|  |                  |              |
|--|------------------|--------------|
| 1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) . . . . .  | 67581 .00        | 0 .00        |
| 2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .   | 0 .00            | 0 .00        |
| 3. Other Taxable Earned Income * . . . . .   | 0 .00            | 0 .00        |
| <b>4. Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) . . . . .   | <b>67581 .00</b> | <b>0 .00</b> |
| 5. Net Profit (Enclose PA Schedules*) . . . . .<br>NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>  | 0 .00            | 0 .00        |
| 6. Net Loss (Enclose PA Schedules*) . . . . .  | 0 .00            | 0 .00        |
| 7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . . . .   | 0 .00            | 0 .00        |
| 8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .  | 67581 .00        | 0 .00        |
| 9. <b>Total Tax Liability</b> (Line 8 multiplied by 1.6400) . . . . .  | 1108 .00         | 0 .00        |
| 10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)  | 1111 .00         | 0 .00        |
| 11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .   | 0 .00            | 0 .00        |
| 12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .  | 0 .00            | 0 .00        |
| 13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) . . . . .  | 1111 .00         | 0 .00        |
| 14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .   | 3 .00            | 0 .00        |
| 15. <b>Credit Taxpayer/Spouse</b> (Amount of Line 13 you want as a credit to your account) . . . . .<br><input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse | 0 .00            | 0 .00        |
| 16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) . . . . .  | 0 .00            | 0 .00        |
| 17. <b>Penalty after April 15*</b> (multiply Line 16 by ) . . . . .  | 0 .00            | 0 .00        |
| 18. <b>Interest after April 15*</b> (multiply Line 16 by ) . . . . .   | 0 .00            | 0 .00        |
| <b>19. TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) . . . . .  | <b>0 .00</b>     | <b>0 .00</b> |

\*See Instructions REV 04/06/21 PRO

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

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



Declaration Control Number/Submission ID

|   |                                       |
|---|---------------------------------------|
| Primary Taxpayer's Name<br>ANILKUMAR REDDY MEKA | Social Security Number<br>182-63-0313 |
| Secondary Taxpayer's Name                       | Social Security Number                |

**SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)**

|   |    |        |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 72,581 |
| 2. PA Tax Liability (Form PA-40, Line 12)           | 2. | 2,228  |
| 3. Total PA Tax Withheld (Form PA-40, Line 13)      | 3. | 2,229  |
| 4. Refund (Form PA-40, Line 30)                     | 4. | 1      |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28)    | 5. |        |

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

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

- I authorize GLOBAL TAXES LLC to enter my PIN 30313 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

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

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

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

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

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

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 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**

Name  
ANILKUMAR REDDY MEKA

Social Security Number  
182-63-0313

**Federal Forms W-2**

| # of W2 | * N T / T X B L | TS | N R H | Employer Name<br><br>Employer identification number from box B | Federal wages from box 1<br><br>Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1       |                 | T  |       | EFICENS SYSTEMS LLC<br>84-3443670                              | 18,750.<br>18,750.  | 18,750.<br>576.   | PA    |
| 2       |                 | T  |       | Deloitte & Touche LLP<br>13-3891517                            | 53,831.<br>53,831.  | 53,831.<br>1,653.   | PA    |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |

|   | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 . . . . .                            | 72,581.  | 0.     |
| Pennsylvania W-2 to Schedule NRH, line 9 . . . . .    |          |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . .  |          |        |
| Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . . |          |        |
| Withholding . . . . .                                 | 2,229.   |        |

**Federal Forms W-2: Local Tax**

| # of W2 | * N T / T X B L | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
| 1       |                 | T  | 84-3443670                                | 210603,UPPE   | 18,750.                                     | 272.                                 | PA    |
| 2       |                 | T  | 13-3891517                                | 210603-21     | 48,831.                                     | 839.                                 | PA    |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 . . . . .                     | 67,581.  |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . . |          |        |
| Withholding . . . . .                                | 1,111.   |        |

**Excess Reimbursements**

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |

|                                 | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements . . . . . |          |        |

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

| *                        | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. | _____    | _____  |
| Withholding . . . . .  | _____    | _____  |

**Compensation from Federal Forms 1099R**

| *                        | Payer's EIN<br>Payer's Name | T<br>S | Fed<br># | PA<br>Type | Gross<br>Distribution | Basis | PA Taxable | PA Tax<br>Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |   |   |
|---|---|
| <b>N</b> No entry   | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan                                       | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension  | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension   | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                   | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan  | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover   | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)   | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|   | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . . | _____    | _____  |
| Distribution from Charitable Gift Annuities . . . . .  | _____    | _____  |
| Compensation from Form 1099R (eligible retirement plans) . . . . .   | _____    | _____  |
| Withholding . . . . .  | _____    | _____  |

**Total Gross Compensation**

|   | Taxpayer | Spouse |
|---|----------|--------|
| Total gross compensation to Form PA-40 line 1a . . . . .          | 72,581.  | 0.     |
| Total Schedule NRH gross compensation to PA-40, line 12 . . . . . | _____    | _____  |
| Withholding to Form PA-40 line 13 . . . . .                       | 2,229.   | _____  |

Total gross compensation to Form PA-40 line 1a . . . . . 72,581.

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