



Amended Return? Check the box. State Use Only NIGA

For calendar year 2021 or fiscal year beginning , ending

Please Print or Type Your first name and initial NILAY Your last name NIGAM Your Social Security number (SSN) 777-43-4412 Deceased in 2021 Spouse's first name and initial Spouse's last name Spouse's Social Security number (SSN) Deceased in 2021 Current mailing address 7472 W SAXTON DRIVE APT E207 City GARDEN CITY State ID ZIP code 83714 Forms and instructions available at tax.idaho.gov

Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above. 1. [X] Single 2. [] Married filing jointly 3. [] Married filing separately 4. [] Head of household 5. [] Qualifying widow(er) with qualifying dependents

Household. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply. 6a. Yourself 1 6b. Spouse 6c. Dependents 6d. Total household 1

List your dependents below. If you have more than four dependents, continue on Form 39R. Enter total number on line 6c. Table with columns: Dependent's first name, Dependent's last name, Dependent's SSN, Dependent's birthdate (mm/dd/yyyy)

Income. See instructions, page 7. Table with 3 columns: Line number, Description, Amount. 7. Enter your federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. 8. Additions from Form 39R, Part A, line 7. 9. Total. Add lines 7 and 8. 10. Subtractions from Form 39R, Part B, line 24. 11. Total Adjusted Income. Subtract line 10 from line 9.

Tax Computation. See instructions, page 8. Table with 3 columns: Line number, Description, Amount. 12. Check [] a. If age 65 or older [] Yourself [] Spouse [] b. If blind [] Yourself [] Spouse [] c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43 [] 13. Itemized deductions. 14. State and local income or general sales taxes included on federal Schedule A. 15. Subtract line 14 from line 13. 16. Standard deduction. 17. Subtract the larger of line 15 or 16 from line 11. 18. Qualified business income deduction. 19. Idaho taxable income. 20. Tax from tables or rate schedule.

Don't Staple

REV 04/02/22 PRO Continue to page 2. MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.



21. Tax amount from line 20 21 3464 00

Credits. Limits apply. See instructions, page 9.

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns 22 00
 23. Total credits from Form 39R, Part D, line 4. Include Form 39R 23 00
 24. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 00
 25. Idaho Child Tax Credit. Computed amount from worksheet on page 10 25 0 00
 26. **Total Credits.** Add lines 22 through 25 26 0 00
 27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero 27 3464 00

Other Taxes. See instructions, page 10.

28. Fuels use tax due. Include Form 75 28 00
 29. **Sales/use tax due on untaxed purchases (online, mail order, and other)** 29 00
 30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 30 00
 31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER 31 00
 32. Permanent building fund tax.
 Check the box if you received Idaho public assistance payments for 2021 32 10 00
 33. **Total Tax.** Add lines 27 through 32 33 3474 00

Donations. See instructions, page 10. I want to donate to:

34. Idaho Nongame Wildlife Fund 35. Idaho Children's Trust Fund
 36. Special Olympics Idaho 37. Idaho Guard & Reserve Family
 38. American Red Cross of Idaho Fund 39. Veterans Support Fund
 40. Idaho Food Bank Fund 41. Opportunity Scholarship Program
 42. **Total Tax Plus Donations.** Add lines 33 through 41 42 3474 00

Payments and Other Credits.

43. Grocery Credit. Computed amount from worksheet on page 11 100
 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43
To receive your grocery credit, enter the computed amount on line 43 43 100 00
 44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R ... 44 00
 45. Special fuels tax refund Gasoline tax refund Include Form 75 45 00
 46. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding 46 3562 00
 47. 2021 Form 51 estimated payments and amount applied from 2020 return 47 00
 48. Paid by entity Withheld ABE See instructions 48 00
 49. Tax Reimbursement Incentive credit Claim of Right credit See instructions ... 49 00
 50. **Total Payments and Other Credits.** Add lines 43 through 49 50 3662 00

Tax Due or Refund. See instructions, page 12.

51. **Tax Due.** If line 42 is more than line 50, subtract line 50 from line 42 51 00
 52. Penalty Interest from the due date Enter total 52 00
 Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal
 53. **Total Due.** Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission ... 53 00
 54. **Overpaid.** If line 42 is less than line 50, subtract lines 42 and 52 from line 50 54 188 00
 55. **Refund.** Amount of line 54 to be refunded to you 55 188 00
 56. **Estimated Tax.** Amount of line 54 to be applied to your 2022 estimated tax 56 00

57. **Direct Deposit. See instructions, page 13.** **Check if final deposit destination is outside the U.S.**

Routing No. 0 4 3 0 0 0 0 9 6 Account No. 1 0 6 3 9 3 0 8 5 9 Type of Checking Account: Savings

Amended Return Only. Complete this section to determine your tax due or refund. See instructions.

58. Total due (line 53) or overpaid (line 54) on this return 58 00
 59. Refund from original return plus additional refunds 59 00
 60. Tax paid with original return plus additional tax paid 60 00
 61. **Amended tax due or refund.** Add lines 58 and 59 then subtract line 60 61 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

Sign Here
 Your signature _____ Spouse's signature (if a joint return, both must sign) _____ Date _____
 Paid preparer's signature _____ Preparer's EIN, SSN, PTIN _____ Taxpayer's phone number _____
 04-14-2022 30-1017196 (814) 852-9842

Preparer's address GLOBAL TAXES LLC State ZIP code Preparer's phone number
 2530 PEBBLE CREEK LN CUMMING GA 30041 (678) 965-9522



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

PA DEPARTMENT OF REVENUE

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-18-22
FISCAL FILER ONLY

777-43-4412 NI

DECLARATION OF EST TAX PAYMENT AMOUNT

NIGAM
NILAY

\$ 1892.00 \$ 473.00

APT E207
7472 W SAXTON DRIVE
GARDEN CITY

ID
83714 814-852-9842

DEPARTMENT USE ONLY

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

2202514564

2022 ESTIMATED 2022 ESTIMATED 2022 ESTIMATED
PA-40ES

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

 2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-15-22
 FISCAL FILER ONLY

777-43-4412 NI

DECLARATION OF EST TAX PAYMENT AMOUNT

NIGAM
 NILAY

\$ 1892.00 \$ 473.00

APT E207
 7472 W SAXTON DRIVE
 GARDEN CITY
 ID

83714 814-852-9842

DEPARTMENT USE ONLY

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 Department of Revenue

2202514564

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 PA-40ES

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MAIL TO:
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BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-15-22
FISCAL FILER ONLY

777-43-4412 NI

DECLARATION OF EST TAX PAYMENT AMOUNT

NIGAM
NILAY

\$ 1892.00 \$ 473.00

APT E207
7472 W SAXTON DRIVE
GARDEN CITY

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83714 814-852-9842

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PA-40ES

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

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-17-23
FISCAL FILER ONLY

777-43-4412 NI

DECLARATION OF EST TAX PAYMENT AMOUNT

NIGAM
NILAY

\$ 1892.00 \$ 473.00

APT E207
7472 W SAXTON DRIVE
GARDEN CITY

ID
83714 814-852-9842

DEPARTMENT USE ONLY

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

2202514564

2022 ESTIMATED 2022 ESTIMATED 2022 ESTIMATED
PA-40ES

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

777434412

NIGAM

NILAY

Occupation MACHINE LE

Occupation

APT E207

7472 W SAXTON DRIVE

GARDEN CITY

ID 83714

814-852-9842

14800

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 STATE COLLEGE

- 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, Amount. Rows: 1a (72011), 1b (0), 1c (72011), 2 (0), 3 (1), 4 (0), 5 (4), 6 (0), 7 (0), 8 (0), 9 (72016), 10 (0), 11 (72016)



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[] [] [] [] [] [] [] []

PA-40 - 2021

Social Security Number

777434412 Name(s) NITLAY NIGAM

- 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 2020 PA Income Tax return.
- 15 2021 Estimated Installment Payments. REV-459B included. N
- 16 2021 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. N

- 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. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2022 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		2211
13		320
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		2211
23		0
24		2531
25		0
26		0
27		0
28		0
29		320
30		320
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 SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	Date 041422

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE B
Dividend Income

2101510028

PA-40 B (EX) 06-21 (I)
PA Department of Revenue

2021

OFFICIAL USE ONLY

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

Social Security Number (shown first)

NILAY NIGAM

777-43-4412

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.	\$	1
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$	
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$	
4. 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.	\$	1
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.	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.	\$	1

1555
REV 03/22/22 PRO



2101510028

2101510028

PA SCHEDULE D
Sale, Exchange or Disposition of Property

2101310023

PA-40 D (EX) 06-21 (I)
PA Department of Revenue

2021

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule
NILAY NIGAM

Social Security Number (shown first)
777-43-4412

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(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) (If a loss, fill in the oval).
1. ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	63.	60.	LOSS <input type="checkbox"/> 3.
ROBINHOOD SECURITIES	01/01/21	12/31/21	5.	4.	LOSS <input type="checkbox"/> 1.
					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
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					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
					LOSS <input type="checkbox"/>
2. Net gain (loss) from above sales.					LOSS <input type="checkbox"/> 2. 4.
3. Gain from installment sales from PA Schedule D-1.					3.
4. Taxable distributions from C corporations. Enter total distribution []					
. Minus adjusted basis [] =					4.
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.					LOSS <input type="checkbox"/> 5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1					LOSS <input type="checkbox"/> 6.

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

(a) Address of residence	(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)	
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1						7.
8. Taxable distributions from partnerships from REV-999.					8.	
9. Taxable distributions from PA S corporations from REV-998.					9.	
10. Taxable gain from exchange of insurance contracts.					10.	
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 <input type="checkbox"/> 11. 4.	



PA SCHEDULE G-L
PA-40/PA-41 G-L
(10-20)
PA Department of Revenue

SECTION I - CALCULATION OF THE CREDIT

NILAY NIGAM

777434412

1. Name of other state	IDAHO	Credit from a Pass-Through Entity (see the instructions)		
		A	B	C
		Amount of income subject to tax in PA per PA return	Amount of income subject to tax in the other state	Lesser of Column A or B
2. Class of income subject to tax in the other state				
a. Compensation		72011	72011	
b. Unreimbursed business expenses		0		
c. Net compensation		72011	72011	72011
d. Interest		0	0	0
e. Dividends		1	0	0
f. Net income or loss from business, profession or farm		0	0	0
g. Gain or loss from sale, exchange or disposition of property		4	0	0
h. Income or Loss from rents, royalties, patents and copyrights		0	0	0
i. Estate or trust income		0	0	0
j. Gambling and lottery winnings		0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.				72011
4. a. Tax due or assessed in the other state				3562
b. Tax paid in the other state				3562
c. Enter the lesser of Line 4a or Line 4b				3562
d. Less: adjustments - Enter the amount from Section III, Line 5.				0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.				3562
5. Line 3 x 3.07 percent (0.0307)				2211
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).				2211

SECTION II - SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

	A	B	C	D	E
1. Source entity name					TOTALS
2. Income by class					
Compensation					72011
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

SECTION III - ADJUSTED TAX PAID

1. Enter the amount from Section I, Column C, Line 3 here.	72011
2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.	72011
3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d.	1.000000
4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.	0



Name
NILAY NIGAM

Social Security Number
777-43-4412

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		THE PENNSYLVANIA UNIVERSITY 24-6000376	10,431.	10,431. 320.	PA
2		T		MICRON TECHNOLOGY INC 75-1618004	61,580.	61,580. 0.	ID

	Taxpayer	Spouse
Pennsylvania W-2	72,011.	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	320.	

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	24-6000376	14 STCOL	10,431.	151.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	10,431.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	151.	

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:

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

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

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax 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:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 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.	72,011.	0.
Total Schedule NRH gross compensation to PA-40, line 12.	_____	_____
Withholding to Form PA-40 line 13.	320.	_____

Total gross compensation to Form PA-40 line 1a	72,011.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.