PA-40 - 2021

Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

				N	Extension.	N	Amended Return.	
672	2626342			N	Residency Stat	us.		
ARI	.GA				PA Resident/N from	onresiden	t/Part-Year Resident to	
ADI	HZAXASH	Occupati	GVI I WARRE E	Z	Single, Marrie	_		
		Occupati	on	N	Deceased			
				N	Taxpayer Date	of Death		
				N	Spouse Date of	f Death		
485	52 S REDWOOD RD			N	Farmers.			
SAL	T LAKE CITY	UT	84123		School Distric	Name N	OT IN PA	
	857-205-0634		99999		_			
1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.							13255	
	Unreimbursed Employee Business Ex Net Compensation. Subtract Line 1b		l b		0 13255			
	3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.							
6 7	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 .						0 0 0	
10	Other Deductions. Enter the approp See the instructions for additional int		for the type of deduction.	N	70	l	0	
11	Adjusted PA Taxable Income. Subtr		0 from Line 9.		11	ı	13255	
1555	1555 REV 02/24/22 PRO							





Social Security Number

672626342 Name(s) ADITHYA PRAKASH ARIGA

 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions. 	12	407 407
Credit from your 2020 PA Income Tax return. 2021 Estimated Installment Payments. REV-459B included. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17	0 0 0 0
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.	21 19 20 21	
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 he Penalties and Interest. See the instructions. 27 Enter Code: 28 If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	0 407 0 0
 TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. 	er 28	0
The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. REF Credit – Amount of Line 29 you want as a credit to your 2022 estimated account.	UND 30	0
Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
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 031622 5789659522	E-File Opt Out Firm FEIN Preparer's PTIN	Y 301017196 P02082703

1555 REV 02/24/22 PRO

Page 2 of 2



2021

					Reep for you	11 1000103				
	Name ADITHYA PRAKASH ARIGA Social Security Number 672-62-6342							er		
					Federal For	ms 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	f (Se Pe	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17		
Fe N	enns eder on-F	sylvani al Fori Pennsy	a W- n 41 Ivan	2 2 to Schedu 37, Unreportia W-2 to Sc	KSI INDIA LIMITED		payer 3, 255		0.	
					Federal Forms W	·				
# of W2	*	TS Employer identification number from box B				Local wag tips, etc (local) from box).	Local income tax (local) from box 19	ST ID	
1		T 52-2103083 PHILADEL				13,	642.	470.	<u>PA</u>	
Pennsylvania Local W-2										
					Excess Reimbu	irsements				
	*				Description	Employer's El	N T/	S Amoun	t	
							_ _			

Taxpayer

Spouse

ADITHYA PRAKASH ARIGA 672-62-6342 Page 2 Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

IVIIO	Cenai	leous compensation			uciai	1 011113 1	03311	1100, 1		LO, and ot	- Statements
*		Payer Name	Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income		
		-									
Pennsylvania Payment type: A Executor fee H Other nonemployee compensation. B Jury duty pay Describe:											
C Director's fee I Expert witness fee J Expert witness fee E Honorarium K F Covenant not to compete L Damages or settlement for lost wages, other than personal injury N					Distrib Distrib Distrib Distrib Descri Fiducia Other	Employer sponsored retirement/pension/deferred compensation plan Distribution from IRA (Traditional or Roth) Distribution from Life Insurance, Annuity or Endowment Contracts Distribution from Charitable Gift Annuities Distribution from Employee Stock Ownership Plan. Describe: Fiduciary fees from a trust Other income not listed above					
N V	/liscel	laneous Compensation	fror	n Fo	Descri orm 109	99MISC/10	099K/1	1099NE	Тахра С	yer	Spouse
			Co	mpe	ensati	on from	Fede	ral For	ms 1099R		
	*	Payer's EIN Payer's Name	T S	Fed #				ı	Basis P	'A Taxable	PA Tax Withheld
* Enter an 'X' if this income is Not subject to Pennsylvania tax - PA Part-Year and Nonresidents Only. Pennsylvania Distribution type: N No entry 131 PA school, state, or municipal employee plan 152 I'm not eligible yet; plan is eligible in PA 153 U.S. Civil service retirement/disability/annuity 154 Annuity or Non-civil service disability 155 (including Qual Joint Survivorship Annuity) 156 Early distribution from a retirement plan 157 Pennsylvania tax - PA Part-Year and Nonresidents Only. 158 Part-Year and Nonresidents Only. 159 Part-Year and Nonresidents Only. 150 Part-Year and Nonresidents Only. 151 I'm not eligible yet; plan is eligible in PA 158 Traditional or Roth IRA; I'm under 59.5 162 Non-qualified deferred compensation plan 163 Life insurance or endowment 164 L Distribution from Charitable Gift Annuities 165 Part Part Part Part Part Part Part Part											
	Distribution from Life Insurance, Annuity, Endowment Contracts or										
					Tota	l Gross (Comp	ensati	on		
	Tota Tota With	I gross compensation to I Schedule NRH gross holding to Form PA-40	o Fo com line	rm F pens	A-40 li sation t	ine 1a o PA-40, I	 ine 12		Taxpa 13	,255.	Spouse 0.
Tota		ss compensation to Fo									

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

401011555

Utah State Tax Commission

Utah Individual Income Tax Return
All State Income Tax Dollars Fund Education

2021 TC-40

INTUIT

Full-yr Resident?

Amended Return - enter code:

ZIP+4

Your Social Security No. 672626342 Spouse's Soc. Sec. No.

Your first name
ADITHYA PRAKASH
Spouse's first name

Your last name
ARIGA
Spouse's last name

Y/N Y

If deceased, complete page 3, Part 1

1 Filing Status - enter code

City State SALT LAKE CITY UT

• 2 Qualifying Dependents

TY UT 84123

Telephone number 857-205-0634 Foreign country (if not U.S.)

3 Election Campaign Fund

(see instructions)

i Filling Status - enter code	2 Qualifying Dependents		3 Election Camp	paigii ru	iiu	
1 = Single	a Dependents age 16 and	under	Does not increas	se your tax	or reduce your refund.	
 1 2 = Married filing jointly 	b Other dependents		Enter the code for	the	Yourself Spouse	
3 = Married filing separately	c () Total (add lines a and b)		party of your choic	e. ·	•	
4 = Head of household	,		See instructions	for		
5 = Qualifying widow(er)	Dependents must be claimed for the	ne child tax			metax.utah.gov/elect.	
If using code 2 or 3, enter spouse's name and SSN above	If no contribution,					
Trusting code 2 of 5, effect spouse 3 fiame and ook above	credit on your federal return. See i	noti dottorio.	ii iio contribution,	011101 14.		
4 Federal adjusted gross income from feder	al return			• 4	10755	
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)			• 5		
6 Total income - add line 4 and line 5				6	10755	
7 State tax refund included on federal form	1040, Schedule 1, line 1 (if any)			• 7		
8 Subtractions from income from TC-40A, P	art 2 (attach TC-40A, page 1)			• 8		
9 Utah taxable income (loss) - subtract the	9 Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6					
10 Utah tax - multiply line 9 by 4.95% (.0495		• 10	532			
11 Utah personal exemption (multiply line 2c b	y \$1,750)	• 11	0			
12 Federal standard or itemized deductions		• 12	12550	1	Electronic filing squick, easy and	
13 Add line 11 and line 12	13	12550	spe	free, and will ed up your refund.		
14 State income tax included in federal itemiz	red deductions	• 14			To learn more,	
15 Subtract line 14 from line 13		15	12550		go to tap.utah.gov	
16 Initial credit before phase-out - multiply lin	e 15 by 6% (.06)	• 16	753			
17 Enter: \$15,095 (if single or married filing s of household); or \$30,190 (if marrie	eparately); \$22,643 (if head dilling jointly or qualifying widower)	• 17	15095			
18 Income subject to phase-out - subtract line		18	0			
19 Phase-out amount - multiply line 18 by 1.3	% (.013)	• 19	0			
20 Taxpayer tax credit - subtract line 19 from	line 16 (not less than zero)			• 20	753	
21 If you are a qualified exempt taxpayer, ent	er "X" (complete worksheet in instr.)	•21 _X				
22 Utah income tax - subtract line 20 from li						

401	Utah Individual Income Tax Return (continued) SSN 672626342 Last name ARIGA	т ТС-40 2021	Pg. 2						
23	Enter tax from TC-40, page 1, line 22	23	0						
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24							
	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41 Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1) • 25 • 26								
	7 Subtract line 26 from line 25 (not less than zero) 27								
	AMENDED RETURN ONLY - previous refund	• 29							
	Recapture of low-income housing credit	• 30							
	Utah use tax	• 31							
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	0						
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	249						
34	34 Credit for Utah income taxes prepaid from TC-546 and 2020 refund applied to 2021 • 34								
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2) • 35								
36	6 Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2) • 36								
37	37 AMENDED RETURN ONLY - previous payments • 37								
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38							
39	Total withholding and refundable credits - add lines 33 through 38	39	249						
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40							
	Penalty and interest (see instructions) 41 TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42							
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	249						
	Voluntary subtractions from refund (not greater than line 43)	• 44							
45	Enter the total from page 3, Part 5 45 DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts) checking savings • Routing number 124002971 • Account number 8035070054 Account type: • X								
	er penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, N Your signature Date Spouse's signature (if filing jointly)	correct and complete.	Date						
HER	RE		Date						
	d Party Name of designee (if any) you authorize to discuss this return Designee's telephone nu signee	mber Designee PIN •							
Pa	Preparer's signature Date Preparer's telephone nur SYAM PRIYA RAM SAGAR G 03/16/22 6789659522	,	082703						
-	parer's Firm's name GLOBAL TAXES LLC and address 2530 PEBBLE CREEK LN	Preparer's EIN	017196						
	CUMMING GA 30041 h TC-40 page 3 if you; are filing for a deceased taxpaver, are filing a fiscal year return, filed IRS form 8886, are making yo								

Last name ARIGA

Line Explanations	IMPORTANT			
 Employer/payer ID number from W-2 box "b" or 1099 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Employee's Social Security number from W-2 box "a" or 1099 Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 	Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.			
First W-2 or 1099	Second W-2 or 1099			
1 522103083	1			
2 5221030830000 (14 characters, no hyphens)	2 (14 characters, no hyphens)			
3 TATA ELXSI INDIA LIMITED 2855 KIFER ROAD SUITE 21	3			
SANTA CLARA CA95051				
4	4			
5 672626342	5			
⁶ 13255.	6			
⁷ 249.	7			
Third W-2 or 1099	Fourth W-2 or 1099			
1	1			
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)			
3	3			
4	4			
5	5			
6	6			
7	7			
	1			

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 249.

Submit page ONLY if data entered. Attach completed schedule to your Utah Income Tax Return. Do not attach W-2s or 1099s to your Utah return.