

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name AMALIA S GONSALVES | Social security number 177-49-7358 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|---------|
| 1 Adjusted gross income | 1 | 65,339. |
| 2 Total tax | 2 | 7,293. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 8,616. |
| 4 Amount you want refunded to you | 4 | 1,323. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 7 | 3 | 5 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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: AMALIA S
Last name: GONSALVES
Your social security number: 177-49-7358
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.
206S 13TH STREET
Apt. no. 2208
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 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 65,339. Taxable income is 52,489.

| | | | |
|--------------------------------------|--|-----|--------|
| 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 | 7,293. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 7,293. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 7,293. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 7,293. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 8,616. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 8,616. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No | 27a | |
| | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from 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 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 8,616. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,323. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,323. |
| Direct deposit? See instructions. | b Routing number 036001808 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4332947518 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

If you have a qualifying child, attach Sch. EIC.

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 | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | ARCHITECTURAL DESIGNER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | | |

Phone no. (267) 334-5468 Email address AMALIAGONSALVES@BLTA.COM

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/23/2022 | P02082703 | |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (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 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AMALIA S GONSALVES

Your social security number
177-49-7358

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -7,000. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| i | Activity not engaged in for profit income | 8i | |
| j | Stock options | 8j | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,000. |

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount ▶ _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

AMALIA S GONSALVES

177-49-7358

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 2021 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

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | KHOPWADI VASAI MAHARASHTRA IN 401201 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <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)

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|---|---------|---|---------|
| 3 | Rents received | 3 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,200. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 900. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,500. | | |
| 15 | Supplies | 15 | | 1,500. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 2,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 7,600. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -7,000. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 7,000.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 600. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 7,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 7,000.) | | |
| 26 | Total rental real estate and royalty income or (loss). 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 | 26 | | | | -7,000. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2021 PA-40 V PA PAYMENT VOUCHER

1555
REV 03/12/22 PRO

177-49-7358 60

2100913793

PAYMENT AMOUNT

GONSALVES
AMALIA S

267-334-5468

\$

2.00

APT 2208
206S 13TH STREET
PHILADELPHIA
PA
19107

DEPARTMENT USE ONLY

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

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

177497358

GONSALVES

AMALIA S Occupation ARCHITECTU

Occupation

APT 2208

206S 13TH STREET

PHILADELPHIA PA 19107

267-334-5468

51500

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 PHILADELPHIA

- 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 75423

1b 0

1c 75423

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 75423

10 0

11 75423



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

PA-40 - 2021

Social Security Number

177497358

Name(s) AMALIA S GONSALVES

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.

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.

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 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 | | 2315 |
| 13 | | 2313 |
| 14 | | 0 |
| 15 | | 0 |
| 16 | | 0 |
| 17 | | 0 |
| 18 | | 0 |
| 19a | 00 | |
| 19b | 00 | |
| 20 | | 0 |
| 21 | | 0 |
| 22 | | 0 |
| 23 | | 0 |
| 24 | | 2313 |
| 25 | | 0 |
| 26 | | 2 |
| 27 | | 0 |
| 28 | | 2 |
| 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 SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 Date 032322

E-File Opt Out N

Firm FEIN 301017196 Preparer's PTIN P02082703



PA SCHEDULE E
Rents and Royalty Income (Loss)

2101410021

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

2021

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule
AMALIA S GONSALVES

Social Security Number (shown first) or EIN
177-49-7358

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 KHOPWADI | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | KHOPWADI VASAI, MAHARASHTRA, 401201, India |
| B | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| C | | YES <input type="checkbox"/> 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 |
|---|---|--|--|
| Line a: 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 |
| Line 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 |
| Line c: 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 |
| Income: 1. Rent received | 600 | | |
| 2. Royalties received | | | |
| Expenses: 3. Advertising | | | |
| 4. Automobile and travel | | | |
| 5. Cleaning and maintenance | 1,200 | | |
| 6. Commissions | | | |
| 7. Insurance | | | |
| 8. Legal and professional fees | | | |
| 9. Management fees | 900 | | |
| 10. Mortgage interest | | | |
| 11. Other interest | | | |
| 12. Repairs | 1,500 | | |
| 13. Supplies | 1,500 | | |
| 14. Taxes - not based on net income | | | |
| 15. Utilities | 2,500 | | |
| 16. Depreciation expense - See the instructions | | | |
| 17. Other expenses (itemize): | | | |
| 18. Total Expenses - Add Lines 3 through 17 | 7,600 | | |
| Income or Loss: 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. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 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) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 |

REV 03/12/22 PRO

1555



2101410021

2101410021



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

PHILADELPHIA

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 21

| 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 GONSALVES, AMALIA S | | SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL | |
| STREET ADDRESS (No PO Box, RD or RR) 206S 13TH STREET, APT 2208 | | | |
| SECOND LINE OF ADDRESS | | | |
| CITY PHILADELPHIA | | STATE PA | ZIP CODE 19107 |
| DAYTIME PHONE NUMBER | RESIDENT PSD CODE 5 1 0 1 0 1 | 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. Combining income is NOT permitted.</p> <p>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</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;">1 7 7 4 9 7 3 5 8</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p> | <p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"> </p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p> |
|---|--|--|

| | | |
|--|------------------|--------------|
| 1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) | 77102 .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 |
| 4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3) | 77102 .00 | 0 .00 |
| 5. Net Profit (Enclose PA Schedules*) 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) | 77102 .00 | 0 .00 |
| 9. Total Tax Liability (Line 8 multiplied by 3.8398) | 2961 .00 | 0 .00 |
| 10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions) | 2972 .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. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12) | 2972 .00 | 0 .00 |
| 14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) | 11 .00 | 0 .00 |
| 15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account) . . . <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse | 0 .00 | 0 .00 |
| 16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) | 0 .00 | 0 .00 |
| 17. Penalty after April 15* (multiply Line 16 by) | 0 .00 | 0 .00 |
| 18. Interest after April 15* (multiply Line 16 by) | 0 .00 | 0 .00 |
| 19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) | 0 .00 | 0 .00 |

*See Instructions REV 03/12/22 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 SYAM PRIYA RAM SAGAR GUPTA TALLAM | | PHONE NUMBER (678) 965-9522 |

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



PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 10-21

2021

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Row 1: AMALIA S GONSALVES, 177-49-7358. Row 2: Secondary Taxpayer's Name, Social Security Number.

SECTION I TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2021 (whole dollars only)

Table with 2 columns: Description and Amount. Rows include Adjusted PA taxable income (75,423), PA tax liability (2,315), Total PA tax withheld (2,313), Amount to be refunded, and Total payment (tax due) (2).

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 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 97358 as my signature on my tax year 2021 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize to enter my PIN as my signature on my tax year 2021 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

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 2021 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name
AMALIA S GONSALVES

Social Security Number
177-49-7358

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 | | BOWER LEWIS THROWER ARCHITECTS 23-2748776 | 72,339. | 75,423. 2,313. | PA |
| | | | | | | | |
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| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 75,423. | 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 | 2,313. | |

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 | 23-2748776 | PHILA RES | 77,102. | 2,972. | PA |
| | | | | | | | |
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| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | 77,102. | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | 2,972. | |

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 | 75,423. | 0. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 2,313. | _____ |

Total gross compensation to Form PA-40 line 1a 75,423.

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