#### Department of the Treasury Internal Revenue Service

## **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)

Taxpay	er's name	Social securit	y numb	ber
ARU	N JYOTHI LADDOLA	285-97-	-059	7
Spouse	o's name	Spouse's soc	ial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you a	re aut	thorizing.)
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	86,534.
2	Total tax		2	10,638.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,594.
4	Amount you want refunded to you		4	3,956.
5	<u>A</u> mount you owe		5	

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

Under penalties of periury. 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

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

7	0	5	9	7	as my
Ent don	J				

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

### Spouse's PIN: check one box only

Arun Jyothi Laddola

I authorize

						L
o	enter	or	generate	mv	PIN	

Date

as mv Enter five digits, but don't enter all zeros

01/07/2023

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 ►									
Practitioner PIN Method Returns Only—continue	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a	 	9	89	)

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 ►							
-	t Retain This Form — See Instructions s Form to the IRS Unless Requested To Do So						
For Denominary's Deduction Act Nation and your to	Even instructions Poly_01/02/02 PDO Even 8879 (Poly_01/2021)						

<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		n 20 <b>2</b> :	2	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly under the MFS box, enter the national son is a child but not your dependent	ame of you	filing separately (N r spouse. If you ch	,				spor	lifying surviving use (QSS) s name if the qualifying
Your first name	•	, ,	Last name						Your so	cial security number
ARUN JYC			LADDOL	λ						97–0597
		s first name and middle initial	Last name	A						s social security number
	J0036 3		Last name						opouse	S Social Security Humber
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaigr
444 BEDE	ORD	STREET					-	'R		here if you, or your
-		ce. If you have a foreign address, also co	mplete spac	es below.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
STAMFORD	)				СЭ	[	069	01	•	ow will not change
Foreign country	name		Fore	eign province/state/c	coun	ty	Foreig	in postal code		k or refund.
										You Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a						,	. ,	Yes X No
Standard		eone can claim: Vou as a de	-	Vour spouse		-	,	,	,	
Deduction		Spouse itemizes on a separate retur		· ·		•				
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	(see	instructions):		(2) Social security		(3) Relationshi	1			fies for (see instructions):
If more	•	irst name Last name		number		to you	1-	Child tax ci	redit	Credit for other dependents
than four										
dependents,										
see instructions and check	5 ——									
here										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see in	structions)					. 1a	98,335.
Income	b	Household employee wages not re	eported on	Form(s) W-2					. 1b	
Attach Form(s)	с	Tip income not reported on line 1a							. 1c	;
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep							. 1d	1
W-2G and	е	Taxable dependent care benefits f	rom Form 2	2441, line 26 .					. 1e	)
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29					. 1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	1
get a Form	h	Other earned income (see instructi	ons) .						. 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruct	tions)		<b>1</b> i				
	z	Add lines 1a through 1h							. 1z	98,335.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest			. 2b	
if required.	3a	Qualified dividends	3a		b C	ordinary divider	nds .		. 3b	
	4a	IRA distributions	4a		bТ	axable amount	:		. 4b	)
Standard	5a	Pensions and annuities	5a		bΤ	axable amount	:		. 5b	)
• Single or	6a	Social security benefits	6a		bΤ	axable amount	:		. 6b	)
Married filing	с	If you elect to use the lump-sum e	lection met	hod, check here (	see	instructions)		[		
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if red	quired. If not requ	ired	, check here		[	7	
Married filing	8	Other income from Schedule 1, lin	e10 .						. 8	-11,801.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This	s is your <b>total inc</b>	om	e			. 9	86,534.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	26					. 10	)
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is	your <b>adju</b> s	sted gross incom	ne				. 11	86,534.
household, \$19,400	12	Standard deduction or itemized	deduction	s (from Schedule	A)				. 12	18,249.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduction	on from Fo	orm 8995 or Form	899	5-A			. 13	\$
any box under Standard	14	Add lines 12 and 13							. 14	18,249.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer					е.		. 15	

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

Form **1040** (2022)

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	rm(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	10,638.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	10,638.
	19	Child tax credit or credit for other depende	ents from Sched	ule 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	s, enter -0				22	10,638.
	23	Other taxes, including self-employment tax	k, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	10,638.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 14	,594.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	14,594.
If	26	2022 estimated tax payments and amount	applied from 20	)21 return			26	
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88	63, line 8		29			
	30	Reserved for future use			30		1	
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo	ur <b>total other p</b> a	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your	total payments				33	14,594.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,956.
neiuliu	35a	Amount of line 34 you want refunded to y	ou. If Form 8888	3 is attached, cheo	ckhere	. 🗆	35a	3,956.
Direct deposit?	b	Routing number X X X X X X X X	X X X	c Type:	Checking	Savings		
See instructions.	d	Account number X X X X X X X X	X X X X X	X X X X X	XX	-		
	36	Amount of line 34 you want applied to you	ır 2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the ar	nount you owe					
You Owe		For details on how to pay, go to www.irs.g	ov/Payments or	see instructions .			37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to di	scuss this retu	rn with the IRS?	See			
Designee	ins	tructions			. <b>Yes.</b> C	omplete b	elow.	X No
	De nai	signee's	Phone no.			onal identif ber (PIN)	ication	
0.						. ,	41	
Sign		der penalties of perjury, I declare that I have exami ef, they are true, correct, and complete. Declaratio						
Here	Yo	ir signature	Date	Your occupation		If the	IRS ser	nt you an Identity
						Prote	ction P	N, enter it here
Joint return?				SOFTWARE E	ENGINEER	(see	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati	ion			nt your spouse an action PIN, enter it here
your records.						(see i		
	Ph	one no. (551)227-5582	Email address		THI@GMAIL.CO		,	
		parer's name Preparer's sign		TADOUTAUIO.	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		СПРТА ТАТ.Т.АМ		P02082	>703	Self-employed
Preparer		n's name GLOBAL TAXES LLC	1 IVIII DAGAN	GOLIN INDAM	01/00/2025			678) 965 <b>-</b> 9522
Use Only		n's address 245 ROONEY CT E BF	UNSWICK N	J 08816			s EIN	88-2145487
Go to wave inc. o		1040 for instructions and the latest information		BAA		1		Eorm <b>1040</b> (2022)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA REV 01/02/23 PRO Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 2

Department of the Treasury Internal Revenue Service		Attachment Sequence No. <b>01</b>	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
ARUN JYOTHI LA	DDOLA	285-97	-0597

Par	t 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. Att	ach Schedule E .	5	-11,801.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
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-SF	R, or 1040-NR, line 8	10	-11,801.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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	• •				
С	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:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	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 <b>adjustments to income</b>	e. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	01/02/23 F	PRO	Schedu	le 1 (Form 1040) 2022

SCHE	DULE	A
(Form	1040)	

# **Itemized Deductions**

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 2

2

Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR					curity number
ARUN JYOT	HI				285	-97-0	597
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2			_		
Expenses	3	Multiply line 2 by 7.5% (0.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			. 4	F	
Taxes You	5	State and local taxes.					
Paid	a	State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	5,178	3.		
	k	State and local real estate taxes (see instructions)	5b	2,281			
	c	State and local personal property taxes	5c				
		Add lines 5a through 5c	5d	7,459	).		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		,	-		
		separately)	5e	7,459			
	6	Other taxes. List type and amount:			-		
			6				
	7	Add lines 5e and 6			. 7	· ]	7,459.
Interest		Home mortgage interest and points. If you didn't use all of your home					,
You Paid	Ŭ	mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest deduction may be	2	Home mortgage interest and points reported to you on Form 1098.					
limited. See	-	See instructions if limited	8a	10,790			
instructions.	ł	Home mortgage interest not reported to you on Form 1098. See			-		
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b				
							С
	c	Points not reported to you on Form 1098. See instructions for special					
		rules	8c				
	c	Reserved for future use	8d				
	e	Add lines 8a through 8c	8e	10,790			
	9	Investment interest. Attach Form 4952 if required. See instructions .	9	·			
	10	Add lines 8e and 9			. 10	D	10,790.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity		instructions	11				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,					
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12				
see instructions.		Carryover from prior year	13				
	14	Add lines 11 through 13			. 14	4	
	15	Casualty and theft loss(es) from a federally declared disaster (other					
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1			e		
		instructions			1	5	
Other	16	Other-from list in instructions. List type and amount:					
Itemized							
Deductions					10	3	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	nter	this amount o			
Itemized		Form 1040 or 1040-SR, line 12		• • • • •	17	7	18,249.
Deductions	18	If you elect to itemize deductions even though they are less than your			I,		
		check this box		[			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/ScheduleE for instructions and the latest information.

)	202	2
	Attachment Sequence No.	13

Name(s	) shown on return						Your socia	al secu	rity number	
ARUN	I JYOTHI LADDOLA						285-9	7-05	97	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule							
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099?									No No
1a	Physical address of each property (street, city, state, ZII									
Α	REGFG FRDGVB IN									
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate properative above, report the number of fair				Fa	ir Rental Days	Person Da		e Q.	JV
Α	personal use days. Check the Q	JV bo	x only [	Α		365		0	— Г	7
В	if you meet the requirements to f	file as	a	В				-		1
С	qualified joint venture. See instru	lctions	5.	С						 ]
Туре	of Property:		1		1					
	Single Family Residence 3 Vacation/Short-Term Ren	ital	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	Ities	8	Other (desc	ribe)			
			-							
Incon				Α		Propert B	ies.		С	
3	Rents received	3			80.	D			C	
4	Royalties received	4		5	00.					
		4								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,2	50					
8	Commissions	8		112	50.					
9		9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		-/-						
13	Other interest	13								
14	Repairs	14		1,5	00.					
15	Supplies	15		1,5	00.					
16	Taxes	16								
17	Utilities	17		2,5	00.					
18	Depreciation expense or depletion	18		4,3	81.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,3	81.					
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 <b>Form 6198</b>	21	-	-11,8	01.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		11,80		(	)	(		)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		580.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	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		1,381.			
е	Total of all amounts reported on line 20 for all properties				23e	12	2,381.			
24	Income. Add positive amounts shown on line 21. Do no						. 24			
25	Losses. Add royalty losses from line 21 and rental real esta-							(	11,80	01.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not									

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-11,801.

### PA-40 - 2022 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

			N	Extension.	Ν	Amended Return.
285970597				Pasidancy Sta	tue	
LADDOLA			N	Residency Sta PA <b>R</b> esident/ <b>N</b> from		/Part-Year Resident to
ARUN JYOTHI	Occupati	<sup>on</sup> SOFTWARE E	Z	Single, Marrie Married/Filin	-	bintly, y, <b>F</b> inal Return
	Occupati	on	N	Deceased		
			N	Taxpayer Date	e of Death	
APT 7R			N	Spouse Date of	of Death	
444 BEDFORD STREET			N	Farmers.		
STAMFORD	СТ	06901		School Distric	t Name N	OT IN PA
551-227-5582		99999	1			
<ul> <li>Ia Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.</li> <li>Ib Unreimbursed Employee Business Expenses.</li> <li>Ic Net Compensation. Subtract Line 1b from Line 1a.</li> <li>Interest Income. Complete PA Schedule A if required.</li> <li>Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.</li> </ul>						
<ul><li>3 Dividend and Capital Gains Distributio</li><li>4 Net Income or Loss from the Operation</li></ul>		-	equired.	4		
<ul> <li>5 Net Gain or Loss from the Sale, Excha</li> <li>6 Net Income or Loss from Rents, Royal</li> <li>7 Estate or Trust Income. Complete and</li> <li>8 Gambling and Lottery Winnings. Com</li> <li>9 Total PA Taxable Income. Add only 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD a</li> <li>10 Other Deductions. Enter the approprise the instructions for additional info</li> <li>11 Adjusted PA Taxable Income. Subtra</li> </ul>	1c, N	5 6 7 8 9 1 1 1		0 0 4004 4004		
1555 REV 01/03/23 PRO						





Page 1 of 2

PA-40 - 2022

Social Security Number

## 285970597 Name(s) ARUN JYOTHI LADDOLA

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	12 13		753 753					
14 15 16 17 18	Credit from your 2021 PA Income Tax return. 2022 Estimated Installment Payments. REV-459B included. N 2022 Extension Payment. Nonresident Tax Withheld from your <b>PA Schedule(s) NRK-1.</b> (Nonresidents only) <b>Total Estimated Payments and Credits.</b> Add Lines 14, 15, 16 and 17.	14 15 16 17 18							
19a	<ul> <li>Forgiveness Credit. Submit PA Schedule SP.</li> <li>Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased</li> <li>Dependents, Section II, Line 2, PA Schedule SP</li> <li>Total Eligibility Income from Section III, Line 11, PA Schedule SP.</li> <li>Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.</li> </ul>	19a 19b 20 21	00 00	0 0					
22 23 24 25 26 27	23Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.23024TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.24123325USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.25026TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.240								
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	29 29		0 0					
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2023 estimated account.REFUND	31 30							
33 34 35 36	5 Refund donation line. Enter the organization code and donation amount. See instructions. 35								
accon	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.								
You	Signature Spouse's Signature, if filing jointly								
SY	AM PRIYA RAM SAGAR GUPTA TALLAM DIDL23 39659522 Firm FED	E-File Opt Out Firm FEIN Preparer's PTIN							
	1555 REV 01/03/23 PRO Page 2 of 2								

2200213359

## PA SCHEDULE E

Rents and Royalty Income (Loss)

2201410020

#### PA-40 E (EX) 06-22 (I) PA Department of Revenue

PA Department of Revenue	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
ARUN JYOTHI LADDOLA	285-97-0597
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

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.

	Туре		Description of Property	For Profit	Prope	erty Complete Address (street, city, state and ZIP code)		
^				YES		REGFG		
A	3	WREFD		NO		FRDGVB, India		
в				YES				
Р				NO	$\bigcirc$			
С				YES	$\bigcirc$			
C				NO	$\bigcirc$			
Dro	Pronarty type: 1 Single family residence 3 Vacation/short term rental 5 Land 7 Solf rental							

 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:

#### **INCOME & EXPENSES SECTION II** Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s — J т S J т S J Line b: Is the property rental location in PA? YES ) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES NO 580 1. Rent received ..... Income: 1 2. Royalties received ..... 2 Expenses: 3. Advertising ..... 3 4. Automobile and travel 4 1,250 5. Cleaning and maintenance ..... 5. 6 Commissions 6 7. Insurance . . . 7 8. Legal and professional fees ..... 8. 1,250 1,500 12. Repairs .... 12 1,500 14. Taxes - not based on net income ......14. 2,500 15. Utilities 4,381 12,381 18. Total Expenses - Add Lines 3 through 17 ..... 18. Income or Loss: 0 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 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) 22 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) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, ......(fill in the oval, if a net loss) 24. REV 01/03/23 PRO 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40.



2201410020

1555



PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

5 1 5	Social Security Number
ARUN JYOTHI LADDOLA	285-97-0597
Secondary Taxpayer's Name	Social Security Number

SECTION I	TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2022 (whole dollars only)		
1. Adjusted PA taxable	a income (Form PA-40, Line 11)	4,004	
2. PA tax liability (Forr	100		
3. Total PA tax withheld (Form PA-40, Line 13)			
4. Amount to be refun	ded (Form PA-40, Line 30)		
5. Total payment (tax	due) (Form PA-40, Line 28) 5	0	

### 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 2022 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
 70597
 as my signature on my tax year 2022

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

I authorize \_\_\_\_\_\_\_\_ to enter my PIN \_\_\_\_\_\_ as my signature on my tax year 2022 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

Date

Date

### SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S	EFIN/PIN	Enter your	six-digit EFI	N followed	by your	five-digit	self-selected	PIN

222496 / 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 2022 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

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

ARUN JYOTHI LADDOLA

Social Security Number 285-97-0597

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	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 tax withheld from box 17	ST ID
		H     H		CAREER SOFT SOLUTIONS INC 47-5189493 CAREER SOFT SOLUTIONS INC 47-5189493	<u>98,335.</u> 98,335. 	4,004. 123. 98,335. 0. 	PA NY

Pennsylvania W-2	<b>Taxpayer</b> 4,004.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	123.	

### Federal Forms W-2: Local Tax

<b>#</b> of W2	*	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
		T	<u>47-5189493</u> 	250201	4,004.	66	<u>PA</u>

Pennsylvania Local W-2	Taxpayer 4,004.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	66.	

### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name		Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Exe Jur Dir Exp Ho Co Da Ios	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than 'sonal injury		Other nonemplo Describe: Employer spons Distribution from Distribution from Distribution from Describe: Fiduciary fees fr Other income no Describe:	ored re IRA ( <sup>1</sup> Life Ir Chari Emple	etiremer Traditior Isurance table Gi byee Sto	nt/pension/de nal or Roth) e, Annuity or ft Annuities	Endowment C	-
	llaneous Compensatio olding						ayer	Spouse
		Compe	ensation from	Fede	ral For	ms 1099R		
*	Payer's EIN Payer's Name	T Fed S #	PA Gro <sub>Type</sub> Distrib		I	Basis	PA Taxable	PA Tax Withheld
* E	Enter an 'X' if this incom	ne is Not	subject to Penns	sylvani	a tax - F	PA Part-Year	and Nonreside	ents Only.
N No 1 PA 1 Un 2 Mili 3 U.S 1 Ani (ind 1 Eai 2 Ro	vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension 5. Civil service retireme nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal emp sion ent/disabi ce disabil vorship etirement	lity/annuity ity Annuity) t plan	12; J 5; K; K; M; M; M;	I Trad Trad Non- Life i Distr ESO ESO KSO	itional or Roth itional or Roth qualified defe nsurance or e ibution from ( P: Allocated I P: Non-Alloca P: Taxable E	; plan is eligib IRA; I'm ove IRA; I'm ove rred compens endowment Charitable Gift ESOP Stock E SOP Stock E SOP within a E ESOP within	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans (see e Gift Anr 099R (e	Tax Help FAQ's nuities	for mo  plans)	re info) 	· · . · · . · · .	ayer	
			Total Gross	Comp	ensati	on		
Tota	l gross compensation t	o Form F	PA-40 line 1a.			Тахр	<b>ayer</b> 4,004.	Spouse 0
10la With	I Schedule NRH gross holding to Form PA-40	lino 12	5au011 10 FA-40,			• •	123.	

285-97-0597

Page 2

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

ARUN JYOTHI LADDOLA