

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 <u>SAMRAJYAM SINGU</u>	Social security number <u>139-63-8096</u>
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (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	<u>70,906.</u>
2 Total tax	2	<u>8,372.</u>
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	<u>12,263.</u>
4 Amount you want refunded to you	4	<u>3,891.</u>
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

3	8	0	9	6
---	---	---	---	---

 as my 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 ▶ *S. Samrajy* Date ▶ 03/15/2023

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.

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.

2	2	2	4	9	6	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 Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SAMRAJYAM		Last name SINGU	Your social security number 139-63-8096	
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. 7000 DEE LANE			Apt. no. 7208	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. MALVERN		State PA	ZIP code 19355	
Foreign country name		Foreign province/state/county	Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes 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, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)										78,960.
b Household employee wages not reported on Form(s) W-2										
c Tip income not reported on line 1a (see instructions)										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
e Taxable dependent care benefits from Form 2441, line 26										
f Employer-provided adoption benefits from Form 8839, line 29										
g Wages from Form 8919, line 6										
h Other earned income (see instructions)										0.
i Nontaxable combat pay election (see instructions)									1i	
z Add lines 1a through 1h										78,960.
2a Tax-exempt interest	2a		b Taxable interest	2b						1.
3a Qualified dividends	3a		b Ordinary dividends	3b						
4a IRA distributions	4a		b Taxable amount	4b						
5a Pensions and annuities	5a		b Taxable amount	5b						
6a Social security benefits	6a		b Taxable amount	6b						
c If you elect to use the lump-sum election method, check here (see instructions)										
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here				7						126.
8 Other income from Schedule 1, line 10				8						-8,181.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				9						70,906.
10 Adjustments to income from Schedule 1, line 26				10						
11 Subtract line 10 from line 9. This is your adjusted gross income				11						70,906.
12 Standard deduction or itemized deductions (from Schedule A)				12						12,950.
13 Qualified business income deduction from Form 8995 or Form 8995-A				13						
14 Add lines 12 and 13				14						12,950.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				15						57,956.

Attach Sch. B if required.

Standard Deduction for—
 • Single or Married filing separately, \$12,950
 • Married filing jointly or Qualifying surviving spouse, \$25,900
 • Head of household, \$19,400
 • If you checked any box under **Standard Deduction**, see instructions.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 8,372.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 12,263.

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

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 3,891.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Amount owed is 0.

Third Party Designee section. Includes fields for name, phone number, and PIN. Option 'No' is selected.

Sign Here section. Includes signature lines for preparer and spouse, date, occupation, and ID protection PIN fields.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, firm name, address, and EIN.

**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

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAMRAJYAM SINGU

Your social security number
139-63-8096

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	-8,181.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ 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 nonqualified 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-SR, or 1040-NR, line 8	10	-8,181.

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

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 8l 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 8m	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 D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

SAMRAJYAM SINGU

Your social security number

139-63-8096

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,843.	1,717.		126.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 126.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	126.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 2em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Name(s) shown on return
SAMRAJYAM SINGU

Your social security number
139-63-8096

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 2022 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	3-29-14/12 KRISHNA NAGAR 6 LANE GUNTUR, ANDHRA PRADESH IN 522006
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 if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A 3		340	0	<input type="checkbox"/>
B				<input type="checkbox"/>
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	3 542.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 849.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,104.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,249.		
15 Supplies	15 2,841.		
16 Taxes	16		
17 Utilities	17 1,680.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 8,723.		
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 -8,181.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,181.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 542.		
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 8,723.		
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 (8,181.)		
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 -8,181.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,181.

Schedule E (Form 1040) 2022

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),
'2022 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2022 PA-40 V PA PAYMENT VOUCHER

1555
REV 03/01/23 PRO

139-63-8096 SI

2200916803

PAYMENT AMOUNT

SINGU
SAMRAJYAM

690-907-3040

₹ 4.00

APT 7208
7000 DEE LANE
MALVERN
PA
19355

DEPARTMENT USE ONLY

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

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

139638096

SINGU

SAMRAJYAM

Occupation SOFTWARE D

Occupation

APT 7208

7000 DEE LANE

MALVERN

PA 19355

690-907-3040

15900

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 WEST CHESTER

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 78960

1b 0

1c 78960

2 1

3 0

4 0

5 126

6 0

7 0

8 0

9 79087

10 0

11 79087



PA-40 - 2022

Social Security Number

139638096 Name(s) SAMRAJYAM SINGU

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

12 2428

13 2424

14 Credit from your 2021 PA Income Tax return.

15 2022 Estimated Installment Payments. REV-459B included.

N

16 2022 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.

14 0

15 0

16 0

17 0

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19a 00

19b Dependents, Section II, Line 2, PA Schedule SP

19b 00

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

20 0

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

22 0

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

23 0

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

24 2424

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

25 0

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

26 4

27 Penalties and Interest. See the instructions. Enter Code:

27 0

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

28 4

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

29 0

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

REFUND

30 0

31 Credit - Amount of Line 29 you want as a credit to your 2023 estimated account.

31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.

32

33 Refund donation line. Enter the organization code and donation amount. See instructions.

33

34 Refund donation line. Enter the organization code and donation amount. See instructions.

34

35 Refund donation line. Enter the organization code and donation amount. See instructions.

35

36 Refund donation line. Enter the organization code and donation amount. See instructions.

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 031523

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703



PA SCHEDULE A
Interest Income

2201210024

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

2022

OFFICIAL USE ONLY

Name (if filing jointly, use name shown first on the PA-40) SAMRAJYAM SINGU	Social Security Number (shown first) 139-63-8096
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CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer Spouse Joint

1. Interest income reported on your federal return. See instructions.	1.	\$	1
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$	
3. Other addition adjustments. See instructions. Description: _____	3.	\$	
4. Add Lines 1, 2 and 3.	4.	\$	1
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$	
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$	
7. Interest income from direct obligations of the U.S. government.	7.	\$	0
8. Other reduction adjustments. See instructions. Description: _____	8.	\$	
9. Add Lines 5, 6, 7 and 8.	9.	\$	0
10. Subtract Line 9 from Line 4.	10.	\$	1
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$	
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$	
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	\$	
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	\$	
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	\$	
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$	1

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2201210024

PA SCHEDULE E
Rents and Royalty Income (Loss)

2201410020

PA-40 E (EX) 06-22 (1)
PA Department of Revenue

2022

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule
SAMRAJYAM SINGU

Social Security Number (shown first) or EIN
139-63-8096

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	3-29-14/12	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	KRISHNA NAGAR 6 LANE GUNTUR, ANDHRA PRADESH, 522006, 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	542		
2. Royalties received			
Expenses: 3. Advertising			
4. Automobile and travel			
5. Cleaning and maintenance	849		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees	1,104		
10. Mortgage interest			
11. Other interest			
12. Repairs	2,249		
13. Supplies	2,841		
14. Taxes - not based on net income			
15. Utilities	1,680		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	8,723		
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"/>
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)			
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)			0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)			
24. 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)			0

REV 03/01/23 PRO

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2201410020

2201410020



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

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 22

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 SINGU, SAMRAJYAM		SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	
STREET ADDRESS (No PO Box, RD or RR) 7000 DEE LANE, APT 7208			
SECOND LINE OF ADDRESS			
CITY MALVERN		STATE PA	ZIP CODE 19355
DAYTIME PHONE NUMBER	RESIDENT PSD CODE 1 5 0 4 0 3	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 checked="" 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 3 9 6 3 8 0 9 6</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>
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1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)	78960 .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)	78960 .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)	78960 .00	0 .00
9. Total Tax Liability (Line 8 multiplied by 1.0000)	790 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	790 .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)	790 .00	0 .00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)	0 .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 03/01/23 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:**

Declaration Control Number/Submission ID

Primary Taxpayer's Name SAMRAJYAM SINGU	Social Security Number 139-63-8096
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 income (Form PA-40, Line 11)	1.	79,087
2. PA tax liability (Form PA-40, Line 12)	2.	2,428
3. Total PA tax withheld (Form PA-40, Line 13)	3.	2,424
4. Amount to be refunded (Form PA-40, Line 30)	4.	
5. Total payment (tax due) (Form PA-40, Line 28)	5.	4

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 38096 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
-----------	------

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
-----------	------

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 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 SAMRAJYAM SINGU	Social Security Number 139-63-8096
-------------------------	---------------------------------------

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	<input type="checkbox"/>	T	<input type="checkbox"/>	YZENX INC 47-3442666	78,960. 78,960.	78,960. 2,424.	PA
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2	78,960.	0.
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	2,424.	

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	<input type="checkbox"/>	T	47-3442666	150403	78,960.	790.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	78,960.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	790.	

Excess Reimbursements

* N T / T X B L	Description	Employer's EIN	T/S	Amount
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

	Taxpayer	Spouse
Excess Reimbursements		

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

Table with 8 columns: *, Payer Name, Payer EIN, T/S, Code, PA Taxable Comp., PA Tax Withheld, Fed. Income. Includes three empty rows for data entry.

Pennsylvania Payment type:

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

Table for Pennsylvania Withholding with columns for Taxpayer and Spouse. Includes a row for Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.

Compensation from Federal Forms 1099R

Table with 8 columns: *, Payer's EIN, Payer's Name, T, S, Fed #, PA Type, Gross Distribution, Basis, PA Taxable, PA Tax Withheld. Includes four empty rows for data entry.

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

Pennsylvania Distribution type:

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

Table for Pennsylvania Withholding with columns for Taxpayer and Spouse. Includes rows for Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans, Distribution from Charitable Gift Annuities, Compensation from Form 1099R (eligible retirement plans), and Withholding.

Total Gross Compensation

Table for Total Gross Compensation with columns for Taxpayer and Spouse. Includes rows for Total gross compensation to Form PA-40 line 1a, Total Schedule NRH gross compensation to PA-40, line 12, and Withholding to Form PA-40 line 13.

Total gross compensation to Form PA-40 line 1a 78,960.

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