Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)				
Taxpayer's name	Soc	ial security num	ber	
NITHIN PONUGOTI	3.	55-91-678	37	
Spouse's name	Spo	use's social sec	curity number	
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter yea	r you are au	ıthorizing.)	
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			55,9	
2 Total tax			5,08	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			9,2	
4 Amount you want refunded to you			4,2	11.
Part II Taxpayer Declaration and Signature Authorization (Be sure y	ou get and keep	a copy of	vour return)	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (origin my knowledge and belief, it is true, correct, and complete. I further declare that the amount return (original or amended) I am now authorizing. I consent to allow my intermediate service prosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipe for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instituti payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues of personal identification number (PIN) below is my signature for the income tax return (original of Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to entermine the signature on the income tax return (original or amount if you are entering your own PIN and your return is filed using the Practitic	s in Part I above are provider, transmitter, or reason for rejection authorize the U.S. Trion account indicated nancial institution to ent to terminate the ancellation requests involved in the proceedated to the payment or amended) I am now the or generate my Pang. ended) I am now a now	e the amounts or electronic recoft the transme easury and its do in the tax predebit the entry authorization. must be recessing of the east. I further a wauthorizing a law authorizing a law authorizing a law authorizing a law authorizing. C	from the incompturn originator (ission, (b) the redesignated Final paration softwat to this account. To revoke (candived no later the electronic payments of the paration of the payments of	ne tax (ERO) eason ancial are for This cel) a han 2 ent of at the e, my only
below. Your signature	Date ▶	THE LITO HIGS	st complete i a	ait iii
Spouse's PIN: check one box only				
L authorize ERO firm name to ente	er or generate my P		digits, but	s my
signature on the income tax return (original or amended) I am now authorizing	na.		er all zeros	
I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.	ended) I am now a			
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—con	ntinue below			
Part III Certification and Authentication — Practitioner PIN Method C	Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P		4 9 6 6 Don't enter all z		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	that I am submitting	this return in	accordance wit	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Ins Don't Submit This Form to the IRS Unless Req		0		

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	s X	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (H0)H)		ifying sur		
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you cl	necke	ed the HOH or	QSS box, en	ter the	•	ıse (QSS) name if tl		
	pers	on is a child but not your dependent	:	,							. , ,	
Your first name	and mi	iddle initial	Last na	me					Your so	cial securi	ty number	
NITHIN			PONU	GOTI				355-91-6787				
If joint return, s	pouse's	s first name and middle initial	Last nai	me					Spouse'	s social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons			Apt. no.		Drosido	ntial Flecti	on Campaign	
	,	ER DRIVE					1.4			nere if you		
		ce. If you have a foreign address, also co	mplete si	paces below.	Stat	e	ZIP code		spouse	if filing joir	ntly, want \$3	
AUSTIN		, a			TX		78728			this fund. ow will not	Checking a	
Foreign countr	v name		F	Foreign province/state/o			Foreign postal	code		or refund	0	
3	,			, , , , , , , , , , , , , , , , , , ,		'			•	You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	ent for prope	rty or service	s); or ((b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See i	nstru	ctions.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	Was bor	n before Janı	ary 2	, 1958	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	the bo	x if qualit	ies for (see	e instructions):	
If more		irst name Last name		number		to you	Child	tax cr	edit	Credit for ot	ther dependents	
than four												
dependents, see instruction	s ——											
and check	. —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a		63,004.	
	b	Household employee wages not re		, ,					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see ir	nstru	ctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .					1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>						
	Z	Add lines 1a through 1h							1z		63,004.	
Attach Sch. B	2 a	· -	2a			xable interes			2b			
if required.	3a_	Qualified dividends	3a			dinary divide			3b			
	4a	-	4a			xable amoun			4b			
Standard Deduction for—	5a	-	5a			xable amoun			5b			
Single or	6a	,	6a			xable amoun	t	٠ -	6b			
Married filing separately,	c	If you elect to use the lump-sum e			`	,			-			
\$12,950	7	Capital gain or (loss). Attach Sche						. L	7			
 Married filing jointly or 	8	Other income from Schedule 1, lin							8		<u>-7,005.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					9		55 , 999.	
\$25,900	10	Adjustments to income from Sche							10			
 Head of household, 	11	Subtract line 10 from line 9. This is	-						11		<u>55,999.</u>	
\$19,400	12	Standard deduction or itemized		•	,				12		12,950.	
If you checked any box under	13	Qualified business income deduct							13	_	10 050	
Standard Deduction,	14			ontor O. This is w					14		12 , 950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our t a	axable incom			15	1	43,049.	

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌	1	16	-	83.
Credits	17	Amount from Schedule 2, lin	ne 3				1	17		
	18	Add lines 16 and 17					1	18	5,0	183.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19		
	20	Amount from Schedule 3, lin	ne 8				2	20		
	21	Add lines 19 and 20					2	21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0			2	22	5,0	183.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21		2	23		0.
	24	Add lines 22 and 23. This is	your total tax				2	24	5,0	183.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a 9,	,294.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	•				2	5d	9,2	94.
.,	26	2022 estimated tax paymen					2	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31				ndable credits	3	32		
	33	Add lines 25d, 26, and 32. T					3	33	9,2	94.
Refund	34	If line 33 is more than line 2	•					34	4,2	211.
neiulia	35a	Amount of line 34 you want				•	. 🗆 🖪	5a	4,2	11.
Direct deposit?	b	Routing number 0 8 1					Savings			
See instructions.	d	Account number 3 5 5	0 0 8 6	3 0 0 0	5 2 1	_				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	•	For details on how to pay, g					3	37		
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	uss this retu	n with the IRS?	See				
Designee [*]	ins	structions				. 🗌 Yes. Co	mplete belo)W.	× No	
		signee's ne		Phone no.			nal identificat er (PIN)	ion _	$\overline{}$	$\neg \neg$
							. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con								
Here		ur signature	,	Date	Your occupation				you an Identit	•
	10	ar orginaturo		Bato	Tour occupation				l, enter it here	•
Joint return?					JAVA DEVEL	OPER	(see inst	.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			your spouse a	
your records.							(see inst		tion PIN, ente	r it nere
		one no. (510) 304-221	7	Email address	NT THE TABONISCO	TT / 20 CM X TT CO	1,			
		one no. (510) 304-221 eparer's name	Preparer's signat		MITHINFONUGO	TI43@GMAIL.COI Date	PTIN	<u> </u>	Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסשא שאננאש		P0208270		Self-emple	oved
Preparer		m's name GLOBAL TA	1	IVIII DUGUL	OOLIA TAHLAM	02/03/2023		_	78) 965-9	
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		88-2145	
Co to warming =				TANATON IN		DEL/ 04/00/22	THIIISE	I N	Form 104	
GO TO WWW.IIS.go	UVIFUIT	n1040 for instructions and the late	อเ แบบแลนบแ.		BAA	REV 01/28/23 PRO			ronn 104	(2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NITHIN PONUGOTI 355-91-6787

Par	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. Atta	ach Schedule E .	5	-7,005.
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		
ı	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		
0	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 (4	
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:	0-		
0	Total ather income. Add lines On three tables	8z		
9 10	Total other income. Add lines 8a through 8z		10	-7,005.
IU	Compine lines i unioudii / and 5. chilef here and on form 1040. 1040-5K.	. UL TU4U-INA. IIIIE 8	10	-/ , 005.

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(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. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number NITHIN PONUGOTI 355-91-6787 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) P.NO:99, JAYAKRISHNA ENCL. SAROORNAGAR, R.R DIST TELANGANA IN 500079 Α B C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 638. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,158. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,337. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,644. 14 14 Repairs 1,598. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,906. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 7,643. 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 -7,005. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,005.) 638. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 7,643. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

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 .

25

7,005.

-7,005.

25

26

PA-40 - 2022

Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

					N N	Extens	sion.	N	Amended Return.
355	1916787				N	Reside	ency Status	i.	
PON	UGOTI				IN IN				Part-Year Resident to
NIT	HIN	Occupati	on JAVA	DEVEL	Z		e, Married/ ed/Filing S	_	intly, , F inal Return
		Occupati	on			Decea			
					N	Decea	scu		
					N	Taxpa	yer Date of	f Death	
	L SCHWEINER ARTHE				N	Spous	e Date of I	Death	
7U.	SCHNEIDER DRIVE				N	Farme	rs.		
AUS	TIN	ΤX	78728			Schoo	l District N	Vame NO	T IN PA
	510-304-2217		99999						
1a	Gross Compensation. Do not include equalifying retirement benefits. See the			combat zone pay	and		la		39360
1b 1c	Unreimbursed Employee Business Exp Net Compensation. Subtract Line 1b fr		1a.				lb lc		0 39360
2	Interest Income. Complete PA Schedul		-				2		0
3	Dividend and Capital Gains Distribution Net Income or Loss from the Operation		-		quired.		4		0
			,						J
5	Net Gain or Loss from the Sale, Exchan	nge or Di	sposition of Pr	operty.			5		0
6	Net Income or Loss from Rents, Royal			nts.			-		
7	Estate or Trust Income. Complete and s			. J1. T			7 8		
8 9	Gambling and Lottery Winnings. Comp Total PA Taxable Income. Add only t				lc.		9		0 39360
	2, 3, 4, 5, 6, 7 and 8. DO NOT ADD at	~			,				0 0 0
10	Other Deductions. Enter the appropri		for the type of	deduction.	N		10		0
11	See the instructions for additional info Adjusted PA Taxable Income. Subtract) from Line ()				11		ח זכםכ
11	Aujusteu FA Taxable Income, Subtrac	a Line I	J Iroin Line 9.						39360
1555	REV 01/31/23 PRO								





Social Security Number

355916787 Name(s) NITHIN PONUGOTI

12 13	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instru				13 13		7508 7508
14 15 16 17 18	2022 Estimated Installment Payments 2022 Extension Payment.	REV-459B included. PA Schedule(s) NRK-1.	(Nonresidents only)	N	14 15 16 17		0 0 0 0
19a	Forgiveness Credit. Submit PA Sch Filing Status: 01 Unmarried or S Dependents, Section II, Line 2, PA Sc Total Eligibility Income from Section Tax Forgiveness Credit from Section	Separated 02 Marrie Chedule SP III, Line 11, PA Schedul	le SP.		19a 19b 20 21	00 00	<u> </u>
22 23 24 25 26 27	Resident Credit. Submit your PA Sch Total Other Credits. Submit your PA S TOTAL PAYMENTS and CREDIT USE TAX. Due on internet, mail order TAX DUE. If the total of Line 12 and Penalties and Interest. See the instruc- If including form RE	Schedule OC and/or PA is S. Add Lines 13, 18, 21, ier or out-of-state purchased Line 25 is more than line	Schedule DC. 22 and 23. es. See instructions. e 24, enter the differe ode:	nce here.	22 23 24 25 26 27		0 0 7509 0
28 29	TOTAL PAYMENT DUE. See the in OVERPAYMENT. If Line 24 is morthe difference here.	e than the total of Line 12	2, Line 25 and Line 2	7, enter	28 29		0
30 31	The total of Lines 30 through 36 mu Refund – Amount of Line 29 you wan Credit – Amount of Line 29 you wan	nt as a check mailed to yo		REFUND	37 30		0
33 34 35 36 Sign	Refund donation line. Enter the organ ature(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best	nization code and donation nization code and donation nization code and donation nization code and donation re that I (we) have examined this	n amount. See instruction amount. See instruction amount. See instruction amount. See instruction amount. See instructions return, including all	tions. tions. tions.	32 33 34 35 36		
	Signature	Spouse's Signature, if fi		, '			
•	arer's Name and Telephone Number		Date	E-File Op	t Out	N	
	AM PRIYA RAM SAGAR 6 39659522	OPIA IALLAM	020323	Firm FEII Preparer's			82145487 02082703

1555 REV 01/31/23 PRO

Page 2 of 2



PA SCHEDULE E

Rents and Royalty Income (Loss)

			PA-40 E (EX) 06-22 (I) PA Department of Revenue						OFFIC	IAL USE ONLY
			taxpayer filing this schedule PONUGOTI					al Security No	umber (shown	
Sales	s Tax L	cer	nse Number (if applicable). See the instructions.	Are r	rental payment	s made	e by lessees th	rough a third pa	rty broker?	Yes No
of o	il, gas	aı	ructions. Report the income and expenses for the use of your persond other minerals from your property, and the use of your patent nerals from your property or producing products from your patent	its and cop	yrights. No	e: If	you are in			
S	ECT	O	PROPERTY DESCRIPTION							
Ente	er the	typ	e and complete address of each rental real estate property, and/o	or each soul	rce of royal	y inc	ome. See th	e instruction	S.	
	Type		Description of Property For Profit Prope	erty	Complete A	ddre	ess (street, c	ity, state and	ZIP code)	
Α			YES	P.NO:	99,JA	YAF	KRISHN	IA ENC	L.	
	3	:		SAROORN	IAGAR, R	R I	DIST, T	ELANGANA	50007	9, India
В			YES —							
			NO 🔵							
С			YES							
			NO 🗀							
Prop	perty 1	уp	e: 1. Single family residence 3. Vacation/short-term rental 5. La 2. Multi-family residence 4. Commercial 6. R	and oyalties	7. Self-rei 8. Other,		ibe:			
S	ECT	Ol	N II INCOME & EXPENSES							
				Pro	perty A		Prope	rty B	Prope	erty C
	Line	a:	Identify the property from Section I and indicate ownership (T/S/J)	● T ⊂	⊃ s —	J	ОТ С	s 🗆 J	□ T	s 🔾 J
	Line	b:	Is the property rental location in PA?	C YES	S N)	YES	ONO	YES	ON O
	Line	c:	Is the property rented for any period less than 30 days?	C YES	S N)	YES	ONO	YES	NO
Inco	me:	1.	Rent received		63	8 8				
		2.	Royalties received							
Ехр	enses	3.	Advertising							
		4.	Automobile and travel 4.							
		5.	Cleaning and maintenance		1,15	8				
		6.	Commissions							
		7.	Insurance							
		8.	Legal and professional fees							
		9.	Management fees 9.		1,33	37				
		10.	Mortgage interest							
		11.	Other interest							
		12.	Repairs		1,64	_				
		13.	Supplies		1,59	8				
		14.	Taxes - not based on net income							
		15.	Utilities		1,90) 6				
		16.	Depreciation expense - See the instructions			_				
		17.	Other expenses (itemize):			4				
						\perp				
		18.	Total Expenses - Add Lines 3 through 17		7,64	13				
Inco		19.	Income – Subtract Line 18 from Line 1 or 2							
or L	.oss:	20.	Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.			0				
		21.	Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the installation of the company of the c	structions	(fill i	the o	oval, if a net los	ss) 21.		
		22.	Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	e instructions	(fill i	the o	oval, if a net lo	ss) 22.		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 i	the o	oval if a not lo	ss) 23.		
		24.	Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more th	nan one schedu	ule,			,		
			total all Line 22 and 23 amounts and include on Line 6 of your PA-40.		(fill i	the o	val, if a net lo	ss) 24.		0





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

PA-8879 (EX) 11-22	2022
Declaration Control Number/Submission ID	
Primary Taxpayer's Name NITHIN PONUGOTI	Social Security Number 355-91-6787
Secondary Taxpayer's Name	Social Security Number
SECTION I TAX RETURN INFORMATION – TAX YEAR EN	IDING DEC. 31, 2022 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	139,360
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	31,208
4. Amount to be refunded (Form PA-40, Line 30)	
5. Total payment (tax due) (Form PA-40, Line 28)	5. <u> </u>
SECTION II DECLARATION AND SIGNATURE AUTHORIZ	ATION OF TAXPAYER
system and software to prepare and transmit my return electronically, I conse software and to the transmission of my tax return electronically to the PA Depart the amounts shown on the copy of my electronic income tax return. If applicate agents to initiate an electronic funds withdrawal (direct debit) entry to my desinstitution to debit the entry to my account and the financial institutions involve information necessary to answer inquiries and resolve issues related to paymente United States or one of its territories. I have selected a personal identification, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Ma	artment of Revenue. I further declare that the amounts in Section I above are able, I authorize the PA Department of Revenue and its designated financial signated account for Pennsylvania taxes owed. I also authorize my financial ed in the processing of my electronic payment of taxes to receive confidential ent. I certify the funds for this withdraw are originating from an account within fication number as my signature for my electronic income tax return and, in
CX) Lauthorize GLOBAL TAXES LLC to er	oter my PIN 16787 as my signature on my tax year 2022
electronically filed income tax return.	30 my 1 m
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 er electronically filed income tax return.	nter my PIN as my signature on my tax year 2022
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 – PI	RACTITIONER PIN PROGRAM PARTICIPANTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-sele	ected PIN222496_ / 61989
As a participant in the Practitioner PIN Program, I certify the above numeric eincome tax return for the taxpayer(s) indicated above. I confirm I am participestablished 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.

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					Federal For	ms W-2				
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				81-40551	UTE TECHNOLOGIES LLO		63,004. 63,004.	yer	39,360. 1,208.	PA O.
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# of V2	*	TS	id€	Employer entification mber from box B	Locality name		Local wages tips, etc. (local) from box 18	, _	ocal income tax (local) from box 19	ST
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No	onca	sh tip:	S		ed Tips, line 6		Taxpa		Spouse	•
					Excess Reimbu	ırsements				
	*				Description	Em	ployer's EIN	T/S	Amoun	t
F										

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
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				Descri		ot listed	above			
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vvithh	olding		• •					· ·		
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*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gro Distrib		E	Basis	PA Taxable	PA Tax Withheld
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* E	enter an 'X' if this incon	ne is	Not	subjec	t to Penns	sylvania	a tax - F	PA Part-Year	and Nonresid	ents Only.
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