

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 NITHIN PONUGOTI	Social security number 355-91-6787
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	55,999.
2 Total tax	2	5,083.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,294.
4 Amount you want refunded to you	4	4,211.
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

1	6	7	8	7
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 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 ▶ *P. Nithin* Date ▶ 02/04/2023

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 NITHIN	Last name PONUGOTI	Your social security number 355-91-6787
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. 109 SCHNEIDER DRIVE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. AUSTIN		State TX
Foreign country name		Foreign province/state/county
ZIP code 78728		Foreign postal code
		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

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):

(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
If more than four dependents, see instructions and check here <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"/>

Income		1a	63,004.
1a Total amount from Form(s) W-2, box 1 (see instructions)		1a	63,004.
b Household employee wages not reported on Form(s) W-2		1b	
c Tip income not reported on line 1a (see instructions)		1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
e Taxable dependent care benefits from Form 2441, line 26		1e	
f Employer-provided adoption benefits from Form 8839, line 29		1f	
g Wages from Form 8919, line 6		1g	
h Other earned income (see instructions)		1h	0.
i Nontaxable combat pay election (see instructions)	1i		
z Add lines 1a through 1h		1z	63,004.
2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRA distributions	4a	4b Taxable amount	4b
5a Pensions and annuities	5a	5b Taxable amount	5b
6a Social security benefits	6a	6b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	8 Other income from Schedule 1, line 10	8 -7,005.
8 Other income from Schedule 1, line 10		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 55,999.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		10 Adjustments to income from Schedule 1, line 26	10
10 Adjustments to income from Schedule 1, line 26		11 Subtract line 10 from line 9. This is your adjusted gross income	11 55,999.
11 Subtract line 10 from line 9. This is your adjusted gross income		12 Standard deduction or itemized deductions (from Schedule A)	12 12,950.
12 Standard deduction or itemized deductions (from Schedule A)		13 Qualified business income deduction from Form 8995 or Form 8995-A	13
13 Qualified business income deduction from Form 8995 or Form 8995-A		14 Add lines 12 and 13	14 12,950.
14 Add lines 12 and 13		15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 43,049.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,083.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,083.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,083.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,083.
	Payments	25	Federal income tax withheld from:	
a		Form(s) W-2	25a	9,294.
b		Form(s) 1099	25b	
c		Other forms (see instructions)	25c	
d		Add lines 25a through 25c	25d	9,294.
26		2022 estimated tax payments and amount applied from 2021 return	26	
27		Earned income credit (EIC)	27	
28		Additional child tax credit from Schedule 8812	28	
29		American opportunity credit from Form 8863, line 8	29	
30		Reserved for future use	30	
31		Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	9,294.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,211.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,211.
	b	Routing number 0810000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 355008630062		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Phone no. (510) 304-2217 Email address NITHINPONUGOTI43@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/03/2023	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816		(678) 965-9522	88-2145487

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
NITHIN PONUGOTI

Your social security number
355-91-6787

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-7,005.
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 ABL 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	-7,005.

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

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

355916787

PONUGOTI

NITHIN

Occupation JAVA DEVEL

Occupation

109 SCHNEIDER DRIVE

AUSTIN

TX 78728

510-304-2217

99999

N Extension. N Amended Return.

N 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 NOT IN PA

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.

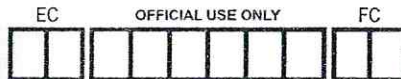
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

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	39360
1b	0
1c	39360
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	39360
10	0
11	39360



PA-40 - 2022
Social Security Number

2200213359

355916787 Name(s) NITHIN PONUGOTTI

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12	1208
13 Total PA Tax Withheld. See the instructions.	13	1208
14 Credit from your 2021 PA Income Tax return.	14	0
15 2022 Estimated Installment Payments. REV-459B included. N	15	0
16 2022 Extension Payment.	16	0
17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17	0
18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	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	1208
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	0
27 Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	27	0
28 TOTAL PAYMENT DUE. See the instructions.	28	0
29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. The total of Lines 30 through 36 must equal Line 29.	29	0
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	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	020323

E-File Opt Out N
Firm FEIN 882145487
Preparer's PTIN P02082703



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: **NITHIN PONUGOTI** Social Security Number (shown first) or EIN: **355-91-6787**

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	: PLOT.NO:99 JAYAKRISHNA ENCLAV	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	P.NO:99,JAYAKRISHNA ENCL. SAROORNAGAR,R.R DIST, TELANGANA, 500079, 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	638		
2. Royalties received			
Expenses: 3. Advertising			
4. Automobile and travel			
5. Cleaning and maintenance	1,158		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees	1,337		
10. Mortgage interest			
11. Other interest			
12. Repairs	1,644		
13. Supplies	1,598		
14. Taxes - not based on net income			
15. Utilities	1,906		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	7,643		
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)	0		
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 01/31/23 PRO

1555



2201410020

2201410020



PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

PA-3879 (EX) 11-22

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 ENDING DEC. 31, 2022 (whole dollars only)	
1. Adjusted PA taxable income (Form PA-40, Line 11)	1. 39,360
2. PA tax liability (Form PA-40, Line 12)	2. 1,208
3. Total PA tax withheld (Form PA-40, Line 13)	3. 1,208
4. Amount to be refunded (Form PA-40, Line 30)	4.
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.

X I authorize GLOBAL TAXES LLC to enter my PIN 16787 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
NITHIN PONUGOTI

Social Security Number
355-91-6787

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"/>	INTELIRROUTE TECHNOLOGIES LLC 81-4055190	63,004. 63,004.	39,360. 1,208.	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	39,360.	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	1,208.	

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
	<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 Local W-2		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding		

Excess Reimbursements

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

	Taxpayer	Spouse
Excess Reimbursements		

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

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- A Executor fee
- 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: _____

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

Pennsylvania Distribution type:

- N No entry
- 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)

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	39,360.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	1,208.	_____

Total gross compensation to Form PA-40 line 1a 39,360.

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