

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



03 01 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 349 08 0054

✓ If deceased

Spouse's SSN (if filing jointly) 182 45 0745

✓ If deceased

School district # 9999

First name SUBHAKAR

M.I. Last name MATTIGIRI

Spouse's first name (if filing jointly) SUDHESHNA

M.I. Last name POLISETTY

Address line 1 (number and street) or P.O. Box 5120 CATAWBA DR

Address line 2 (apartment number, suite number, etc.)

City ERIE

State ZIP code PA 16506

Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. Resident, Part-year resident, Nonresident PA. Check only one for spouse (if filing jointly). Resident, Part-year resident, Nonresident PA.

Filing Status - Check one (as reported on federal income tax return). Single, head of household or qualifying widow(er), Married filing jointly, Married filing separately. Spouse's SSN.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (179801), Additions (2a), Deductions (2b), Ohio adjusted gross income (179801), Exemption amount (5700), Ohio income tax base (174101), Taxable business income (6), and Taxable nonbusiness income (174101).



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 349 08 0054

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (174101), 8a. Nonbusiness income tax liability (5601), 8b. Business income tax liability (5601), 8c. Income tax liability before credits (5601), 9. Ohio nonrefundable credits (2874), 10. Tax liability after nonrefundable credits (2727), 11. Interest penalty on underpayment of estimated tax (11), 12. Unpaid use tax (12), 13. Total Ohio tax liability before withholding (2727), 14. Ohio income tax withheld (2798), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (2798), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (2798), 21. Tax due (21), 22. Interest due on late payment of tax (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (71), 25. Original return only (25), 26. Original return only (a-f) (26g).

27. REFUND (line 24 minus lines 25 and 26g) YOUR REFUND 71

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (405) 312-8002
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522
Preparer's TIN (PTIN) P 02470833

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057



03 01 23

Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

Table with 24 rows of credit categories and amounts. Row 1: Tax liability before credits (from Ohio IT 1040, line 8c) 5601. Row 2: Retirement income credit (include 1099-R forms) 2. Row 3: Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) 3. Row 4: Senior citizen credit (must be 65 or older to claim this credit) 4. Row 5: Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) 5. Row 6: Child care & dependent care credit (include a copy of the worksheet) 6. Row 7: Displaced worker training credit (include a copy of the worksheet and all required documentation) 7. Row 8: Campaign contribution credit for Ohio statewide office or General Assembly 0. Row 9: Income-based exemption credit 0. Row 10: Total (add lines 2 through 9) 0. Row 11: Tax less credits (line 1 minus line 10; if negative, enter zero) 5601. Row 12: Joint filing credit (see instructions for table). 5 % times line 11, up to \$650 280. Row 13: Earned income credit 13. Row 14: Home school expenses credit (include copies of all required documentation) 14. Row 15: Scholarship donation credit (include copies of all required documentation) 15. Row 16: Nonchartered, nonpublic school tuition credit (include copies of all required documentation) 16. Row 17: Vocational job credit (include a copy of the credit certificate) 17. Row 18: Ohio adoption credit 18. Row 19: Nonrefundable job retention credit (include a copy of the credit certificate) 19. Row 20: Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 20. Row 21: Grape production credit 21. Row 22: InvestOhio credit (include a copy of the credit certificate) 22. Row 23: Lead abatement credit (include a copy of the credit certificate) 23. Row 24: Opportunity zone investment credit (include a copy of the credit certificate) 24.



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

349 08 0054



22280298

Sequence No. 8

25. Technology investment credit carryforward (include a copy of the credit certificate).....	25.	
26. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	26.	
27. Research & development credit (include a copy of the credit certificate).....	27.	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	28.	
29. Total (add lines 12 through 28) .....	29.	280
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero).....	30.	5321

**Nonresident Credit**

Dates of Ohio residency	to	Other state of residency	
31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	31.	87667	
32. Ohio adjusted gross income (Ohio IT 1040, line 3).....	32.	179801	
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) .....	33a.	0.4875	
33. Nonresident credit (line 30 times line 33a) .....	33.		2594

**Resident Credit**

34. Resident credit – Ohio IT RC, line 7 (include a copy) .....	34.	
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) .....	35.	2874

**Refundable Credits**

36. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	36.	
37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	37.	
38. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	38.	
39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	39.	
40. Venture capital credit (include a copy of the credit certificate) .....	40.	
41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16).....	41.	

2022 Ohio Schedule of Dependents



22230198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

03 01 23

349 08 0054

Sequence No. 9

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN 004 97 3076
Dependent's date of birth (MM-DD-YYYY) 02 13 2017
Dependent's relationship to you SON

Dependent's first name VISWA
M.I. Dependent's last name MATTIGIRI

2. Dependent's SSN
Dependent's date of birth (MM-DD-YYYY)
Dependent's relationship to you

Dependent's first name
M.I. Dependent's last name

3. Dependent's SSN
Dependent's date of birth (MM-DD-YYYY)
Dependent's relationship to you

Dependent's first name
M.I. Dependent's last name

4. Dependent's SSN
Dependent's date of birth (MM-DD-YYYY)
Dependent's relationship to you

Dependent's first name
M.I. Dependent's last name

5. Dependent's SSN
Dependent's date of birth (MM-DD-YYYY)
Dependent's relationship to you

Dependent's first name
M.I. Dependent's last name

6. Dependent's SSN
Dependent's date of birth (MM-DD-YYYY)
Dependent's relationship to you

Dependent's first name
M.I. Dependent's last name

7. Dependent's SSN
Dependent's date of birth (MM-DD-YYYY)
Dependent's relationship to you

Dependent's first name
M.I. Dependent's last name





# 2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

349 08 0054



22350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 2798

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	262974301	92134	7537

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
53058070	92134	2798

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------



# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
349 08 0054



22350298

Sequence No. 12

## Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

## Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

## Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

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 01/31/23 PRO

349-08-0054

MA

182-45-0745

2200916803

PAYMENT AMOUNT

MATTIGIRI  
SUBHAKAR  
POLISETTY  
SUDHESHNA

405-312-8002

\$ 2901.00

5120 CATAWBA DR  
ERIE  
PA  
16506

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)

349080054 182450745

MATTIGIRI

SUBHAKAR Occupation SOFTWARE E

SUDHESHNA Occupation SOFTWARE

POLISETTY

5120 CATAWBA DR

ERIE PA 16506

405-312-8002 25850

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

J 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 NORTHWESTERN

- 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 179801

1b 0

1c 179801

2 0

3 0

4 -47804

5 0

6 0

7 0

8 0

9 179801

10 0

11 179801



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

PA-40 - 2022

Social Security Number

349080054 Name(s) SUBHAKAR MATTIGIRI

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
  
- 14 Credit from your 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.
  
- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.
  
- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code: E  
If including form REV-1630/REV-1630A, mark the box. Y
  
- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.  
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2023 estimated account.
  
- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		5520
13		2691
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		2691
25		0
26		2829
27		72
28		2901
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature		Spouse's Signature, if filing jointly	
Preparer's Name and Telephone Number		Date	
VENKATA SAI PAVAN KUMAR DUDIPALLI 6789659522		030123	

E-File Opt Out N

Firm FEIN 882145487

Preparer's PTIN P02470833



**REV-1630 - 2022**  
**Underpayment of Estimated Tax**  
**By Individuals (11-22)**  
**PA Department of Revenue**

SUBHAKAR MATTIGIRI & SUDHESHNA POLISETTY

349080054

**BEFORE YOU BEGIN:** Did you qualify for 100 percent tax forgiveness in 2021? If yes, stop here. You do not owe an estimated underpayment penalty and are not required to complete this form or include it with your return. If no, continue to see if you qualify for any of the exceptions.

**SECTION I – CALCULATING THE UNDERPAYMENT**

1a. 2022 Tax Liability from Line 12 of Form PA-40.	5520
1b. Multiply the amount on Line 1a by 0.90.	4968
2. Add the amounts reported on Lines 13, 17, 21, 22 and 23 of Form PA-40.	2691
3. Subtract Line 2 from Line 1a. If result is less than \$246, stop here.	2829
4. Subtract Line 2 from Line 1b.	2277

**ESTIMATED PAYMENT DUE DATES - Fiscal filers see instructions.**

	a April 15, 2022	b June 15, 2022	c Sept. 15, 2022	d Jan. 17, 2023
5. Divide Line 4 by the number of payments required for the year (usually four). Enter the result in the appropriate columns.	569	569	569	570
6. Estimated tax paid including carryover credit from previous tax year. See instructions.	0	0	0	0
7. Overpayment (from Line 10) from a previous period. See instructions	0	0	0	0
8. Add Lines 6 and 7.	0	0	0	0
9. Underpayment. Subtract Line 8 from Line 5. If Columns a through d are all zero, stop here. No penalty is due.	569	569	569	570
10. Overpayment. Subtract Line 5 from Line 8. If Columns a through d all show an overpayment, stop here. No penalty is due.	0	0	0	0

**SECTION II – EXCEPTIONS TO INTEREST**

You will not have to pay interest on the underpayment if the tax payments you made as shown in Section II, Line 11 were paid on time and the amount shown on Section II, Line 11 is equal to or more than the amount in Section II, Line 12 or Line 13, for the same payment period. This exception does not apply if you did not file a return for the prior year or if the prior year's return was filed as a part-year resident.

**EXCEPTION 1 WORKSHEET – Section II, Line 11 Calculation**

	a April 15, 2022	b June 15, 2022	c Sept. 15, 2022	d Jan. 17, 2023
A. Divide the amount reported in Section I, Line 2 by 4. Enter the amount in each of the four columns.	0	0	0	0
B. Enter the estimated payments reported in Section I, Line 6. Enter the payments under the installment period in which they were paid.	0	0	0	0
C. Add Lines A and B under each column.	0	0	0	0
11. Enter the amounts listed on Exception 1 Worksheet, Line C. For Column a this is the amount from Line C above. For Column b add the amounts of Columns a and b from Line C; for Column c add the amounts from Columns a, b and c; and for Column d add the amounts from Columns a, b, c and d.	0	0	0	0
12. <b>Exception 1</b> – Tax on 2021 income using 2022 tax rate. See instructions.	0	0	0	0

If the amount on Line 11 is equal to or greater than Line 12, you do not owe penalty for that quarter and you should place an X in the applicable box on Line 14a or 14b for that quarter.



REV-1630 - 2022
Underpayment of Estimated Tax
By Individuals (11-22)
PA Department of Revenue

SECTION II - EXCEPTIONS TO INTEREST cont.

EXCEPTION 2 WORKSHEET - Use this worksheet if your income was earned unevenly throughout 2022 and your 2022 estimated tax payments, tax withholdings and credits equal at least 90 percent of the tax on your taxable income for the periods.

EXCEPTION 2 WORKSHEET - Section II, Line 13 Calculation

Table with 5 columns: Description, 01/01/22 - 03/31/22, 01/01/22 - 05/31/22, 01/01/22 - 08/31/22, 01/01/22 - 12/31/22. Rows include A. Enter your actual taxable income for the period, B. Multiply Line A by 3.07 percent (0.0307). This is the tax due., and 13. Exception 2 - Tax on 2022 income over three, five, eight and 12 month periods.

If the amount on Line 11 is equal to or greater than Line 13, you do not owe penalty for that payment period and you should place an X in the applicable box on Line 14a or 14b for that quarter.

SECTION III - CALCULATING INTEREST

COMPLETE LINES 15 THROUGH 16 IF NONE OF THE EXCEPTIONS APPLY. DO NOT USE FEDERAL CALCULATIONS.

Table with 5 columns: Description, 01/01/22 - 03/31/22, 01/01/22 - 05/31/22, 01/01/22 - 08/31/22, 01/01/22 - 12/31/22. Rows include 9. Enter the amounts from Section I, Line 9., 14a. Number of days after due date of estimated payment to and including date of annual payment or Dec. 31, 2022, whichever is earlier. If Dec. 31 is earlier, enter 260, 199 and 107 respectively., 14b. Number of days after due date of estimated payment to and including date of annual payment or April 18, 2023, whichever is earlier. If April 18 is earlier, enter 91., 14c. Number of days after Dec. 31, 2022 to and including date of annual payment or April 18, 2023, whichever is earlier. If April 15 is earlier, enter 108 in each column., 15a. Number of days on Line 14a times 0.000082 times underpayment on Line 9., 15b. Number of days on Line 14b times 0.000192 times underpayment on Line 9., 15c. Number of days on Line 14c times 0.000192 times underpayment on Line 9., and 16. Interest. Add amounts on Lines 15a, b and c. Include on Line 27 of Form PA-40.

SPECIAL EXCEPTION INFORMATION

Please enter the following information to verify the correct application of the special exceptions rule:

A. Enter the amount of your 2021 PA Tax Liability (Line 12 from your 2021 PA-40 tax return), less the amounts from Lines 13, 17, 22 and 23 from your 2021 PA-40 tax return. 0

B. Did you make estimated payments beginning in the period in which it became known that your income not subject to tax exceeded \$8,000? N

If the amount for Line A is \$246 or greater, or if you answer "No" to Line B, you do not qualify for the special exception. To be eligible for the special exception, you must also make estimated payments beginning in the period in which it becomes known that income not subject to withholding will exceed \$8,000. See the instructions for "DETERMINING THE UNDERPAYMENT AMOUNT ON WHICH THE ADDITION OF INTEREST MAY BE ASSESSED" on Page 4 for additional information.

Filing Tips

The department calculates the following using two decimal places:

- Line 1b and Lines 4 through 10 of Section I;
Lines A, B, C and 11 of Exception 1 of Section II;
Line 13 of Exception 2 of Section II; and
Lines 14a through 16 of Section III

Rounding to whole dollars is utilized only on the following:

- Lines 1a, 2 and 3 of Section I;
Line 12 of Exception 1 of Section II; and
Lines A and B of Exception 2 of Section III.

FOR ADDITIONAL INFORMATION, PLEASE SEE THE "EXAMPLE OF INTEREST CALCULATION" ON THE LAST PAGE OF THE INSTRUCTIONS





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 11-22

2022

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary Taxpayer (SUBHAKAR MATTIGIRI) and Secondary Taxpayer (SUDHESHNA POLISETTY).

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2022 (whole dollars only)

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

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.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 80054 as my signature on my tax year 2022 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECONDARY TAXPAYER'S PIN Mark one oval only.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 50745 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.

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 SUBHAKAR MATTIGIRI	Social Security Number 349-08-0054
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**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"/>	S	<input type="checkbox"/>	IDEA TECH SOLUTIONS INC 26-2974301	92,134. 92,134.	92,134. 0.	OH
2	<input type="checkbox"/>	T	<input type="checkbox"/>	SIRI INFO SOLUTIONS INC 20-2544559	87,667. 87,667.	87,667. 2,691.	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"/>				

	<b>Taxpayer</b>	<b>Spouse</b>
Pennsylvania W-2 . . . . .	87,667.	92,134.
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 . . . . .	2,691.	0.

**Federal Forms W-2: Local Tax**

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
2	<input type="checkbox"/>	T	20-2544559	250201	87,667.	1,446.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	<b>Taxpayer</b>	<b>Spouse</b>
Pennsylvania Local W-2 . . . . .	87,667.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Withholding . . . . .	1,446.	

**Excess Reimbursements**

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

	<b>Taxpayer</b>	<b>Spouse</b>
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:**

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

	<b>Taxpayer</b>	<b>Spouse</b>
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:**

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

	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a . . . . .	87,667.	92,134.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	2,691.	0.

Total gross compensation to Form PA-40 line 1a . . . . .	179,801.
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\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.