#### Department of the Treasury Internal Revenue Service

# 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 Social security number MOUNICA ANNAPARTHI 877-88-8624 Spouse's name Spouse's social security number 052-31-2843 PAVAN RAGHAVA NEELA Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. 1 197,761. 1 2 2 26,982. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . 3 32,790. 4 4 5,808. 5 Amount you owe 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

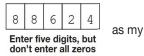
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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, Lauthorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date >



2 8 4 3

as mv

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 1 ERO firm name Enter five digits, but don't enter all zeros

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 Ret   | turns 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-dig | jit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9<br>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 🕨 |                          |
|------------------------------------|---|--------|--------------------------|
| Don                                | ERO Must Retain This Forther Submit This Form to the II |        |                          |
| For Donorwork Doduction Act Nation | and your toy rature instructions                        |        | Form 8870 (Dov. 01 2021) |

| <b>1040</b>                                      |               | artment of the Treasury—Internal Revenue Servi<br><b>5. Individual Income Tax</b>                             |                       | urn        | 202                            | 2        | OMB No. 1545    | -0074         | IRS Use Only-   | -Do not w   | rite or staple                          | in this space.    |
|--|---------------|---|-----------------------|------------|--------------------------------|----------|-----------------|---------------|-----------------|-------------|---|-------------------|
| Filing Status<br>Check only<br>one box.          | lf yo         | Single X Married filing jointly<br>u checked the MFS box, enter the n<br>on is a child but not your dependent | ame of y              |            | eparately (N<br>use. If you ch | ,        |                 |               |                 | spou        | lifying surv<br>use (QSS)<br>name if th | U                 |
| Your first name                                  | and mi        | ddle initial  | Last na               | me         |                                |          |                 |               |                 | Your so     | cial securit                            | y number          |
| MOUNICA  |               |   | ANNA                  | PARTH      | I                              |          |                 |               |                 | 877-8       | 88-862                                  | 4                 |
| If joint return, sp                              | ouse's        | first name and middle initial   | Last na               | me         |                                |          |                 |               |                 | Spouse'     | s social sec                            | curity number     |
| PAVAN  |               |   | RAGH                  | AVA N      | EELA                           |          |                 |               |                 | 052-3       | 31-284                                  | 3                 |
| Home address (                                   | numbe         | r and street). If you have a P.O. box, see  | instructio            | ons.       |                                |          |                 | ŀ             | Apt. no.        | Preside     | ntial Election                          | on Campaigr       |
| 4073 SIR   | JAN           | 1ES DR  |                       |            |                                |          |                 |               |                 |             | nere if you,                            |                   |
| City, town, or po                                | ost offic     | ce. If you have a foreign address, also co  | mplete s              | paces belo | ow.                            | Sta      | ite             | ZIP c         |                 |             |   | tly, want \$3     |
| MC DONAL   | D             |   |                       |            |                                | PA       | <i>A</i>        | 150           |                 |             | ow will not                             | Checking a change |
| Foreign country                                  | name          |   | F                     | oreign pr  | ovince/state/c                 | oun      | ty              | Foreig        |                 |             | or refund.                              | 0                 |
|  |               |   |                       |            |                                |          |                 |               |                 |             | You                                     | Spouse            |
| Digital  | At an         | ny time during 2022, did you: (a) rece  | eive (as              | a reward   | . award. or                    | bavr     | ment for prope  | rtv or        | services); or ( | b) sell.    |   |                   |
| Assets   |               | ange, gift, or otherwise dispose of a   |                       |            | •                              | -        |                 |               |                 |             | Yes                                     | XNo               |
| Standard   |               | eone can claim: You as a de   | -                     |            |                                |          | a dependent     |               |                 |             |   |                   |
| Deduction  |               | Spouse itemizes on a separate retur   | n <mark>or you</mark> | were a     | dual-status a                  | alier    |                 |               |                 |             |   |                   |
| Age/Blindness                                    | You:          | Were born before January 2, 1   | 958                   | Are bli    | nd Spo                         | use      | : 🗌 Was bor     | -             | ore January 2   |             | Is bl                                   |                   |
| Dependents                                       | (see          | instructions):  |                       |            | ocial security                 |          | (3) Relationsh  | ip <b>(</b> 4 | I) Check the bo | x if qualit | fies for (see                           | instructions):    |
| If more  | <b>(1)</b> Fi | rst name Last name  |                       |            | number                         |          | to you          |               | Child tax cre   | edit        | Credit for ot                           | her dependents    |
| than four  | F             | F   |                       | 025        | -34-6321                       | L        | Son             |               | ×               |             | [                                       |                   |
| dependents,<br>see instructions                  |               |   |                       |            |                                |          |                 |               |                 |             | [                                       |                   |
| and check  |               |   |                       |            |                                |          |                 |               |                 |             | [                                       |                   |
| here 🗌   |               |   |                       |            |                                |          |                 |               |                 |             | [                                       |                   |
| Income   | 1a            | Total amount from Form(s) W-2, b  | ox 1 (se              | e instruct | tions)                         |          |                 | • •           |                 | <b>1</b> a  | 21                                      | 13,509.           |
|  | b             | Household employee wages not re   |                       |            |                                |          |                 | •             |                 | 1b          | d.                                      |                   |
| Attach Form(s)<br>W-2 here, Also                 | С             | Tip income not reported on line 1a  | (see ins              | structions | s)                             | <u> </u> |                 | · ·           | 14 (4) (4) - A  | 1c          | (i)                                     |                   |
| attach Forms                                     | d             | Medicaid waiver payments not rep  | orted or              | n Form(s)  | ) W-2 (see in                  | stru     | ictions)        | •             |                 | 1d          | 1                                       |                   |
| W-2G and   | е             | Taxable dependent care benefits f   | rom For               | m 2441,    | line 26 .                      |          |                 |               |                 | <b>1</b> e  |   |                   |
| 1099-R if tax<br>was withheld.                   | f             | Employer-provided adoption bene   | fits from             | Form 88    | 839, line 29                   |          |                 |               |                 | 1f          |   |                   |
| lf you did not                                   | g             | Wages from Form 8919, line 6 .  |                       |            |                                |          |                 |               |                 | <b>1</b> g  |   |                   |
| get a Form                                       | h             | Other earned income (see instruct   | ions)                 |            |                                |          | • • • • •       |               |                 | 1h          | í.                                      | 0.                |
| W-2, see instructions.                           | i             | Nontaxable combat pay election (s   | see instr             | uctions)   |                                |          | <b>1</b> i      |               |                 |             |   |                   |
|  | Z             | Add lines 1a through 1h   | · · ·                 |            |                                |          |                 |               |                 | 1z          | 21                                      | 13,509.           |
| Attach Sch. B                                    | 2a            | Tax-exempt interest   | 2a                    |            |                                | bТ       | axable interest |               |                 | 2b          | 0                                       | 13.               |
| if required.                                     | 3a            | Qualified dividends   | 3a                    |            | 1.                             | bC       | ordinary divide | nds .         |                 | 3b          | C.                                      | 1.                |
|  | 4a            | IRA distributions   | 4a                    |            |                                | bТ       | axable amoun    | i             |                 | 4b          | 0                                       |                   |
| Standard   | 5a            | Pensions and annuities  | 5a                    |            |                                | bТ       | axable amoun    | i             |                 | 5b          | 0                                       |                   |
| Deduction for –                                  | 6a            | Social security benefits  | 6a                    |            |                                | bТ       | axable amoun    | i             |                 | 6b          | 6                                       |                   |
| <ul> <li>Single or<br/>Married filing</li> </ul> | с             | If you elect to use the lump-sum e  | lection r             | nethod, o  | check here (                   | see      | instructions)   |               | [               |             |   |                   |
| separately,<br>\$12,950                          | 7             | Capital gain or (loss). Attach Sche   | dule D if             | required   | I. If not requ                 | ired     | , check here    |               | [               | 7           |   | 875.              |
| Married filing                                   | 8             | Other income from Schedule 1, lin   |                       |            |                                |          |                 |               |                 | 8           | - 1                                     | 16,637.           |
| jointly or<br>Qualifying                         | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7   |                       | This is yo | our total inc                  | om       | e               |               |                 | 9           |   | 97,761.           |
| surviving spouse,                                | 10            | Adjustments to income from Sche   |                       |            |                                |          |                 |               |                 | 10          |   |                   |
| \$25,900<br>• Head of                            | 11            | Subtract line 10 from line 9. This is   |                       |            |                                |          |                 |               |                 | 11          | 10                                      | 97,761.           |
| household,<br>\$19,400                           | 12            | Standard deduction or itemized  |                       |            |                                |          |                 |               |                 | 12          |   | 25,900.           |
| If you checked                                   | 13            | Qualified business income deduct  |                       |            |                                |          | 5-A             |               |                 | 13          |   | ,                 |
| any box under<br>Standard                        | 14            |   |                       |            |                                |          |                 |               |                 | 14          |   | 25,900.           |
| Deduction,                                       | 15            | Subtract line 14 from line 11. If zer   |                       |            |                                |          |                 | e             |                 | 15          |   | 71,861.           |
| see instructions.                                |               |   | 2. 100                | ,          |                                |          |                 |               |                 |             |   | -,001.            |

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

Form **1040** (2022)

| Form 1040 (2022                  | 2)      |   |                      | Page <b>2</b>             |
|----------------------------------|---------|---|----------------------|---------------------------|
| Tax and                          | 16      | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .   | 16                   | 28,982.                   |
| Credits                          | 17      | Amount from Schedule 2, line 3  | 17                   |                           |
|                                  | 18      | Add lines 16 and 17   | 18                   | 28,982.                   |
|                                  | 19      | Child tax credit or credit for other dependents from Schedule 8812  | 19                   | 2,000.                    |
|                                  | 20      | Amount from Schedule 3, line 8  | 20                   |                           |
|                                  | 21      | Add lines 19 and 20   | 21                   | 2,000.                    |
|                                  | 22      | Subtract line 21 from line 18. If zero or less, enter -0  | 22                   | 26,982.                   |
|                                  | 23      | Other taxes, including self-employment tax, from Schedule 2, line 21  | 23                   | 0.                        |
|                                  | 24      | Add lines 22 and 23. This is your <b>total tax</b>  | 24                   | 26,982.                   |
| Payments                         | 25      | Federal income tax withheld from:   |                      |                           |
| -                                | а       | Form(s) W-2   |                      |                           |
|                                  | b       | Form(s) 1099  |                      |                           |
|                                  | С       | Other forms (see instructions)  |                      |                           |
|                                  | d       | Add lines 25a through 25c   | 25d                  | 32,790.                   |
| If you have a                    | 26      | 2022 estimated tax payments and amount applied from 2021 return   | 26                   |                           |
| qualifying child,                | 27      | Earned income credit (EIC)  |                      |                           |
| attach Sch. EIC.                 | 28      | Additional child tax credit from Schedule 8812  |                      |                           |
|                                  | 29      | American opportunity credit from Form 8863, line 8  |                      |                           |
|                                  | 30      | Reserved for future use   |                      |                           |
|                                  | 31      | Amount from Schedule 3, line 15   |                      |                           |
|                                  | 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                   | 32,790.                   |
| Refund                           | 34      | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   | 34                   | 5 <b>,</b> 808.           |
| neiunu                           | 35a     | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here  | 35a                  | 5,808.                    |
| Direct deposit?                  | b       | Routing number X X X X X X X X X X X C Type: Checking Savings   |                      |                           |
| See instructions.                | d       | Account number X X X X X X X X X X X X X X X X X X X  |                      |                           |
|                                  | 36      | Amount of line 34 you want applied to your 2023 estimated tax 36  |                      |                           |
| Amount                           | 37      | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  |                      |                           |
| You Owe                          |         | For details on how to pay, go to www.irs.gov/Payments or see instructions   | 37                   |                           |
|                                  | 38      | Estimated tax penalty (see instructions)  |                      |                           |
| Third Party                      | Do      | you want to allow another person to discuss this return with the IRS? See   |                      |                           |
| Designee                         | ins     | tructions   | elow.                | X No                      |
|                                  |         | signee's Phone Personal identif   | ication              |                           |
|                                  | nar     |   |                      |                           |
| Sign                             |         | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to<br>ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which |                      |                           |
| Here                             |         |   |                      | nt you an Identity        |
|                                  | 10      |   |                      | IN, enter it here         |
| Joint return?                    |         | SOFTWARE ENGINEER (see  | inst.)               |                           |
| See instructions.                | Sp      |   |                      | nt your spouse an         |
| Keep a copy for<br>your records. |         |   | tity Prote<br>inst.) | ection PIN, enter it here |
| ,                                | Dh      | SOFTWARE ENGINEER   | 101.)                |                           |
|                                  |         | eparer's name Preparer's signature Date PTIN  | ,                    | Check if:                 |
| Paid                             |         |   | 2702                 | Self-employed             |
| Preparer                         |         | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/04/2023 P02082  |                      |                           |
| Use Only                         |         |   |                      | 678)965-9522              |
|                                  |         |   | 's EIN               | 84-3171965                |
| Go to www.irs.go                 | ov/Forn | 1040 for instructions and the latest information. BAA REV 02/24/23 PRO  |                      | Form <b>1040</b> (2022)   |

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

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

# **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074 2022 hment ence No. **01** 

| Departm  |  | ttachment              |        |      |          |
|----------|--|------------------------|--------|------|----------|
| Internal | ŝ  | Sequence No. <b>01</b> |        |      |          |
| Name     |  | ecurity number         |        |      |          |
| MOUN     | ICA ANNAPARTHI & PAVAN RAGHAVA NEELA   |                        | 877-88 | 8-86 | 524      |
| Par      | t 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. Atta |                        |        | 5    | -16,637. |
| 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        |  | 8e                     |        |      |          |
| f        | Income from Form 8889  | 8f                     |        |      |          |
| g        | Alaska Permanent Fund dividends  | 8g                     |        |      |          |
| h        |  | 8h                     |        |      |          |
| i        | Prizes and awards  | 8i                     |        |      |          |
| J        | Activity not engaged in for profit income                                      | 8j                     |        |      |          |
| k        | Stock options  | 8k                     |        |      |          |
| I        | Income from the rental of personal property if you engaged in the rental       | 01                     |        |      |          |
|          | for profit but were not in the business of renting such property               | 81                     |        |      |          |
| m        | Olympic and Paralympic medals and USOC prize money (see instructions)          | 0                      |        |      |          |
|          | instructions)  | 8m<br>8n               |        |      |          |
| n<br>o   | Section 951A(a) inclusion (see instructions)                                   | 80                     |        |      |          |
| 0<br>p   | Section 461(I) excess business loss adjustment                                 | 8p                     |        |      |          |
| q<br>p   | Taxable distributions from an ABLE account (see instructions)                  | 8q                     |        |      |          |
| ч<br>r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r                     |        |      |          |
| S        | Nontaxable amount of Medicaid waiver payments included on Form                 |                        |        |      |          |
| 3        | 1040, line 1a or 1d  | <b>8s</b> (            |        |      |          |
| t        | Pension or annuity from a nonqualifed deferred compensation plan or            | \                      |        |      |          |
| -        | a nongovernmental section 457 plan   | 8t                     |        |      |          |

|   | a nongevennie eeenen ver plan            |    |   |  |  | · [              |                  |                        | 1 |
|---|--|----|---|--|--|------------------|------------------|------------------------|---|
| u | Wages earned while incarcerated          | ▼  |   |  |  | . [              | <mark>8</mark> u |                        |   |
| z | Other income. List type and amount:      |    |   |  |  | _                |                  |                        |   |
|   |  |    |   |  |  |                  | 8z               |                        |   |
| 9 | Total other income. Add lines 8a through | 8z |   |  |  | . <mark>.</mark> |                  | <br>9                  |   |
|   |  |    | _ |  |  | -                |                  | <br>Contraction of the |   |

| For Pap | Schedu  | le 1 (Form 1040) 2022 |          |
|---------|---|-----------------------|----------|
| 10      | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10                    | -16,637. |

| Par | Adjustments to Income  |                     |         |                      |
|-----|--|---------------------|---------|----------------------|
| 11  | Educator expenses  |                     | 11      |                      |
| 12  | Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106             | -basis government   | 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   |  | 24a                 |         |                      |
| b   | Deductible expenses related to income reported on line 8l from the   |                     |         |                      |
|     | rental of personal property engaged in for profit  | 24b                 | -       |                      |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals<br>and USOC prize money reported on line 8m. | 24c                 |         |                      |
| d   | Reforestation amortization and expenses  | 24d                 |         |                      |
| е   | Repayment of supplemental unemployment benefits under the Trade  |                     |         |                      |
|     |  | 24e                 |         |                      |
| f   | Contributions to section 501(c)(18)(D) pension plans   | 24f                 |         |                      |
| g   |  | 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  |                     |         |                      |
|     |  | 24k                 | -       |                      |
| Z   | Other adjustments. List type and amount:   |                     |         |                      |
|     |  | 24z                 |         |                      |
| 25  | Total other adjustments. Add lines 24a through 24z   | 2000000             | 25      |                      |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>                                  | . Enter here and on |         |                      |
|     | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   | * * * * * * *       | 26      |                      |
|     | BAA  | REV 02/24/23 PRO    | Schedul | e 1 (Form 1040) 2022 |

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

| Attach to For | m 1040, | 1040-SR, | or 10 | 40-NR |
|---------------|---------|----------|-------|-------|
|---------------|---------|----------|-------|-------|

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

20 2 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MOUNICA ANNAPARTHI & PAVAN RAGHAVA NEELA

Your social security number 877-88-8624

| Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?                      | No |
|--|----|
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or log | SS |

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

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustment<br>to gain or loss<br>Form(s) 8949, F<br>line 2, column | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|---|-----------------|---|
| 1a            | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |   |  |   |                 |   |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  |   |  |   |                 |   |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |   |                 |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |   |  |   |                 |   |
| 4             | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4                       | 684, 6781, and 88                      |   | 4               |   |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |   |  |   | 5               |   |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   |   |  |   | 6               | ( )   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |   |  |   | 7               |   |

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

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.   | (d)<br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustmen<br>to gain or loss<br>Form(s) 8949,<br>line 2, colum | from<br>Part II, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|--|----------------------------------|--|---|------------------|---|
| 8a            | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |                                  |  |   |                  |   |
| 8b            | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked   |                                  |  | 875.  |                  |   |
| 9             | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |  |   |                  |   |
| 10            | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                                  |  |   |                  |   |
| 11            | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |                                  |  |   | 11               |   |
| 12            | Net long-term gain or (loss) from partnerships, S corporat   | ions, estates, and               | trusts from Scheo                      | lule(s) K-1   | 12               |   |
| 13            | Capital gain distributions. See the instructions   |                                  |  |   | 13               |   |
| 14            | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  | -                                | 14                                     | ( )   |                  |   |
| 15            | o to Part III  | 15                               | 875.                                   |   |                  |   |
| For F         | Paperwork Reduction Act Notice, see your tax return instruction  |                                  |  |   | Schedu           | le D (Form 1040) 2022   |

| Part | III Summary  |                             |
|------|--|-----------------------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> 875.              |
|      | • If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.  |                             |
|      | <ul> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> </ul>   |                             |
|      | <ul> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or<br/>1040-NR, line 7. Then, go to line 22.</li> </ul>   |                             |
| 17   | Are lines 15 and 16 both gains?  |                             |
| 17   | $\overline{X}$ Yes. Go to line 18.   |                             |
|      | <ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>   |                             |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18                          |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19                          |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |                             |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |                             |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |                             |
|      | <ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>   | 21 ()                       |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |                             |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |                             |
|      | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |                             |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                             |
|      | REV 02/24/23 PRO   | Schedule D (Form 1040) 2022 |
|      |  |                             |
|      |  |                             |

| Form 8949 (2022) |      |      |      |  | nment Se | No.  | 12A | Page <b>2</b> |
|------------------|------|------|------|--|----------|------|-----|---------------|
|                  | <br> | <br> | <br> |  |          | <br> |     |               |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MOUNICA ANNAPARTHI & PAVAN RAGHAVA NEELA Social security number or taxpayer identification number 877-88-8624

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| <b>1</b><br>Des<br>(Exam | <b>(a)</b><br>scription of property<br>sple: 100 sh. XYZ Co.)                 | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.)   | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | <b>(d)</b><br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column</i> (e)<br>in the separate<br>instructions. | If you enter an enter a c | if any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>parate instructions.<br>(g)<br>Amount of<br>adjustment | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|--------------------------|---|--|---|---|--|---------------------------|--|---|
| ROBINHOOD                | SECURITIES LLC  | 12/24/20   | 03/23/22  | 1,000.  | 125.   |                           |  | 875.  |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
|                          |   |  |   |   |  |                           |  |   |
| negative an Schedule D   | the amounts in columns<br>nounts). Enter each tota<br>line 8b (if Box D above | I here and inclusion in the inclusion of | lude on your<br>le 9 (if Box E                        | 1 000   | 105  |                           |  | 075   |
| above is che             | ecked), or line 10 (if Box  | r above is chec  | ked)  | 1,000.  | 125.   |                           |  | 875.  |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 02/24/23 PRO

|            | SCHEDULE E Supplemental Income and Loss |               |   |                     |             |           |          |                  |           |                    | . 1545-0074              |
|------------|---|---------------|---|---------------------|-------------|-----------|----------|------------------|-----------|--------------------|--------------------------|
| (Form      | 1040)                                   | (From re      | ental real estate, royalties, partner   | rships, S           | 6 corporati | ions, est | tates, t | rusts, REMICs,   | etc.)     | 20                 | 22                       |
|            | ent of the Treasury<br>Revenue Service  |               | Attach to Form 104<br>Go to www.irs.gov/ScheduleE 1                             |                     |             |           |          | ormation.        |           | Attachm<br>Sequend | lent<br>ce No. <b>13</b> |
| Name(s)    | shown on return                         |               |   |                     |             |           |          | Yo               | our socia | al security r      | number                   |
| MOUN       | ICA ANNAPA                              | RTHI &        | PAVAN RAGHAVA NEELA   |                     |             |           |          | 8                | 77-8      | 8-8624             |                          |
| Part       |   |               | From Rental Real Estate a   |                     |             | •         |          |                  |           |                    |                          |
|            | Note: If yo<br>rental inco              | ou are in the | e business of renting personal prop<br>from <b>Form 4835</b> on page 2, line 40 | erty, use<br>).     | e Schedule  | e C. See  | Instruct | ions. If you are | an indiv  | /idual, repo       | ort farm                 |
| A D        |   |               | nts in 2022 that would require yo   |                     | Form(s) 1   | 1099? S   | ee inst  | ructions         |           | . 🗌 Ye             | s 🛛 No                   |
|            |   |               |   |                     |             |           |          |                  |           |                    |                          |
| <b>1</b> a | Physical addr                           | ess of ea     | ch property (street, city, state, 2   |                     |             |           |          |                  |           |                    |                          |
| Α          |   |               |   |                     |             |           |          |                  |           |                    |                          |
|            |   |               |   |                     |             |           |          |                  |           |                    |                          |
| <u>C</u>   |   | rtv 2         | For each rental real estate prop  |                     | t e al      |           |          | Rental F         |           |                    |                          |
| 1b         | Type of Prope<br>(from list below       | erson<br>Da   | al Use  | QJV                 |             |           |          |                  |           |                    |                          |
| Α          | 3                                       |               | above, report the number of fa personal use days. Check the                     |                     |             | A         | -        | Days<br>185      |           | 0                  |                          |
| B          |   |               | if you meet the requirements to   |                     |             | В         |          | 100              |           |                    |                          |
| С          |   |               | qualified joint venture. See inst   | ruction             | s.          | C         |          |                  |           |                    |                          |
| Туре о     | of Property:                            |               |   |                     |             |           |          |                  |           |                    |                          |
| 1 9        | Single Family R                         | esidence      | 3 Vacation/Short-Term Re  | ental               | 5 Land      | 1         |          | Self-Rental      |           |                    |                          |
| 2          | Multi-Family Re                         | sidence       | 4 Commercial  |                     | 6 Roya      | alties    | 8 (      | Other (describe  | e)        |                    |                          |
|            |   |               |   |                     |             |           |          | Properties       |           |                    |                          |
| Incom      | e:                                      |               |   |                     |             | A         |          | В                |           |                    | С                        |
| 3          | Rents received                          | 1             |   | . 3                 |             | 68        | 30.      |                  |           |                    |                          |
| 4          | Royalties recei                         | ived          |   | . 4                 | K           |           |          |                  |           |                    |                          |
| Expen      | ses:                                    |               |   |                     |             |           |          |                  |           |                    |                          |
| 5          | Advertising .                           |               |   | . 5                 |             |           |          |                  |           |                    |                          |
| 6          |   |               | tructions)  |                     |             |           |          |                  |           |                    |                          |
| 7          | 0                                       |               | nce   | _                   |             | 1,2       | 41.      |                  |           |                    |                          |
| 8          |   |               |   | _                   |             |           |          |                  |           |                    |                          |
| 9          |   |               | ••••••••••••••••••••••••••••••••••••••  |                     |             |           |          |                  |           |                    |                          |
| 10         | •                                       |               | ional fees  | . <u>10</u><br>. 11 |             | 1 1       | 21       |                  |           |                    |                          |
| 11<br>12   | -                                       |               | to banks, etc. (see instructions)   |                     |             | 1,42      | 21.      |                  |           |                    |                          |
| 13         | 00                                      |               |   |                     |             |           |          |                  |           |                    |                          |
| 14         |   |               |   |                     |             | 3,30      | .00      |                  |           |                    |                          |
| 15         |   |               |   |                     |             | 3,10      |          |                  |           |                    |                          |
| 16         |   |               |   |                     |             |           |          |                  |           |                    |                          |
| 17         | Utilities                               |               |   | . 17                |             | 2,8       | .00      |                  |           |                    |                          |
| 18         | Depreciation e                          | xpense o      | r depletion   | . 18                |             | 5,4       | 55.      |                  |           |                    |                          |
| 19         | Other (list)                            |               |   | 19                  |             |           |          |                  |           |                    |                          |
| 20         |   |               | es 5 through 19   |                     |             | 17,3      | 17.      |                  |           |                    |                          |
| 21         |   |               | e 3 (rents) and/or 4 (royalties). I   |                     |             |           |          |                  |           |                    |                          |
|            | result is a (loss<br>file Form 6198     |               | structions to find out if you mus   |                     |             | -16,63    | 37       |                  |           |                    |                          |
| 22         |   |               | state loss after limitation, if any   | . 21                |             | ±0,0.     |          |                  |           |                    |                          |
| 22         |   |               | ructions)   |                     | (           | 16,63     | 7 )(     |                  | )         | (                  | )                        |
| 23a        |   |               | orted on line 3 for all rental prop   |                     |             | 1         | 23a      | f                | ,<br>580. | (                  | )                        |
| b          |   |               | orted on line 4 for all royalty pro   |                     |             |           | 23b      |                  |           |                    |                          |
| C          |   |               | orted on line 12 for all propertie  |                     |             | H         | 23c      |                  |           |                    |                          |
| d          |   |               | orted on line 18 for all propertie  |                     |             | - F       | 23d      | 5,4              | 155.      |                    |                          |
| е          |   | •             | orted on line 20 for all propertie  |                     |             |           | 23e      | 17,3             | _         |                    |                          |
| 24         |   | •             | amounts shown on line 21. Do r  |                     |             |           | • • •    |                  | 24        |                    |                          |
| 25         |   |               | ses from line 21 and rental real est  |                     |             |           |          |                  | 25        | ( 1                | L6,637.)                 |
| 26         |   |               | e and royalty income or (loss)  |                     |             |           |          |                  |           |                    |                          |
|            |   |               | and line 40 on page 2 do no<br>, line 5. Otherwise, include this                |                     |             |           |          |                  |           |                    | -16,637.                 |
| Eor Do     |   |               | tice. see the separate instruction  |                     | NE          |           |          | -16,637.         | 26        |                    | $\frac{-10,037}{2022}$   |

For Paperwork Reduction Act Notice, see the separate instructions.

### SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

# Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. 47

20

| Name(s)   | Name(s) shown on return Your social security number  |              |           |  |  |  |  |  |  |  |  |
|---|--|--------------|-----------|--|--|--|--|--|--|--|--|
| MOUNICA ANNAPARTHI & PAVAN RAGHAVA NEELA 877-88-8 |  |              |           |  |  |  |  |  |  |  |  |
| Par   | t I Child Tax Credit and Credit for Other Dependents   |              |           |  |  |  |  |  |  |  |  |
| 1   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR   | . 1          | 197,761.  |  |  |  |  |  |  |  |  |
| 2a  | Enter income from Puerto Rico that you excluded  |              |           |  |  |  |  |  |  |  |  |
| b   | Enter the amounts from lines 45 and 50 of your Form 2555   | 0.           |           |  |  |  |  |  |  |  |  |
| c   | Enter the amount from line 15 of your Form 4563  |              |           |  |  |  |  |  |  |  |  |
| d   | Add lines 2a through 2c  | . 2d         | 0.        |  |  |  |  |  |  |  |  |
| 3   | Add lines 1 and 2d   | . 3          | 197,761.  |  |  |  |  |  |  |  |  |
| 4   | Number of qualifying children under age 17 with the required social security number 4                            | 1            |           |  |  |  |  |  |  |  |  |
| 5   | Multiply line 4 by \$2,000   | . 5          | 2,000.    |  |  |  |  |  |  |  |  |
| 6   | Number of other dependents, including any qualifying children who are not under age                              |              |           |  |  |  |  |  |  |  |  |
|   | 17 or who do not have the required social security number  | 0            |           |  |  |  |  |  |  |  |  |
|   | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid | lent         |           |  |  |  |  |  |  |  |  |
|   | alien. Also, do not include anyone you included on line 4.   |              |           |  |  |  |  |  |  |  |  |
| 7   | Multiply line 6 by \$500   | . 7          |           |  |  |  |  |  |  |  |  |
| 8   | Add lines 5 and 7  | . 8          | 2,000.    |  |  |  |  |  |  |  |  |
| 9   | Enter the amount shown below for your filing status.   |              |           |  |  |  |  |  |  |  |  |
|   | • Married filing jointly—\$400,000   |              |           |  |  |  |  |  |  |  |  |
|   | • All other filing statuses—\$200,000 }  | . 9          | 400,000.  |  |  |  |  |  |  |  |  |
| 10  | Subtract line 9 from line 3.   |              |           |  |  |  |  |  |  |  |  |
|   | • If zero or less, enter -0  |              |           |  |  |  |  |  |  |  |  |
|   | • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For                       |              |           |  |  |  |  |  |  |  |  |
|   | example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.                    | . 10         | 0.        |  |  |  |  |  |  |  |  |
| 11  | Multiply line 10 by 5% (0.05)  | . 11         | 0.        |  |  |  |  |  |  |  |  |
| 12  | Is the amount on line 8 more than the amount on line 11?   | . 12         | 2,000.    |  |  |  |  |  |  |  |  |
|   | No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit      | edit.        |           |  |  |  |  |  |  |  |  |
|   | Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.  |              |           |  |  |  |  |  |  |  |  |
|   | Yes. Subtract line 11 from line 8. Enter the result.   |              |           |  |  |  |  |  |  |  |  |
| 13  | Enter the amount from the Credit Limit Worksheet A   | . 13         | 28,982.   |  |  |  |  |  |  |  |  |
| 14  | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents                | . 14         | 2,000.    |  |  |  |  |  |  |  |  |
|   | Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.  |              |           |  |  |  |  |  |  |  |  |
|   | If the amount on line 12 is more than the amount on line 14, you may be able to take the addition                | nal child ta | ax credit |  |  |  |  |  |  |  |  |
|   | on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N                          |              |           |  |  |  |  |  |  |  |  |
|   | (also complete Schedule 3, line 11) before completing Part II-A.   | U            |           |  |  |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. REV 02/24/23 PRO Schedule 8812 (Form 1040) 2022 BAA

| Schedu | le 8812 (Form 1040) 2022  |         | Page 2               |
|--------|---|---------|----------------------|
| Part   | II-A Additional Child Tax Credit for All Filers   |         |                      |
| Cautio | on: If you file Form 2555, you cannot claim the additional child tax credit.  |         |                      |
| 15     | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line | e 27    | 🗌                    |
| 16a    | Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A     |         |                      |
|        | and II-B. Enter -0- on line 27  | 16a     | Ο.                   |
| b      | Number of qualifying children under 17 with the required social security number: x \$1,500.                             |         |                      |
|        | Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.       |         |                      |
|        | Enter -0- on line 27  | 16b     |                      |
|        | TIP: The number of children you use for this line is the same as the number of children you used for line 4.            |         |                      |
| 17     | Enter the <b>smaller</b> of line 16a or line 16b  | 17      |                      |
| 18a    | Earned income (see instructions)  |         |                      |
| b      | Nontaxable combat pay (see instructions)  |         |                      |
| 19     | Is the amount on line 18a more than \$2,500?  |         |                      |
|        | <b>No.</b> Leave line 19 blank and enter -0- on line 20.  |         |                      |
|        | <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>                                    |         |                      |
| 20     | Multiply the amount on line 19 by 15% (0.15) and enter the result   | 20      |                      |
|        | Next. On line 16b, is the amount \$4,500 or more?   |         |                      |
|        | No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the              |         |                      |
|        | smaller of line 17 or line 20 on line 27.   |         |                      |
|        | <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.   |         |                      |
|        | Otherwise, go to line 21.   |         |                      |
| Part   | II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident                                   | s of F  | Puerto Rico          |
| 21     | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,                                     |         |                      |
|        | boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If                                  |         |                      |
|        | your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see                                    |         |                      |
|        | instructions  |         |                      |
| 22     | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form                                   |         |                      |
|        | 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22                                 |         |                      |
| 23     | Add lines 21 and 22   | 1       |                      |
| 24     | 1040 and  | 1       |                      |
|        | <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,                               |         |                      |
|        | and Schedule 3 (Form 1040), line 11.  |         |                      |
|        | <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11  |         |                      |
| 25     | Subtract line 24 from line 23. If zero or less, enter -0  | 25      |                      |
| 26     | Enter the larger of line 20 or line 25  | 26      |                      |
|        | Next, enter the smaller of line 17 or line 26 on line 27.   |         |                      |
| Part   | II-C Additional Child Tax Credit  |         |                      |
| 27     | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28                  | 27      |                      |
|        | BAA REV 02/24/23 PRO Sch  | edule 8 | 812 (Form 1040) 2022 |
|        |   |         |                      |
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|         | <b>B867</b> Paid Preparer's Due Diligenc  | e Checklist  | ОМВ               | No. 1545          | 5-0074          |
|---------|---|--|-------------------|-------------------|-----------------|
|         | ovember 2022) Earned Income Credit (EIC), American Opportunity<br>Child Tax Credit (CTC) (including the Additional Child<br>Credit for Other Dependents (ODC)), and Head of House   | / Tax Credit (AOTC),<br>Tax Credit (ACTC) and  |                   | For tax y<br>20   | /ear            |
|         | nent of the Treasury<br>Revenue Service To be completed by preparer and filed with Form 1040, 1040-SF<br>Go to www.irs.gov/Form8867 for instructions and  | R, 1040-NR, 1040-PR, or 1040-SS.   |                   | hment<br>ence No. | 70              |
| Taxpay  | er name(s) shown on return  | Taxpayer identification  | n number          | ·                 |                 |
| MOU     | NICA ANNAPARTHI & PAVAN RAGHAVA NEELA   | 877-88-862   | 4                 |                   |                 |
| Prepare | br's name   | Preparer tax identifica  | ation num         | ber               |                 |
| SYA     | M PRIYA RAM SAGAR GUPTA TALLAM  | P02082703  |                   |                   |                 |
| Part    | Due Diligence Requirements  |  |                   |                   |                 |
|         | e check the appropriate box for the credit(s) and/or HOH filing status clain<br>e benefit(s) claimed (check all that apply).  |  | e the rel<br>AOTC |                   | arts I–\<br>HOH |
| 1       | Did you complete the return based on information for the applicable tax<br>or reasonably obtained by you? (See instructions if relying on prior year ea   |  | Yes<br>X          | No                | N/A             |
| 2       | If credits are claimed on the return, did you complete the applicable worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040 1040) instructions, and/or the AOTC worksheet found in the Form 88 worksheet(s) that provides the same information, and all related forms a claimed?   | D-SS, or Schedule 8812 (Form<br>363 instructions, or your own  | X                 |                   |                 |
| 3       | <ul> <li>Did you satisfy the knowledge requirement? To meet the knowledge requirement? To meet the knowledge requirement? To meet the knowledge requirement following.</li> <li>Interview the taxpayer, ask questions, and contemporaneously document determine that the taxpayer is eligible to claim the credit(s) and/or HOH</li> <li>Review information to determine that the taxpayer is eligible to claim the status and to figure the amount(s) of any credit(s)</li></ul> | nt the taxpayer's responses to<br>filing status.<br>the credit(s) and/or HOH filing  | X                 |                   |                 |
| 4       |   | ete, or inconsistent? (If " <b>Yes</b> ,"  |                   | X                 |                 |
| a<br>b  | Did you make reasonable inquiries to determine the correct, complete, and<br>Did you contemporaneously document your inquiries? (Documentation<br>you asked, whom you asked, when you asked, the information that was<br>information had on your preparation of the return.)  | should include the questions   |                   |                   |                 |
| 5       | Did you satisfy the record retention requirement? To meet the record retekeep a copy of your documentation referenced in question 4b, a copy of applicable worksheet(s), a record of how, when, and from whom the info 8867 and any applicable worksheet(s) was obtained, and a copy of any taxpayer that you relied on to determine eligibility for the credit(s) and/or the amount(s) of the credit(s)  | this Form 8867, a copy of any<br>rmation used to prepare Form<br>document(s) provided by the<br>r HOH filing status or to figure | X                 |                   |                 |
|         |   |  |                   |                   |                 |
| 6       | Did you ask the taxpayer whether he/she could provide documentation to credit(s) and/or HOH filing status and the amount(s) of any credit(s) clareturn is selected for audit?   | aimed on the return if his/her   | X                 |                   |                 |
| 7       | Did you ask the taxpayer if any of these credits were disallowed or reduce<br>(If credits were disallowed or reduced, go to question 7a; if not, go to  |  | X                 |                   |                 |
| a       | Did you complete the required recertification Form 8862?  |  |                   |                   |                 |
| 8       | If the taxpayer is reporting self-employment income, did you ask questio correct Schedule C (Form 1040)?  |  |                   |                   |                 |

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/24/23 PRO

Form 8867 (Rev. 11-2022)

| Form 8 | 867 (Rev. 11-2022)  |                      |                     | Page <b>2</b>       |
|--------|---|----------------------|---------------------|---------------------|
| Part   | <b>II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go  | to Part              | III.)               |                     |
| 9a     | claimed, or is eligible to claim the ElC without a qualifying child? (If the taxpayer is claiming the ElC and does not have a qualifying child, go to question 10.)   | Yes                  | No                  | N/A                 |
| b      | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?  |                      |                     |                     |
| С      | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?   |                      |                     |                     |
| Part   |   | claim (              | CTC, A              | CTC,                |
| 10     | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?  | Yes<br>X             | No                  | N/A                 |
| 11     | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | X                    |                     |                     |
| 12     | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?   | X                    |                     |                     |
| Part   |   |                      | Part \              | /.)                 |
| 13     | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?   |                      | Yes                 | No                  |
| Part   | V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu   | s, go t              | o Part              | VI.)                |
| 14     | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?   | k year               | Yes                 | No                  |
| Part   | VI Eligibility Certification  |                      |                     | ·                   |
|        | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:   | /or HO               | H filing            | status              |
|        | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);                 | nses or<br>s) and/o  | n the ref<br>or HOH | turn or<br>filing   |
|        | <ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check<br/>credit(s) claimed and HOH filing status, if claimed;</li> </ul>  | ist for a            | any app             | licable             |
|        | C. Submit Form 8867 in the manner required; and   |                      |                     |                     |
|        | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88<br>Document Retention.  | 67 instr             | uctions             | under               |
|        | 1. A copy of this Form 8867.  |                      |                     |                     |
|        | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.  |                      |                     |                     |
|        | <ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer<br/>credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>   | 's eligit            | oility for          | the                 |
|        | 4. A record of how, when, and from whom the information used to prepare this form and the applica obtained.   | ble wor              | ksheet(             | s) was              |
|        | 5. A record of any additional information you relied upon, including questions you asked and the tax<br>determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount  | payer's<br>int(s) of | respon<br>the cre   | ses, to<br>edit(s). |
|        | If you have not complied with all due diligence requirements, you may have to pay a penalty for eac<br>related to a claim of an applicable credit or HOH filing status (see instructions for more information   | h failur<br>).       | e to co             | mply                |

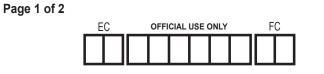
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and |  |  |  |  |  |  |  |  |  |  | and | Yes | No  |       |       |     |  |  |   |      |             |                |            |
|----|---|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|-------|-------|-----|--|--|---|------|-------------|----------------|------------|
|    | complete?   |  |  |  |  |  |  |  |  |  |  |     |     |     |       |       | - x |  |  |   | 8    |             | ×              |            |
|    |   |  |  |  |  |  |  |  |  |  |  |     |     | REV | 02/24 | /23 P | RO  |  |  | 1 | Forr | n <b>88</b> | <b>67</b> (Rev | . 11-2022) |

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), '2022 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK. 2022 PA-40 V PA PAYMENT VOUCHER 1555 REV 01/31/23 PRO 877-88-8624 AN 5500376903 052-31-2843 PAYMENT AMOUNT ANNAPARTHI MOUNICA RAGHAVA NEELA 27.00 \$ PAVAN 4073 SIR JAMES DR Make check or money order MC DONALD payable to the Pennsylvania DEPARTMENT USE ONLY PA **Department of Revenue** 15057

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

| A778A8AE24       D52312843       R       Residency Status         ANNAPARTHI       MOUNICA       Occupation       SOFTWARE E       R       Residency Status         PAVAN       Occupation       SOFTWARE E       J       Single, Maried/Files Separately, Final Return         PAVAN       Occupation       SOFTWARE E       N       Deceased         RAGHAVA NEELA       N       Deceased       N       Deceased         NC       DONALD       PA       15057       Stote of Death       N         Ia       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       Ib       Ia       22076&         Ib       Unreimbursed Employee Business Expenses.       N       E       Ia       22076&         Ib       Unreimbursed Employee Business Expenses.       Ib       Ia       22076&         Ib       Interest Income. Complete PA Schedule A if required.       Ia       Ia       3       Ia         Softward State or Trust Income. Complete and submit PA Schedule B if required.       Ia       6       6       Ia       13         Softward State or Trust Income. Complete and submit PA Schedule I.       I       Ia       22157       Ia       Ia         Softward State or T   |      |                         |                    |               |                       |       | Ν       | Extension.       | Ν          | Amended Return. |  |  |  |  |  |
|--|------|-------------------------|--------------------|---------------|-----------------------|-------|---------|------------------|------------|-----------------|--|--|--|--|--|
| ANNAPARTHI       PA Resident Nonresident Part Year Resident from tro         MOUNICA       Occupation       SOFTWARE E         PAVAN       Occupation       SOFTWARE E         VAN       Occupation       SOFTWARE E         N       Decement       N         Decement       Software Resident Nonresident Part Year Resident       N         Harrison       Occupation       SOFTWARE E       N         Decement       N       Decement       N         Harrison       Farmers:       School District Name  | 877  | °888624                 | 052312843          | 3             |                       |       |         | Deriden av State |            |                 |  |  |  |  |  |
| Image: Normal control of the state of the instructions.       Compation       SOFTWARE E       Image: Normal control of the state of Death         PAVAN       Occupation       SOFTWARE E       N       Deceased         RAGHAVA NEELA       N       Deceased       N       Earners:         VICTOR DONALD       PA       15057       Earners:       School District Name         1a       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying refirement benefits. See the instructions.       Iba       220768         1b       Unreimbursed Employee Business Expenses:       Ibb       Ibc       2         1b       Interest Income. Complete PA Schedule A if required.       Ibit C       220768         2       Interest Income. Complete PA Schedule A if required.       Ibit C       220768         3       Dividend and Capital Gains Distributions Income Complete PA Schedule B if required.       Ibit C       220768         4       Net Income or Loss from the Sale exchange or Disposition of Property.       Ibit C       Ibit C       Ibit C         5       Net Gain or Loss from the Sale exchange or Operation or A Business, Profession or Farm.       Ibit C       Ibit C       Ibit C         6       Net Income or Loss from the Sale exchange or Disposition of Property.       Ibit C       Ibit C       Ibit C </td <td>ANN</td> <td>APARTHI</td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td>  | ANN  | APARTHI                 |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| PAVAN       Occupation       SOFTWARE       Constraint       Normed/Filing Separately, Final Return         PAVAN       Occupation       SOFTWARE       N       Deceased         RAGHAVA NEELA       N       Sponse Date of Death         HUT73 SIR JAMES DR       N       Farmers;         MC DONALD       PA       JSD57       School District Name         Ia       Gross Compensation       Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       Ib       Farmers;         Ib       Unreimbursed Employee Business Expenses:       Ib       Ic       220768         Ia       Gross from the Operation of a Business; Porfession of Farm.       Image: Separately, Final Return       Image: Separately, Final Return         2       Interest Income: Complete PA Schedule A if required.       Image: Separately, Final Return       Image: Separately, Final Return         3       Dividend and Capital Gains Distributions Income: Complete PA Schedule B if required.       Image: Separately, Final Return       Image: Separately, Final Return         4       Net Income or Loss from the Operation of a Busines; Porfession or Farm.       Image: Separately, Final Return       Image: Separately, Final Return         5       Net Gain or Loss from the Sale (Exchange or Disposition of Property.       Image: Separately, Final Return       Image: Sep  |      |                         |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| PAVAN       Occupation       SOFTWARE E       N       Deceased         RAGHAVA NEELA       N       Farmers.       N       Springe Date of Death         HU73 SIR JAMES DR       N       Farmers.       School District Name         HU73 SIR JAMES DR       PA       L5D57       School District Name         Ia       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       Ia       2207b8         Ib       Unreimbursed Employee Business Expenses.       Ibb       D         Ia       Net Compensation. Subtract Line Ib from Line 1a.       Ia       2207b8         Interest Income. Complete PA Schedule A if required.       Image: Springe Date of Death       Image: Springe Date of Death         J       Interest Income or Loss from the Operation of a Business, Profession or Farm.       Image: Springe Date of Death       Image: Springe Date of Death         J       Dividend and Capital Gains Distributions faroome. Complete PA Schedule T.       Image: Springe Date of Death       Image: Springe Date of Death         S       Net Gain or Loss from the Sale, Exchange or Disposition of Property.       Image: Springe Date of Date Date of Date Date of Date Date Date Date of Date of Dat   | MOL  | JNICA                   |                    | Occupation    | SOFTWARE              | Е     | J       | -                |            |                 |  |  |  |  |  |
| RAGHAVA NEELA       N       Expayer Date of Death         HU73 SIR JAMES DR       N       Sponse Date of Death         MC       DONALD       PA       L5057         Ia       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       La       2207L&         Ib       Unreimbursed Employee Business Expenses.       Lb       2207L&         Ic Net Compensation. Subtract Line 1b from Line 1a.       La       2207L&         Interest Income. Complete PA Schedule A if required.       La       2207L&         Interest Income Complete PA Schedule A if required.       La       2207L&         Interest Income or Loss from the Operation of a Business, Profession or Farm.       La       2207L         So Net Gain or Loss from the Sale, Exchange or Disposition of Property.       La       2375         Ket Income or Loss from the Sale, Exchange or Disposition of Property.       La       221L57         So Ket Gain or Loss from the Sale, Exchange or Disposition of Property.       La       221L57         So Ket Income or Loss from Retis, Royaltics, Patentis or Copyrights.       La       221L57         So Gambling and Lottery Wimmes. Complete and submit PA Schedule T.       La       221L57         So the henome. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8: DO NOTADD any   | PAV  | / A N                   |                    | Occupation    | SOFTWARE              | Е     |         |                  | beparater. | y, i mai Return |  |  |  |  |  |
| HUT3 SIR JAMES DR       N       Sponse Date of Death         MC       DONALD       PA       L5D57         Ia       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       Ia       2207L8         Ib       Unreimbursed Employce Business Expenses.       Ib       Ic       2007L8         Ie       Net Compensation. Subtract Line Ib from Line Ia.       Ic       2207L8         Interest Income. Complete PA Schedule A if required.       Image: Ima  | RAG  | HAVA NEELA              |                    |               |                       |       | N       | Deceased         |            |                 |  |  |  |  |  |
| 4U73 SIR JAMES DR       N       Famets:         MC       DONALD       PA       15057         Ia       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       Ia       220768         Ib       Unreimbursed Employee Business Expenses.       Ib       Ic       220768         Ic       Net Compensation. Subtract Line Ib from Line Ia.       Ic       220768         Interest Income. Complete PA Schedule A if required.       Image: Im  |      |                         |                    |               |                       |       | N       | Taxpayer Date    | of Death   |                 |  |  |  |  |  |
| 4073 SIR JAMES DR       N       Famets.         MC       DONALD       PA       15057         1a       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       1a       220758         1b       Unreimbursed Employee Business Expenses.       1b       0       0         1c       Ret Compensation. Subtract Line 1b from Line 1a.       1c       220758         2       Interest Income. Complete PA Schedule A if required.       3       1       13         3       Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.       3       1         4       Net Income or Loss from the Sale, Exchange or Disposition of Property.       5       875         6       Net Income or Loss from Rents. Royaltics, Patents or Copyrights.       7       0         7       Total PA Taxable Income. Add only the positive income amounts from Lines 1e, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.       10       0         10       Other Deductions, Enter the appropriate code for the type of deduction. N See the instructions for additional information.       10       0         11       Adjusted PA Taxable Income. Subtract Line 10 from Line 9.       11       221657   |      |                         |                    |               |                       |       | N       | Spouse Date of   | Death      |                 |  |  |  |  |  |
| MC       DONALD       PA       L5057       School District Name         1a       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       1a       220768         1b       Unreimbursed Employee Business Expenses.       1b       1c       220768         1c       Net Compensation. Subtract Line 1b from Line 1a.       1c       220768         2       Interest Income. Complete PA Schedule A if required.       3       1         3       Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.       3       1         4       Net Income or Loss from the Operation of a Business, Profession or Farm.       5       875         5       Net Gain or Loss from the Sale, Exchange or Disposition of Property.       5       875         6       Net Income or Loss from Rents, Royalties, Patents or Copyrights.       7       0         7       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       0         10       Other Deductions, Enter the appropriate code for the type of deduction. N See the instructions, For additional information.       1a       221457         11       Adjusted PA Taxable Income; Subtract Line 10 from Line 9.       1a       221457 <td>407</td> <td>PER JAMES</td> <td>S DR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | 407  | PER JAMES               | S DR               |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| 1a       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       1a       220768         1b       Unreimbursed Employee Business Expenses.       1b       0       0         1c       Net Compensation. Subtract Line 1b from Line 1a.       1c       220768         2       Interest Income. Complete PA Schedule A if required.       2       13         3       Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.       2       13         4       Net Income or Loss from the Operation of a Business, Profession or Farm.       2       6         5       Net Gain or Loss from the Sale, Exchange or Disposition of Property.       5       875         6       Net Income or Loss from the Sale, Exchange or Disposition of Property.       6       0         6       Net Income or Loss from the Sale, Exchange or Disposition of Property.       6       875         7       0       0       0       0       0         8       0       1       0       0       0         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       0         10       Other Deductions. Enter the appropriate code for the type of deductio  | мс   |                         |                    |               | 5053                  |       | N       |                  | Nama       |                 |  |  |  |  |  |
| 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       B         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. N See the instructions for additional information.         11       Adjusted PA Taxable Income, Subtract Line 10 from Line 9.  | IIC. | DONALD                  |                    | PA 1          | 12021                 |       |         | School District  | Name       |                 |  |  |  |  |  |
| 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       B         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. N See the instructions for additional information.         11       Adjusted PA Taxable Income, Subtract Line 10 from Line 9.  |      |                         |                    |               |                       |       |         | - <u> </u>       |            |                 |  |  |  |  |  |
| 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       B         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. N See the instructions for additional information.         11       Adjusted PA Taxable Income, Subtract Line 10 from Line 9.  |      |                         |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| 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       B         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. N See the instructions for additional information.         11       Adjusted PA Taxable Income, Subtract Line 10 from Line 9.  | 10   | Cross Componention      | Do not includo o   | romat in con  | a such as combat a    |       | have    | 1.5              |            |                 |  |  |  |  |  |
| 1bUnreimbursed Employee Business Expenses.<br>Net Compensation. Subtract Line 1b from Line 1a.1b1b1c2Interest Income. Complete PA Schedule A if required.313143Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.4134Net Income or Loss from the Operation of a Business, Profession or Farm.5Art Schedule A if required.55Net Gain or Loss from the Sale, Exchange or Disposition of Property.<br>65A7576Net Income or Loss from Rents, Royalties, Patents or Copyrights.<br>75B7587Estate or Trust Income. Complete and submit PA Schedule J.<br>8610108Gambling and Lottery Winnings. Complete and submit PA Schedule T.<br>910010221L5710Other Deductions. Enter the appropriate code for the type of deduction.<br>See the instructions for additional information.<br>11Adjusted PA Taxable Income. Subtract Line 10 from Line 9.100   | 1a   | ÷                       |                    | and           | μα                    |       | CCU760  |                  |            |                 |  |  |  |  |  |
| 1c       Net Compensation. Subtract Line 1b from Line 1a.       1c       2C       2C0768         2       Interest Income. Complete PA Schedule A if required.       2       13         3       Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.       2       13         4       Net Income or Loss from the Operation of a Business, Profession or Farm.       2       4         5       Net Gain or Loss from the Sale, Exchange or Disposition of Property.       5       875         6       Net Income or Loss from Rents, Royalties, Patents or Copyrights.       7       0         7       Estate or Trust Income. Complete and submit PA Schedule J.       7       0         8       Gambling and Lottery Winnings. Complete and submit PA Schedule T.       9       221Lb57         10       Other Deductions. Enter the appropriate code for the type of deduction. N See the instructions for additional information.       11       Adjusted PA Taxable Income. Subtract Line 10 from Line 9.       12       221Lb57   |      |                         |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| <ul> <li>Interest Income. Complete PA Schedule A if required.</li> <li>Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.</li> <li>Net Income or Loss from the Operation of a Business, Profession or Farm.</li> <li>Net Gain or Loss from the Sale, Exchange or Disposition of Property.</li> <li>Net Income or Loss from Rents, Royalties, Patents or Copyrights.</li> <li>Estate or Trust Income. Complete and submit PA Schedule J.</li> <li>Gambling and Lottery Winnings. Complete and submit PA Schedule T.</li> <li>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.</li> <li>Other Deductions. Enter the appropriate code for the type of deduction. N See the instructions for additional information.</li> <li>Adjusted PA Taxable Income. Subtract Line 10 from Line 9.</li> </ul>  |      | ·                       |                    |               |                       |       |         |                  |            | -               |  |  |  |  |  |
| 4Net Income or Loss from the Operation of a Business, Profession or Farm.405Net Gain or Loss from the Sale, Exchange or Disposition of Property.58756Net Income or Loss from Rents, Royalties, Patents or Copyrights.707Estate or Trust Income. Complete and submit PA Schedule J.708Gambling and Lottery Winnings. Complete and submit PA Schedule T.709Total 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 6.10010Other Deductions. Enter the appropriate code for the type of deduction. N See the instructions for additional information.10011Adjusted PA Taxable Income. Subtract Line 10 from Line 9.11221L 57   | IC   | Net Compensation. S     | ubtract Line 10 ff | om Line 1a.   |                       |       |         | 1.0              |            | 220760          |  |  |  |  |  |
| 4Net Income or Loss from the Operation of a Business, Profession or Farm.405Net Gain or Loss from the Sale, Exchange or Disposition of Property.58756Net Income or Loss from Rents, Royalties, Patents or Copyrights.707Estate or Trust Income. Complete and submit PA Schedule J.708Gambling and Lottery Winnings. Complete and submit PA Schedule T.709Total 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 6.10010Other Deductions. Enter the appropriate code for the type of deduction. N See the instructions for additional information.10011Adjusted PA Taxable Income. Subtract Line 10 from Line 9.11221L 57   |      |                         |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| 4Net Income or Loss from the Operation of a Business, Profession or Farm.405Net Gain or Loss from the Sale, Exchange or Disposition of Property.58756Net Income or Loss from Rents, Royalties, Patents or Copyrights.707Estate or Trust Income. Complete and submit PA Schedule J.708Gambling and Lottery Winnings. Complete and submit PA Schedule T.709Total 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 6.10010Other Deductions. Enter the appropriate code for the type of deduction. N See the instructions for additional information.10011Adjusted PA Taxable Income. Subtract Line 10 from Line 9.11221L 57   |      |                         | -                  | -             |                       |       |         |                  |            |                 |  |  |  |  |  |
| <ul> <li>Net field neone of Loss from the Sale, Exchange or Disposition of Property.</li> <li>Net Gain or Loss from Rents, Royalties, Patents or Copyrights.</li> <li>Estate or Trust Income. Complete and submit PA Schedule J.</li> <li>Gambling and Lottery Winnings. Complete and submit PA Schedule T.</li> <li>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.</li> <li>Other Deductions. Enter the appropriate code for the type of deduction. N</li> <li>LD</li> <li>D</li> <li>D</li> <li>D</li> <li>E21L 57</li> <li>L</li> <li>E21L 57</li> </ul>   |      |                         |                    |               |                       |       | luired. | н<br>Ц           |            |                 |  |  |  |  |  |
| <ul> <li>Net line of Loss from Rents, Royalties, Patents or Copyrights.</li> <li>Ket Income or Loss from Rents, Royalties, Patents or Copyrights.</li> <li>Estate or Trust Income. Complete and submit PA Schedule J.</li> <li>Gambling and Lottery Winnings. Complete and submit PA Schedule T.</li> <li>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.</li> <li>Other Deductions. Enter the appropriate code for the type of deduction.</li> <li>N See the instructions for additional information.</li> <li>Adjusted PA Taxable Income. Subtract Line 10 from Line 9.</li> </ul>   | 4    | Net Income or Loss fi   | rom the Operation  | of a Busines  | s, Profession or Fari | n.    |         | - T              |            | U               |  |  |  |  |  |
| <ul> <li>Net line of Loss from Rents, Royalties, Patents or Copyrights.</li> <li>Ket Income or Loss from Rents, Royalties, Patents or Copyrights.</li> <li>Estate or Trust Income. Complete and submit PA Schedule J.</li> <li>Gambling and Lottery Winnings. Complete and submit PA Schedule T.</li> <li>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.</li> <li>Other Deductions. Enter the appropriate code for the type of deduction.</li> <li>N See the instructions for additional information.</li> <li>Adjusted PA Taxable Income. Subtract Line 10 from Line 9.</li> </ul>   |      |                         |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| <ul> <li>6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.</li> <li>7 Estate or Trust Income. Complete and submit PA Schedule J.</li> <li>8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.</li> <li>9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,<br/>2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.</li> <li>10 Other Deductions. Enter the appropriate code for the type of deduction. N</li> <li>11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.</li> <li>L 221L57</li> </ul>   | 5    | Net Gain or Loss from   | n the Sale, Excha  | nge or Dispo  | osition of Property.  |       |         | 5                |            | 875             |  |  |  |  |  |
| <ul> <li>Board of Trast mome. Complete and statule Tribule and Statule and Statule Tribule and Statule and Sta</li></ul> | 6    | Net Income or Loss f    | rom Rents, Royal   | ties, Patents | or Copyrights.        |       |         |                  |            | _               |  |  |  |  |  |
| <ul> <li>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.</li> <li>10 Other Deductions. Enter the appropriate code for the type of deduction. N See the instructions for additional information.</li> <li>11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.</li> <li>9 Total PA Taxable Income. Subtract Line 10 from Line 9.</li> <li>9 Total PA Taxable Income. Subtract Line 10 from Line 9.</li> <li>9 Total PA Taxable Income. Subtract Line 10 from Line 9.</li> <li>9 Total PA Taxable Income. Subtract Line 10 from Line 9.</li> <li>9 Total PA Taxable Income. Subtract Line 10 from Line 9.</li> </ul>   | 7    | Estate or Trust Incom   | e. Complete and    | submit PA S   | chedule J.            |       |         | 7                |            | 0               |  |  |  |  |  |
| 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.         N       LO         See the instructions for additional information.         11       Adjusted PA Taxable Income. Subtract Line 10 from Line 9.   | 8    |                         |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |
| 10       Other Deductions. Enter the appropriate code for the type of deduction.       N       L       C         10       See the instructions for additional information.       N       L       C         11       Adjusted PA Taxable Income. Subtract Line 10 from Line 9.       L       221L57   | 9    |                         |                    |               |                       |       | с,      | 9                |            | 221657          |  |  |  |  |  |
| See the instructions for additional information.     L     221657       11     Adjusted PA Taxable Income. Subtract Line 10 from Line 9.     L     221657  |      | 2, 3, 4, 5, 6, 7 and 8. | DO NOT ADD a       | ny losses rep | ported on Lines 4, 5  | or 6. |         |                  |            |                 |  |  |  |  |  |
| See the instructions for additional information. 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9. 221L57   | 10   | Other Deductions.       | Enter the appropri | ate code for  | the type of deduction | on.   | N       | 10               |            | o               |  |  |  |  |  |
|  |      |                         |                    |               |                       |       |         |                  |            | _               |  |  |  |  |  |
| 1555 BEV 01/31/23 PRO  | 11   | Adjusted PA Taxabl      | e Income. Subtra   | ct Line 10 fr | om Line 9.            |       |         | 77               |            | 221657          |  |  |  |  |  |
|  | 1555 | PEV 01/31/02 PPO        |                    |               |                       |       |         |                  |            |                 |  |  |  |  |  |





PA-40 - 2022

Social Security Number

# 877888624 Name(s) MOUNICA ANNAPARTHI

| 12<br>13                         | <b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b><br>Total PA Tax Withheld. See the instructions.  | 13<br>13                         | 6805<br>6778                   |
|----------------------------------|--|----------------------------------|--------------------------------|
| 14<br>15<br>16<br>17<br>18       | Credit from your 2021 PA Income Tax return.<br>2022 Estimated Installment Payments. REV-459B included. N<br>2022 Extension Payment.<br>Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)<br>Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.  | 134<br>15<br>16<br>17<br>18      |                                |
| 19a                              | Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.  | 19a 00<br>19b 00<br>20<br>21     |                                |
| 22<br>23<br>24<br>25<br>26<br>27 | Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> .<br>Total Other Credits. Submit your <b>PA Schedule OC</b> and/or <b>PA Schedule DC</b> .<br><b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23.<br><b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions.<br><b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here.<br>Penalties and Interest. See the instructions. Enter Code:<br>If including form REV-1630/REV-1630A, mark the box. <b>N</b> | 22<br>23<br>24<br>25<br>26<br>27 | 0<br>0<br>6778<br>0<br>27<br>0 |
| 28<br>29                         | <b>TOTAL PAYMENT DUE.</b> See the instructions.<br><b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.   | 28<br>29                         | 27<br>0                        |
| 30<br>31                         | The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2023 estimated account.REFUND   | 31<br>30                         | 0                              |
| 32<br>33<br>34<br>35<br>36       | Refund donation line. Enter the organization code and donation amount. See instructions.<br>Refund donation line. Enter the organization code and donation amount. See instructions.<br>Refund donation line. Enter the organization code and donation amount. See instructions.<br>Refund donation line. Enter the organization code and donation amount. See instructions.<br>Refund donation line. Enter the organization code and donation amount. See instructions.<br>Refund donation line. Enter the organization code and donation amount. See instructions.         | 32<br>33<br>34<br>35<br>36       |                                |
| accon                            | ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.         Signature       Spouse's Signature, if filing jointly  |                                  |                                |
| -                                | arer's Name and Telephone Number Date E-File Op  | t Out                            | Y                              |
|                                  | AM PRIYA RAM SAGAR GUPTA TALLAM 030423<br>59659522 Firm FEII<br>Preparer's   |                                  | 843171965<br>PO2082703         |
|                                  | 1555 REV 01/31/23 PRO Page 2 of 2  |                                  |                                |
|                                  |  | 55005733                         | 59                             |





2201210024

#### PA-40 A (EX) 06-22 (I) PA Department of Revenue 2022

Name (if filing jointly, use name shown first on the PA-40)

Social Security Number (shown first) 877-88-8624

OFFICIAL USE ONLY

MOUNICA ANNAPARTHI

**CAUTION:** Federal and PA rules for taxable interest income are different. **Read the instructions.** 

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

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

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

1555 REV 01/31/23 PRO





2507270053

# PA-40 B (EX) 06-22 (I) 2022

Name (if filing jointly, use name shown first on the PA-40)

Social Security Number (shown first) 877-88-8624

OFFICIAL USE ONLY

MOUNICA ANNAPARTHI

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

# PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

| Taxpayer 💼 Spouse 👝 Joint   |      |
|---|------|
| 1. Dividend income from Line 3b of your federal return. See instructions.   | \$1  |
| 2. Dividend income from federal Schedule K-1(s). See instructions. 2.   | \$   |
| <b>3.</b> Pennsylvania exempt-interest dividend income. <b>See instructions.</b> 3.   | \$   |
| 4. Other reduction adjustments. See instructions.         Description:       4.   | \$   |
| 5. Add the amounts on Lines 2, 3 and 4. 5.  | \$   |
| 6. Subtract Line 5 from Line 1. 6.  | \$ 1 |
| 7. Total exempt-interest dividends. See instructions. 7.  | \$   |
| 8. Other addition adjustments. See instructions.         Description:       8.  | \$   |
| <ul> <li>9. Repatriation of foreign income. See instructions.</li> <li>a. Total earnings and profits included on Line 1 of<br/>IRC Section 965 Transition Tax Statement.</li> <li>9a</li> </ul> |      |
| <ul> <li>b. Total payments of earnings and profits included<br/>in Line 9a received in prior years.</li> <li>9b</li></ul>   |      |
| c. Payments of earnings and profits included in Line 9a received in current year. 9c.   | \$   |
| <b>10.</b> Capital Gains Distributions - See instructions.10.   | \$   |
| <b>11.</b> Dividend income from PA S corporation(s) and partnerships, reported on your<br>PA Schedule(s) RK-1 or federal Schedule(s) K-1.11.  | \$   |
| <b>12. Total PA-Taxable Dividend Income.</b> Add Lines 6, 7, 8, 9c, 10 and 11.         Enter on Line 3 of your PA-40.         12.   | \$1  |

1555 REV 01/31/23 PRO



# **PA SCHEDULE D**

5507370055

Sale, Exchange or Disposition of Property

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

2022

| PA Department of Revenue                  | 2022                                       | OFFICIAL USE ONLY                    |
|---|--|--------------------------------------|
|   | If you need more space, you may photocopy. |                                      |
| Name of the taxpayer filing this schedule |  | Social Security Number (shown first) |
| MOUNICA ANNAPARTHI                        |  | 877-88-8624                          |
| Taxpayor                                  | Snouse loint                               |                                      |

| Taxpayer  |   | spouse  | Juint   |   |  |  |  |  |
|---|---|---|---|---|--|--|--|--|
| Important: A taxpayer and spouse must complet<br>10 of PA Schedule D. However, if all the gains<br>indicate whether the gains and losses included<br>other spouse's gains. When reporting the sale of<br>sale on their separate PA Schedule D. <b>Read the</b><br>property, including inherited property. Amounts<br>carefully the instructions concerning intangible p   | and losses were<br>on the schedule a<br>f jointly owned prop<br><b>instructions</b> . Ente<br>from Federal Sche | realized on a joir<br>re from the taxpay<br>perty that is not re<br>er all sales, exchar<br>edule D may not b | nt basis, one schedu<br>ver, spouse or joint. (<br>ported on a joint PA S<br>ages or other disposit<br>pe correct for PA inco | ule may be complete<br>One spouse may not<br>Schedule D, each mu<br>ions of real or persor<br>ome tax purposes. N | ed. Complete the oval to<br>use a loss to reduce the<br>st show their share of the<br>al tangible and intangible |  |  |  |
| carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.(a)(b)(c)(d)(e)(f)Describe the property:<br>100 shares of XYZ stock, or<br>10 acres in Dauphin CountyDate acquired:<br>Month/day/yearDate sold:<br>Month/day/yearGross sales price<br>less expenses<br>of saleCost or adjusted<br>basis of the<br>property soldGain or loss:<br>(d) minus (e)<br>(If a loss, fill in the oval). |   |   |   |   |  |  |  |  |
| which was an analysis and a second strain and a second strain and a second strain and a second strain and a second  |   | / /   |   |   | 1000   |  |  |  |

| 1.ROBINHOOD                              | SECURITIES                 | 12/24/20             | 03/23/22           | 1,000. | 125.    | LOSS       | 875. |
|--|----------------------------|----------------------|--------------------|--------|---------|------------|------|
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | $\bigcirc$ |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
|  |                            |                      |                    |        |         | LOSS       |      |
| 2. Net gain (loss) from a                | above sales                |                      |                    |        | LOSS 2. |            | 875. |
|  | t sales from PA Schedule I |                      |                    |        |         |            |      |
|  | from C corporations        |                      |                    |        |         |            |      |
|  |                            |                      |                    |        | = 4.    |            |      |
|  |                            |                      |                    |        |         |            |      |
|  | he sale of 6-1-71 property |                      |                    |        |         |            |      |
| <ol> <li>Net PA S corporation</li> </ol> | and partnership gain (loss | s) from your PA Sche | dule(s) KK-1 or NR | K-1    | LOSS 6. |            |      |

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

| (a)   | (b)             | (c)              | (d)                          | (e)                       | (f)           |
|---|-----------------|------------------|------------------------------|---------------------------|---------------|
| Address of  | Date acquired:  | Date sold:       | Gross sales price            | Cost or adjusted basis of |               |
| residence   | Month/day/year  | Month/day/year   | less expenses of sale        | the property sold         | (d) minus (e) |
|   |                 |                  |                              |                           |               |
| 7. Taxable gain from the sale of your principal residence. If y |                 |                  |                              |                           |               |
| If you realized a gain/loss on the sale of the nonresidentia    |                 |                  |                              |                           |               |
| 8. Taxable distributions from partnerships from REV-999.        |                 |                  |                              |                           |               |
| 9. Taxable distributions from PA S corporations from REV-       |                 |                  |                              |                           |               |
| 10. Taxable gain from exchange of insurance contracts           |                 |                  |                              |                           |               |
| 11. Total PA Taxable Gain (Loss). Add Lines 2 through 10.       | Enter on Line 5 | of your PA-40. ( | If a net loss, fill in the c | oval) Coss 11.            | 875.          |
|   |                 |                  |                              |                           |               |

1555 REV 01/31/23 PRO



# PA SCHEDULE E

Rents and Royalty Income (Loss)

 PA-40 E (EX) 06-22 (I)
 2022
 OFFICIAL USE ONLY

 Name of the taxpayer filing this schedule
 Social Security Number (shown first) or EIN

 MOUNICA ANNAPARTHI
 877-88-8624

2201410020

Sales Tax License Number (if applicable). See the instructions.

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

#### SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

|     | Туре    | Description of Property For Prof                             | it Prope   | rty Complete Address (street, city, state and ZIP code) |
|-----|---------|--|------------|---|
| •   |         | YES  | $\Box$     |   |
| A   | 3       | NO   |            |   |
| В   |         | YES  | $\bigcirc$ |   |
| Б   |         | NO   | $\bigcirc$ |   |
| С   |         | YES  | $\bigcirc$ |   |
| 0   |         | NO   | $\bigcirc$ |   |
| Pro | perty t | ype: 1. Single family residence 3. Vacation/short-term renta | al 5. La   | nd 7. Self-rental                                       |

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe:

| SECTION II INCOME & EXPENSES  |                       |                 |                |                        |             |            |       |
|---|-----------------------|-----------------|----------------|------------------------|-------------|------------|-------|
|   |                       | Prope           | rty A          | Property               | В           | Proper     | ty C  |
| Line a: Identify the property from Section I and indicate ow              | nership (T/S/J)       |                 | s 🔾 J          | T 🗆 S                  | _ J         | OT O       | s 🔾 J |
| Line b: Is the property rental location in PA?                            |                       | YES             |                | YES C                  |             | C YES      | O NO  |
| Line c: Is the property rented for any period less than 3                 | 0 days?               | YES             | O NO           | O YES                  | D NO        | C YES      | O NO  |
| Income: 1. Rent received  | 1,                    |                 | 680            |                        |             |            |       |
| 2. Royalties received   | 2.                    |                 |                |                        |             |            |       |
| Expenses: 3. Advertising  | 3.                    |                 |                |                        |             |            |       |
| 4. Automobile and travel  | 4.                    |                 |                |                        |             |            |       |
| 5. Cleaning and maintenance   | 5.                    |                 | 1,241          |                        |             |            |       |
| 6. Commissions  |                       |                 |                |                        |             |            |       |
| 7. Insurance  |                       |                 |                |                        |             |            |       |
| 8. Legal and professional fees  |                       |                 |                |                        |             |            |       |
| 9. Management fees  |                       |                 | 1,421          |                        |             |            |       |
| 10. Mortgage interest   |                       |                 |                |                        |             |            |       |
| 11. Other interest  |                       |                 |                |                        |             |            |       |
| 12. Repairs   |                       |                 | 3,300          |                        |             |            |       |
| 13. Supplies  |                       |                 | 3,100          |                        |             |            |       |
| 14. Taxes - not based on net income                                       | 14.                   |                 |                |                        |             |            |       |
| 15. Utilities   |                       |                 | 2,800          |                        |             |            |       |
| 16. Depreciation expense - See the instructions                           |                       |                 | 5 <b>,</b> 455 |                        |             |            |       |
| 17. Other expenses (itemize):   | 17.                   |                 |                |                        |             |            |       |
|   |                       |                 |                |                        |             |            |       |
| 18. Total Expenses - Add Lines 3 through 17                               |                       | -               | 17,317         |                        |             |            |       |
| Income 19. Income – Subtract Line 18 from Line 1 or 2.                    |                       |                 |                |                        |             |            |       |
| or Loss: 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, | if a net loss) 20.    | $\bigcirc$      | 0              | $\Box$                 |             | $\bigcirc$ |       |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-terr             | n rentals. See the in | structions      | (fill in the   | e oval, if a net loss) | <b>21</b> . |            |       |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short              | torm rontals. Soo t   | he instructions | (fill in the   | oval if a net loss)    | 22.         |            | 0     |
| 23. Rent or royalty income (loss) from PA S corporation(s) and par        |                       |                 |                | oval, il a lict 1055)  |             | i          | 0     |
| PA Schedule(s) RK-1 or NRK-1  |                       |                 | (              | e oval, if a net loss) | 23.         | L          |       |
| total all Line 22 and 23 amounts and include on Line 6 of you             |                       |                 | (fill in the   | e oval, if a net loss) | 24.         |            | 0     |
|   |                       | REV             | 01/31/23 PRO   |                        |             | L          | 1555  |



Social Security Number 877-88-8624

| Name    |            |
|---------|------------|
| MOUNICA | ANNAPARTHI |

|   | Pennsylvania   | ST             |  |  |  |  |  |  |
|---|--|----------------|--|--|--|--|--|--|
|   | (state)<br>compensation<br>from box 16<br>(See Tax Help)<br>Pennsylvania<br>(state)<br>income tax<br>tax withheld<br>from box 17 |                |  |  |  |  |  |  |
| 1       S       ATOS SYNTEL INC       85,816.         2       T       FINANCIAL INDUSTRY REGULATORY       10,056.         3       T       PERFICIENT INC       117,637.         3       T       74-2853258       124,469.   | 85,816.<br>2,635.<br>10,483.<br>322.<br>124,469.<br>3,821.   | PA<br>PA<br>PA |  |  |  |  |  |  |
| Pennsylvania W-2.       Taxpayer       Spouse         Pennsylvania W-2 to Schedule NRH, line 9.       134,952.       85,816.         Federal Form 4137, Unreported Tips, line 6       —       —         Noncash tips.       —       —       —         Non-Pennsylvania W-2 to Schedule SP, line 6       —       —       —         Withholding       —       4,143.       2,635. |  |                |  |  |  |  |  |  |

### Federal Forms W-2: Local Tax

| #<br>of<br>W2 | * | TS | Employer<br>identification<br>number from<br>box B | Locality name | Local wages,<br>tips, etc.<br>(local)<br>from box 18 | Local income<br>tax<br>(local)<br>from box 19 | ST<br>ID |
|---------------|---|----|--|---------------|--|---|----------|
| 2<br>3<br>—   |   | T  | 53-0088710<br>74-2853258                           |               | 10,780.<br>124,469.                                  | 108.<br>                                      | PA<br>PA |

|                        | Taxpayer | Spouse |
|------------------------|----------|--------|
| Pennsylvania Local W-2 | 135,249. |        |
| Noncash tips           |          |        |
| Withholding            | 1,353.   |        |

#### **Excess Reimbursements**

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
|   |             |                |     |        |
|   |             |                |     |        |

|   | ellai  | neous Compensation  | from   | Federal I   | Forms 1   | 10991  | IISC, 1  | 099K, 10 <mark>9</mark>  | 9NEC, and of  | Page<br>ther statemer  |  |
|---|--|---|--|---|---|--|--|--|---|--|--|
|   | *  | Payer Name  |  | Paye  | er EIN  | T/S  | Code   | PA Taxal<br>Comp.  |   | Fed.<br>Income   |  |
| Ľ   |  |   |  |   |   |  |  |  |   | _  |  |
| -   | _  |   |  |   |   |  |  |  |   | -  |  |
|   |  |   |  |   |   |  |  |  |   |  |  |
| enr   | svl  | vania Payment type:   |  | •   |   | •  |  |  |   | •  |  |
|   | Exe  | ecutor fee  | н  | Other no  | onemplo   | yee co   | mpensa   | ation.   |   |  |  |
| }   |  | Jury duty pay Describe:<br>Director's fee I Employer sponsored retirement/pension/deferred compe  |  |   |   |  |  |  |   | nsation plan   |  |
| )   | Exp  | pert witness fee  | J  | Distribu  | vistribution from IRA (Traditional or Roth)                 |  |  |  |   |  |  |
|   |  | Honorarium K Distribution from Life Insurance, Annuity or Endown L Distribution from Charitable Gift Annuities  |  |   |   |  |  |  | or Endowment C  | Sontracts  |  |
| ì   | Dar  | mages or settlement fo  | r Mi   | Distribu  | tion from   | Emplo  | oyee Sto   | ock Owners   | ship Plan.  |  |  |
|   |  | t wages, other than<br>sonal injury   | Ν  | Describ<br>Fiduciar   | e:<br>y fees fro  | om a t   | rust   |  |   |  |  |
|   |  |   | 0  | Other in  | come no   | ot listed  | above  |  |   |  |  |
|   |  |   |  | Describ   | e:  |  |  |  |   |  |  |
|   |  |   |  |   |   |  |  |  | xpayer  | Spouse   |  |
|   |  | llaneous Compensatior<br>olding   |  |   |   |  | 099NE  |  |   |  |  |
|   |  | g   |  |   |   |  |  |  |   |  |  |
|   |  |   | Com  | pensatio  | n from  | Fede   | ral For  | ms 1099R   |   |  |  |
|   |  | Payer's EIN   |  | ed PA   | Gro   |  |  |  |   | PA Tax   |  |
|   | *  | Payer's Name  | S ‡  | ¥ Type  | Distrib   | ution  |  | Basis  | PA Taxable  | Withheld   |  |
|   |  |   |  |   |   |  |  |  |   |  |  |
|   |  |   |  |   |   |  |  |  |   |  |  |
| Γ   |  | <u>.</u>  |  |   |   | $\frown$   |  |  |   |  |  |
|   |  |   |  |   |   |  |  |  |   |  |  |
|   |  |   |  |   | ~   |  |  |  |   |  |  |
|   |  |   |  | _  -  |   |  |  |  |   |  |  |
|   |  |   |  |   |   |  |  |  |   |  |  |
|   | * E  | inter an 'X' if this incom  | <br>e is <b>Nc</b>   |   | to Penns  | sylvani  |  | A Part-Yea   | ar and Nonresid   | ents Only.   |  |
| N<br>31<br>32<br>33<br>51<br>21<br>12   | No<br>PA<br>Uni<br>Mili<br>U.S<br>Anr<br>(inc<br>Ear<br>Rol                              | inter an 'X' if this incom<br>vania Distribution typ<br>entry<br>school, state, or munic<br>ited Mine Workers pens<br>itary pension<br>S. Civil service retireme<br>nuity or Non-civil servic<br>cluding Qual Joint Survi<br>rly distribution from a re<br>lover<br>eligible; plan is eligible  | e:<br>ipal en<br>sion<br>nt/disa<br>e disat<br>ivorshi<br>etireme  | nployee pl<br>bility/annu<br>bility<br>o Annuity)<br>nt plan  | an<br>iity  | I2:<br>J <sup>7</sup><br>J2<br>K3  | 2 I'm n<br>I Trad<br>2 Trad<br>2 Non-<br>3 Life i<br>J ESO<br>2 ESO<br>3 KSO   | ot eligible y<br>itional or Re<br>qualified de<br>nsurance o<br>ibution from<br>P: Allocate<br>P: Non-Allo<br>P: Taxable   | ar and Nonresid<br>oth IRA; I'm ove<br>oth IRA; I'm und<br>eferred compen<br>or endowment<br>n Charitable Gif<br>d ESOP Stock I<br>bocated ESOP St<br>ESOP within a<br>ble ESOP withi   | ole in PA<br>er 59.5<br>der 59.5<br>sation plan<br>t Annuities<br>Dividend<br>tock Dividend<br>401(k)                                |  |
| N<br>31<br>11<br>32<br>33<br>(1<br>21<br>12<br>13   | No<br>PA<br>Uni<br>Uni<br>U.S<br>Anr<br>(inc<br>Ear<br>Rol<br>I'm<br>Distr<br>i<br>Distr | vania Distribution typ<br>entry<br>school, state, or munic<br>ited Mine Workers pens<br>itary pension<br>5. Civil service retireme<br>nuity or Non-civil servic<br>cluding Qual Joint Survi<br>rly distribution from a re<br>llover   | e:<br>sipal en<br>sion<br>nt/disa<br>e disab<br>ivorship<br>tireme<br>(no P/<br>(no P/<br>nce, A<br>sins (se<br>Gift Ar<br>099R (              | nployee pl<br>bility/annu<br>bility<br>o Annuity)<br>nt plan<br>A tax)<br>nnuity, En<br>e Tax Help<br>nnuities<br>eligible re   | dowmen<br>o FAQ's   | I22<br>J<br>J<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K       | 2 I'm n<br>I Trad<br>2 Trad<br>2 Non-<br>3 Life i<br>Distr<br>1 ESO<br>2 ESO<br>3 KSO<br>4 KSO<br>4 KSO<br>4 KSO   | ot eligible y<br>itional or Re<br>qualified de<br>nsurance o<br>ibution from<br>P: Allocate<br>P: Non-Allo<br>P: Nontaxa<br>P: Nontaxa   | vet; plan is eligit<br>oth IRA; I'm ove<br>oth IRA; I'm und<br>eferred compen<br>or endowment<br>n Charitable Gif<br>d ESOP Stock I<br>ocated ESOP St<br>ESOP within a  | ole in PA<br>er 59.5<br>der 59.5<br>sation plan<br>t Annuities<br>Dividend<br>tock Dividend<br>401(k)<br>n a 401(k)<br><b>Spouse</b> |  |
| N<br>31<br>11<br>32<br>33<br>(1<br>21<br>12<br>13   | No<br>PA<br>Uni<br>Uni<br>U.S<br>Anr<br>(inc<br>Ear<br>Rol<br>I'm<br>Distr<br>i<br>Distr | vania Distribution typ<br>entry<br>school, state, or munic<br>ited Mine Workers pensi<br>itary pension<br>5. Civil service retireme<br>nuity or Non-civil servic<br>cluding Qual Joint Survi<br>rly distribution from a re<br>lover<br>eligible; plan is eligible<br>ibution from Life Insura<br>ineligible retirement pla<br>ibution from Charitable<br>pensation from Form 1            | e:<br>sipal en<br>sion<br>nt/disa<br>e disab<br>ivorship<br>tireme<br>(no P/<br>(no P/<br>nce, A<br>sins (se<br>Gift Ar<br>099R (              | nployee pl<br>bility/annu<br>bility<br>o Annuity)<br>nt plan<br>A tax)<br>nnuity, En<br>e Tax Help<br>nnuities<br>eligible re   | dowmen<br>o FAQ's   | 122<br>J<br>J<br>J<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M  | 2 I'm n<br>I Trad<br>2 Trad<br>2 Non-<br>3 Life i<br>Distr<br>1 ESO<br>2 ESO<br>3 KSO<br>4 KSO<br>4 KSO<br>4 KSO<br>4 KSO  | ot eligible y<br>itional or Re<br>qualified de<br>nsurance o<br>ibution from<br>P: Allocate<br>P: Non-Allo<br>P: Nontaxa<br>P: Nontaxa<br><b>Ta</b>  | vet; plan is eligit<br>oth IRA; I'm ove<br>oth IRA; I'm und<br>eferred compen<br>or endowment<br>n Charitable Gif<br>d ESOP Stock I<br>ocated ESOP Stock I<br>ocated ESOP Stock<br>ESOP within a<br>ble ESOP within<br>xpayer | ole in PA<br>er 59.5<br>der 59.5<br>sation plan<br>t Annuities<br>Dividend<br>tock Dividend<br>401(k)<br>n a 401(k)<br><b>Spouse</b> |  |
| N<br>31<br>11<br>32<br>33<br>(1<br>21<br>12<br>13   | No<br>PA<br>Uni<br>Uni<br>U.S<br>Anr<br>(inc<br>Ear<br>Rol<br>I'm<br>Distr<br>i<br>Distr | vania Distribution typ<br>entry<br>school, state, or munic<br>ited Mine Workers pensi<br>itary pension<br>5. Civil service retireme<br>nuity or Non-civil servic<br>cluding Qual Joint Survi<br>rly distribution from a re<br>lover<br>eligible; plan is eligible<br>ibution from Life Insura<br>ineligible retirement pla<br>ibution from Charitable<br>pensation from Form 1            | e:<br>sipal en<br>sion<br>nt/disa<br>e disab<br>ivorship<br>tireme<br>(no P/<br>(no P/<br>nce, A<br>sins (se<br>Gift Ar<br>099R (              | nployee pl<br>bility/annu<br>bility<br>o Annuity)<br>nt plan<br>A tax)<br>nnuity, En<br>e Tax Help<br>nnuities<br>eligible re   | an<br>lity<br>dowmen<br>o FAQ's<br>tirement                 | 122<br>J<br>J<br>J<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M  | 2 I'm n<br>I Trad<br>2 Trad<br>2 Non-<br>3 Life i<br>Distr<br>1 ESO<br>2 ESO<br>3 KSO<br>4 KSO<br>4 KSO<br>4 KSO<br>4 KSO  | ot eligible y<br>itional or Re<br>qualified de<br>nsurance o<br>ibution from<br>P: Allocate<br>P: Non-Allo<br>P: Nontaxa<br>P: Nontaxa<br><b>Ta</b> :  | vet; plan is eligit<br>oth IRA; I'm ove<br>oth IRA; I'm und<br>eferred compen<br>or endowment<br>n Charitable Gif<br>d ESOP Stock I<br>bocated ESOP St<br>ESOP within a<br>ble ESOP withi<br>xpayer                           | ble in PA<br>er 59.5<br>der 59.5<br>sation plan<br>t Annuities<br>Dividend<br>tock Dividend<br>401(k)<br>n a 401(k)<br><b>Spouse</b> |  |
| N<br>31<br>11<br>32<br>33<br>(1<br>21<br>12<br>13<br>[<br>(<br>\<br>\<br>\  | Sylu<br>No<br>PA<br>Uni<br>U.S<br>Anr<br>(inc<br>Ear<br>Rol<br>I'm<br>Distr<br>Distr     | vania Distribution typ<br>entry<br>school, state, or munic<br>ited Mine Workers pensi<br>itary pension<br>5. Civil service retireme<br>nuity or Non-civil servic<br>cluding Qual Joint Survi<br>rly distribution from a re<br>lover<br>eligible; plan is eligible<br>ibution from Life Insura<br>ineligible retirement pla<br>ibution from Charitable<br>pensation from Form 1<br>holding | pe:<br>sipal en<br>sion<br>nt/disa<br>e disab<br>ivorship<br>etireme<br>(no P/<br>nce, A<br>ins (see<br>Gift Ar<br>099R (<br>                  | nployee pl<br>bility/annu<br>bility<br>o Annuity)<br>nt plan<br>A tax)<br>nnuity, En<br>e Tax Help<br>nnuities<br>eligible re<br><br><b>Total</b>                           | dowmen<br>o FAQ's<br>tirement<br><b>Gross (</b><br>e 1a     | I 22<br>J<br>J<br>J<br>K<br>K<br>K<br>K<br>K<br>K<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M<br>M | 2 I'm n<br>I Trad<br>2 Trad<br>2 Non-<br>3 Life i<br>- Distr<br>I ESO<br>2 ESO<br>3 KSO<br>4 KSO  | ot eligible y<br>itional or Re<br>qualified de<br>nsurance o<br>ibution from<br>P: Allocate<br>P: Non-Allo<br>P: Nontaxa<br>P: Nontaxa<br><b>Ta</b> :<br><br><b>Ta</b> :<br><br><b>Ta</b> :<br>                    | vet; plan is eligit<br>oth IRA; I'm ove<br>oth IRA; I'm und<br>eferred compen<br>or endowment<br>n Charitable Gif<br>d ESOP Stock I<br>bocated ESOP St<br>ESOP within a<br>ble ESOP within<br><b>xpayer</b>                   | ole in PA<br>er 59.5<br>der 59.5<br>sation plan<br>t Annuities<br>Dividend<br>tock Dividend<br>401(k)<br>n a 401(k)<br><b>Spouse</b> |  |
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\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.