(Rev. January 2021)

Department of the Treasury

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertue Service					
Submission Identification Number (SID)					
Taxpayer's name	Social secu	rity numb	er		
ADITYA TUMMALAPALLI	9-9005	5			
Spouse's name	Spouse's s	ocial secu	rity num	ber	
HYMAVATHI BURRA	APPLI		-		
	(Enter year you	are aut	horizir	ıg.)	
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 . 1			
1 Adjusted gross income		1			500.
<ul> <li>Total tax</li></ul>		3			172.
4 Amount you want refunded to you		4			<u> 181.</u>
5 Amount you owe		5		0,1	009.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a co		our re	turr	1)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an					
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution according a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendate the payment of the payment of the payment of the income tax return (original or amendate).	te the Ú.S. Treasury bunt indicated in the institution to debit the erminate the author ion requests must d in the processing to the payment. I fu	and its of tax prepose entry to ization. The receive of the electrical transfer ac	lesignate aration of this action of this action less that are the less than 1 dectronic	ed Fi softw ccour e (ca later payr lge tl	nancial vare for nt. This uncel) a than 2 ment of hat the
Electronic Funds Withdrawal Consent.				_	
Taxpayer's PIN: check one box only		9   9   0	0 0 5		
X I authorize GLOBAL TAXES LLC to enter or get	, E	nter five		ıt	as my
signature on the income tax return (original or amended) I am now authorizing.	C	lon't ente	r all zero	S	
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.					
Your signature ► Da	te ▶				
Spouse's PIN: check one box only	_			_	
	nerate my PIN				as my
ERO firm name		nter five	digits, bu	_	,
signature on the income tax return (original or amended) I am now authorizing.	C	lon't ente	r all zero	S	
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.					
Spouse's signature ▶ Da	ite ▶				
Practitioner PIN Method Returns Only—continue					
Part III Certification and Authentication — Practitioner PIN Method Only					
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.					
THO S LI INVENT. Effect your six-digit of the followed by your five-digit self-selected i fiv.	Don't e	nter all ze	ros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I arrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provid	m submitting this re	turn in a	ccordar	ice w	
ERO's signature ▶ Da	ite ▶				
FRO Must Ratain This Form — See Instruction	one				

Don't Submit This Form to the IRS Unless Requested To Do So

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

OMB No. 1545-0074

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

To the Dox. If You checked the MRS box, enter the name of your spouse, if you checked the HOH or GSS box, enter the child's name if the qualifying person is a child but not your dependent:  Your first name and middle initial	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the operan is a child but not your dependent:  Your first name and middle initial  ADITYA  TOMMALAPALLI  863-29-9005  TOMMALAPALLI  863-29-9005  APLIED FOR  APLIE	Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	ehold (HOI	H) [		lifying sun use (QSS)	/ivin	g
Your social security number   ADITYA	Your first name and middle initial ADITYA ADITYA TOMMALAFALLI S63-29-9005 TOMMALAFALLI S05-29-9005 TOMMALAFALLI S05-29-90		If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you	check	ed the HOH or	r QSS	box, ente	er the c	•	,	ne qı	ualifying
ADITYA	ADITYA   TUMMALAPALLT   S63-29-9005   It joint return, spouse's first name and middle initial   Last name   Spouse's social security   HYMAVATH   BURRA   APPLIED FOR		pers	on is a child but not your dependen	t:										
If joint return, spouse's first name and middle initial   Bust name   BURRA   APPLIED FOR   APPLIE	# John return, spouse's first name and middle initial Last name BURRA APPLIED FOR FOR Home addresse (number and street). If you have a P.O. box, see instructions.    1417 APPLEBRRY WAY City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code PA 19382   City, town, or post office. If you have a foreign address, also complete spaces below. Foreign country name Foreign country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign prostal code over the country name Foreign province/state/county Foreign fo	Your first name	and mi	ddle initial	Last nar	me					Yo	Your social security number			mber
HYMAVATHI Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.	HYMAVATHI Home address (number and street). If you have a P.O. box, see instructions.    Apt. no.	ADITYA			TUMM	ALAPALLI					8	863-29-9005			
Apt. no.	Home address (number and street), If you have a P.O. box, see instructions.   Apt. no.   Presidential Election (Check here if you, or payment from prost office. If you have a foreign address, also complete spaces below.   State   ZIP code   PA   19382	If joint return, s	pouse's	first name and middle initial	Last nar	me					Sp	ouse'	s social sec	curity	number
City town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   State   State   ZIP code   State	Check here if you, or your, or post office. If you have a foreign address, also complete spaces below.  WEST CIESTER  PA 19382  bork below will not here.  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  your tax or refund.  You  Digital  Assets  At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	HYMAVATE	HI		BURR	A					A.	PPLJ	ED FO	R	
WEST CHESTER   PA	City, town, or post office. If you have a foreign address, also complete spaces below.  WEST CHESTER Foreign country name    Foreign province/state/county	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pr	esider	ntial Election	on C	ampaign
VEST_CHESTER   Not have a toteligh studies, asso complete spaces between   PA	VEST CEESTER  At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves Standard  Someone can claim: You as a dependent Your spouse as a dependent  Deduction  Spouse itemizes on a separate return or you were a dual-status alien  firmore than four dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions and check here se instructions  and check here of the form(s) W-2 hex Also attach forms  W-2 here, Also  did did not got a form were an origin address, asso complete spaces below.  Foreign province/state/county  Foreign postal code    You   Section   Sectio	1417 APF	PLEBI	ERRY WAY											
Foreign country name  Foreign province/estate/country  Foreign pro	MESTER   PA   1938   Dox below will not be proring rountry name   Foreign province/state/country   Foreign postal code   your tax or refund che your tax or refund.   You   Digital   At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)   Yes   Standard   Deduction   Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness   You:   Were born before January 2, 1958   Is blind   Dependents (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions   number   to you   Child tax credit   Credit for other or than four dependents, see instructions   and check here	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code			0,		
Digital Assets	Digital Assets   As	WEST CHE	ESTER	5			PA		19:	382		_			_
Digital Assets   At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes   No	At any time during 2022, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes	Foreign country	y name		F	oreign province/stat	e/count	у	Forei	gn postal co	ode yo	ur tax	or refund.		
Assets Standard Standard Someone can claim:	Assets    Exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   Xeamone can claim:   You as a dependent   Your spouse as a dependent   Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness   You:   Were born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Was born b												You		Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Assets Standard Deduction  Age/Blindness You:   Were born before January 2, 1958   s blind Dependents See instructions):   (2) Social security number   (3) Relationship to you   (4) Check the box if qualifies for (see instructions)   (4) Check the box if qualifies for (see instructions)   (3) Relationship to you   (4) Check the box if qualifies for (see instructions)   (4) First name   Last name   (4) Check the box if qualifies for (see instructions)   (4) Check the box if qualifies for (see instructions)   (5) Social security number   (6) Spouse:   Was born before January 2, 1958   Is blind   (4) Check the box if qualifies for (see instructions)   (6) First name   Last name   (7) First name   Last name	Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payn	nent for prope	erty or	services)	; or (b)	sell,			
Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness   You:   Were born before January 2, 1958   Are blind   Spouse:   Was born before January 2, 1958   Is blind	Deduction		exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financia	al intere	est in a digital	asset	)? (See in	structio	ons.)	Yes	X	No
Age/Blindness You:	Age/Blindness You:	Standard	Som	eone can claim:	pendent	Your spo	use as	a dependent							
Dependents   (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions)   (1) First name	Dependents (see instructions):  (1) First name	<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a dual-statu	ıs alien								
If more than four dependents, see instructions and check here	If more than four dependents, see instructions and check here	Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	rn bef	ore Janua	ıry 2, 1	958	☐ Is bl	ind	
If more than four dependents, see instructions and check here	If more than four dependents, see instructions and check here	Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip (	4) Check th	ne box it	qualif	ies for (see	instr	uctions):
than four dependents, see instructions and check here	than four dependents, see instructions and check here	•	•	*					.	Child ta	ax credi	t	Credit for ot	her de	ependents
see instructions and check here	see instructions and check here														
and check here	Income  In Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on line 1a (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on line 1a (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on Form(s) W-2  Tip income not reported on Form(s) W-2  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Household expendent care benefits from Form 2441, line 26  Taxable dependent care benefits from Form 8839, line 29  If Employer-provided adoption benefits from Form 8839, line 29  If Suges from Form 8919, line 6  Taxable dependent care benefits from Form 8839, line 29  If Suges from Form 8919, line 6  Taxable combat pay election (see instructions)  In W-2, see instructions  Z Add lines 1a through 1h  Attach Sch. B  Add lines 1a through 1h  Attach Sch. B  Attach Sch. B  Attach Sch. B  If required.  Attach Sch. B  If Required.  Attach Sch. B  If Required.  Attach Sch. B  If Positions Add lines 1a through 1h  Attach Sch. B  If Required.  Attach Sch. B  If Positions Add lines 1a through 1h  Attach Sch. B  If Positions Add lines 1a through 1h  Attach Sch. B  If You delect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  Total and and the position of the		_												
Income Income Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R it tax was withheld. If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions In you did not get a Form W-2, see instructions In you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions In you did not get a Form W-2, see instructions In you did not get a Form Form 8919, line 6 If you dect dividends If you did not get a Form Form 8919, line 6 If you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you dect to use the lump-sum election method, check here (see instructions) In you decked any box under yet and yet	Income		s —												
b Household employee wages not reported on Form(s) W-2. Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Sch. B	Attach Form(s) W-2 here. Also attach Forms W-2 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  If punctions W-2 and 10 to Wages from Form 8919, line 6 W-2, see instructions.  It punctions W-2, see instructions  It punctions  It punctions W-2, see instructions  It punctions  It punctions  It punctions W-2, see instructions  It punctions  It punc														
Attach Form(s) W-2 here. Also attach Forms W-2 Ag and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions  W-2, see instructions  Taxable dependent care benefits from Form 2441, line 26  Employer-provided adoption benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  Add lines 1a through 1h  Tax-exempt interest  Bay Drdinary dividends  Add lines 1a through 1h  Tax-exempt interest  Bay Drdinary dividends  Ba	b Household employee wages not reported on Form(s) W-2.  1b Household employee wages not reported on Form(s) W-2.  1c Tip income not reported on line 1a (see instructions)  1c W-2 here. Also attach Forms  W-2 here. Also attach Forms  W-2 and 1099-R if tax was withheld.  1f You did not get a Form howehold.  1f You did not get a Form how w-2, see instructions.  1	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	1:	16,	500.
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  In the form Form 8919, line 6	W-2 here. Also attach Forms de W-2G and 1099-R if tax was withheld. If you did not get a Form h Other earned income (see instructions)	meome	b	Household employee wages not re	eported	on Form(s) W-2.						1b			
attach Forms W-2G and 1099-Ri ff dax was withheld. If you did not get a Form W-2, see instructions.  ### Add lines 1a through 1h  ### Add without so the first promption of the first p	attach Forms     d     Medicaid waiver payments not reported on Form(s) W-2 (see instructions)     1d       W-26 and 1099-R if tax was withheld.     f     Employer-provided adoption benefits from Form 2441, line 26     1e       If you did not get a Form by W-2, see instructions.     9     Wages from 8919, line 6     1g       W-2, see instructions.     1     Nontaxable combat pay election (see instructions)     1h       W-2, see instructions.     2     Add lines 1a through 1h     1z     116       Attach Sch. B if required.     3a     Qualified dividends     3a     b Taxable interest     2b       3a Qualified dividends     3a a life distributions     4a b Taxable amount     4b       4a Standard Deduction for Married filing separately, \$12,950     5a Pensions and annuities     5a b Taxable amount     5b       5a Social security benefits     6a b Taxable amount     6b       6a Social security benefits     6a b Taxable amount     6b       7 Capital gain or (loss). Attach Schedule D if required. If not required, check here     7       9 Married filing pionity or Qualifying surviving spouse, \$25,900     8     Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income     9     116       10 Subtract line 10 from line 9. This is your adjusted gross income     10     11     11       11 Standard deduction pay itempted deduction pay itempted deduction form Schedule A) <td>٠,</td> <td>С</td> <td>Tip income not reported on line 1a</td> <td>a (see ins</td> <td>structions)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1c</td> <td></td> <td></td> <td></td>	٠,	С	Tip income not reported on line 1a	a (see ins	structions)						1c			
1099-R if tax was withheld.  If Employer-provided adoption benefits from Form 8839, line 29  If you did not get a Form W-2, see instructions.  I Nontaxable combat pay election (see instructions)  I Nontaxable combat pay election (see instructions)  I Add lines 1a through 1h  Attach Sch. B if required.  3a Qualified dividends  3a Qualified dividends  3a Qualified dividends  3a Qualified dividends  4a IRA distributions  4a IRA distributions  4a IRA distributions  5a Pensions and annuities  5a Deduction for Gailing jointly or Qualifying sourly size yields of the surviving spouse, \$25,900  1 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  1 Add lines 12 and 13  1 Qualified business income deduction from Form 8995 or Form 8995-A  1 Add lines 12 and 13	1099-R if tax was withheld.  If you did not get a Form how the earned income (see instructions)  W-2, see instructions.  Attach Sch. B if required.  Attach Sch. B If required.  Attach Sch. B If you did not eight a form in the earned income (see instructions)  Attach Sch. B If required.  Attach Sch. B If requi		d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	e instru	ctions)				1d			
was withheld. If Employer-provided adoption benefits from Form 8839, line 29  If you did not get a Form h Wages from Form 8919, line 6	was withheld.  If you did not get a Form W2, see instructions.  Wages from Form 8919, line 6.  Other earned income (see instructions)  Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B if required.  2a Tax-exempt interest . 2a b Taxable interest . 2b if required.  Bandard  Band		е	Taxable dependent care benefits	axable dependent care benefits from Form 2441, line 26						1e				
fryou did not get a Form   wages from Form 8919, line 6   1g	If you did not get a Form   W-2, see instructions   In   W-2, see instructions   In   In   In   In   In   In   In		f	Employer-provided adoption bene	efits from	Form 8839, line 2	29 .					1f			
get a Form W-2, see instructions.  I h Other earned income (see instructions)  I i Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B If required.  3a Qualified dividends  4a Qualified dividends  5a Pensions and annuities  5a Deduction for Social security benefits  6a Social security benefits  6a Other income from Schedule D if required. If not required, check here  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here  9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  10 Subtract line 10 from line 9. This is your adjusted gross income  11 116,500.  12 116,500.  11 11 0.  12 116,500.  13 Qualified dividends  3b Draxable amount  4b Draxable amount  5b Draxable amount  5c Draxable amount  5c Draxable amount  5c Draxable amount  5d Draxable amoun	Standard Deduction for Married filing separately, \$12,950   Married filing jointly or Qualifying surviving spouse, \$25,900   Married filing surviving spouse, \$25,900   Married filing surviving spouse, \$25,900   Married for Married for Married filing surviving spouse, \$25,900   Married for Marrie		g	Wages from Form 8919, line 6 .								1g			
Instructions.  Z Add lines 1a through 1h  Attach Sch. B  If required.  2a Tax-exempt interest . 2a b Taxable interest . 2b  If required.  3a Qualified dividends . 3a b Ordinary dividends . 3b  IRA distributions . 4a b Taxable amount . 4b  Standard Deduction for—Single or Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing oriority or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  Tyou checked any box under \$100  Add lines 12 and 13  It 116,500  12 116,500  12 116,500  13 116,500  14 25,900  Add lines 12 and 13	Instructions.  Z Add lines 1a through 1h  Attach Sch. B if required.  3a Qualified dividends	get a Form	h	Other earned income (see instruct	ions) .				٠			1h			0.
Attach Sch. B if required.  2a Tax-exempt interest	Add lines 1a through 1h  Attach Sch. B  if required.  2a		i	Nontaxable combat pay election (	see instr	ructions)		1i	i						
If required.  3a Qualified dividends 3a b Ordinary dividends	if required.  3a Qualified dividends 3a b Ordinary dividends		Z	Add lines 1a through 1h		,						1z	13	16,	500.
4a IRA distributions	4a IRA distributions	Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		b Ta	axable interes	st .			2b			
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard  5a Pensions and annuities . 5a b Taxable amount . 6b  Taxable	Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, 12  Standard Deduction for—Single or Deduction for—Social security benefits	if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds .			3b			
Comparison of Comparison of Comparison of Comparison of Comparison of Married filing separately, \$12,950   Total gain or (loss). Attach Schedule D if required. If not required, check here   Comparison of Compar	Ceduction for—Single or Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, 12  Standard deduction for—  6a  Social security benefits . 6a  b Taxable amount 6b  7  Capital gain or (loss). Attach Schedule D if required. If not required, check here		4a	IRA distributions	4a		b Ta	axable amoun	nt			4b			
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard  Add lines 12 and 13  Social security beriefits	Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, 12  Standard deducation or Married filing separately, \$12,950  Social secturity beriefits		5a	<del>-</del>	5a		b Ta	axable amoun	nt			5b			
Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard  Add lines 12 and 13  C If you elect to use the lump-sum election method, check here (see instructions)  C Apid lump-sum election method, check here (see instructions)  C Apid lump-sum election method, check here (see instructions)  C Apid lump-sum election method, check here (see instructions)  Adjustments to income from Schedule D if required. If not required, check here (see instructions)  Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (surviving spouse, \$25,900  10 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (surviving spouse, \$25,900  11 Subtract line 10 from line 9. This is your adjusted gross income (surviving spouse, \$25,900)  12 Standard deduction or itemized deductions (from Schedule A) (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtract line 10 from line 9. This is your adjusted gross income (subtr	Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, 12  Standard deducation or left of use the lump-sum election method, check here (see instructions)  7  Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  8  Other income from Schedule 1, line 10  9  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  9  11  Subtract line 10 from line 9. This is your adjusted gross income  12  Standard deduction or itemized deductions (from Schedule A)		6a	Social security benefits	6a		b Ta	axable amoun	nt			6b			
S12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard  Add lines 12 and 13  Capital gain or (loss). Attach Schedule D if required, in not required, check nere  7  8  Other income from Schedule 1, line 10  9  116,500.  9  116,500.  12  13  Qualified business income deduction from Schedule A)  14  15  16  17  18  18  18  19  10  11  11  11  11  11  11  11  12  13  14  15  19  10  11  11  11  12  13  14  14  15  15  16  17  18  18  18  19  10  11  11  11  11  11  11  11  11	\$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, 12  Standard gain or (loss). Attach Schedule D if required, if not required, check here	Married filing	С	If you elect to use the lump-sum e	election n	nethod, check hei	e (see	instructions)							
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	jointly or Qualifying surviving spouse, \$25,900 Head of household, 12 Standard deduction or itemized deductions (from Schedule A)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired,	check here				7			
Qualifying surviving spouse, \$25,900       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       116,500.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.	Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		8	Other income from Schedule 1, line 10							8				
\$25,900 Adjustments to income from Schedule 1, line 20	\$25,900 Adjustments to income from Schedule 1, line 25	Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						9	1.	16 <u>,</u>	500.				
Head of household, \$19,400  It you checked any box under Standard  Add lines 12 and 13  Subtract line 10 from line 9. This is your adjusted gross income  It 116,500  It 225,900  It 25,900  It 25,900  It 25,900  It 25,900	Head of household, 12 Standard deduction or itemized deductions (from Schodule A)		10	Adjustments to income from Sche	dule 1, li	ine 26						10			
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)		Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gross inc	ome					11	1.	16,	500.
any box under Standard 14 Add lines 12 and 13			12	Standard deduction or itemized	deducti	i <b>ons</b> (from Schedu	ıle A)					12	:	<u>25,</u>	900.
Standard 14 Add lines 12 and 13			13	Qualified business income deduct	ion from	Form 8995 or Fo	m 899	5-A				13			
	Standard 14 Add lines 12 and 13	Standard		<del>-</del>							14		<u>25,</u>	900.	
Deduction, see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income			15	Subtract line 14 from line 11. If zer	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									90,	600.

Form 1040 (2022	2)							Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	11,172.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	11,172.		
	19	Child tax credit or credit for other depende	nts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line 8					20			
	21	Add lines 19 and 20					21			
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				22	11,172.		
	23	Other taxes, including self-employment tax	, from Schedul	e 2, line 21 .			23	0.		
	24	Add lines 22 and 23. This is your total tax					24	11,172.		
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2			<b>25a</b> 17	7,181.				
	b	Form(s) 1099			25b		-			
	С	Other forms (see instructions)			25c		-			
	d	Add lines 25a through 25c					25d	17,181.		
	26	2022 estimated tax payments and amount					26	· · · · · · · · · · · · · · · · · · ·		
If you have a qualifying child,	27	Earned income credit (EIC)			27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		-			
	29	American opportunity credit from Form 886			29		1			
	30	Reserved for future use	•		30					
	31	Amount from Schedule 3, line 15			31		1			
	32	Add lines 27, 28, 29, and 31. These are you					32			
	33	Add lines 25d, 26, and 32. These are your		-			33	17,181.		
	34	If line 33 is more than line 24, subtract line					34	6,009.		
Refund	35a	Amount of line 34 you want <b>refunded to y</b> e					35a	6,009.		
Direct deposit?	b	Routing number 0 8 3 0 0 0 1				Savings	JJa	0,000.		
See instructions.	d	Account number 5 8 7 9 1 0 3		C Type.	J Onecking	Javings				
	36	Amount of line 34 you want applied to you		nd tax	36					
Amount		, , , , ,			30					
You Owe	37	Subtract line 33 from line 24. This is the <b>an</b> For details on how to pay, go to www.irs.g					37			
Tou Owe	38	Estimated tax penalty (see instructions) .	31							
Third Dorty		you want to allow another person to di			38					
Third Party Designee		tructions				omplete b	elow.	X No		
Boolgiloo	De	signee's	Phone			onal identif				
	nar		no.			ber (PIN)				
Sign		der penalties of perjury, I declare that I have exami								
Here	bel	ef, they are true, correct, and complete. Declaration	n of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepare	er has any knowledge.		
11010	Yo	ur signature	Date	Your occupation				nt you an Identity		
1				JAVA DEVE	I ODED	(see i		N, enter it here		
Joint return? See instructions.	Sn	puse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupa				nt your spouse an		
Keep a copy for	Op	ouse's signature. If a joint return, <b>both</b> must sign.	Date	opouse s occupa			ection PIN, enter it here			
your records.				HOME MAKE	(see i	nst.)				
	Ph	one no. (925)336-2905	Email address	THUMMALAPALL	ADITYA@GMAIL.C	OM				
Daid	Pre	parer's name Preparer's sign	ature		Date	PTIN		Check if:		
Paid								Self-employed		
Preparer	Fire	n's name GLOBAL TAXES LLC			1	Phon	one no.			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									
Go to www.irs.a	ov/Forn	a1040 for instructions and the latest information.		BAA	REV 01/28/23 PRO			Form <b>1040</b> (2022)		
								, , ,		



# Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th		orm if you have, or are eligi	ble to get, a	a U.S. s	social sec	urity nu	ımber (SS	SN).			a new ITIN n existing ITIN
		i <b>itting Form W-7.</b> Read th ral tax return with Form V									c, d, e, f, or g, you
a Nonresident	alie	n required to get an ITIN to cla	aim tax treaty	y benefi	it						
<b>b</b> Nonresident	alie	n filing a U.S. federal tax retur	n								
		en <b>(based on days present i</b> n			_						
d Dependent	of U.	S. citizen/resident alien	d, enter relat	tionship	to U.S. cit	izen/res	ident alien	(see inst	tructions) ►		
_		<b>J</b>	<b>d</b> or <b>e,</b> enter ADITYA T	'UMMA	LAPALLI						ns) ▶ 3-29-9005
f Nonresident	alie	n student, professor, or resea	rcher filing a	U.S. fee	deral tax re	turn or o	claiming ar	n excepti	on		
		ise of a nonresident alien hold	ling a U.S. vi	sa							
h Other (see in											
		r a and f: Enter treaty country	<b>•</b>	NA: al all a		and	d treaty art	T .			
Name	1a	First name		IVIIdale	e name			Last r			
(see instructions)	416	HYMAVATHI		Middle				BUF			
Name at birth if different ▶		First name			e name			Last r			
Applicant's Mailing	2	Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.  1417 APPLEBERRY WAY									
Address							USA	7	19	382	
Foreign (non- U.S.) Address	3	Street address, apartment nu							er.		
(see instructions)		City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4	Date of birth (month / day / year) 05/13/1997	Country of INDIA	birth		City an	nd state or	province	(optional)	5 <u> </u>	Male Female
Other Information	6a	Country(ies) of citizenship INDIA	<b>6b</b> Foreign	tax I.D.	. number (if	any)	6c Type	of U.S. vi	sa (if any), n	umber,	and expiration date
mormaton	6d	6d Identification document(s) submitted (see instructions)									
		Issued by: INDIA	No.: Z3924	1694	Ex	o. date:	09/22/	2026	(MM/DD/Y		
	6е	Have you previously received		ın Intern	nal Revenue	e Service	e Number	(IRSN)?			
	No/Don't know. Skip line 6f.  Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	6f	Enter ITIN and/or IRSN ► I	TIN				IF	RSN			and
		name under which it was iss	ued ▶								
				First r	name		Middle r	ame		La	st name
	6g	Name of college/university or	r company (s	ee instr	ructions) 🕨						
		City and state ▶					Length of	stay 🕨			
Sign Here	doc	der penalties of perjury, I (appli sumentation and statements, and rmation with my acceptance agen	to the best	of my k	nowledge a	nd belief	, it is true,	correct, a	and complete	e. I auth	orize the IRS to share
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)					Date (m	onth / day	/ year) 	Phone num	ber	
, odi 1000143.		Name of delegate, if applicable (type or print)				Delegate's relationship to applicant			Parent Court-appointed guardian		
Acceptance	Ĺ	Signature				Date (m	onth / day	/ year)	Phone	. 4.(0)11	~,
Agent's	<b>_</b>								Fax		
Use ONLY		Name and title (type or print)			Name of co	of company EIN Office co			PTIN		

#### PA-40 - 2022

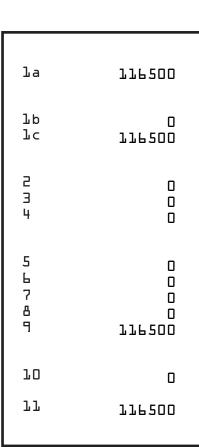
## Pennsylvania Income Tax Return

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

				l N	Extension.	N	Amended Return.
863299005 APPLIE	D F				D :1 C		
TUMMALADALLT				R	Residency Sta		/Part-Year Resident
TUMMALAPALLI					from	(om esident	to
ADITYA	Occupation	JAVA	DEVEL	J	Single, Marrie	ed/Filing ${f J}$	ointly,
					Married/Filin	g Separatel	y, $\mathbf{F}$ inal Return
HYMAVATHI	Occupation	1 HOME	MAKER		Deceased		
BURRA				N	Deceased		
DOMMA				N	Taxpayer Date	of Death	
				N	Spouse Date of	f Death	
1417 APPLEBERRY WAY				l in	~F		
2.2 2232 w				N	Farmers.		
WEST CHESTER	PA	14395			School Distric	t Name 📗	ST CHESTER
925-336-2905		15900		I			
.23 222 2 .03							
		,		,		_	11/ 500
1a Gross Compensation. Do not incluqualifying retirement benefits. See	_		combat zone pay	and	Lá	3	116500
qualifying retirement benefits. See	the mstraction.	· .					
1b Unreimbursed Employee Business	Expenses.				l l		0
1c Net Compensation. Subtract Line	1b from Line 1a	a.			10	=	116500
2 Interest Income. Complete PA Sch	redule A if requ	ired.			2		0
3 Dividend and Capital Gains Distrib			Schedule B if re	quired.	3		Ō
4 Net Income or Loss from the Opera	ation of a Busine	ess, Professio	n or Farm.		4		0

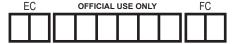
- Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6
- 7 Estate or Trust Income. Complete and submit PA Schedule J.
- Gambling and Lottery Winnings. Complete and submit PA Schedule T. 8
- Total PA Taxable Income. Add 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.
- Adjusted PA Taxable Income. Subtract Line 10 from Line 9. 11

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# 863299005 Name(s) ADITYA TUMMALAPALLI

				Firm FEIN Preparer's			
_	arer's Name and Telephone Number		Date	E-File Op	t Out	N	
	Signature	Spouse's Signature, if fili	ing jointly	]			
_	ature(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best		=				
36	Refund donation line. Enter the organ	nization code and donation	amount. See instruc	tions.	36		
	Refund donation line. Enter the organ				35		
	Refund donation line. Enter the organ				34		
	Refund donation line. Enter the organ				33		
	Refund donation line. Enter the organ				32		
30	Refund – Amount of Line 29 you want Credit – Amount of Line 29 you want			REFUND	37 30		0
20	The total of Lines 30 through 36 mu			DEFENS	20		_
	the difference here.	,					u
	TOTAL PAYMENT DUE. See the in OVERPAYMENT. If Line 24 is more		, Line 25 and Line 2	7, enter	28 29		0
		V-1630/REV-1630A, mark		N	•		u
<ul><li>26</li><li>27</li></ul>	<b>TAX DUE.</b> If the total of Line 12 and Penalties and Interest. See the instruct			ence here.	26 27		0
	<b>USE TAX.</b> Due on internet, mail order				25		0
	TOTAL PAYMENTS and CREDITS				24		3577
	Total Other Credits. Submit your PAS				23		0
22	Resident Credit. Submit your PA Scho	edule(s) G-L and/or RK-1	l <b>.</b>		22		0
20 21	Total Eligibility Income from Section <b>Tax Forgiveness Credit</b> from Section				57		0
	Dependents, Section II, Line 2, PA Sc Total Eligibility Income from Section		CD		19b	00	_
	Filing Status: 01 Unmarried or S	-	03 Deceased		19a	00	
Tax	Forgiveness Credit. Submit PA Scho	edule SP.					
18	<b>Total Estimated Payments and Cred</b>	<b>lits.</b> Add Lines 14, 15, 16	and 17.		18		Ō
	Nonresident Tax Withheld from your l	PA Schedule(s) NRK-1. (	Nonresidents only)		17		0
	2022 Extension Payment.			IV	16		0
	2022 Estimated Installment Payments			N	15		0
14	Credit from your 2021 PA Income Tax	x return			14		О
	Total PA Tax Withheld. See the instruc				13		3577
12	PA Tax Liability. Multiply Line 11 by	7 3.07 percent (0.0307).			12		3577

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Page 2 of 2





**PA-8879** (EX) 11-22

## PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

Declaration Control Number/Submission ID	·
Primary Taxpayer's Name ADITYA TUMMALAPALLI	Social Security Number 863-29-9005
Secondary Taxpayer's Name HYMAVATHI BURRA	Social Security Number APPLIED FOR
SECTION I TAX RETURN INFORMATION – TAX Y	ZEAR ENDING DEC. 31, 2022 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	116,500
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	
4. Amount to be refunded (Form PA-40, Line 30)	4. <u> </u>
5. Total payment (tax due) (Form PA-40, Line 28)	50
SECTION II DECLARATION AND SIGNATURE AU	THORIZATION OF TAXPAYER
agents to initiate an electronic funds withdrawal (direct debit) entry institution to debit the entry to my account and the financial institution information necessary to answer inquiries and resolve issues related the United States or one of its territories. I have selected a person applicable, my electronic funds withdrawal consent.  PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER  (X) I authorize GLOBAL TAXES LLC	If applicable, I authorize the PA Department of Revenue and its designated financia to my designated account for Pennsylvania taxes owed. I also authorize my financia is involved in the processing of my electronic payment of taxes to receive confidential to payment. I certify the funds for this withdraw are originating from an account within its identification number as my signature for my electronic income tax return and, in the interval of the processing of my electronic income tax return and, in the processing of my signature on my tax year 2022 to enter my PIN as my signature on my tax year 2022.
electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2022 elect	ronically filed income tax return.
Signature	Date
SECONDARY TAXPAYER'S PIN Mark one oval only.  (X) I authorize GLOBAL TAXES LLC electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2022 elect	to enter my PIN as my signature on my tax year 2022
Signature	Date
SECTION III CERTIFICATION AND AUTHENTICAT	ION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit	t self-selected PIN/
	numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed my participating in the Practitioner PIN Program in accordance with the requirements
ERO's Signature	Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2022

Name ADITYA TUMMALAPALLI Social Security Number 863-29-9005

#### Federal Forms W-2

#	*	TS	N	Employer	Federal	Pennsylvania	ST
of	N		R H	Name	wages	(state)	ID
W2	/		П		from box 1	compensation from box 16	
	Ţ					(See Tax Help)	
	X B			Employer		Pennsylvania´ (state)	
	L			identification	Medicare	income tax	
				number from box B	wages from box 5	tax withheld from box 17	
_1		T		DATAEDGE INC 47-1042295	116,500. 116,500.	<u>116,500.</u> 3,577.	PA
				17 1042273	110,300.	3,311.	
_							_

Pennsylvania W-2	<b>Taxpayer</b> 116,500.	Spouse 0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	3,577.	

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

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
<u>1</u>		<u>T</u>	47-1042295	150402-15	116,500.	1,165.	<u>PA</u>

Pennsylvania Local W-2	<b>Taxpayer</b> 116,500.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding		

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

ADITYA TUMMALAPALLI 863-29-9005 Page 2 Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements PA Taxable PA Tax

	*	Payer Name			Pa	yer EIN	T/S	Code	Comp.		Withheld	Income
Pen A B C	B Jury duty pay Describe:											
D E F G	D Expert witness fee Honorarium Covenant not to compete Damages or settlement for lost wages, other than personal injury  J Distribution from IRA (Traditional or Roth)  K Distribution from Life Insurance, Annuity or Endowment Contracts Distribution from Charitable Gift Annuities Distribution from Employee Stock Ownership Plan. Describe: N Fiduciary fees from a trust											
	O Other income not listed above Describe:											
N V	Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding											
			Cor	npe	nsati	on from	Feder	al For	ms 1099F	₹		
		Payer's EIN	Т	Fed	PA	Gros		1		<u> </u>		PA Tax
	*	Payer's Name	s	#	Туре	Distribu		E	Basis	PA	Taxable	Withheld
			_ _ _	 				-				
	* F	nter an 'X' if this incom	e is I	Not :	subjec	t to Penns	vlvania	a tay - F	PΔ Part-Yes	ar an	d Nonreside	ents Only
Pennsylvania Distribution type:  N No entry 131 PA school, state, or municipal employee plan 152 United Mine Workers pension 153 U.S. Civil service retirement/disability/annuity 154 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) 155 Early distribution from a retirement plan 156 Rollover 157 Ivm not eligible yet; plan is eligible in PA 158 J1 Traditional or Roth IRA; I'm over 59.5 158 Non-qualified deferred compensation plan 159 K2 Non-qualified deferred compensation plan 150 Life insurance or endowment 151 Life insurance or endowment 152 Life insurance or endowment 153 Life insurance or endowment 154 Life insurance or Endowment 155 Life insurance or Endowment 156 Life insurance or Endowment 157 Life insurance or Endowment 158 Life insurance or Endowment 159 ESOP: Allocated ESOP Stock Dividend 150 ESOP: Non-Allocated ESOP Stock Dividend 151 KSOP: Taxable ESOP within a 401(k) 150 KSOP: Nontaxable ESOP within a 401(k) 151 KSOP: Nontaxable ESOP within a 401(k) 152 Vim not eligible yet; plan is eligible in PA 159 J1 Traditional or Roth IRA; I'm over 59.5 150 Non-qualified deferred compensation plan 159 Life insurance or Endowment 150 Life insurance or Endowment 151 ESOP: Allocated ESOP Stock Dividend 152 KSOP: Taxable ESOP within a 401(k) 153 KSOP: Nontaxable ESOP within a 401(k) 154 KSOP: Nontaxable ESOP within a 401(k) 155 KSOP: Nontaxable ESOP within a 401(k) 156 KSOP: Nontaxable ESOP within a 401(k) 157 KSOP: Nontaxable ESOP within a 401(k)												
Distribution from Life Insurance, Annuity, Endowment Contracts or												
Total Gross Compensation												
	Total	I gross compensation to I Schedule NRH gross holding to Form PA-40	comp	ens	ation t	to PA-40, li	ine 12		<u>1</u> 		<b>er</b> 500.	Spouse 0.

Total gross compensation to Form PA-40 line 1a	<b>Taxpayer</b> 116,500.	Spouse
Total Schedule NRH gross compensation to PA-40, line 12 Withholding to Form PA-40 line 13	3,577.	

116,500.

<sup>\*</sup> Enter an 'X' if this income is **Not** subject to Pennsylvania tax.