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), '2023 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

> 2023 PA-40 V PA PAYMENT VOUCHER

1555 REV 02/24/24 PRO

836-78-9572 РΑ 677-44-1085 2300917792

PAYMENT AMOUNT

PATEL DHRUVAL KUMA Κ 732-986-3713 HAHZ **JIGNA** 

257.00

122 EMMA CIR HARRISBURG PA17112

DEPARTMENT USE ONLY

Make check or money order payable to the Pennsylvania **Department of Revenue** 

### PA-40 - 2023

## Pennsylvania Income Tax Return

# ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

			N	Extension.	N	Amended Return.
836789572 6774410	185			Davidanary State		
PATEL			R	PA Resident/No from		nt/ <b>P</b> art-Year Resident
DHRUVAL KUMAR K	Occupation	on SAP ANALYS	J	Single, Married		
JIGNA	Occupation	on HOME MAKER	N	Deceased	Separate	ely, <b>F</b> inal Return
HAHZ						
			N	Taxpayer Date	of Death	
177 FMMA /TP			N	Spouse Date of	Death	
122 EMMA CIR			N	Farmers.		
HARRISBURG	PA	17112		School District	Name <b>D</b>	ERRY TOWNSHI
732-986-3713		22175	•			
1a Gross Compensation. Do not include qualifying retirement benefits. See			y and	la		138925
<ul><li>1b Unreimbursed Employee Business</li><li>1c Net Compensation. Subtract Line 1</li></ul>		1a.		lb lc		0 138925
<ul> <li>Interest Income. Complete PA Sche</li> <li>Dividend and Capital Gains Distribu</li> <li>Net Income or Loss from the Operat</li> </ul>	tions Income	e. Complete PA Schedule B if	required.	2 3 4		0 0 0
<ul> <li>Net Gain or Loss from the Sale, Exc</li> <li>Net Income or Loss from Rents, Ro</li> <li>Estate or Trust Income. Complete a</li> <li>Gambling and Lottery Winnings. C</li> <li>Total PA Taxable Income. Add on 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD</li> </ul>	yalties, Pater nd submit <b>P</b> A omplete and lly the positiv	nts or Copyrights.  A Schedule J. submit PA Schedule T. we income amounts from Line	s lc,	5 6 7 8 9		0 0 0 0 138925
10 <b>Other Deductions.</b> Enter the appro	opriate code i	for the type of deduction.	N	10		0
See the instructions for additional in Adjusted PA Taxable Income. Sub		) from Line 9.		11		138925
1555 REV 02/24/24 PRO						







Social Security Number

## 836789572 Name(s) DHRUVAL KUMAR K PATEL

578	39659522			Firm FEIN Preparer's		Р	02082703
•	arer's Name and Telephone Number	UPTA	Date <b>031724</b>	E-File Op	t Out	N	
	Signature	Spouse's Signature, if fil	1				
accom	nture(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best	of my (our) belief, they are true,	correct, and complete.	,			
30	Keruna donadon line. Enter the organ	ization code and donation	i amount. See instruc	· UOIIS.	36		
	Refund donation line. Enter the organ 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 31	Refund – Amount of Line 29 you want Credit – Amount of Line 29 you want			REFUND	37 30		0
	The total of Lines 30 through 36 mu	-			7.5		
29	<b>OVERPAYMENT.</b> If Line 24 is more the difference here.	e than the total of Line 12	, Line 25 and Line 2	/, enter	29		0
	TOTAL PAYMENT DUE. See the in			-	28		257
27	Penalties and Interest. See the instruct If including form RE	ions. Enter Co V-1630/REV-1630A, mar		N	27		0
	TAX DUE. If the total of Line 12 and			ence here.	56		257
	USE TAX. Due on internet, mail orde				25		7000
	TOTAL PAYMENTS and CREDITS				24		4008
	Resident Credit. Submit your <b>PA Sche</b> Total Other Credits. Submit your <b>PA S</b>				23 23		0
	Tax Forgiveness Credit from Section				57		0
	Dependents, Section II, Line 2, <b>PA Sci</b> Total Eligibility Income from Section		e SP		20 19b	00	
19a	Filing Status: 01 Unmarried or Se	eparated 02 Married	d 03 Deceased		19a	00	
Tax	Forgiveness Credit. Submit PA Sche	edule SP.					
	<b>Total Estimated Payments and Cred</b>		-		18		0
	Nonresident Tax Withheld from your I	PA Schedule(s) NRK-1.	(Nonresidents only)		17		0
	2023 Extension Payment.	. RL (-437D included.		N	76		0
	2023 Estimated Installment Payments.			N	15		0
1/1	Credit from your 2022 PA Income Tax	refurn			14		
	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instruc				73 75		4265 4008

1555 REV 02/24/24 PRO



#### **PA SCHEDULE E**

Rents and Royalty Income (Loss)

PA-40 E (EX) 03-23 (I) PA Department of Revenue 2023 OFFICIAL USE ONLY Social Security Number (shown first) or EIN Name of the taxpayer filing this schedule DHRUVAL KUMAR K PATEL 836-78-9572 Sales Tax License Number (if applicable). See the instructions. Are rental payments made by lessees through a third party broker? Yes No See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights - use PA Schedule C. **SECTION I** PROPERTY DESCRIPTION Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed. Туре **Description of Property** For Profit Property Complete Address (street, city, state and ZIP code) YES MG STREET 3 PLOT NO 82 NO 500090, HYDERABAD TELANGANA, India YES В NO YES С NO 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: **INCOME & EXPENSES SECTION II** Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) S J Т J Line b: Is the property rental location in PA? YES ON ( YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES ■ NO 620 Income: Rent received 2. Royalties received . Expenses: 3. Advertising 620 4. Automobile and travel . 1,735 5. Cleaning and maintenance ...... 6 Commissions 8. Legal and professional fees ..... 1,560 9. Management fees Mortgage interest . 11. Other interest 5,010 12. Repairs . 5,265 14. Taxes - not based on net income ..... 5,473 18. Total Expenses - Add Lines 3 through 17 19,663 19. Income – Subtract Line 18 from Line 1 or 2. . Income or Loss: 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) . . 20. 0 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. . . . . . . . . . . (fill in the oval, if a net loss) 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. . . . . . (fill in the oval, if a net loss) 22. 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. .....(fill in the oval, if a net loss) 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 24. 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40.



1555

REV 02/24/24 PRO



### PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 03-23 (I) 2023

Declaration Control Number/Submission ID		
Primary Taxpayer's Name DHRUVAL KUMAR K PATEL	Social Security Number 836-78-9572	
Secondary Taxpayer's Name JIGNA SHAH	Social Security Number 677-44-1085	
SECTION I TAX RETURN INFORMATION – TAX YEAR E	NDING DEC. 31, 2023 (whole dollars only)	
1. Adjusted PA taxable income (Form PA-40, Line 11)		138,925
2. PA tax liability (Form PA-40, Line 12)		4,265
3. Total PA tax withheld (Form PA-40, Line 13)	3	4,008
4. Amount to be refunded (Form PA-40, Line 30)	4	
5. Total payment (tax due) (Form PA-40, Line 28)	5. <u> </u>	257
SECTION II DECLARATION AND SIGNATURE AUTHORIZ	ZATION OF TAXPAYER	
software and to the transmission of my tax return electronically to the PA Depthe amounts shown on the copy of my electronic income tax return. If applicagents to initiate an electronic funds withdrawal (direct debit) entry to my deinstitution to debit the entry to my account and the financial institutions involvinformation necessary to answer inquiries and resolve issues related to payn the United States or one of its territories. I have selected a personal identicable, my electronic funds withdrawal consent.  PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) M  X I authorize GLOBAL TAXES LLC to electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2023 electronically	cable, I authorize the PA Department of Revenue a esignated account for Pennsylvania taxes owed. I aved in the processing of my electronic payment of taxent. I certify the funds for this withdraw are original ification number as my signature for my electronic lark one oval only.  89572 as my signature my PIN	and its designated financial also authorize my financial axes to receive confidential ting from an account within c income tax return and, if
Signature		Date
SECONDARY TAXPAYER'S PIN Mark one oval only.  (X) I authorize GLOBAL TAXES LLC to electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2023 electronically	enter my PIN $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	ure on my tax year 2023
Signature		Date
SECTION III CERTIFICATION AND AUTHENTICATION – F	PRACTITIONER PIN PROGRAM PARTICIPAN	TS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-se	lected PIN222496_ <sub>/</sub> _08271	
As a participant in the Practitioner PIN Program, I certify the above numeric income tax return for the taxpayer(s) indicated above. I confirm I am partic established for this program.		
ERO's Signature		Date

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

2023

Name
DHRUVAL KUMAR K PATEL
Social Security Number 836-78-9572

## Federal Forms W-2

# of W2	* N T / T X B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
3		T T S		THE HERSHEY COMPANY 23-0691590 AMAZON COM SERVICES LLC 82-0544687 CVS PHARMACY INC. 05-0340626	84,052. 87,830. 28,106. 28,144. 13,956. 14,620.	87,792. 2,695. 28,127. 864. 14,620. 449.	

Pennsylvania W-2	<b>Taxpayer</b> 115,919.	<b>Spouse</b> 14,620.
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	3,559.	449.

### 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
1 2 2 2 3 3	T T T S S	23-0691590 82-0544687 82-0544687 82-0544687 05-0340626 05-0340626	220201 210905 671202 540501 220102-46 380602-46	87,792. 7,791. 14,879. 5,457. 8,456. 6,164.	878. 78. 278. 109. 113. 62.	PA PA PA PA PA PA

	Taxpayer	Spouse
Pennsylvania Local W-2	115,919.	14,620.
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	1,343.	175.

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

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

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Dannavil	Janney Ivania Payment type:						

Pennsylvania Payment typ	oe:
--------------------------	-----

- Executor fee
- В Jury duty pay
- C Director's fee
- Expert witness fee
- Ε Honorarium
- Covenant not to compete Damages or settlement for
- lost wages, other than personal injury
- Other nonemployee compensation.
  - Describe:
- Employer sponsored retirement/pension/deferred compensation plan ı
- Distribution from IRA (Traditional or Roth)
- Distribution from Life Insurance, Annuity or Endowment Contracts
- Distribution from Charitable Gift Annuities
- M Distribution from Employee Stock Ownership Plan. Describe:
- Fiduciary fees from a trust
- Other income not listed above

Describe:

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

#### Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
	04-6568107 FIDELITY INVES	<u>T</u>	1	<u>M3</u>	8,386.		8,386.	

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

### Pennsylvania Distribution type:

- N No entry
- **I31** PA school, state, or municipal employee plan
- **I11** United Mine Workers pension
- 132 Military pension
- 133 U.S. Civil service retirement/disability/annuity
- Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)
- **I21** Early distribution from a retirement plan
- **I12** Rollover
- I'm eligible; plan is eligible (no PA tax)

- I'm not eligible yet; plan is eligible in PATraditional or Roth IRA; I'm over 59.5
- J2 Traditional or Roth IRA; I'm under 59.5
- **K2** Non-qualified deferred compensation plan
- Life insurance or endowment K3
- Distribution from Charitable Gift Annuities
- ESOP: Allocated ESOP Stock Dividend М1
- ESOP: Non-Allocated ESOP Stock Dividend KSOP: Taxable ESOP within a 401(k) M2
- М3
- KSOP: Nontaxable ESOP within a 401(k) М4

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or		-
ineligible retirement plans (see Tax Help FAQ's for more info)		
Distribution from Charitable Gift Annuities	_	
Compensation from Form 1099R (eligible retirement plans)	8,386.	
Withholding		

#### **Total Gross Compensation**

Total gross compensation to Form PA-40 line 1a	<b>Taxpayer</b> 124,305.	<b>Spouse</b> 14,620.
Total Šchedule NRH gross compensation to PA-40, line 12		
Withholding to Form PA-40 line 13	3,559.	449.

138,925.

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