

IRS e-file Signature Authorization

▶ 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 VIJAYA PRASAD REDDY METTUKURU	Social security number 193-73-2524
Spouse's name UMA VENNAPUSA	Spouse's social security number 813-18-0769

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	202,874.
2 Total tax	2	25,613.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	30,800.
4 Amount you want refunded to you	4	5,187.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	2	5	2	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

8	0	7	6	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial VIJAYA PRASAD REDDY Last name METTUKURU Your social security number 193 73 2524

If joint return, spouse's first name and middle initial UMA Last name VENNAPUSA Spouse's social security number 813 18 0769

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1305 LOUISA LANE Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code MECHANICSBURG PA 17050 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include DHANWIN REDDY METTUKURU and RUDHVIGHNA REDDY METTUKURU.

Income table with columns for description and amount. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, and Social security benefits. Includes sub-columns for taxable interest, ordinary dividends, and taxable amounts.

Table for Capital gain or (loss), Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, and Taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	29,153.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	29,153.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	600.
	21	Add lines 19 and 20	21	4,600.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	24,553.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,060.
	24	Add lines 22 and 23. This is your total tax	24	25,613.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	30,800.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	30,800.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	30,800.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,187.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,187.
Direct deposit? See instructions.	b	Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 9 4 1 0 9 4 3		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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

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

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

Your signature	Date	Your occupation SERVICE NOW DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation BUSINESS ANALYST	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (717) 775-4500	Email address VIJAYMETTUKURU@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/07/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VIJAYA PRASAD REDDY METTUKURU & UMA VENNAPUSA

Your social security number

193-73-2524

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	7,504.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	7,504.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	530.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	530.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VIJAYA PRASAD REDDY METTUKURU & UMA VENNAPUSA	Your social security number 193-73-2524
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Part I Tax

1 Alternative minimum tax. Attach Form 6251	1	
2 Excess advance premium tax credit repayment. Attach Form 8962	2	
3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE				1,060.
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7 Total additional social security and Medicare tax. Add lines 5 and 6	7			
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8			
9 Household employment taxes. Attach Schedule H	9			
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required	10			
11 Additional Medicare Tax. Attach Form 8959	11			
12 Net investment income tax. Attach Form 8960	12			
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13			
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14			
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15			
16 Recapture of low-income housing credit. Attach Form 8611	16			

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			1,060.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor UMA VENNAPUSA		Social security number (SSN) 813-18-0769
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	B Enter code from instructions 5 1 9 2 0 0	
C Business name. If no separate business name, leave blank. UDWIN TECH ADVISORS LLC	D Employer ID number (EIN) (see instr.) 9 2 0 4 6 4 1 6 2	
E Business address (including suite or room no.) 1305 LOUISA LANE City, town or post office, state, and ZIP code MECHANICSBURG, PA 17050		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	76,119.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	76,119.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	76,119.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	76,119.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	500.	18 Office expense (see instructions)	18	500.
9 Car and truck expenses (see instructions)	9	2,945.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	800.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	14,000.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	4,000.
b Other	16b		b Deductible meals (see instructions)	24b	2,400.
17 Legal and professional services	17	200.	25 Utilities	25	5,400.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	37,870.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				7,504.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 10/05/2016

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 4,496 **b** Commuting (see instructions) _____ **c** Other 1,504

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

TRAINING/CONTINUING EDUCATION		3,500.
TOOLS		300.
TELEPHONE		1,080.
SUPPLIES		500.
PARKING FEES AND TOOLS		500.
OUTSIDE SERVICES		500.
MISCELLANEOUS		700.
LAUNDRY AND CLEANING		600.
See Line 48 Other Expenses		30,190.
48 Total other expenses. Enter here and on line 27a	48	37,870.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
UMA VENNAPUSA

Social security number of person
with self-employment income 813-18-0769

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 7,504.

3 Combine lines 1a, 1b, and 2 **3** 7,504.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 6,930.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 6,930.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 6,930.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 100,800.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 100,800.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 59,400.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 859.

11 Multiply line 6 by 2.9% (0.029) **11** 201.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 1,060.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 530.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

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

2023 Attachment Sequence No. 21

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

VIJAYA PRASAD REDDY METTUKURU & UMA VENNAPUSA

193-73-2524

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part. If you have more than three care providers, see the instructions and check this box

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2023?, (e) Amount paid. Row 1: TENDER YEARS INC., 4545 MARKETPLACE WAY ENOLA PA 17025, 23-2328781, No, 316.

Did you receive dependent care benefits? No Complete only Part II below. Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: DHANWIN REDDY, METTUKURU, 683-47-7553, 3,165.

Summary table with rows 3-11. Row 3: 3,000. Row 4: 99,996. Row 5: 102,878. Row 6: 3,000. Row 7: 202,874. Row 8: X .20. Row 9a: 600. Row 9b: 0. Row 9c: 600. Row 10: 29,153. Row 11: 600.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

VIJAYA PRASAD REDDY METTUKURU & UMA VENNAPUSA

193-73-2524

Part 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	202,874.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	202,874.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5	4,000.	
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	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident 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	4,000.	
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	4,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	28,553.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,000.	

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 **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: 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 27	<input type="checkbox"/>	
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 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. 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 smaller of line 16a or line 16b		17
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> 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. <input type="checkbox"/> Yes. 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.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of 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, or if you are a bona fide resident of Puerto Rico, see instructions.	21	
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	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

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	
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Investment Interest Expense Deduction

Attach to your tax return.
 Go to www.irs.gov/Form4952 for the latest information.

Name(s) shown on return VIJAYA PRASAD REDDY METTUKURU & UMA VENNAPUSA	Identifying number 193-73-2524
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Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2023 (see instructions)	1	
2 Disallowed investment interest expense from 2022 Form 4952, line 7	2	60.
3 Total investment interest expense. Add lines 1 and 2	3	60.

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a		
b Qualified dividends included on line 4a	4b		
c Subtract line 4b from line 4a		4c	0.
d Net gain from the disposition of property held for investment	4d		
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e		
f Subtract line 4e from line 4d		4f	0.
g Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions		4g	
h Investment income. Add lines 4c, 4f, and 4g		4h	0.
5 Investment expenses (see instructions)		5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-		6	0.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 3. If zero or less, enter -0-	7	60.
8 Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	0.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 23

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return VIJAYA PRASAD REDDY METTUKURU & UMA VENNAPUSA		Taxpayer identification number 193-73-2524
Preparer's name SYAM PRIYA RAM SAGAR GUPTA		Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
c 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Information From 2023 Federal Tax Return**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**

Ln 24b: 50% limit

Itemization Statement

Description	Amount
4800	4,800.
Total	4,800.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 8

Itemization Statement

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 18

Itemization Statement

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 10

Itemization Statement

Description	Amount
800	800.
Total	800.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b

Itemization Statement

Description	Amount
RENT PAID	14,000.
14000	
Total	14,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 24a

Itemization Statement

Description	Amount
4000	4,000.
Total	4,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
ELECTRICITY BILL(100\$ P.M * 12M)	1,200.
INTERNET BILL(100\$ P.M * 12M)	1,200.
GAS BILL(150\$ P.M * 12M)	1,800.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 25****Itemization Statement**

Description	Amount
MOBILE BILL(100\$ P.M * 12M)	1,200.
Total	5,400.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 17****Itemization Statement**

Description	Amount
200	200.
Total	200.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses****Continuation Statement**

Description	Amount
PERMITS AND FEES	500.
JANITORIAL	1,800.
INSURANCE	1,620.
EQUIPMENT RENT	270.
DELIVERY AND FREIGHT	100.
CREDIT AND COLLECTION COSTS	500.
COMPUTER SERVICES AND SUPPLIES	2,500.
CLEANING	1,200.
ACCOUNTING	1,000.
MEALS ,NET	1,200.
AUTOMOBILE AND TRUCK EXPENSE	6,000.
PRINTING	500.
UNIFORMS	100.
DUES AND SUBSCRIPTIONS	3,200.
BANK CHARGES	400.
GIFTS	1,500.
POSTAGE	100.
SECURITY	100.
AMORTIZATION	5,000.
DISCOUNTS	100.
MSI LAPTOP	1,700.
IPHONE	800.
Total	30,190.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (1)****Line 48 Amount****Itemization Statement**

Description	Amount
3500	3,500.
Total	3,500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (2)****Line 48 Amount****Itemization Statement**

Description	Amount
300	300.
Total	300.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (3)****Line 48 Amount****Itemization Statement**

Description	Amount
1080	1,080.
Total	1,080.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (4)****Line 48 Amount****Itemization Statement**

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (5)****Line 48 Amount****Itemization Statement**

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (6)****Line 48 Amount****Itemization Statement**

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (7)****Line 48 Amount****Itemization Statement**

Description	Amount
700	700.
Total	700.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (8)****Line 48 Amount****Itemization Statement**

Description	Amount
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Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (8)****Line 48 Amount****Itemization Statement**

Description	Amount
600	600.
Total	600.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (9)****Line 48 Amount****Itemization Statement**

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (:)****Line 48 Amount****Itemization Statement**

Description	Amount
1800	1,800.
Total	1,800.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (;)****Line 48 Amount****Itemization Statement**

Description	Amount
1620	1,620.
Total	1,620.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (<)****Line 48 Amount****Itemization Statement**

Description	Amount
270	270.
Total	270.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (=)****Line 48 Amount****Itemization Statement**

Description	Amount
100	100.
Total	100.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (>)****Line 48 Amount****Itemization Statement**

Description	Amount
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Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (>)

Line 48 Amount

Itemization Statement

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (?)

Line 48 Amount

Itemization Statement

Description	Amount
2500	2,500.
Total	2,500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (@)

Line 48 Amount

Itemization Statement

Description	Amount
1200	1,200.
Total	1,200.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (A)

Line 48 Amount

Itemization Statement

Description	Amount
1000	1,000.
Total	1,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (B)

Line 48 Amount

Itemization Statement

Description	Amount
1200	1,200.
Total	1,200.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (C)

Line 48 Amount

Itemization Statement

Description	Amount
6000	6,000.
Total	6,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (D)

Line 48 Amount

Itemization Statement

Description	Amount
-------------	--------

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (D)

Line 48 Amount

Itemization Statement

Description	Amount
500	500.
Total	500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (E)

Line 48 Amount

Itemization Statement

Description	Amount
100	100.
Total	100.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (F)

Line 48 Amount

Itemization Statement

Description	Amount
3200	3,200.
Total	3,200.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (G)

Line 48 Amount

Itemization Statement

Description	Amount
400	400.
Total	400.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (H)

Line 48 Amount

Itemization Statement

Description	Amount
1500	1,500.
Total	1,500.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (I)

Line 48 Amount

Itemization Statement

Description	Amount
100	100.
Total	100.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (J)

Line 48 Amount

Itemization Statement

Description	Amount
-------------	--------

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (J)****Line 48 Amount****Itemization Statement**

Description	Amount
100	100.
Total	100.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (K)****Line 48 Amount****Itemization Statement**

Description	Amount
5000	5,000.
Total	5,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (L)****Line 48 Amount****Itemization Statement**

Description	Amount
100	100.
Total	100.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (M)****Line 48 Amount****Itemization Statement**

Description	Amount
1700	1,700.
Total	1,700.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 48 Other Expenses (N)****Line 48 Amount****Itemization Statement**

Description	Amount
800	800.
Total	800.

PA-40 - 2023
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

193732524 813180769
METTUKURU
VIJAYA PRASAD R Occupation SERVICE NO
UMA Occupation BUSINESS A
VENNAPUSA
1305 LOUISA LANE
MECHANICSBURG PA 17050
717-775-4500 21650

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name MECHANICSBURG

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows include 1a (200796), 1b (0), 1c (200796), 2 (0), 3 (0), 4 (5104), 5 (0), 6 (0), 7 (0), 8 (0), 9 (205900), 10 (0), 11 (205900).



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

PA-40 - 2023

Social Security Number

193732524 Name(s) VIJAYA PRASAD RE METTUKURU

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2022 PA Income Tax return.
- 15 2023 Estimated Installment Payments. REV-459B included. N
- 16 2023 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		6321
13		6165
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		600
24		6765
25		0
26		0
27		0
28		0
29		444
30		444
31		0
32		
33		
34		
35		
36		

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

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA 6789659522	Date 040724

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703



PA-40 Schedule C - 2023
(04-23) Profit or Loss From Business or Profession (Sole Proprietorship)

813180769 VENNAPUSA UMA

Method of Inventory: C=Cost, L=Lower of cost or market, O=Other C

SOFTWARE SERVICES SERVICE

Accounting Method: A=Accrual, C=Cash, O=Other A

920464162 UMA VENNAPUSA

Home office expenses deducted N

519200 Business out of existence N

1305 LOUISA LANE

Any change in determining quantities, costs or valuations N

MECHANICSBURG PA 17050

Table with 5 columns: Description, Code, Amount, Description, Code, Amount. Rows include: 1a. Gross receipts or sales (1A, 76119), 1b. Returns and allowances (1B, 0), 1c. Balance (1C, 76119), 2. Cost of goods sold/operations (2, 0), 3. Gross profit (3, 76119), 4. Other Income (submit statement) (4, 0), 5. Total income (5, 76119).

Table with 5 columns: Description, Code, Amount, Description, Code, Amount. Rows include: 6. Advertising (6, 500), 7. Amortization (7, 5000), 8. Bad debts from sales or services (8, 0), 9. Bank charges (9, 0), 10. Car and truck expenses (10, 2945), 11. Commissions (11, 800), 12. Cost depletion not % depletion (12, 0), 28. Supplies (not included on Schedule C-1) (28, 0), 29. Taxes (29, 0), 30. Telephone (30, 0), 31. Travel and entertainment (31, 8800), 32. Utilities (32, 5400), 33. Wages (33, 0), 34. IDCs (1/3 current expensing) (34, 0), 35. IDCs (amortization) (35, 0), 36. Start-up costs (direct expense) (36, 0).

Table with 3 columns: Description, Code, Amount. Rows include: 13a. Regular depreciation (13A, 0), 13b. Section 179 expense (13B, 0), 14. Dues and publications (14, 0), 15. Other employee benefit programs (15, 0), 16. Freight (not on Schedule C-1) (16, 0), 17. Insurance (17, 0), 18. Interest on business indebtedness (18, 0).

37. Other expenses (specify):

Table with 5 columns: Code, Description, Code, Amount. Rows include: A TRAININGCONTINUI (A, 3500), B TOOLS (B, 300), C TELEPHONE (C, 1080), D SUPPLIES (D, 500), E PARKING FEES AND (E, 500), F OUTSIDE SERVICES (F, 500), G MISCELLANEOUS (G, 700), H LAUNDRY AND CLEA (H, 600), I PERMITS AND FEES (I, 500), J See Other Expens (J, 24690).

Table with 5 columns: Description, Code, Amount, Description, Code, Amount. Rows include: 19. Laundry and cleaning (19, 0), 20. Legal and professional services (20, 200), 21. Management fees (21, 0), 22. Office supplies (22, 500), 23. Pension and profit-sharing plans (23, 0), 24. Postage (24, 0), 25. Rent on business property (25, 14000), 26. Repairs (26, 0), 27. Subcontractor fees (27, 0), 37. Total other expenses (37, 32870), 38. Total expenses (add Lines 6 through 37) (38, 71015), 39. Net profit or loss (39, 5104).



PA-40 Schedule C - 2023

2303216390

Social Security Number 813180769

Name of owner VENNAPUSA UMA

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4, and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Section I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	0
2. Less: Section 179 depreciation included in Schedule C-1	2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Section II, Line 13b	3	0

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4A	0	0			0
Furniture /fixtures	4B	0	0			0
Trans. equipment	4C	0	0			0
Machinery	4D	0	0			0
Other (specify)	4E	0	0			0
	4F	0	0			0
	4G	0	0			0
	4H	0	0			0
	4I	0	0			0
	4J	0	0			0
	4K	0	0			0
	4L	0	0			0
	4M	0	0			0
	4N	0	0			0
	4O	0	0			0
	4P	0	0			0

5. Totals	5	0
6. Depreciation included in Schedule C-1	6	0
7. Balance (subtract Line 6 from Line 5) Enter here and on Section II, Line 13a	7	0



2303216390

2303216390

PA SCHEDULE DC - 2023
Child and Dependent Enhancement Tax Credit
PA-40 DC (12-23)
PA Department of Revenue

VIJAYA PRASAD RE METTUKURU

193732524

UMA VENNAPUSA

813180769

In order to claim child and dependent care expenses, you must also claim the expenses on your Federal 1040 return. Include with the PA Schedule DC a completed copy of your Federal Form 2441 and 1040 Schedule 3.

SECTION I - PERSONS/ORGANIZATIONS WHO PROVIDED CARE

Provide all information for each person/organization. If more than five, submit additional schedules as needed.

CARE PROVIDER'S NAME	FULL ADDRESS OF PROVIDER	SSN/FEIN	ID TYPE	AMOUNT PAID
TENDER YEARS INC.	4545 MARKETPLACE WAY ENOLA PA 17025	232328781	F	316
				0
				0
				0
				0

SECTION II - QUALIFYING PERSON(S) TO CLAIM FOR CHILD AND DEPENDENT CARE EXPENSES

Provide all information about your qualifying person(s). If you have more than five qualifying persons, submit additional schedules as needed.

QUALIFYING PERSON'S NAME	DOB	SSN/ITIN	ID TYPE	RELATIONSHIP	QUALIFIED EXPENSES
DHANWIN REDDY METTUKURU	08082021	683477553	S	SON	3165
					0
					0
					0
					0

SECTION III - INCOME AND CALCULATION OF CREDIT

1. Enter the total number of qualifying persons from Section II from all Schedules DC.
2. Enter the amount as shown on line 9a of your federal Form 2441. Enter on your PA-40, Line 23.

1
600
0





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

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

2023

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary Taxpayer (VIJAYA PRASAD RE METTUKURU) and Secondary Taxpayer (UMA VENNAPUSA).

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)

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

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 32524 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 80769 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

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

Name
VIJAYA PRASAD RE METTUKURU

Social Security Number
193-73-2524

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		TECHNICAL STRATEGIES INC 01-0638930	99,996. 99,996.	99,996. 3,070.	PA
2		S		ROBERT HALF INC. 94-1648752	95,904. 100,800.	100,800. 3,095.	PA

	Taxpayer	Spouse
Pennsylvania W-2	99,996.	100,800.
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	3,070.	3,095.

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	01-0638930	220401	99,996.	1,600.	PA
2		S	94-1648752	210401	100,800.	1,613.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	99,996.	100,800.
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	1,600.	1,613.

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
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

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

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

Compensation from Federal Forms 1099R

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

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

Pennsylvania Distribution type:

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

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

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	99,996.	100,800.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	3,070.	3,095.

Total gross compensation to Form PA-40 line 1a	200,796.
--	----------

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

Additional Information From 2023 Pennsylvania Tax Return**PA Sch C: Profit/Loss from Business/Profession****Other Expenses****Continuation Statement**

Other Expenses(specify)	Other Expenses Amount
JANITORIAL	1800
INSURANCE	1620
EQUIPMENT RENT	270
DELIVERY AND FREI	100
CREDIT AND COLLEC	500
COMPUTER SERVICES	2500
CLEANING	1200
ACCOUNTING	1000
MEALS NET	1200
AUTOMOBILE AND TR	6000
PRINTING	500
UNIFORMS	100
DUES AND SUBSCRIP	3200
BANK CHARGES	400
GIFTS	1500
POSTAGE	100
SECURITY	100
DISCOUNTS	100
MSI LAPTOP	1700
IPHONE	800
Total	24690