



Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

Page 1

Fiscal Year Beginning	STATE NC						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		47267635				
YOUR FIRST NAME 1. PRADEEP		MI R	YOUR SOCIAL SECURITY NUMBER $073 - 77 - 7067$				
LAST NAME (For Name Change See IT-5 RAJULA	511 Tax Booklet)		SUFFIX				
SPOUSE'S FIRST NAME		МІ	spouse's social security number 198–93–1175	DEPARTMENT USE ONLY			
last name BATHULA			SUFFIX				
ADDRESS (NUMBER AND STREET or P.O. BC 2. 925 BALDWIN RIDGE RD	DX) (Use 2nd address li	ne for A	ot, Suite or Building Number) CHECK IF ADDRESS HAS CHANGE	D			
CITY (Please insert a space if the city has mu 3. APEX	ltiple names)		STATE ZIP CODE NC 27523				
(COUNTRY IF FOREIGN)							
4. Enter your Residency Status with the a	ppropriate numbe	r		Residency Status 4. 3			
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		то	3. NONRESIDENT			
Omit Lines 9 thru 14 and use F	orm 500 Schedu	ule 3 if	f you are a part-year or nonresident filer	 Filing Status 			
5. Enter Filing Status with appropriate I	etter (See IT-511	Tax Bo	oklet)	0			
A. Single B. Married filing joint C. Married filing	separate (Spouse's soc	ial securi	ty number must be entered above) D. Head of Household or	Qualifying Surviving Spouse			
6. Number of exemptions (Check appro	opriate box(es) an	d enter	total in 6c.) 6a. Yourself X 6b. Spouse	× 6c. 2			
7a. Number of Qualified Dependents*	1 7b. Numbe	r of Un	born Dependents 7c. Total Number of	Dependents <u>1</u>			
*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.							

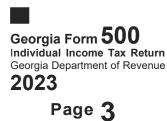
Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2023 Page 2



YOUR SOCIAL SECURITY NUMBER 073-77-7067

7d. Qualified Dependents. (If you have more than	4 dependents, attach a list of ad	ditional dependents).
First Name, MI.	Last Name	
SHARVI	RAJULA	
Social Security Number	Relationship to You	
898-87-4290	DAUGHTER	
0,00,07,12,00	Differin	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
i iist Name, im.	Last Marie	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, use t	he minus sign (-). Example -345	6.
 Federal adjusted gross income (From Federal Form (Do not use FEDERAL TAXABLE INCOME) If the ar W-2s you must include a copy of your Federal For 	mount on Line 8 is \$40,000 or more	e, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-51		
10. Georgia adjusted gross income (Net total of Line 8	and Line 9) 10	
11. Standard Deduction (Do not use FEDERAL STAND (See IT-511 Tax Booklet)	ARD DEDUCTION) 11a	
b. Self: 65 or over? Blind? Total	x 1,300= 11b	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on	11c both lines)	
12. Total Itemized Deductions used in computing Federal	Taxable Income. If you use itemized	deductions, you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form	n 1040) 12a	
b. Less adjustments: (See IT-511 Tax Booklet)	12b	
c. Georgia Total Itemized Deductions	12c	
13. Subtract either Line 11c or Line 12c from Line 10; e	enter balance 13	

All Pages (1-5) are required for processing REV 01/29/24 PRO





YOUR SOCIAL SECURITY NUMBER 073-77-7067

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information) 		56087
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	56087
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	2990
17. Low Income Credit 17a. 17b	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	. 18.	
19. Credits used from IND-CR Summary Worksheet	. 19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	ed _{20.}	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	2990

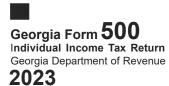
INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)			
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL			
Ζ.	ID NUMBER (FEIN) X SSN 814360001	ID NUMBER (FEIN) SSN	ID NUMBER (FEIN) SSN			
3.	EMPLOYER/PAYER STATE WITHHOLDING ID $3258575VN$	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID			
4.	GA WAGES / INCOME 61568	4. GA WAGES / INCOME	4. GA WAGES / INCOME			
5.	GA TAX WITHHELD 3077	5. GA TAX WITHHELD	5. GA TAX WITHHELD			

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4. All Pages (1-5) are required for processing

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01 1555 115 2023 GA 004 T1

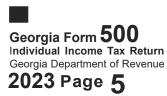




YOUR SOCIAL SECURITY NUMBER 073 - 77 - 7067

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	(INCOME STATEMENT D) (INCOME STATEMENT E)						(INCOME STATE	MENT F)			
1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	YPE:	
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PA	YER FEDERAL	-	2.	EMPLOYER/PA	ER FEDER	AL.	2.	EMPLOYER/PAY		
	ID NUMBER (FE	IN) SSN	l		ID NUMBER (FE	IN) SS	SN		ID NUMBER (FEI	N) SSN	
3.		VER STATE W	ITHHOLDING ID	3.		VER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	(ER STATE W	ITHHOLDING ID
5.	EMIFLOTEN/FA	IER STATE W		υ.		TEROTATE		0.			
4.	GA WAGES / IN	СОМЕ		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME	
_				_				_			
5.	GA TAX WITHHI	ELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHHE	ELD	
23.	Georgia Inco	me Tax With	held on Wage	s an	d 1099s		23.				3077
			and include W-2s								
24.			ax Withheld				24.				
			, G2-LP and/or (
25.	Estimated Ta	ix paid for 20	023 and Form I	T-56			25.				
26	Sabadula 2P I	Dofundabla	Tax Cradita				26				
20.			Tax Credits ss filed electron				26.				
27.			Add Lines 23, 2	-	,		27.				3077
				, _	,		21.				
28.			7, subtract Line								
	balance due.						28.				
29.			2, subtract Line				00				07
	overpaymen	t					29.				87
30.	Amount to b	e credited t	o 2024 ESTIM/		ΤΔΧ		30.				0
00.		e oreanea i	0 2024 2011								C C
31.	Georgia Wild	life Conserv	ation Fund (No	gift o	of less than \$1	.00)	31.				
32.	Georgia Fun	d for Childre	n and Elderly (l	No g	ift of less than	\$1.00)	32.				
	o · o	_					22				
33.	Georgia Can	cer Researc	h Fund (No gif i	t of le	ess than \$1.00)	33.				
34.	Georgia Lano	l Conservati	on Program (Ne	o aift	of less than \$	1.00)	34.				
04.	ooongia Lana		on regian (n	o gin							
35.	Georgia Natio	onal Guard F	oundation (No	gift o	of less than \$1	.00)	35.				
36.	Dog & Cat St	erilization F	und (No gift of	less	than \$1.00)		36.				
27	Coving the C	uro Eurod (N	o aift of loos th	*	1 00)		07				
37.	Saving the C	ure runa (N	o gift of less th	ian \$	1.00)		37.				
38.	Realizing Educ	cational Achie	vement Can Hap	open	(REACH) Progra	ım	. 38.				
	(No gift of les)0)						_		
			All Pa	ge	s (1-5) ar	e requ	lired for p	oroc	essing		





YOUR SOCIAL SECURITY NUMBER 073-77-7067

39.						
	. Public Safety Memorial Grant (No gif	t of less than \$1.00)		39.		
40.	. Disabled Veterans' Scholarship Fund	(No gift of less than \$1.0	0)	40.		
41.	Form 500 UET (Estimated tax penal	ty) 500 UET exception	attached	41.		
42.	Penalty: Late Payment and/or Late Fil	ing		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, 31 thro MAKE CHECK PAYABLE TO GEORG Mail To: GEORGIA DEPARTMENT OF PO BOX 740399 ATLANTA, GA 30374	IA DEPARTMENT OF REV	/ENUE,	44.		
	(If you are due a refund) Subtract the s THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPAR PO BOX 740380 ATLANTA, GA 30374-0	TMENT OF REVENUE PR	45			87
	If you do not enter Direct Deposit in		a first time fi	er vou will	be issued a paper check.	
	•	Checking X Savings				
		5 7 Outings	Account			
	Routing Number 081904808			2910098	81796	
T	axpayer's Signature (Check bo					
		x if deceased)	Spouse's Sig	nature	(Check box if deceased)	
-	Taxpayer's Date of Death	x if deceased)	Spouse's Sig		,	
		x if deceased) Taxpayer's Phone I 412-618-96'	Spouse's D		,	
E	Taxpayer's Date of Death	Taxpayer's Phone I 412-618-96'	Spouse's D Number 71	ate of Death	Spouse's Signature Date	any updates to
E	Taxpayer's Date of Death Taxpayer's Signature Date By providing my e-mail address I am authorizing	Taxpayer's Phone I 412-618-96'	Spouse's D Number 71	ate of Death	Spouse's Signature Date	any updates to
E	Taxpayer's Date of Death Taxpayer's Signature Date By providing my e-mail address I am authorizing my account(s).	Taxpayer's Phone I 412-618-96'	Spouse's D Number 71	ate of Death	Spouse's Signature Date	discuss this return
E r	Taxpayer's Date of Death Taxpayer's Signature Date By providing my e-mail address I am authorizing my account(s).	Taxpayer's Phone I 412-618-96′ the Georgia Department of Re	Spouse's D Number 71	ate of Death ally notify me a Prepare	Spouse's Signature Date t the below e-mail address regarding I authorize DOR to	discuss this return
Err	Taxpayer's Date of Death Taxpayer's Signature Date By providing my e-mail address I am authorizing my account(s). Taxpayer's E-mail Address	Taxpayer's Phone I 412-618-96' the Georgia Department of Re UDIPALLI	Spouse's D Number 71	ate of Death ally notify me a 678 – Prepare	Spouse's Signature Date t the below e-mail address regarding I authorize DOR to with the named pre	discuss this return

Preparer's Firm Name GLOBAL TAXES LLC

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Georgia Form 500 (Rev. 08/30/23) Schedule 3 Part-Year Nonresident



Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 073-77-7067

	073-77-7007
2023 (Approved software version) DO NOT USE LINES 9 THRU 14 OF PAGES 2 AI	ND 3 FORM 500 or 500X
SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AN	
FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc1. WAGES, SALARIES, TIPS, etc197597136029	1. WAGES, SALARIES, TIPS, etc 61568
2. INTEREST AND DIVIDENDS2. INTEREST AND DIVIDENDS370370	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) 3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 4. OTHER INCOME OR (LOSS) -1376 -1376	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 45. TOTAL INCOME: TOTAL LINES 1 THRU 4196591135023	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 61568
6. TOTAL ADJUSTMENTS FROM FORM 1040 6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7
196591 135023	61568
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%)	9. 31.32 %
10a. Itemized or Standard Deduction X or Georgia Itemized (See IT-511 Tax Booklet)	10a. 7100
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? X 1,300=	10b.
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)	
11a. Enter the number on Line 6c from Form 500 or Form 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a. 7400
11b. Enter the number on Line 7c from Form 500 or Form 500X 1 multiply by \$3,000	11b. 3000
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12. 17500
 13. *Multiply Line 12 by Ratio on Line 9 and enter result 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C 	13. 5481

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56087

*If Georgia Itemized deductions are claimed, multiply Line 11 by Ratio on Line 9 and add Line 10a. Enter result on Line 13.

14.

Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....

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

		N	Extension.	N	Amended Return.
073777067 198	931175	N	Residency Stat	us.	
RAJULA			PA Resident/N		/Part-Year Resident
PRADEEP	R Occupation SOFTWARE E	J	from Single, Marrie	d/Filing J o	to bintly,
			-	-	y, F inal Return
SAI CHARITHA	Occupation HOME MAKER	N	Deceased		
BATHULA			T D (
		N	Taxpayer Date	of Death	
		N	Spouse Date of	f Death	
925 BALDWIN RIDGE	RD	N	Farmers.		
APEX	NC 27523		School District	t Name N	OT IN PA
412-618-9	671 99999	I			
1a Gross Compensation. Do no	ot include exempt income, such as combat zone pay	and	La		42108
qualifying retirement benefit	ts. See the instructions.				
1b Unreimbursed Employee Bu	isiness Expenses.		lb		0
1c Net Compensation. Subtract	Line 1b from Line 1a.		lc		42108
 Interest Income. Complete P Dividend and Capital Gains I 	PA Schedule A if required. Distributions Income. Complete PA Schedule B if re	auired	2		
*	e Operation of a Business, Profession or Farm.	quirea.	4		ů l
	Sale, Exchange or Disposition of Property.		5		-1376
	ents, Royalties, Patents or Copyrights. nplete and submit PA Schedule J.		6		
	nings. Complete and submit PA Schedule T .		B		
9 Total PA Taxable Income.	Add only the positive income amounts from Lines	1c,	9		42108
2, 3, 4, 5, 6, 7 and 8. DO NO	OT ADD any losses reported on Lines 4, 5 or 6.				

 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

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10

11

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42108

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PA-40 - 2023

Social Security Number

0737770L7 Name(s) PRADEEP R RAJULA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	75 75	93 93				
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18		0 0 0 0				
19a	 Forgiveness Credit. Submit PA Schedule SP. Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. 	19a 19b 20 21	00 00	0				
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	75	0 0 93 0 0				
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29		0 0				
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2024 estimated account.	31 30		0 0				
32 33 34 35 36	33 Refund donation line. Enter the organization code and donation amount. See instructions. 33 44 Refund donation line. Enter the organization code and donation amount. See instructions. 34 55 Refund donation line. Enter the organization code and donation amount. See instructions. 35 56 Refund donation line. Enter the organization code and donation amount. See instructions. 35							
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.							
	Signature Spouse's Signature, if filing jointly	L						
	arer's Name and Telephone Number Date E-File Op	t Out	Ν					
	NKATA SAI PAVAN KUMAR DUDIPALLI D21424 39659522 Firm FEII Preparer's		88214 P0247					
	1555 REV 02/01/24 PRO Page 2 of 2							

PA SCHEDULE D

5307370057

Sale, Exchange or Disposition of Property

PA-40 D (EX) 03-23 (I)

	PA-40 D (EX) 03-23 PA Department of F	(I) Revenue	2023		OFFICIAL USE ONLY
		lf yo	ou need more space, you	i may photocopy.	
Name of the taxpayer	filing this schedule				Social Security Number (shown first)
PRADEEP R	RAJULA				073-77-7067
		Taxpayer 🔳	Spouse 🔵	Joint 🔵	

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.FIDELITY	01/01/23	12/31/23	5.	0.	5.
FIDELITY	01/01/22	12/31/23	15.	1,396.	LOSS 1,381.
					LOSS
					LOSS
2. Net gain (loss) from above sales.				LOSS 2.	1,376.
3. Gain from installment sales from PA Schedule D					
4. Taxable distributions from C corporations	Enter total	distribution			
	Minus adj	usted basis		= 4.	
5. Net gain (loss) from the sale of 6-1-71 property	from PA Schedule D)-71		LOSS 5.	
6. Net PA S corporation and partnership gain (loss) from your PA Sche	dule(s) RK-1 or NR	K-1	LOSS 6.	

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

(a)	(b)	(C)	(d)	(e)	(f)
Address of	Date acquired:	Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:
residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7. Taxable gain from the sale of your principal residence. If y	ou realized a los	s on the sale of	your principal residence	e, enter a zero.	
If you realized a gain/loss on the sale of the nonresidentia					
8. Taxable distributions from partnerships from REV-999.					
9. Taxable distributions from PA S corporations from REV-					
10. Taxable gain from exchange of insurance contracts					
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10.	1,376.				

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PA SCHEDULE E

2301410029

Rents and Royalty Income (Loss)

PA-40 E (EX) 03-23 (I) PA Department of Revenue

-	-	-	-
2	O	2	-5

	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
PRADEEP R RAJULA	073-77-7067
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

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.

PROPERTY DESCRIPTION SECTION I

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 Pro	fit Prop	operty Complete Address (street, city, state and ZIP code)				
A			YES	\bigcirc	MIG	-24,MZ	ADHAVADHARA		
A	3	MIG-24, MADHAVADHARA VUDA	COLONY NO		VUDA	COLONY,	VISAKHAPATNAM, ANDHRA	PRADESH,	530018,
в			YES	\bigcirc					
2			NO	\bigcirc					
С			YES	\bigcirc					
-			NO	\bigcirc					
Pro	nerty f	wne: 1 Single family residence 3 Vacat	ion/short-term rent	al 5 I	and	7 50	lf-rental		

Property type: 1. Single family residence 3. Vacation/short-term rental 5. Land Self-rental 2. Multi-family residence 4. Commercial 6. Royalties 8. Other, describe:

SECTION II INCOME & EXPENSES			
	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	🖝 T 🔵 S 🔵 J	○ T ○ S ○ J	□ T □ S □ J
Line b: Is the property rental location in PA?	🔵 YES 🛑 NO	YES NO	YES NO
Line c: Is the property rented for any period less than 30 days?	🔵 YES 🛑 NO	YES NO	YES NO
Income: 1. Rent received 1.	580		
2. Royalties received 2.			
Expenses: 3. Advertising 3.			
4. Automobile and travel 4.			
5. Cleaning and maintenance 5.	1,256		
6. Commissions 6.			
7. Insurance			
8. Legal and professional fees 8.			
9. Management fees	850		
10. Mortgage interest 10.			
11. Other interest 11.			
12. Repairs	4,256		
13. Supplies	3,476		
14. Taxes - not based on net income14.			
15. Utilities	4,687		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	14,525		
Income 19. Income – Subtract Line 18 from Line 1 or 2			
or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.	0 0	0	\bigcirc
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the in	structions (fill in the	e oval, if a net loss) 21.	
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	ne instructions (fill in the	e oval, if a net loss) 🔵 22.	0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your		,	~
PA Schedule(s) RK-1 or NRK-1. 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more th		e oval, if a net loss) 🔵 23.	
total all Line 22 and 23 amounts and include on Line 6 of your PA-40.	(fill in the	e oval, if a net loss) 🔵 24.	0
	REV 02/01/24 PRO		1555





PA-8879 (EX) 03-23 (I) Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number	
PRADEEP R RAJULA	073-77-7067	
Secondary Taxpayer's Name	Social Security Number	
SAI CHARITHA BATHULA	198-93-1175	
SECTION I TAX RETURN INFORMATION - TAX YEAR	ENDING DEC. 31, 2023 (whole dollars only)	
. Adjusted PA taxable income (Form PA-40, Line 11)	1	42,108
2. PA tax liability (Form PA-40, Line 12)		1,293
3. Total PA tax withheld (Form PA-40, Line 13)		1,293
Amount to be refunded (Form PA-40, Line 30)		
		0

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. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

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

∞	I authorize GLOBAL TAXES LLC	to enter my PIN	77067	_ as my signature	on mv ta>	vear 2	2023
	electronically filed income tax return.	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	· , ···	j	

,

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 CX
 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 31175
 as my signature on my tax year 2023

 electronically filed income tax return.
 31175
 as my signature on my tax year 2023

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

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

222496 / 61989

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

Name PRADEEP R RAJULA Social Security Number 073-77-7067

	Federal Forms W-2									
# of W2	* NT / TX B L	TS	ZRI	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			
				FIDELITY TECHNOLOGY GROUP LLC 20-8636067 FIDELITY TECHNOLOGY GROUP LLC 20-8636067 HITECH INFO GROUP LLC 81-4360001	136,029. 145,237. 61,568. 61,568.	42,108. 1,293. 97,432. 0. 61,568. 0. 	PA NC GA			

Pennsylvania W-2	Taxpayer 42,108.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6 Noncash tips Noncash tips Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		61,568.
Withholding	1,293.	

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
		T	20-8636067	73 RBNSN	42,108.	421.	<u>PA</u>

Pennsylvania Local W-2	Taxpayer 42,108.	Spouse
Federal Form 4137, Unreported Tips, line 6	· · · · · · · · · · · ·	
Noncash tips		
Withholding	421.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*							PA Tax Withheld	Fed. Income		
									+	
Exc Jur Dir Exj Ho Co Da Ios	vania Payment type: ecutor fee ry duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than rsonal injury	pr	I J K L M NO	Descri Emplo Distrib Distrib Distrib Distrib Descri Fiducia	yer spons ution from ution from ution from te: ary fees fr income no	ored re 1RA (1 1Life Ir 1 Charit 1 Emplo	tiremer raditior surance able Gir oyee Sto	ation. at/pension/defnal or Roth) e, Annuity or E ft Annuities bock Ownership	Endowment C	
Misce Withh	Ilaneous Compensatio olding	n fror	n Fo	orm 109	99MISC/1	099K/1	099NE	Taxp a C	ayer	Spouse
		Со	mpe	ensati	on from	Feder	al For	ms 1099R		
*	Payer's EIN Payer's Name	T S	Fed #	РА Туре	Gro Distrib		E	Basis I	PA Taxable	PA Tax Withheld
							-	[
							-			
							-	[
nnsyl	Enter an 'X' if this incon vania Distribution ty		Not	subjec	t to Penns	sylvania				
1 PA 1 Un 2 Mil 3 U.S 1 Ani	entry school, state, or muni- ited Mine Workers pen itary pension S. Civil service retireme nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a r llover	sion ent/di ce dis vivors	sabil abili hip /	lity/anr ty Annuity	nuity		Tradi Tradi Non- Life i Distri ESO ESO KSO	ot eligible yet: itional or Roth itional or Roth qualified defe nsurance or e bution from C P: Allocated E P: Non-Alloca P: Taxable ES	IRA; I'm over IRA; I'm und rred compens ndowment charitable Gift SOP Stock D ted ESOP Stock SOP within a	r 59.5 er 59.5 ation plan Annuities vividend ock Dividend 401(k)
1 Éa 2 Ro	eligible; plan is eligible	e (no	PA t	ax)		M4	KSO	P: Nontaxable		i a 401(k)
1 Éa 2 Ro 3 I'm Distr Distr Com		ance, ans (: e Gift 10991	Ann see Ann R (eli	uity, E Tax He uities	elp FAQ's	M4 It Contr for more plans)	acts or e info)	Taxp		Spouse
1 Éa 2 Ro 3 I'm Distr Distr Com	eligible; plan is eligible ribution from Life Insura ineligible retirement pla ribution from Charitable apensation from Form	ance, ans (: e Gift 10991	Ann see Ann R (eli	uity, E Tax He uities igible r	elp FAQ's	M4 for mol plans) 	acts or e info)	Taxpa	ayer	Spouse
1 Éa 2 Ro 3 l'm Distr Distr Com With	eligible; plan is eligible ribution from Life Insura ineligible retirement pla ribution from Charitable apensation from Form	ance, ans (e Gift 1099F	Ann See Ann R (eli	uity, E Tax He uities igible r 	elp FAQ's	M4 th Contri for more plans) Comp	ensatio	Taxpa	ayer	Spouse

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

< Sta	aple A	(50) Il Pages and W-2	s of Yo	our	ndivid ^N			l <u>i</u> na E	e Tax Departr	men		2023 venue	DOR Use Only				
				or fiscal year	beginning				and end				Are you a ve	teran?		Yes 🛛 No	Х
	ADEE:			R RAJI			SF		HARITH	_	BAT		Is your spou		an?	Yes No	Χ
		LDWIN														extension to file	-
APE				FOREI	v								2023 federal			, e.g., Form 104 도	.0?
Filin	g Stati	us Ц	1. Sing	gle Id of Househol			ed Filing			 Marri 	ied Filing S	Separately	Veeropou	Yes	No	X	-+
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				ent for the end	-		Yes X	-				deceased s		Date of			
N.C	. Educ	ation End	dowme	nt Fund: Yc	ou may con	tribute	to the N	.C. Ed	lucation E	Endow	vment Fu	nd by making	g a contribu	ition or de	esignati	ing some or a	ll of
				Fund. To ma											jnate yo	our overpaym	ent
				ount of your married filin											eident		\neg
				filed and sig						-					Slucini.		
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925	BA	LDWIN	I RI	IDGE RI	C						API	EX					
06		1	1965	91		16			383	38		26C			0		
07				0		18	Y			0		26E			0		2015
09				0		20A			429	98		EU					50025
10A				1		20B				0		27			0		
10B				0		21A				0		29			0		
11	S	Y	I	Ν		21B				0		30			0		
11			255	00		21C				0		31			0		
13			000	00		21D				0		32			0		
14]	1710	91		26A				0		34			9		
15			81	27		26B				0							
TN		41261	1896	71		PN	6	789	65952	22		PP	P02	47083	33		
		eturn B			efund Du				9		ment C	Due		0			
I declar the bes	re and ce st of my l	ertify that I h nowledge a	ave exam and belief	mined this return f, they are true, o	1 and accompa correct, and co	nying sch mplete.	nedules an	d stater	ients, and to	о [Check to disc	here if you au uss this return	thorize the N and attachn	lorth Carol nents with	lina Dep the paid	artment of Reve I preparer below	enue √.

Your Signature Date	Spouse's Signature (If filing joint return, both must sign.)	Date	<u>4126189671</u> Contact Phone No. (Include area code)
PAID PREPARER USE ONLY If prepared by a person other than taxpay	er, this certification is based on all information of which the prepare	er has any know	vledge.
VENKATA SAI PAVAN KUMAR D	(678)965-9522		P02470833
Paid Preparer's Signature Date	Preparer's Contact Phone Number (Include area code)		Preparer's FEIN, SSN, or PTIN
-	: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, Norment, and D-400V to: N.C. DEPT. OF REVENUE, P.O.		

Last Name (First 10 Characters)	RAJULA
	101001111

6.	Federal Adjusted Gross Income	6.	196591
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	196591
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	1
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	171091
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	171091
15.	N.C. Income Tax	15.	8127
16.	Tax Credits	16.	3838
17.	Subtract Line 16 from Line 15	17.	4289
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	4289
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	4298
20b.	Spouse's tax withheld	20b.	0
<u>Other</u>	Tax Payments		
21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	4298
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4298
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	9
<u>Amou</u>	nt of Refund to Apply to:		
20	Amount of Line 28 to be applied to 2024 Estimated Income Tay	20	0
29. 30	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29. 30	0
30. 21	N.C. Nongame and Endangered Wildlife Fund	30. 31.	0 0
31.	N.C. Education Endowment Fund		
32. 33	N.C. Breast and Cervical Cancer Control Program	32. 33.	0 0
33. 24	Add Lines 29 through 32		
34.	Amount to be Refunded	34.	9

D-400 Line-by-Line Information

D-400TC (50)

8-16-23

2023 Individual Income Tax Credits

North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

DOR Use Only

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters)	RAJULA		Your Sc	cial Security Number	07377706	7
01	0	07B	2	10A	0	13	0
02	0	08A	0	10B	0	14	0
04	0	08B	0	11A	0	15	0
06	0	09A	0	11B	0	19	0
07A	3838	09B	0	12	0		

Part 1.	Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only							
	If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.							
1.	Total income from all sources while a resident of N.C. modified by N.C. adjustments to							
	federal gross income	1.	0					
2.	Portion of Line 1 that was taxed by another state or country	2.	0					
3.	Divide Line 2 by Line 1	3.	0.0000					
4.	Total North Carolina income tax (From Form D-400, Line 15)	4.	0					
5.	Multiply Line 4 by Line 3	5.	0					
6.	Amount of net tax paid to the other state or country on the income shown on Line 2	6.	0					
7a.	Credit for Income Tax Paid to Another State or Country	7a.	3838					
7b.	Number of states or countries for which a credit is claimed	7b.	2					
Part 2.	Credits for Rehabilitating Historic Structures							

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken. **Note:** For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

8a.	An income-producing historic structure (Article 3D)	8a.	0
8b.	Enter installment amount of credit	8b.	0
9a.	A nonincome-producing historic structure (Article 3D)	9a.	0
9b.	Enter installment amount of credit	9b.	0
10a.	An income-producing historic mill facility (Article 3H)	10a.	0
10b.	Enter amount of credit	10b.	0
11a.	A nonincome-producing historic mill facility (Article 3H)	11a.	0
11b.	Enter installment amount of credit	11b.	0
12.	An income-producing historic structure (Article 3L)	12.	0
13.	A nonincome-producing historic structure (Article 3L)	13.	0
	(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)		

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2023 Tax credits carried over from previous year 0 14. 14. Reserved for Future Use 15. 0 15. 16. Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15 16. 3838 17. North Carolina income tax (From Form D-400, Line 15) 8127 17. 3838 18. Enter the lesser of Line 16 or Line 17 18. 19. 0 19. Business incentive and energy tax credits (Attach Form NC-478 and any required supporting schedules to the front of Form D-400.) Total Tax Credits to be Taken for Tax Year 2023 20. 3838 20.