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



1040		artment of the Treasury—Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instructions.	_
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity number	_
NITHIN I	REDD'	Y	KADA	.RU							716	30	8244	
If joint return, s	pouse's	s first name and middle initial	Last nar	me							Spouse'	s social	security numb	er
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Ele	ection Campai	gn
_116 AZA								\perp					ou, or your	0
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP c	ode		•	-	jointly, want \$3 nd. Checking a	
_ DOWNING'						PA		193			•		not change	
Foreign countr	y name		F	oreign pro	vince/state/	count	ту	Foreig	ın postal c	ode	your tax	or refu		se
Filing Status	s 🗵	Single					☐ Head of h	ouseh	old (HOF	H)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	If y	ou checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services); or (b) sell,			_
Assets	exch	nange, or otherwise dispose of a dig			ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Y€	es 🗵 No	
Standard		neone can claim:	pendent	: 🗆 Y	our spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Spo	ouse:	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) Sc	ocial security	,	(3) Relationsh	in (4) Check t	he bo	x if quali	fies for (see instructions	 s):
If more		irst name Last name			number		to you		Child t	ax cre	dit	Credit fo	or other depender	nts
than four									[_
dependents,														
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .						1a		87 , 825.	
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)												
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .					ι.			1h		0.	•
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h	· ; ·								1z	_	87 , 825.	<u>. </u>
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes				2b			_
if required.	3a_		3a				rdinary divide				3b	_		_
Standard	4a	-	4a				axable amoun				4b	_		_
Deduction for—	5a		5a				axable amoun				5b	_		_
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			_
separately,	_c	If you elect to use the lump-sum e		•		`	,] _			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7	+	1 4 4 7 7	_
jointly or Qualifying	8	Additional income from Schedule	•								8	-	-14,476 .	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	+	73,349.	<u>. </u>
\$27,700 Head of	10	Adjustments to income from Sche									10		72 240	_
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		73,349.	
If you checked	12	Standard deduction or itemized									12		13,850	•
any box under Standard	13	Qualified business income deduct									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13					 avablo incom				14		13,850.	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if any	from Form(s	s): 1 🗌 8814	4 2 🗌 4972	з 🗌		16	8,392.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	8,392.
	19	Child tax credit or credit for other	dependents	from Schedu	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zer	ro or less, ei	nter -0				22	8,392.
	23	Other taxes, including self-employ	ment tax, fr	om Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your to	otal tax .					24	8,392.
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2				25a 11	,406		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	11,406.
If you have a	26	2023 estimated tax payments and	amount ap	plied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from Sche							
	29	American opportunity credit from I							
	30	Reserved for future use							
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. Thes	e are your t	otal other pa	yments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These a	are your tot a	al payments				33	11,406.
Refund	34	If line 33 is more than line 24, subt	tract line 24	from line 33.	This is the amour	t you overpaid		34	3,014.
	35a	Amount of line 34 you want refund	ded to you.	If Form 8888	is attached, chec	k here	. 🗆	35a	3,014.
Direct deposit?	b	Routing number 0 3 1 2 0	0 2 0	8 4	c Type:	Checking	Savings		
See instructions.	d	Account number 3 8 3 0 1	1 9 5	3 0 7 5	5 4				
	36	Amount of line 34 you want applie	d to your 2	024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This							
You Owe		For details on how to pay, go to w	ww.irs.gov/	Payments or	see instructions .			37	
	38	Estimated tax penalty (see instruct	tions)			38			
Third Party		you want to allow another person				_			
Designee		structions				_	•		⊠ No
		esignee's me		Phone no.			onal iden ber (PIN)	tification	
Sign		der penalties of perjury, I declare that I ha	ve examined	this return and	accompanying sche		, ,	the best	of my knowledge and
Here	be	lief, they are true, correct, and complete. I	Declaration of	preparer (other	than taxpayer) is ba	sed on all informati	on of whi	ch prepar	er has any knowledge.
Here	Yo	our signature		Date	Your occupation				nt you an Identity
								otection P e inst.)	PIN, enter it here
Joint return? See instructions.					SOFTWARE E		,		
Keep a copy for your records.		ouse's signature. If a joint return, both m	iust sign.	Date	Spouse's occupation	on	Ide	the IRS sent your spouse an lentity Protection PIN, enter it here ee inst.)	
	Ph	one no. (334) 372-9961		Email address	NITHINREDDY1	997@GMAIL.C	MC		
	Pre		arer's signatu	re		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM	1 PRIYA R	AM SAGAR	GUPTA TALLAM	02/08/2024	P0208	32703	Self-employed
Preparer									(678) 965-9522
Use Only		m's address 245 ROONEY CT		SWICK NO	J 08816			m's EIN	84-3171965
	<u></u>	10101			-		1		= 1040 (*****)

SCHEDULE 1 (Form 1040)

9 10

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

NITH	IN REDDY KADARU		716-3	30-82	244
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedu	ıle E .	5	-14,476.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	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			
ı	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE 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 nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				

-14,476.

9

10

8z

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Cs, etc.)	2023							
	Attachment Sequence No. 13							
Your social security number								

OMB No. 1545-0074

NITH	HIN REDDY KADA	ARU								716-3	0-8244			
Par	Note: If you ar	re in the	business of ren	Real Estate ar ting personal prope on page 2, line 40.	rty, use		e C. See	instru	ctions. If you	are an indiv	vidual, rep	ort farm		
	Did you make any pa f "Yes," did you or v									s ☐ Yes ☒ No ☐ Yes ☐ No				
1a												,		
		ess of each property (street, city, state, ZIP code) C, NEAR BK GUDA SR NAGAR, HYDERABAD TELANGANA IN 500038												
_ <u>A</u>	H.NO 162/C,	NEAR	BK GUDA S	SR NAGAR, HYDI	ERABA	AD TELA	ANGAN	A IN	500038					
B C														
	T (D													
1b	Type of Property (from list below)	a	above, report t	I real estate properties of fair	rental	and		Fa	ir Rental Days	Person Da		QJV	ř	
A	3			lays. Check the Q requirements to			Α		365		0			
B		, '	ualified ioint	venture. See instru	uctions	а 8.	В							
C							С							
1	of Property: Single Family Resident Multi-Family Resident		3 Vacatio 4 Comme	n/Short-Term Rer ercial	ntal	5 Land 6 Roya			Self-Rental Other (desc					
_									Propert	ies:				
Incon							<u>A</u>	1.0	В			С		
3	Rents received .	3		6	40.									
<u>4</u>	Royalties received	ı			4									
Exper 5					5									
6	Advertising Auto and travel (se				6									
7					7		2,5	96						
8		I maintenance					2,5	50.						
9	Insurance				8									
10	Legal and other pr				10									
11	Management fees				11		2 4	15.						
12	Mortgage interest				12		2,1	10.						
13	Other interest .			·	13									
14	Repairs				14		2.7	33.						
15	Supplies				15		2,8							
16	Taxes				16		· ·							
17	Utilities				17		2,2	72.						
18	Depreciation expe				18		2,2	90.						
19	Other (list)				19									
20	Total expenses. A				20		15,1	16.						
21	Subtract line 20 from result is a (loss), s		` '	` ,										
	file Form 6198 .				21		-14,4	76.						
22	Deductible rental on Form 8582 (see				22	(14,47	'6.)	()	(
23a	Total of all amoun	ts repo	rted on line 3	for all rental prope				23a		640.				
b	Total of all amoun	-						23b						
С	Total of all amoun	-						23c						
d	Total of all amoun	ts repo	rted on line 18	3 for all properties				23d		2,290.				
е	Total of all amoun	ts repo	rted on line 20) for all properties				23e	1:	5,116.				
24	Income. Add posi					-				. 24				
25	Losses. Add royalt	ty losses	s from line 21 a	ınd rental real estat	te losse	es from lin	ie 22. Ei	nter to	tal losses he	re 25	(14,476	, .)	
26	Total rental real													
	here. If Parts II, III Schedule 1 (Form									on		-14.47	6	

PA-40 - 2023

Pennsylvania Income Tax Return

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

			N	Extension.	N	Amended Return.
716308244			R	Residency Stat	115	
KADARU			K			/Part-Year Resident to
NITHIN REDDY	Occupation	n SOFTWARE E	Z	Single, Marrie		
	Occupation	on		Married/Filing	g Separatel	y, Final Return
	1		N	Deceased		
			N	Taxpayer Date	of Death	
			N	Spouse Date of	Death	
116 AZALEA DR			N	Farmers.		
DOWNINGTOWN	PA 19335		.,	School District	Name D	DWNINGTOWN A
334-372-9961		15200		_		
1a Gross Compensation. Do not include e qualifying retirement benefits. See the	-		nd	la		87800
1b Unreimbursed Employee Business Exp1c Net Compensation. Subtract Line 1b fr		a.		l b		0 87800
 Interest Income. Complete PA Schedu Dividend and Capital Gains Distribution Net Income or Loss from the Operation 	ns Income	. Complete PA Schedule B if req	uired.	3 4		0 0 0
Net Gain or Loss from the Sale, Excha Net Income or Loss from Rents, Royal Estate or Trust Income. Complete and a Gambling and Lottery Winnings. Comp Total PA Taxable Income. Add only to 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD a	ties, Pater submit PA plete and s he positiv	с,	5 6 7 8 9		0 0 0 0 87800	
10 Other Deductions. Enter the appropri		for the type of deduction.	N	10		0
See the instructions for additional info 11 Adjusted PA Taxable Income. Subtraction		from Line 9.		11		87800
1555 REV 02/01/24 PRO						





Social Security Number

716308244 Name(s) NITHIN REDDY KADARU

	AM PRIYA RAM SAGAR G B9659522	SUPTA TALLAM	020824	Firm FEIN	1	В	43171965
	Preparer's Name and Telephone Number Date E-File Op						
You	r Signature	Spouse's Signature, if fili	ing jointly	•			
_	ature(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best		_				
36	Refund donation line. Enter the organ	nization code and donation	amount. See instruc	tions.	36		
	Refund donation line. Enter the organ	nization code and donation	amount. See instruc	tions.	35		
34	Refund donation line. Enter the organ				33 34		
32 33	Refund donation line. Enter the organ Refund donation line. Enter the organ				32		
30 31	Refund – Amount of Line 29 you want Credit – Amount of Line 29 you want			REFUND	37 30		0
	the difference here. The total of Lines 30 through 36 mu	ıst equal Line 29.					
28 29	TOTAL PAYMENT DUE. See the in OVERPAYMENT. If Line 24 is more		Line 25 and Line 2	7, enter	28 29		0
25 26 27	USE TAX. Due on internet, mail orde TAX DUE. If the total of Line 12 and Penalties and Interest. See the instruct If including form RE	nce here.	25 26 27		0 0 0		
22 23 24	Resident Credit. Submit your PA Scho Total Other Credits. Submit your PA S TOTAL PAYMENTS and CREDITS		22 23 24		0 0 2695		
19a	Forgiveness Credit. Submit PA Scho Filing Status: 01 Unmarried or S Dependents, Section II, Line 2, PA Sc Total Eligibility Income from Section Tax Forgiveness Credit from Section	separated 02 Married hedule SP III, Line 11, PA Schedule	SP.		19a 19b 20 21	00	0
16 17 18	2023 Extension Payment. Nonresident Tax Withheld from your l Total Estimated Payments and Cred	PA Schedule(s) NRK-1. (lits. Add Lines 14, 15, 16	Nonresidents only)	N	16 17 18		0 0 0
14 15	Credit from your 2022 PA Income Tax 2023 Estimated Installment Payments			N	14 15		0
12 13	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instruc				13 12		2695 2695

1555 REV 02/01/24 PRO

Page 2 of 2



P02082703

Preparer's PTIN

PA SCHEDULE E

Rents and Royalty Income (Loss)

PA-40 E (EX) 03-23 (I) PA Department of Revenue 2023 OFFICIAL USE ONLY Social Security Number (shown first) or EIN Name of the taxpayer filing this schedule NITHIN REDDY KADARU 716-30-8244 Sales Tax License Number (if applicable). See the instructions. Are rental payments made by lessees through a third party broker? Yes No See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C. **SECTION I** PROPERTY DESCRIPTION Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed. Туре **Description of Property** For Profit Property Complete Address (street, city, state and ZIP code) YES H.NO 162/C, NEAR BK GUDA 3 H.NO 162/C , NEAR BK GUDA PARK, NO SR NAGAR, HYDERABAD, TELANGANA, 500038, YES В NO YES С NO Property type: 1. Single family residence 3. Vacation/short-term rental 5. Land 7. Self-rental 8. Other, describe: 2. Multi-family residence 4. Commercial 6. Rovalties **INCOME & EXPENSES SECTION II** Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Line b: Is the property rental location in PA? YES ON (YES NO YES NO Line c: Is the property rented for any period less than 30 days? ON C YES NO YES NO YES 640 Income: 2. Royalties received Expenses: 3. Advertising 2,596 5. Cleaning and maintenance 6 Commissions 7. Insurance 8. Legal and professional fees 2,415 9. Management fees 11. Other interest 2,733 12. Repairs ... 2,810 14. Taxes - not based on net income 2,272 2,290 15,116 Income or Loss: 0 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss) 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.(fill in the oval, if a net loss) 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule,



total all Line 22 and 23 amounts and include on Line 6 of your PA-40.

1555

0

.(fill in the oval, if a net loss) 24.

REV 02/01/24 PRO



PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

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

Declaration Control Number/Submission ID	
Primary Taxpayer's Name NITHIN REDDY KADARU	Social Security Number 716-30-8244
Secondary Taxpayer's Name	Social Security Number
SECTION I TAX RETURN INFORMATION – TAX YEAR EN	NDING DEC. 31, 2023 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	187,800
2. PA tax liability (Form PA-40, Line 12)	2 2,695
3. Total PA tax withheld (Form PA-40, Line 13)	32,695
4. Amount to be refunded (Form PA-40, Line 30)	4. <u> </u>
5. Total payment (tax due) (Form PA-40, Line 28)	50
SECTION II DECLARATION AND SIGNATURE AUTHORIZ	ATION OF TAXPAYER
the amounts shown on the copy of my electronic income tax return. If applic agents to initiate an electronic funds withdrawal (direct debit) entry to my de institution to debit the entry to my account and the financial institutions involvinformation necessary to answer inquiries and resolve issues related to paym the United States or one of its territories. I have selected a personal identiapplicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Maximum I authorize GLOBAL TAXES LLC to electronically filed income tax return.	signated account for Pennsylvania taxes owed. I also authorize my financial ed in the processing of my electronic payment of taxes to receive confidential itent. I certify the funds for this withdraw are originating from an account within fication number as my signature for my electronic income tax return and, if ark one oval only.
I will enter my PIN as my signature on my tax year 2023 electronically	filed income tax return.
Signature	Date
SECONDARY TAXPAYER'S PIN Mark one oval only. I authorize to e electronically filed income tax return. I will enter my PIN as my signature on my tax year 2023 electronically	nter my PIN as my signature on my tax year 2023 filed income tax return.
Signature	Date
SECTION III CERTIFICATION AND AUTHENTICATION – P	RACTITIONER PIN PROGRAM PARTICIPANTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-sel	ected PIN222496_ / 08271
As a participant in the Practitioner PIN Program, I certify the above numeric e income tax return for the taxpayer(s) indicated above. I confirm I am partici 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.

PA-40 **Gross Compensation Worksheet** 2023 Line 1a ► Keep for your records Social Security Number Name NITHIN REDDY KADARU 716-30-8244 Federal Forms W-2 Federal # TS Pennsylvania ST Ν Employer of W2 (state) compensation ID Ν R Name wages Τ Н from box 1 from box 16 Τ (See Tax Help) Χ Pennsylvania В (state) Employer identification income tax L Medicare tax withheld number from wages box B from box 5 from box 17 Communications Test Design, Inc. 87,825. 87,800. PΑ 23-2015935 2,695. **Taxpayer Spouse** 87,800. 0. Federal Form 4137, Unreported Tips, line 6 Noncash tips...... 2,695. Federal Forms W-2: Local Tax TS Local wages, ST # Employer Locality name Local income of identification tips, etc. ID tax W2 number from (local) (local) from box 18 from box 19 box B <u>87,8</u>00. 23-2015935 151202-15 CHEST 977. PΑ **Taxpayer Spouse** 87,800. Withholding **Excess Reimbursements** T/S Description Employer's EIN Amount

	Taxpayer	Spouse
Excess Reimbursements		

NITHIN REDDY KADARU 716-30-8244 Page 2 Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

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	*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income	
Pen A B C D E F G	B Jury duty pay C Director's fee D Expert witness fee Honorarium F Covenant not to compete G Damages or settlement for lost wages, other than C Director's fee J Describe: Employer sponsored retirement/pension/deferred compensation plan Distribution from IRA (Traditional or Roth) Distribution from Life Insurance, Annuity or Endowment Contracts Distribution from Charitable Gift Annuities Distribution from Employee Stock Ownership Plan. Describe:											
	personal injury N Fiduciary fees from a trust Other income not listed above Describe:											
N	Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding											
		1	Co	mpe	ensati	on trom	reaei	al For	ms 1099R		i	
	*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gros Distribu		E	Basis P	A Taxable	PA Tax Withheld	
	* E	inter an 'X' if this incom	e is	Not	subjec	t to Penns	ylvania	a tax - F	PA Part-Year a	nd Nonreside	ents Only.	
Pennsylvania Distribution type: N No entry I31 PA school, state, or municipal employee plan United Mine Workers pension I32 Military pension I33 U.S. Civil service retirement/disability/annuity K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) I21 Early distribution from a retirement plan I32 Rollover I33 U.S. Civil service retirement/disability/annuity K3 Life insurance or endowment L Distribution from Charitable Gift Annuities M1 ESOP: Allocated ESOP Stock Dividend M2 ESOP: Non-Allocated ESOP Stock Dividend M3 KSOP: Taxable ESOP within a 401(k) M4 KSOP: Nontaxable ESOP within a 401(k)												
	Distribution from Life Insurance, Annuity, Endowment Contracts or											
					Tota	l Gross C	Comp	ensatio	on			_
	Tota Tota With	l gross compensation to I Schedule NRH gross holding to Form PA-40	o Fo com line	rm F pens	A-40 li sation t	ine 1a o PA-40, li 	ine 12		Taxpa 87 2	.800.	0 - 1	
Tota	al gro	ss compensation to Fo	rm P	A-40) line 1	a					87,800.	