<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—Do not w	vrite or sta	aple in this space.
For the year Jar	. 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						Your so	cial sec	urity number		
AMARDEEI		AYARAJ	Г					833	62	1258		
		s first name and middle initial	ame	,							security number	
SATHIYAS	त्रत्रद्र		HIIKALZ	APALLI B	AT.Z	AS			987	91	5409	
		er and street). If you have a P.O. box, see				1 1 1 1	10	A	Apt. no.			ection Campaign
512 CHA1	тнам	PARK DR						1	LD			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c				jointly, want \$3
PITTSBUF	RGH					PA	A	152	20			nd. Checking a not change
Foreign country name Foreign province/state/county Foreign postal code								k or refu	0			
							-			-	🗌 Yo	ou 🗌 Spouse
Filing Status	. [	] Single					Head of ho	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne had	income)								
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	/ina spouse	(QSS)		
one box.	lf v	ou checked the MFS box, enter the	name	of vour s	pouse. If vou	ı che	, ,		0.	. ,	ild's nai	me if the
		alifying person is a child but not you		5					, .			
Digital		ny time during 2023, did you: (a) rece	``					,	,,	() /		es 🛛 No
Assets		hange, or otherwise dispose of a digineone can claim: You as a de		· _			a dependent	1)? (36		ons.)	∐ Ye	
Standard Deduction	_	Spouse itemizes on a separate return			-							
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the I	oox if quali	ifies for (	see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax	credit	Credit fo	r other dependents
than four												
dependents, see instruction:	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a	ı	94,515.
Attach Form(s)	b	Household employee wages not re	eported	d on Form	n(s) W-2					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d	I	
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, 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 instruction	ons)					· ·		. <b>1</b> h	<u> </u>	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •							. 1z	:	94,515.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest			. <b>2</b> b	)	
if required.	3a	Qualified dividends	3a			b C	ordinary divider	nds .		. <b>3</b> b		
Oten devid	4a	IRA distributions	4a			bΤ	axable amount	· ·		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amount	· ·		. 5b	)	
Single or	6a	Social security benefits	6a			bΤ	axable amount	· ·		. 6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)					
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	ired	, check here					
jointly or	8	Additional income from Schedule	1, line	10						. 8		-10,337.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our total inc	come	e			. 9		84,178.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incon	ne				. 11		84,178.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2	27,700.
any box under	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	е.		. 15	5	56,478.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	6,337.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	6,337.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	6,337.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is	your total tax				[	24	6,337.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 7	,605.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,605.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return		[	26	
qualifying child,	27	Earned income credit (EIC)		••		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8. line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	7,605.
Refund	34	If line 33 is more than line 24						34	1,268.
lioiana	35a	Amount of line 34 you want	-				. 🗆 🗖	35a	1,268.
Direct deposit?	b	Routing number 0 4 3					Savings		
See instructions.	d	Account number 1 0 6					J		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24				1 1			
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	÷	-		38			
Third Party	Do	you want to allow another							
Designee							omplete bel	ow.	🗙 No
	De	signee's		Phone		Pers	onal identifica	ation	
	nar	ne		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration					•	
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins		
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat		If the IF	IS ser	nt your spouse an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,	5				Identity	Prote	ection PIN, enter it here
your records.					HOME MAKEN	ર	(see ins	st.)	
		one no. (412)929-282		Email address	AMARDEEPV@	SUNTECSBS.CC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/22/2024	P020827	03	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone	no. (	678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form <b>1040</b> (2023)

REV 01/12/24 PRO

# 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

Attachment Sequence No. 01 Your social security number 833-62-1258

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Ec	rm 1040, 1040-SB, or 1040-NB

Α	VIJAYARAJ	&	S	MOTHUKALAPALLI	BALAS

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		
4	Other gains or (losses). Attach Form 4797	. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,337.
6	Farm income or (loss). Attach Schedule F		
7	Unemployment compensation	. 7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555	)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards	_	
j	Activity not engaged in for profit income	_	
k	Stock options	_	
	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)		
n	Section 951(a) inclusion (see instructions)         8n	_	
0	Section 951A(a) inclusion (see instructions)         80		
р	Section 461(I) excess business loss adjustment		
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		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated   8u	_	
Z	Other income. List type and amount:		
9	Total other income. Add lines 8a through 8z	. 9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on For		
10	1040, 1040-SR, or 1040-NR, line 8		-10,337.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	nment		
	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 a			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/12/24 PRO		Schedule 1 (F	orm 1040) 202

SCHEDULE E Supplementa						I Income and Loss							OMB No. 1545-0074			
(Form	1040)	(From	n rental real estat	e, royalties, partnersł	nips, S	corporat	ions, es	tates,	trusts, REMIC	Cs, etc.)	90		2			
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or 1	041.			Attachn	リ <b>ム</b>	U			
	Revenue Service		Go to www.	irs.gov/ScheduleE for	r instru	actions an	d the la	test in	formation.		Sequen	ce No.	13			
Name(s) shown on return Your social										al security	numbe	er				
A VIJAYARAJ & S MOTHUKALAPALLI BALAS 833-62-1258																
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm															
	Note: If yo rental inco	ou are ir me or l	n the business of n oss from <b>Form 48</b>	enting personal proper <b>35</b> on page 2, line 40.	ty, use	Schedule	e C. See	instru	ctions. If you a	ire an indiv	vidual, rep	ort far	m			
Α				at would require you	to file	Form(s) 1	0992 5	lee ins	structions .		. ΠΥε	s X	No			
				d Form(s) 1099?								_	No			
<b>1</b> a				street, city, state, ZIF												
		000 01	cucin property (		cout	~)										
B C																
 1b		why C		• • • • • • • • • • • • • • • • • • •	المراكمة			<b>_</b>	u Doutol	Davia a v						
di	Type of Prope (from list below			tal real estate prope t the number of fair							nal Use ays	QJV				
Α	3			days. Check the Q			Α		365		0					
B				he requirements to f			B		505		0					
			qualified join	t venture. See instru	ctions	5.	C									
	of Property:						-					<u>.                                    </u>				
	Single Family R	esiden	ce 3 Vacat	ion/Short-Term Ren	tal	5 Land	1	7	Self-Rental							
	Multi-Family Re			nercial		6 Roya	alties	8	Other (descr	ribe)						
	, ,					-										
lu o o uu							•		Properti B	es:		С				
Incom 3		4			3		A 5	80.	D			0				
3 4					4		5	80.								
Exper		veu .														
5					5						ĺ					
6					6											
7					7		1,3	22.								
8	-				8			-								
9					9											
10					10						[					
11	Management f	ees .			11		9	85.			[					
12	Mortgage inter	rest pa	id to banks, etc.	(see instructions)	12											
13	Other interest				13											
14	Repairs				14		1,3				ļ					
15					15		1,7	42.			ļ					
16					16						ļ					
17					17		2,2									
18		xpense	e or depletion .		18		3,2	73.								
19	Other (list)			10	19 20		10 0	1								
20				19	20		10,9	1/.								
21				d/or 4 (royalties). If ind out if you must							ĺ					
	,				21		-10,3	37			ĺ					
22				er limitation, if any,			,-									
				· · · · · · ·	22	(	10,33	7.)	(	)	C					
23a				3 for all rental prope			, 20	23a	x	580.						
b				4 for all royalty prop				23b								
с			•	12 for all properties				23c								
d			•	18 for all properties				23d	3	,273.						
е				20 for all properties				23e	10	,917.						
24				n on line 21. <b>Do not</b>		-										
25				and rental real estate							(	10,3	337.			
26				income or (loss).												
	here. If Parts I	I, III, a	nd IV, and line 4	40 on page 2 do no	t appl	y to you,	also e	nter th	nis amount c	n						

For Paperwork Reduction Act Notice, see the separate instructions
---

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2023

-10,337.

26

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

			N	Extensi	on.	Ν	Amended Return.
833621258 98791540	19		R	Residen	ncy Status.		
VIJAYARAJ			ĸ				Part-Year Resident
AMARDEEP	Occupati	on SOFTWARE E	J	Single,	Married/I		
SATHIYASREE	Occupati	ion HOME MAKER			-	eparately	y, <b>F</b> inal Return
MOTHUKALAPALLI BALAS			N	Decease	ed		
APT LD			N	Taxpayo	er Date of	Death	
			N	Spouse	Date of D	eath	
512 CHATHAM PARK DR			N	Farmers	s.		
PITTSBURGH	PA	12550		School	District N	ame <b>PI</b>	TTSBURGH
412-929-2823		02745	1				
1a       Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.       1a       95311         1b       Unreimbursed Employee Business Expenses.       1b       1b       0         1e       Net Compensation. Subtract Line 1b from Line 1a.       1b       1c       95311         2       Interest Income. Complete PA Schedule A if required.       1frequired.       1frequired.       1frequired.         3       Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.       1frequired.       1frequired.       1frequired.         5       Net Gain or Loss from the Operation of a Business, Profession or Farm.       1frequired.       1frequired.       1frequired.         5       Net Gain or Loss from the Sale, Exchange or Disposition of Property.       1frequired.       1frequired.       1frequired.         6       Net Income or Loss from Rents, Royalties, Patents or Copyrights.       1frequired.       1frequired.       1frequired.         7       Estate or Trust Income. Complete and submit PA Schedule J.       1frequired.       1frequired.       1frequired.         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.       1frequired.       1frequired.							
10 <b>Other Deductions.</b> Enter the appropriate the instructions for additional inf			Ν		10		٥
11 Adjusted PA Taxable Income. Subtra					<u>ר</u> ד		95311
1555 REV 12/21/23 PRO				L			

1555 REV 12/21/23 PRO





PA-40 - 2023

Social Security Number

# 833621258 Name(s) AMARDEEP VIJAYARAJ

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	13 13	2926 2926						
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							
19a	<ul> <li>Forgiveness Credit. Submit PA Schedule SP.</li> <li>Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased</li> <li>Dependents, Section II, Line 2, PA Schedule SP</li> <li>Total Eligibility Income from Section III, Line 11, PA Schedule SP.</li> <li>Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.</li> </ul>		00 00 0						
22 23 24 25 26 27	73Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.23074TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.24292675USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.25076TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.260								
28 29									
30 31									
	3       Refund donation line. Enter the organization code and donation amount. See instructions.       33         4       Refund donation line. Enter the organization code and donation amount. See instructions.       34         5       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.								
You	Signature Spouse's Signature, if filing jointly								
	arer's Name and Telephone Number Date E-File Op	t Out	Ν						
	51411 PRITA RATI SAGAR GUPTA TALLATI UJ2224       Firm FEIN       843171965         5789659522       Preparer's PTIN       P02082703								
	1555 REV 12/21/23 PRO Page 2 of 2								



2300215338

### **PA SCHEDULE E**

2301410029

Rents and Royalty Income (Loss)

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

	0000	
ue	2023	

PA Department of Revenue <b>202</b>	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
AMARDEEP VIJAYARAJ	833-62-1258
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

Sales Tax License Number (if applicable). See the instructions.

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 Prof	it Prop	perty Complete Address (street, city, state and ZIP code)
A		YES	$\bigcirc$	
A	3	NO	$\bigcirc$	
в		YES	$\bigcirc$	
2		NO	$\bigcirc$	
С		YES	$\bigcirc$	
0		NO	$\bigcirc$	
Pro	perty	rpe: 1. Single family residence 3. Vacation/short-term renta	al 5. L	Land 7. Self-rental

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

SECTION II INCOME & EXPENSES				
	Property A	Property B	Property (	2
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	O YES C	⊃ NO
Line c: Is the property rented for any period less than 30 days?	YES NO	YES NO	O YES C	⊃ 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.	1,322			
6. Commissions 6.				
7. Insurance				
8. Legal and professional fees8.				
9. Management fees 9.	985			
10. Mortgage interest 10.				
11. Other interest 11.				
12. Repairs	1,345			
13. Supplies	1,742			
14. Taxes - not based on net income14.				
15. Utilities	2,250			
16. Depreciation expense - See the instructions	3,273			
17. Other expenses (itemize):				
18. Total Expenses - Add Lines 3 through 17	10,917			
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	0	
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 PAS 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.		e oval, if a net loss) 🔵 24.		0
	REV 12/21/23 PRO			1555



Name AMARDEEP VIJAYARAJ Social Security Number 833-62-1258

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				SUNTEC BUSINESS SOLUTION 98-0525795	94,515. 95,311.	95,311. 2,926.	

	Taxpayer	Spouse
Pennsylvania W-2		0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,926.	

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

<b>#</b> 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	98-0525795	630602	95,311.	953.	<u>PA</u>

Pennsylvania Local W-2	<b>Taxpayer</b> 95,311.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	953.	

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
						-				
				1						
Exe Jur Dire Exp Hor Cov Dar Iost	vania Payment type: ecutor fee y duty pay ector's fee poert witness fee norarium venant not to compete mages or settlement for t wages, other than rsonal injury	I I I I I I	N 0	Descril Employ Distrib Distrib Distrib Distrib Descril Fiducia	yer spons ution from ution from ution from ution from be: ary fees fr ncome no	ored re IRA ( <sup>-</sup> Life Ir Charit Emplo	etiremer Fraditior surance able Gi byee Sto	ation. ht/pension/def hal or Roth) e, Annuity or I ft Annuities ock Ownershi	Endowment C	-
Miscel Withho	llaneous Compensation	n fron	n Fo	rm 109	99MISC/1	099K/1	099NE	<b>Тахр</b> С	ayer	Spouse
		Cor	npe	ensatio	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
		—	—							
		—								
nnsylv N No I PA I Uni 2 Mili 3 U.S I Ann (inc I Ear 2 Rol	inter an 'X' if this incom vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension S. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	be: cipal e sion ent/dis e dis ivorsl etirem	emp sabil abili hip <i>I</i> nent	loyee p ity/ann ty Annuity plan	olan uity	12: J1 J2 K3 L M1 M2	2 l'm n Trad 2 Trad 2 Non- 3 Life i 5 Distr 1 ESO 2 ESO 3 KSO	ot eligible yet itional or Roth itional or Roth qualified defe nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable E P: Nontaxable	; plan is eligib IRA; I'm over IRA; I'm und rred compens indowment charitable Gift SOP Stock D ted ESOP Stock SOP within a	le in PA r 59.5 er 59.5 ation plan Annuities Dividend Dock Dividend 401(k)
i Distri Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans (s Gift 099F	see 7 Ann R (eli	Fax He uities gible r	lp FAQ's etirement	for mo  plans)	re info)	· · ·	ayer	
_				Tota	Gross	Comp	ensati	on		
Total	l gross compensation t	o For	m P	A-40 li	ne 1a			<b>Taxp</b>	<b>ayer</b> 5,311.	Spouse 0
	I Šchedule NRH gross	comp	bens	ation t	o PA-40.	line 12				

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