

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

330277530

MOTEY

SOURISH

Occupation AUTOMATION

Occupation

APT A4

30 GOLF VEIW DR

NEWARK

DE 19702

906-231-5628

99999

N Extension. N Amended Return.

N Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S 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 NOT IN PA

- 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 1a-11 with values: 1a: 41431, 1b: 0, 1c: 41431, 2: 0, 3: 0, 4: 0, 5: 0, 6: 0, 7: 0, 8: 0, 9: 41431, 10: 0, 11: 41431.



EC OFFICIAL USE ONLY FC
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PA-40 - 2023

Social Security Number

330277530

Name(s) SOURISH MOTHEY

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.

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.

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.

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		1272
13		1272
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1272
25		0
26		0
27		0
28		0
29		0
30		0
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 032824

E-File Opt Out

N

Firm FEIN

Preparer's PTIN

P02082703



PA SCHEDULE E
Rents and Royalty Income (Loss)

2301410029

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

2023

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule SOURISH MOTEY	Social Security Number (shown first) or EIN 330-27-7530
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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.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	3 3-5-1093/5/A SRIVENKATESHWARA C	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SRIVENKATESHWARA COLONY NARAYANAGUDA, TELANGANA, 500029, India
B		YES <input type="checkbox"/> NO <input type="checkbox"/>	
C		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Property type: 1. Single family residence 3. Vacation/short-term rental 5. Land 7. Self-rental
2. Multi-family residence 4. Commercial 6. Royalties 8. Other, describe: _____

SECTION II INCOME & EXPENSES

	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	<input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J
Line b: Is the property rental location in PA?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Line c: Is the property rented for any period less than 30 days?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Income: 1. Rent received	652		
2. Royalties received			
Expenses: 3. Advertising			
4. Automobile and travel			
5. Cleaning and maintenance	2,689		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees	2,410		
10. Mortgage interest			
11. Other interest			
12. Repairs	2,746		
13. Supplies	2,513		
14. Taxes - not based on net income			
15. Utilities	2,398		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	12,756		
Income or Loss: 19. Income – Subtract Line 18 from Line 1 or 2.			
20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	0		
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)			
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)			0
23. Rent or royalty income (loss) from PA S 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. (fill in the oval, if a net loss)			0

REV 02/24/24 PRO

1555



2301410029

2301410029



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 and Secondary Taxpayer.

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

Table with 2 columns: Line Item and Amount. Rows 1-5 for tax return information.

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 77530 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 to enter my PIN 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
SOURISH MOTHEY

Social Security Number
330-27-7530

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	<input checked="" type="checkbox"/>	T	<input type="checkbox"/>	BHARAT FORGE ALUMINUM USA INC 84-3325014	41,953.	41,953. 0.	NC
2	<input type="checkbox"/>	T	<input type="checkbox"/>	Communications Test Design, Inc. 23-2015935	40,086.	41,431. 1,272.	PA
2	<input checked="" type="checkbox"/>	T	<input type="checkbox"/>	Communications Test Design, Inc. 23-2015935		40,086. 0.	DE
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2	41,431.	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	82,039.	
Withholding	1,272.	

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
2	<input type="checkbox"/>	T	23-2015935	151202-15 CHESTER TA	41,431.	414.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	41,431.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	414.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

	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	41,431.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	1,272.	_____

Total gross compensation to Form PA-40 line 1a	41,431.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.



DELAWARE 2023

DIVISION OF REVENUE FORM PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____ Amended Return
Must include page 3

Your Taxpayer ID
3 3 0 2 7 7 5 3 0

Spouse Taxpayer ID

Filing Status (Must check one)
 Form PIT-UND Attached **1. X** Single, Divorced, Widow(er) **3.** Married & Filing Separate Forms

Your First Name M.I. Last Name Suffix
 SOURISH M.I. MOTÉY
 Spouse First Name M.I. Last Name Suffix

Claimed as Dependant on someone else's return **2.** Joint **5.** Head of Household

Present Home Address (Number and Street) Apartment #
 30 GOLF VEIW DR A4
 City State Zip Code
 NEWARK DE 19702

Check if FULL-YEAR Non-Resident in 2023
 If you were a part-year resident in 2023, give the dates you resided in Delaware:
 07-01-2023 12-31-2023
 mm-dd-yyyy mm-dd-yyyy

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	FEDERAL COLUMN A	DELAWARE SOURCE INCOME/LOSS COLUMN B
1. WAGES, SALARIES, TIPS, ETC.	82039 .00	40086 .00
2. INTEREST	.00	.00
3. DIVIDENDS	.00	.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	.00	.00
5. ALIMONY RECEIVED	.00	.00
6. BUSINESS INCOME OR (LOSS) (See instructions)	.00	.00
7a. CAPITAL GAIN OR (LOSS)	.00	.00
7b. OTHER GAINS OR (LOSSES)	.00	.00
8. IRA DISTRIBUTIONS	.00	.00
9. TAXABLE PENSIONS AND ANNUITIES	.00	.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	0 .00	0 .00
11. FARM INCOME OR (LOSS)	.00	.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)	.00	.00
13. TAXABLE SOCIAL SECURITY BENEFITS	.00	.00
14. OTHER INCOME (State nature and source)	.00	.00
15. TOTAL INCOME - Add Line 1 through Line 14	82039 .00	40086 .00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)	0 .00	.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	82039 .00	40086 .00

SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	.00	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	.00	.00
20. TOTAL - Add Line 18 to Line 19	.00	.00
21. Add Line 17 to Line 20	82039 .00	40086 .00

SECTION C - SUBTRACTIONS

22. INTEREST RECEIVED ON U.S. OBLIGATIONS	.00	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) If your Spouse had a Military Pension If You had a Military Pension	.00	.00
24. DELAWARE STATE TAX REFUND	.00	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	.00	.00
26a. Taxable Social Security Benefits/Railroad	.00	.00
26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program	.00	.00
27. TOTAL Add Line 22 through Line 26b	.00	.00
28. Subtract Line 27 from Line 21	82039 .00	40086 .00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	.00	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A	40086 .00	40086 .00

30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B **30b.** 82039 .00

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to:
 Delaware Division of Revenue
 REV 01/15/24 PRO

REFUND (LINE 60) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711



DELAWARE 2023

DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS

31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	3582 .00
32.	ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34.	TOTAL - Add Line 31 through Line 33	34.	3582 .00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	3582 .00

SECTION E - CALCULATIONS

37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	82039 .00												
38.	If you elect the STANDARD DEDUCTION check here a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. <input checked="" type="checkbox"/> Enter amount from Line 36.	38.	3582 .00												
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.00												
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	3582 .00												
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	78457 .00												
42.	TAX LIABILITY COMPUTATION (See instructions)	42.	2034 .00												
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">A. Line 30a</td> <td style="width: 15%;">40086 .00</td> <td style="width: 10%; text-align: center;">PRORATION DECIMAL</td> <td style="width: 15%; text-align: center;">(See instructions)</td> <td style="width: 10%; text-align: center;">Tax Liability from Tax Rate Table/ Schedule Amount</td> <td style="width: 30%;"></td> </tr> <tr> <td>B. Line 30b</td> <td>82039 .00</td> <td>=</td> <td>0 . 4 8 8 6</td> <td>X</td> <td>4162 .00</td> </tr> </table>	A. Line 30a	40086 .00	PRORATION DECIMAL	(See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount		B. Line 30b	82039 .00	=	0 . 4 8 8 6	X	4162 .00		
A. Line 30a	40086 .00	PRORATION DECIMAL	(See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount											
B. Line 30b	82039 .00	=	0 . 4 8 8 6	X	4162 .00										
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 (x 0 . 4 8 8 6) and enter total here	43a.	54 .00												
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 (x) and enter total here	43b.	.00												
44.	TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00												
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00												
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	54 .00												
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	1980 .00												
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	809 .00												
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00												
50.	S CORP PAYMENTS (See instructions)	50.	.00												
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00												
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00												
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	809 .00												
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	1171 .00												
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	.00												
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 56.	.00												
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT	ENTER 57.	.00												
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	ENTER 58.	.00												
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58	PAY IN FULL 59.	1171 .00												
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED 60.	.00												

SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
CHECKING		
SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES NO

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

906-231-5628

@ EMAIL ADDRESS _____

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA 03/28/2024

PAID PREPARER SIGNATURE _____ DATE _____

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN P02082703 PHONE NO. 678-965-9522

@ EMAIL ADDRESS _____

SYAM@GTAXFILE.COM



DELAWARE 2023

DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN B

61. TOTAL REFUNDABLE CREDITS - From Line 53	61.		.00
62. AMOUNT PAID ON ORIGINAL RETURN	62.		.00
63. SUBTOTAL - Add Lines 61 and 62	63.		.00
64. REFUND RECEIVED (If any, see instructions)	64.		.00
65. Estimated tax carryover and/or Special Funds contributions as shown on original return	65.		.00
66. Subtract Line 64 and Line 65 from Line 63	66.		.00
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	69.		.00
70. PENALTIES AND INTEREST DUE	70.		.00
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70	71.	PAY IN FULL	.00
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68	72.	ZERO DUE/TO BE REFUNDED	.00

73. Is an amended Federal return being filed? **Yes** **No**

If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. Has the Delaware Division of Revenue advised you your original return is being audited? **Yes** **No**

75. Is this amended return being filed as a protective claim? **Yes** **No**

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 71)
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

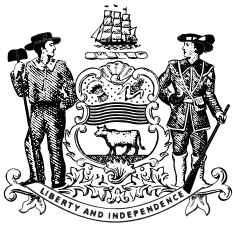
**NET REFUND (LINE 72)
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

**ALL OTHER RETURNS
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023
 DIVISION OF REVENUE F O R M
 PIT-NSA
NON-RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS



NAME(S)

TAXPAYER ID

SOURISH MOTEY

3 3 0 2 7 7 5 3 0

MEDICAL AND DENTAL EXPENSES

- 1. Medical and dental expenses .00
- 2. Enter amount from **Federal Form 1040**, Line 11 .00
- 3. **Multiply** Line 2 by 7.5% (0.075) .00
- 4. **Subtract** Line 3 from Line 1. If Line 3 is more than Line 1, enter 0. .00

TAXES YOU PAID

- 5. State and Local taxes
 - a. State and Local income taxes not claimed as a credit on Form PIT-NON (see instructions) 3582 .00
 - b. State and Local general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box. .00
 - c. State and Local real estate taxes 0 .00
 - d. State and Local personal property taxes 0 .00
 - e. **Add** Line 5a through Line 5d 3582 .00
 - f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately) 3582 .00
- 6. Other taxes. List type and amount: .00
- 7. **Add** Line 5f and Line 6 3582 .00

INTEREST YOU PAID

Caution:
 Your mortgage interest deduction may be limited.

- 8. Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.)
 - a. Home mortgage interest and points reported to you on **Federal Form 1098** .00
 - b. Home mortgage interest not reported to you on **Federal Form 1098** (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.) .00

GIFTS TO CHARITY

If you made a gift and got a benefit for it, see **Federal Schedule A** instructions.

- c. Points not reported to you on **Federal Form 1098** .00
- d. Reserved for future use
- e. **Add** Line 8a through Line 8c .00
- 9. Investment interest. Attach **Federal Form 4952**. .00
- 10. **Add** Line 8e and Line 9 .00

CASUALTY AND THEFT LOSSES

- 11. Gifts by cash or check. If you made any gift of \$250 or more, see instructions. .00
- 12. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach **Federal Form 8283** if over \$500. .00
- 13. Carryover from prior year .00
- 14. **Add** Line 11 through Line 13 .00

OTHER ITEMIZED DEDUCTIONS

- 15. Casualty and Theft Loss(es) from a Federally Declared Disaster (other than net qualified disaster losses). (Attach **Federal Form 4684** and enter the amount from Line 18 of **Federal Form 4684**.) .00
- Other deductions. See list in **Federal Schedule A** instructions. List type and amount:

TOTAL ITEMIZED DEDUCTIONS

- 16. 0 .00
- 17. **Add** Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. 3582 .00
- Enter amount from Line 17 on Form PIT-NON, Line 31 (see instructions)
- 18. If you elect to itemize deductions even though they are less than your standard deduction, check here.

Attach this form to your Delaware State tax return.

D-400 (50) 8-16-23

Individual Income Tax Return 2023

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR Use Only

For calendar year 2023, or fiscal year beginning 23 and ending... SOURISH MOTEY 30 GOLF VEIOW DR NEWARK DE 19702... Filing Status 1. Single [X] 2. Married Filing Jointly [] 3. Married Filing Separately [] 4. Head of Household [] 5. Qualifying Widow(er) []... Were you a resident of N.C. for the entire year? Yes [] No [X]... N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

MOTE 30 G 19702 DS N EA N TD SD FDEXT N

SOURISH MOTEY 330277530 DE 19702

30 GOLF VEIOW DR A4 NEWARK

06 82039 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 1867 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

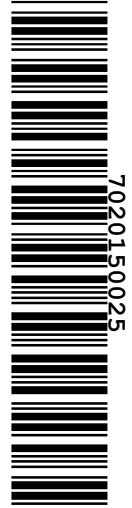
11 12750 21C 0 31 0

13 05114 21D 0 32 0

14 35434 26A 0 34 184

15 1683 26B 0

TN 9062315628 PN 6789659522 PP P02082703



Sign Return Below [X] Refund Due 184 [] Payment Due 0... I declare and certify 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. [] Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. Your Signature Date Spouse's Signature (If filing joint return, both must sign.) Date Contact Phone No. (Include area code) 9062315628 PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. SYAM PRIYA RAM SAGAR GUPT 03 28 24 (678) 965-9522 P02082703 Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code) Preparer's FEIN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	82039
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	82039
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.	0
	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.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	69289
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.5114
14.	N.C. Taxable Income	14.	35434
15.	N.C. Income Tax	15.	1683
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1683
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1683

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1867
20b.	Spouse's tax withheld	20b.	0

Other 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.	1867
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1867
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.	184

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	184

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule
North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **MOTey** Your Social Security Number **330277530**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

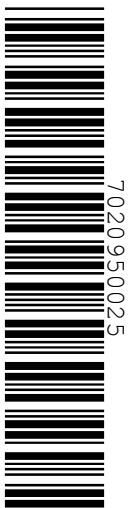
NRT N PYT Y 01 01 23 07 01 23 22 41953
NRS N PYS N 23 82039

Part A. Residency Status

Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
01 01 23	07 01 23		

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income	COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1. Wages, Salaries, Tips, Etc.	1. 82039	41953
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. 0	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 82039	41953
		
North Carolina Adjustments	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
17. Additions		
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0

Last Name (First 10 Characters) MOTEY	Your Social Security Number 330277530
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 82039	41953

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 41953
23. Enter the Amount From Column A, Line 21		23. 82039
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.5114