

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name PARAMJIT KAUR	Social security number 066-78-3331
Spouse's name CHARAN S MULTANI	Spouse's social security number 131-74-6055

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	41,413.
2 Total tax	2	1,223.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	70.
4 Amount you want refunded to you	4	
5 Amount you owe	5	1,169.

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

8	3	3	3	1
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	6	0	5	5
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial PARAMJIT	Last name KAUR	Your social security number 066 78 3331
If joint return, spouse's first name and middle initial CHARAN S	Last name MULTANI	Spouse's social security number 131 74 6055
Home address (number and street). If you have a P.O. box, see instructions. 147 ASHBY ROAD		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. UPPER DARBY	State PA	
Foreign country name	Foreign province/state/county	
Apt. no.		ZIP code 19082
Foreign postal code		

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

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

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

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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	36,021.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	36,021.
	2a Tax-exempt interest	2a	
3a Qualified dividends	3a		
4a IRA distributions	4a		
5a Pensions and annuities	5a		
6a Social security benefits	6a	13,523.	
b Taxable interest	2b		
b Ordinary dividends	3b		
b Taxable amount	4b		
b Taxable amount	5b		
b Taxable amount	6b	5,392.	
c If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>	

Standard Deduction
See *Standard Deduction Chart* on the last page of this form.

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	41,413.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	41,413.
12	Standard deduction or itemized deductions (from Schedule A)	12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	12,213.
Tax and Credits	16 Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____	16	1,223.
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	1,223.
	19 Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0-	22	1,223.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24 Add lines 22 and 23. This is your total tax	24	1,223.
Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	70.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	70.
	26 2023 estimated tax payments and amount applied from 2022 return	26	
	27 Earned income credit (EIC) No	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
	31 Amount from Schedule 3, line 15	31	
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33 Add lines 25d, 26, and 32. These are your total payments	33	70.

If you have a qualifying child, attach Sch. EIC.

Refund 34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																
Direct deposit? See instructions.	b Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X							
X	X	X	X	X	X	X	X	X	X									
	d Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td><td style="width: 15px; text-align: center;">X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																

Amount You Owe 37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,169.
38	Estimated tax penalty (see instructions)	38	16.

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

Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation DAYCARE TEACHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation RETIRED	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (267) 968-0687		Email address MULTANIC@YAHOO.COM	

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/02/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC			Phone no. (678) 965-9522	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's EIN	

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	1	\$15,700
	2	17,550
Married filing jointly	1	\$29,200
	2	30,700
	3	32,200
	4	33,700
Qualifying surviving spouse	1	\$29,200
	2	30,700
Head of household	1	\$22,650
	2	24,500
Married filing separately**	1	\$15,350
	2	16,850
	3	18,350
	4	19,850

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

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

066783331 131746055

KAUR

PARAMJIT Occupation DAYCARE TE

CHARAN S Occupation RETIRED

MULTANI

147 ASHBY ROAD

UPPER DARBY PA 19082

267-968-0687 23945

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

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.

1a	36021
1b	0
1c	36021
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	36021
10	0
11	36021

N



EC	OFFICIAL USE ONLY	FC

PA-40 - 2023

Social Security Number

066783331

Name(s) PARAMJIT KAUR

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

12 1106

13 Total PA Tax Withheld. See the instructions.

13 1105

14 Credit from your 2022 PA Income Tax return.

14 0

15 2023 Estimated Installment Payments. REV-459B included.

15 0

16 2023 Extension Payment.

16 0

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

17 0

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19a 00

19b Dependents, Section II, Line 2, PA Schedule SP

19b 00

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

20 0

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

22 0

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

23 0

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

24 1105

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

25 0

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

26 1

27 Penalties and Interest. See the instructions. Enter Code:

27 0

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

28 1

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

29 0

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

REFUND

30 0

31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.

32

33 Refund donation line. Enter the organization code and donation amount. See instructions.

33

34 Refund donation line. Enter the organization code and donation amount. See instructions.

34

35 Refund donation line. Enter the organization code and donation amount. See instructions.

35

36 Refund donation line. Enter the organization code and donation amount. See instructions.

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 040224

E-File Opt Out N

Firm FEIN

Preparer's PTIN

P02082703





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2023

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

Declaration Control Number/Submission ID

Table with 2 columns: Name (Primary/Secondary Taxpayer) and Social Security Number. Includes names PARAMJIT KAUR and CHARAN S MULTANI.

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

Table with 5 rows of tax return information: Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, Total payment (tax due).

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 83331 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER’S PIN Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 46055 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
PARAMJIT KAUR

Social Security Number
066-78-3331

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		UPENDO INC 47-1672892	28,743. 28,743.	28,743. 882.	PA
2		T		PRECISE POINT, INC 23-3080570	7,278. 7,278.	7,278. 223.	PA

	Taxpayer	Spouse
Pennsylvania W-2	36,021.	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	1,105.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	47-1672892	231303	28,743.		PA
2		T	23-3080570	LOCAL T	7,278.	73.	PA
2		T	23-3080570	LST	7,278.	44.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	43,299.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	117.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

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

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

Compensation from Federal Forms 1099R

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

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

Pennsylvania Distribution type:

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

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

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	36,021.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	1,105.	_____

Total gross compensation to Form PA-40 line 1a	36,021.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.