



RAMYA BURGULA 6672893280 BURG 708235529

44 W SPRUCE ST  
WASHINGTON PA 15301

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

**Amended Return:** Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

**Filing Status:**  Single  Married Filing Joint (Even if only one had income)  Married Filing Separate  Head of Household (Do not check if filing joint return)

**Residency Status:** Resident  NonResident (Complete Sch S, Part B)  PA State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012023 To 06302023

**Exemptions:** 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications)

1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
-----------------------------------------	--------------------------	--------------	-----

**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

<b>A.</b> Had a dependent child who lived with you all year and was under the age of 18 all of 2023?	<b>E.</b> Number of exemptions claimed
<b>B.</b> Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?	<b>F.</b> Number of dependents that are 18 years of age or older (born on or before January 1, 2006)
<b>C.</b> Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? If you answered NO to A, B, and C, <b>STOP HERE</b> , you do not qualify for this credit.	<b>G.</b> Total qualifying exemptions (subtract line F from line E)
<b>D.</b> If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0 If Line D is more than \$30,615 <b>STOP HERE</b> , you do not qualify for this credit.	<b>H.</b> Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0



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1. Federal adjusted gross income	60630	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	60630	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	577
7. Taxable income	54880	29. Underpayment	0
8. Tax	2670	30. Interest	0
9. Nonresident percentage	19.8664	31. Penalty	0
10. Nonresident tax	530	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	530	34. Overpayment	47
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	530	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	530	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	577	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. Kansas Historic Site Contribution Fund. Historic Site Number	0
22. Amount paid with Kansas extension	0	44. REFUND	47

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_  
Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703



RAMYA

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**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

**A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)**

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

0

A20. Contributions to an ABLÉ savings account

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition program

A23. Other subtractions from FAGI (enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

0

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

0





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**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	60630	12045
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> <b>(Lines B4 - B12)</b>		
B4. Refunds of state and local income taxes	0	
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 - B11)		12045

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions	
B14. Penalty on early withdrawal of savings	
B15. Alimony paid	
B16. Moving expenses for members of the armed forces	
B17. Other federal adjustments	
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	12045
B20. Net modifications from Part A that are applicable to Kansas source income	0
B21. Modified Kansas source income (Line B19 plus or minus line B20)	12045
B22. Kansas adjusted gross income (From line 3, Form K-40)	60630
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.	19.8664

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

708235529

BURGULA

RAMYA

Occupation SOFTWARE D

Occupation

44 W SPRUCE ST

WASHINGTON

PA 15301

667-289-3280

63880

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 070123 to 123123

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 WASHINGTON

- 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 and Amount. Rows include 1a (48586), 1b (0), 1c (48586), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (48586), 10 (0), 11 (48586).



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PA-40 - 2023

Social Security Number

708235529

Name(s) RAMYA BURGULA

- 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. N
- 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. N
  
- 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. **REFUND**
- 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									
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19a	00								
19b	00								
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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	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	021124

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703





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 for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

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.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 35529 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 enter my PIN \_\_\_\_\_ as my signature on my tax year 2023 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 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 \_\_\_\_\_ Date \_\_\_\_\_

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name  
RAMYA BURGULA

Social Security Number  
708-23-5529

**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 type="checkbox"/>	T	<input type="checkbox"/>	DATAFLAKE LLC 88-1356079	60,630.	48,586. 1,492.	PA
1	X	T	<input type="checkbox"/>	DATAFLAKE LLC 88-1356079		12,045. 0.	KS
	<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"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	48,586.	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 . . . . .	12,045.	
Withholding . . . . .	1,492.	

**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	<input type="checkbox"/>	T	88-1356079	63	48,586.	583.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	48,586.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Withholding . . . . .	583.	

**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:**

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

	<b>Taxpayer</b>	<b>Spouse</b>
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:**

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

	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a . . . . .	48,586.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	1,492.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	48,586.
----------------------------------------------------------	---------

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