PA-40 - 2023

Pennsylvania Income Tax Return

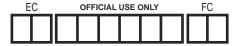
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

							N	Extension.	N	Amended Return.
86'	E J & P O E F	67049283	5					D :1 G	•	
U A 1	DUGAM						R	Residency State PA Resident/N		P art-Year Resident
VA	DUGAII							from		to
SWI	ETHA		Occupati	ion	SOFTWARE I	E	J	Single, Marrie	_	
C 4 1	NACED		Occupati	ion	SOFTWARE I	_		Married/Filing	g Separately	, F inal Return
2 A I	NDEEP		Occupan	ion	ZOLIMAKE I		N	Deceased		
CH:	ILUKA						••			
							N	Taxpayer Date	of Death	
							N	Spouse Date o	f Death	
700	COLONIAL (COURT					.,			
							N	Farmers.		
ME	CHANICSBURG		PA	Τ,	7050			School Distric	Name ME	CHANICSBURG
	313-83	L8-9179		2:	L650	'				
1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.						l	la		124214	
1b	Unreimbursed Emplo	waa Rusinass Ev	nencec					lb		
1c	Net Compensation. S	-	~	1a.				lo		124214
	•									
2	Interest Income. Con	anlata DA Cahadu	ıla A if ra	anira	d			2		_
3	Dividend and Capital	^		_		B if requi	red.	3		0 73
4	Net Income or Loss f				_	_		4		116369
5	Net Gain or Loss from	m the Sale, Excha	ange or D	ispos	ition of Property.			5		7750
6	Net Income or Loss i							6		0
7	Estate or Trust Incom	ne. Complete and	submit P	A Sch	nedule J.			7		
8	Gambling and Lotter		_							0
9	Total PA Taxable In	-	_					9		241776
	2, 3, 4, 5, 6, 7 and 8.	DO NOT ADD a	any losses	repo	rted on Lines 4, 5 or	r 6.				
10	Other Deductions.	Entar the annuar	riota codo	for th	na tuna of doduction		N	1 10]	
10	See the instructions				ic type of deduction		IN	"		u



11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1555 REV 02/24/24 PRO



11

241776

Social Security Number

869309863 Name(s) SWETHA VADUGAM

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).		12		7423
13	Total PA Tax Withheld. See the instructions.		13		3813
14	Credit from your 2022 PA Income Tax return.		14		0
15	2023 Estimated Installment Payments. REV-459B included.	- 1	15		0
	2023 Extension Payment.	- 1	16		0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	- 1	17		0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.		18		0
	Forgiveness Credit. Submit PA Schedule SP.				
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	- 1	19a	00	
	Dependents, Section II, Line 2, PA Schedule SP Total Elizability Income from Section III, Line 11, PA Schedule SP	- 1	19b	00	_
20 21	Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	- 1	57 50		0
21	Tax Forgiveness Credit from Section IV, Line 10, FA Schedule SF.		СЛ		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.	- 1	53		Ö
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	- 1	24		3813
25	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	- 1	25		0
26	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference	here.	5P		3670
27	Penalties and Interest. See the instructions. Enter Code:	- 1	27		142
	If including form REV-1630/REV-1630A, mark the box.				
28	TOTAL PAYMENT DUE. See the instructions.		28		3752
29	OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, er	nter	29		0
	the difference here.	- 1			
	The total of Lines 30 through 36 must equal Line 29.		70		_
30		EFUND	31 30		0
31	Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.		ПС		0
32	Refund donation line. Enter the organization code and donation amount. See instruction	ıs.	32		
33	Refund donation line. Enter the organization code and donation amount. See instruction		33		
34	Refund donation line. Enter the organization code and donation amount. See instruction	ıs.	34		
35	Refund donation line. Enter the organization code and donation amount. See instruction	ıs.	35		
36	Refund donation line. Enter the organization code and donation amount. See instruction	ıs.	36		
Sign	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.	L			
Youi	Signature Spouse's Signature, if filing jointly				
	arer's Name and Telephone Number Date	E-File Opt	Out	N	l
	AM PRIYA RAM SAGAR GUPTA 041424	D. DDAY	r	=	
77	\9L 59 522	Firm FEIN		Д	143171965

1555 REV 02/24/24 PRO

Page 2 of 2



P02082703

Preparer's PTIN

PA SCHEDULE B

Dividend Income

PA-40 B (EX) 09-23 (I) PA Department of Revenue

2023

OFFICIAL USE ONLY

Name (if filing jointly, use name shown first on the PA-40)

SWETHA VADUGAM

Social Security Number (shown first)

869-30-9863

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse, and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse, and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse, or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer Spouse Joint		
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 73
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$
Other reduction adjustments. See instructions. Description:	4.	\$
5. Add the amounts on Lines 2, 3, and 4.	5.	\$
6. Subtract Line 5 from Line 1.	6.	\$ 73
7. Total exempt-interest dividends. See instructions.	7.	\$
8. Other addition adjustments. See instructions. Description:	8.	\$
9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a		
b. Total payments of earnings and profits included in Line 9a received in prior years.9b		
c. Payments of earnings and profits included in Line 9a received in current year.	9c.	\$
10. Capital Gains Distributions - See instructions.	10.	\$
 Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	11.	\$
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10, and 11. Enter on Line 3 of your PA-40.	12.	\$ 73

1555 REV 02/24/24 PRO



PA-40 Schedule C - 2023

(04-23) Profit or Loss From Business or Profession (Sole Proprietorship)

670492835 CHILU	IKA SANDEEP	ı	Method of Inventory: C=Cost, L=Lower of cost or market, O=Other	٥
SZVM TECH LLC	SERV	ICE	Accounting Method: A=Accrual, C=Cash, O=Other	C
MV22 E0E2021EP	TECH LLC		Home office expenses deducted	N
			Business out of existence	N
700 COLONIAL COUR	? Т		Any change in determining quantities, costs or valuations	N
MECHANICSBURG	PA	17050		
1a. Gross receipts or sales1b. Returns and allowances1c. Balance	lA lB lC	78872 0 78872	2. Cost of goods sold/operations 3. Gross profit 4. Other Income (submit statement) 5. Total income 5 7503	30 0
 Advertising Amortization Bad debts from sales or services Bank charges Car and truck expenses Commissions Cost depletion not % depletion Regular depreciation Section 179 expense Dues and publications Other employee benefit programs 	6 7 8 9 10 11 12 13A 13B 14			0 0 52 60 0
16. Freight (not on Schedule C-1) 17. Insurance 18. Interest on business indebtedness 19. Laundry and cleaning 20. Legal and professional services 21. Management fees 22. Office supplies 23. Pension and profit-sharing plans	16 17 18 19 20 21 22 23	0 0 0	B CHILD CARE EXPEN B 303 C DUES SUBSCRIPTIO C D TRIPLE CROWN D 155 E FUEL EXPENSES E 25	48 75 99 36
24. Postage25. Rent on business property26. Repairs27. Subcontractor fees	24 25 26 27	0 1575 233 0	37. Total other expenses 38. Total expenses (add Lines 6 through 37) 39. Net profit or loss 37 408 309 409 409 409 409 409 409	85 05

Page 1 of 2 1555 REV 02/24/24 PRO



PA-40 Schedule C - 2023

Social Security Number 670492835

	Name	or owner	CHILUKA S	ANDEEP			
SCHEDULE	C-1 - Cos	st of Goods Solo	d and/or Operations				
1. Inventory	at beginning	of year (if different fr	rom last year's closing inv	entory, include explanation)		l	
2a. Purchases						2 A	3842
		n for personal use				2B	
		2b from Line 2a				5C	3842
Cost of lab	or (do not in	clude salary paid to y	ourself or subcontractor for	ees)		3	
4. Materials a						4	
5. Other costs						5	
6. Add Lines						<u> </u>	3842
7. Inventory						7	
8. Cost of go	ods sold and/	or operations (subtractions)	ct Line 7 from Line 6) Ent	er here and on Section I, Lin	ne 2	8	3842
		preciation (See I				7	_
	_	eciation (do not included in S				5 J	
			here and on Section II, Li	ne 13h		3	
J. Balance (s	abtract Line	2 Hom Eme 1). Emer	nere and on Section 11, El	ne 130		٦	
4. Other depr				Depreciation allowed or	Made defende		Danuaciation for
Description of	f property	Date acquired	Cost or other basis	allowable in prior years	Method of computing depreciation	Life or rate	Depreciation for this year
(a)		(b)	(c)	(d)	(e)	(f)	(ġ)
Buildings	4 A		0	0			
Furniture /fixtures	4B		0	0			
Trans. equipment	4 C		0	0			
Machinery	4 D						
Other							
(specify)			_	_			_
	4E		0	0			
	4F		0	0			
	46		0	0			
	4H 4I		0	0			
	41 4J		0	0			
	40		0	0			
	4K		0	0			Г
	4L		Ö	0			
	4 M		Ö	Ö			
	4 N		Ö	Ö			
	40		Ö	Ō			
	4P		0	Ö			
5. Totals			0			5	-
	on included i	n Schedule C-1	U			<u> </u>	
_			here and on Section II, Lin	ne 13a		7	

Page 2 of 2 1555 REV 02/24/24 PRO



PA-40 Schedule C - 2023

(04-23) Profit or Loss From Business or Profession (Sole Proprietorship)

670492835 CHILL	JKA ZANDEEF)		of Inventory: C=Cost, L=Lower market, O=Other	· C
SOFTWARE SERVICES	SERV	ICE	Accounting Method	: A=Accrual, C=Cash, O=Othe	r C
ZOFTU	JARE SERVIC	ES		Home office expenses deducted	IN.
			519200	Business out of existence	e N
700 COLONIAL COUR	₹T			Any change in determining quantities, costs or valuations	~ IU
MECHANICSBURG	PA	17050			
1a. Gross receipts or sales1b. Returns and allowances1c. Balance	lA lB lC	51744 0 51744	 Cost of goods sold/operations Gross profit Other Income (submit statement) Total income 	4	0 1744 0 1744
6. Advertising 7. Amortization 8. Bad debts from sales or services 9. Bank charges 10. Car and truck expenses 11. Commissions 12. Cost depletion not % depletion 13a. Regular depreciation 13b. Section 179 expense	6 7 8 9 10 11 12 13A 13B 14		28. Supplies (not included on Schedule C-1) 29. Taxes 30. Telephone 31. Travel and entertainment 32. Utilities 33. Wages 34. IDCs (1/3 current expensing) 35. IDCs (amortization) 36. Start-up costs (direct expense) 37. Other expenses (specify):	28 29 30 31 32 33 34 35	
 14. Dues and publications 15. Other employee benefit programs 16. Freight (not on Schedule C-1) 17. Insurance 18. Interest on business indebtedness 19. Laundry and cleaning 20. Legal and professional services 21. Management fees 	15 16 17 18 19 20	0	A BACK OFFICE OPER B C D E F G H	A B C D E F G H	0 0 0 0 0 0
 22. Office supplies 23. Pension and profit-sharing plans 24. Postage 25. Rent on business property 26. Repairs 27. Subcontractor fees 	22 23 24 25 26 27	0 0 0 0	J 37. Total other expenses 38. Total expenses (add Lines 6 through 37) 39. Net profit or loss	I J 37 38	0 0 0 0 1744

Page 1 of 2 1555 REV 02/24/24 PRO



PA-40 Schedule C - 2023

Social Security Number	670492835
------------------------	-----------

Name of owner CHILUKA SANDEEP

	TVallie (of Owner	CHILLING 21	ANDEEL			
SCHEDUL	.E C-1 - Cos	st of Goods Sold	l and/or Operations				
1. Inventory	at beginning	of year (if different fr	om last year's closing inve	entory, include explanation)		l	
2a. Purchase	S					2 A	Ī
2b. Cost of it	tems withdraw	n for personal use				2B	Ī
2c. Balance	(subtract Line	2b from Line 2a				2C	
3. Cost of la	abor (do not in	clude salary paid to y	ourself or subcontractor fe	ees)		3	Ī
4. Materials	and supplies					4	Г
5. Other cos	sts (include sch	hedule)				5	Ī
6. Add Line	es 1, 2c, 3, 4, a	nd 5				Ь	Ī
7. Inventory	y at end of year	r				7	
8. Cost of g	oods sold and/	or operations (subtraction)	et Line 7 from Line 6) Ent	er here and on Section I, Lir	ne 2	8	Ċ
		preciation (See I				7	
		eciation (do not includ				<u> </u>	
	_	reciation included in S		121		2	
3. Balance ((subtract Line	2 from Line 1). Enter	here and on Section II, Li	ne 13b		3	
4. Other dep		Date acquired	Cost or other basis	Depreciation allowed or	Method of computing	T :6	Depreciation for
(a		(b)	(c)	allowable in prior years (d)	depreciation (e)	(f)	this year (g)
Buildings	4 A		0	п			Г
Furniture /fixtures			0	0			
rans. equipment	4 C		<u> </u>	0			
/achinery	4 D		0	0			
Other	12		U	U			L
specify)							
1 7/	4E		0	п			r
	4F		0	0			
	4 <i>G</i>		0	0			
	4H		0	0			
	4I		0	0			
	4 J			0			
				<u> </u>			
	4K		0	0			[
	4L		0	0			
	4 M		0	0			
	4 N			0			
	40		0	0			
	4P		0	0			[
5. Totals			5			5	_
	tion included :	in Schedule C-1	0			<u> </u>	L
_			hara and an Castian II I	na 13n		7	L
7. Balance (sudiract Line	o from Line 3) Enter	here and on Section II, Lin	158 a		r	L

Page 2 of 2 1555 REV 02/24/24 PRO



Sale, Exchange or Disposition of Property

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

2023

OFFICIAL USE ONLY

	If you need m	ore space, you m	ay photocopy.		
Name of the taxpayer filing this schedule SWETHA VADUGAM				Social Security 869-30-	Number (shown first) -9863
Taxpayer		Spouse	Joint C	\supset	
Important: A taxpayer and spouse must comple 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale of sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible p	te separate sched and losses were on the schedule a jointly owned pro instructions. Ente from Federal Sche	ules to report their realized on a joir re from the taxpay perty that is not re- er all sales, exchar edule D may not be	nt basis, one schedu ver, spouse or joint. O ported on a joint PAS nges or other dispositi pe correct for PA inco	le may be completed to be spouse may not schedule D, each mutions of real or personates. Note that the second control of the second	ed. Complete the oval to use a loss to reduce the st show their share of the hal tangible and intangible
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.Robinhood Crypto LLC	01/01/23	12/31/23	1.	2.	Loss 1.
					LOSS LOSS LOSS LOSS LOSS LOSS LOSS LOSS
					LOSS
Net gain (loss) from above sales. Gain from installment sales from PA Schedule E Taxable distributions from C corporations. Net gain (loss) from the sale of 6-1-71 property 6. Net PA S corporation and partnership gain (loss) Taxable gain from selling a principal residence. Com	0-1Enter totalMinus adj from PA Schedule E) from your PA Sche	distribution usted basis 0-71.	K-1	= 4. Loss 5. Loss 6.	agin on Line 7
(a)	(b)	(c)	(d)	(e)	(f)
Address of residence	Date acquire Month/day/y	ed: Date sold:	Gross sales price less expenses of sale	Cost or adjusted basis of the property sold	Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal reside If you realized a gain/loss on the sale of the nonre					
8. Taxable distributions from partnerships from RE	V-999			8.	
9. Taxable distributions from PA S corporations fro	m REV-998			9.	
10. Taxable gain from exchange of insurance contra	acts		· · · · · · · · · · · · · · · · · · ·	10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ugh 10. Enter on Lir	ne 5 of your PA-40. (If a net loss, fill in the o	val) Loss 11.	1.
					

1555 REV 02/24/24 PRO



PA SCHEDULE D

Sale, Exchange or Disposition of Property

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

2023

OFFICIAL USE ONLY

	If you need m	ore space, you m	ay photocopy.		
Name of the taxpayer filing this schedule SANDEEP CHILUKA				Social Security 670-49-	Number (shown first) - 2835
Taxpayer		Spouse (Joint C	\supset	
Important: A taxpayer and spouse must comple 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale of sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible p	te separate sched and losses were on the schedule a fjointly owned pro instructions. Ente from Federal Sch	lules to report theile realized on a joing in the taxpay perty that is not reall sales, exchargedule D may not leading their sales.	nt basis, one schedu yer, spouse or joint. O ported on a joint PA S nges or other dispositi pe correct for PA inco	le may be completed to be spouse may not schedule D, each mutions of real or personates. Note that the second contract of the second cont	ed. Complete the oval to use a loss to reduce the st show their share of the all tangible and intangible
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.COINBASE	01/01/23	12/31/23	1,085.	0.	loss 1,085.
Robinhood Crypto LLC		12/31/23		1.	LOSS 0.
COINBASE	01/01/22	12/31/23	35.	0.	LOSS 35.
					LOSS
2. Not agin (loss) from shour sales		<u> </u>		LOSS 2.	1,120.
 Net gain (loss) from above sales. Gain from installment sales from PA Schedule I 					1,120.
Taxable distributions from C corporations					
•				= 4.	
5. Net gain (loss) from the sale of 6-1-71 property	•				
6. Net PA S corporation and partnership gain (loss					
Taxable gain from selling a principal residence. Com					gain on Line 7.
(a) Address of residence	(b) Date acquir Month/day/y		(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal reside If you realized a gain/loss on the sale of the nonre					
8. Taxable distributions from partnerships from RE	V-999			8.	
9. Taxable distributions from PA S corporations fro					
10. Taxable gain from exchange of insurance contra	acts	<u></u>		10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ough 10. Enter on Lir	ne 5 of your PA-40.	If a net loss, fill in the o	val) LOSS 11.	1,120.

1555 REV 02/24/24 PRO



REV-1630 - 2023 Underpayment of Estimated Tax By Individuals (11–23) PA Department of Revenue

SWETHA VADUGAM & SANDEEP CHILUKA

869309863

BEFORE YOU BEGIN: Did you qualify for 100 percent tax forgiveness in 2022? If yes, stop here. You do not owe an estimated underpayment penalty and are not required to complete this form or include it with your return. If no, continue to see if you qualify for any of the exceptions.

SECTION I – CALCULATING THE UNDERPAYMENT

1b. 2. 3.	2023 Tax Liability from Line 12 of Form PA-40. Multiply the amount on Line 1a by 0.90. Add the amounts reported on Lines 13, 17, 21, 22 and 23 of Form PA-4. Subtract Line 2 from Line 1a. If result is less than \$246, stop here. Subtract Line 2 from Line 1b.	40.			7423 6681 3813 3610 2868
E	STIMATED PAYMENT DUE DATES - Fiscal filers see instructions.	. a April 17, 2023	b June 15, 2023	c Sept. 15, 2023	d Jan. 16, 2024
5.	Divide Line 4 by the number of payments required for the year (usually four). Enter the result in the appropriate columns.	717	717	717	717
6.	Estimated tax paid including carryover credit from previous tax year. See instructions.	0	0	0	0
7.	Overpayment (from Line 10) from a previous period. See instructions		0	0	0
8.	Add Lines 6 and 7.	П	П	О	О
9.	Underpayment. Subtract Line 8 from Line 5. If Columns a through d are all zero, stop here. No penalty is due.	717	717	717	717
10.	Overpayment, Subtract Line 5 from Line 8. If Columns	0	0	0	0

SECTION II – EXCEPTIONS TO INTEREST

a through d all show an overpayment, stop here.

No penalty is due.

You will not have to pay interest on the underpayment if the tax payments you made as shown in Section II, Line 11 were paid on time and the amount shown on Section II, Line 11 is equal to or more than the amount in Section II, Line 12 or Line 13, for the same payment period. This exception does not apply if you did not file a return for the prior year or if the prior year's return was filed as a part-year resident.

EXCEPTION 1 WORKSHEET – Section II, Line 11 Calculation	a April 17, 2023	b June 15, 2023 Sept	c t. 15, 2023 Jar	d n. 16, 2024
A. Divide the amount reported in Section I, Line 2 by 4. Enter the amount in each of the four columns.	0	0	0	0
B. Enter the estimated payments reported in Section I, Line 6. Enter the payments under the installment period in which they were paid.	0	0	0	0
C. Add Lines A and B under each column.	0	0	0	0
11. Enter the amounts listed on Exception 1 Worksheet, Line C. For Column a this is the amount from Line C above. For Column b add the amounts of Columns a and b from Line C; for Column c add the amounts from Columns a, b and c; and for Column d add the amounts from Columns a, b, c and d.	0	0	0	0
12. Exception 1 – Tax on 2022 income using 2023 tax rate. See instructions.	0	0	0	0

If the amount on Line 11 is equal to or greater than Line 12, you do not owe penalty for that quarter and you should place an X in the applicable box on Line 14a or 14b for that quarter.

1555 REV 02/24/24 PRO

Page 1 of 2



REV-1630 - 2023 Underpayment of Estimated Tax By Individuals (11–23) PA Department of Revenue

SECTION II - EXCEPTIONS TO INTEREST cont.

EXCEPTION 2 WORKSHEET – Use this worksheet if your income was earned unevenly throughout 2023 and your 2023 estimated tax payments, tax withholdings and credits equal at least 90 percent of the tax on your taxable income for the periods.

EXCEPTION 2 WORKSHEET - Section II, Line 13 Calculation

		01/01/23 - 03/31/23	01/01/23 - 05/31/23	01/01/23 - 08/31/23	01/01/23 - 12/31/23
B. M	nter your actual taxable income for the period. fultiply Line A by 3.07 percent (0.0307). fultiply Line A by 3.07 percent (0.0307).	0	0	0	0
fiv	exception 2 - Tax on 2023 income over three, we, eight and 12 month periods. Enter 90 percent Exception 2 Line B.	0	0	0	0

If the amount on Line 11 is equal to or greater than Line 13, you do not owe penalty for that payment period and you should place an X in the applicable box on Line 14a or 14b for that quarter.

SECTION III - CALCULATING INTEREST

COMPLETE LINES 15 THROUGH 16 IF NONE OF THE EXCEPTIONS APPLY. DO NOT USE FEDERAL CALCULATIONS.

9. Enter the amounts from Section I, Line 9.	717	717	717	717
14a. Number of days after due date of estimated payment to and including date of annual payment or Dec. 31, 2023, whichever is earlier. If Dec. 31 is earlier, enter 258, 199 and 107 respectively.	258	199	107	
14b. Number of days after due date of estimated payment to and including date of annual payment or April 15, 2024, whichever is earlier. If April 15 is earlier, enter 90.				90
14c. Number of days after Dec. 31, 2023 to and including date of annual payment or April 15, 2024, whichever is earlier. If April 15 is earlier, enter 106 in each column.	106	706	706	
15a. Number of days on Line 14a times 0.000192 times underpayment on Line 9.	35	27	15	
15b. Number of days on Line 14b times 0.000219 times underpayment on Line 9.				14
15c. Number of days on Line 14c times 0.000219 times underpayment on Line 9.	17	17	17	
16. Interest. Add amounts on Lines 15a, b and c. Include on Line 27 of Form PA-40.				142

SPECIAL EXCEPTION INFORMATION

Please enter the following information to verify the correct application of the special exceptions rule:

- A. Enter the amount of your 2022 PA Tax Liability (Line 12 from your 2022 PA-40 tax return), less the amounts from Lines 13, 17, 22 and 23 from your 2022 PA-40 tax return.
- B. Did you make estimated payments beginning in the period in which it became known that your income not subject to tax exceeded \$8,000?

If the amount for Line A is \$246 or greater, or if you answer "No" to Line B, you do not qualify for the special exception. To be eligible for the special exception, you must also make estimated payments beginning in the period in which it becomes known that income not subject to withholding will exceed \$8,000. See the instructions for "DETERMINING THE UNDERPAYMENT AMOUNT ON WHICH THE ADDITION OF INTEREST MAY BE ASSESSED" on Page 4 for additional information.

Filing Tins

The department calculates the following using two decimal places:

- Line 1b and Lines 4 through 10 of Section I;
- Lines A, B, C and 11 of Exception 1 of Section II;
- Line 13 of Exception 2 of Section II; and
 Lines 14a through 16 of Section III

Rounding to whole dollars is utilized only on the following:

- Lines 1a, 2 and 3 of Section I;
- · Line 12 of Exception 1 of Section II; and
- Lines A and B of Exception 2 of Section III.

FOR ADDITIONAL INFORMATION, PLEASE SEE THE "EXAMPLE OF INTEREST CALCULATION" ON THE LAST PAGE OF THE INSTRUCTIONS

1555 REV 02/24/24 PRO

Page 2 of 2



2309818991

N

0



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

MECHANICSBURG

You are entitled to receive a written e	explanation o	f your rights with rega	ard to the audit	, appeal, enforcement, r	efund and collection of lo	ocal taxes. Co			
*If you have relocated during the tax year, please s	upply additio	nal information.				Tax	x Year 23		
DATES LIVING AT EACH ADDRESS	STREET	ADDRESS (No PC	D Box, RD or	RR)	CITY OR POST OFFI	CE	STATE	ZIP	
ТО									
ТО									
								ase see back of fo	orm.
LAST NAME, FIRST NAME, MIDDLE INITIAL VADUGAM, SWETHA					ME, FIRST NAME, MIDI	DLE INITIAL			
STREET ADDRESS (No PO Box, RD or RR)				CHILUKA, SAN	IDEEL				
700 COLONIAL COURT									
SECOND LINE OF ADDRESS									
CITY					STATE	ZIP CODE			
MECHANICSBURG					PA	17050			
DAYTIME PHONE NUMBER		RESIDENT PSD (EXTENSION	AMENDED R	ETURN	NON-F	RESIDENT	
		2 1 0 6	0 1						
The calculations reported in the first colum	n MUST p	ertain to the name	printed		Security #	Spo	ouse's Socia	al Security #	_
in the column, regardless of whether t	he husban	d or wife appears f	•	8 6 9 3	0 9 8 6 3	6 7	0 4 9	2 8 3 5	5
Combining income is	NOI pern	nitted.		If you had NO E	If you had NO EARNED INCOME, check the reason why:			ΛE,	
ONLY USE BLACK OR BLUE IN	к то соі	MPLETE THIS I	FORM	disabled	student	disab		student	t
				deceased	military	dece		military	
Single X Married, Filing Jointly Married	arried, Filing	Separately Fir	nal Return*	homemaker unemployed	retired		emaker nployed	retired	
Gross Compensation as Reported on	W-2(s). (E	nclose W-2s)			124214 .00			0	.00
Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)			0.00				0	.00	
3. Other Taxable Earned Income *				0.00			0	.00	
4. Total Taxable Earned Income (Subtra	ct Line 2 fro	m Line 1 and add Li	ine 3)	124214 .00			0	.00	
Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this					0 .00			116369	.00
6. Net Loss (Enclose PA Schedules*)					0 .00			0	.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)				116369.00					
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)				116369.00					
9. Total Tax Liability (Line 8 multiplied by 1.7000)				1978.00					
10. Total Local Earned Income Tax Withhe	eld (May no	t equal W-2 - See Ir	nstructions)		000				
11.Quarterly Estimated Payments/Credit I	From Prev	ious Tax Year			000				
12. Out-of-State or Philadelphia Credits (include supporting documentation)				000					
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)				0.00					
14. Refund IF MORE THAN \$1.00, enter	amount (or select option in 1	5)	0 .00				0	.00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)			0.00		0.00				
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)			0 .00		1978	.00			
17. Penalty after April 15* (multiply Line 16 by			0 .00		0	.00			
18. Interest after April 15* (multiply Line 16 by)			0 .00				.00		
19. TOTAL PAYMENT DUE (Add Lines 16,	17, and 18)				0 .00			1978	.00
*See Instructions			02/24/24 PRO						—
					ition, including all accor ie, correct and complete				
YOUR SIGNATURE			SPOUSE'S	SIGNATURE (If Filing J	lointly)		DATE (MM/DD/YYYY)	\neg
PREPARER'S PRINTED NAME & SIGNATURE SYAM PRIYA RAM SAGAR GUP			1			PHONE NUI (678)9	MBER 65-9522]	\neg



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

PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2023

Declaration Control Number/Submission ID	
Primary Taxpayer's Name SWETHA VADUGAM	Social Security Number 869-30-9863
Secondary Taxpayer's Name SANDEEP CHILUKA	Social Security Number 670-49-2835
SECTION I TAX RETURN INFORMATION – TAX YEAR EN	DING DEC. 31, 2023 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	111
2. PA tax liability (Form PA-40, Line 12)	2 7,423
3. Total PA tax withheld (Form PA-40, Line 13)	
4. Amount to be refunded (Form PA-40, Line 30)	
5. Total payment (tax due) (Form PA-40, Line 28)	5
SECTION II DECLARATION AND SIGNATURE AUTHORIZA	TION OF TAXPAYER
software and to the transmission of my tax return electronically to the PA Departhe amounts shown on the copy of my electronic income tax return. If applical agents to initiate an electronic funds withdrawal (direct debit) entry to my desi institution to debit the entry to my account and the financial institutions involved information necessary to answer inquiries and resolve issues related to payme the United States or one of its territories. I have selected a personal identifical applicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark authorize GLOBAL TAXES LLC to enter electronically filed income tax return.	ole, I authorize the PA Department of Revenue and its designated financial gnated account for Pennsylvania taxes owed. I also authorize my financial I in the processing of my electronic payment of taxes to receive confidential nt. I certify the funds for this withdraw are originating from an account within ation number as my signature for my electronic income tax return and, if
I will enter my PIN as my signature on my tax year 2023 electronically fi	led income tax return.
Signature	Date
SECONDARY TAXPAYER'S PIN Mark one oval only. X I authorize GLOBAL TAXES LLC to enterest electronically filed income tax return. I will enter my PIN as my signature on my tax year 2023 electronically filed.	er my PIN92835_ as my signature on my tax year 2023 led income tax return.
Signature	Date
SECTION III CERTIFICATION AND AUTHENTICATION – PR	ACTITIONER PIN PROGRAM PARTICIPANTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-select	ted PIN222496_ / 08271
As a participant in the Practitioner PIN Program, I certify the above numeric en income tax return for the taxpayer(s) indicated above. I confirm I am participa established for this program.	
ERO's Signature	Date

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

Social Security Number Name 869-30-9863 SWETHA VADUGAM Federal Forms W-2 # TS Ν Employer Federal Pennsylvania ST ID of Ν R Name wages (state) W2 Τ from box 1 compensation from box 16 Т (See Tax Help) Χ Pennsylvania В (state) Employer identification income tax Medicare number from tax withheld wages box B from box 5 from box 17 124,214. THOUGHT BYTE INC 124,214. PA20-0753999 124,214. 3,813. **Taxpayer Spouse** 124,214. 0. Federal Form 4137, Unreported Tips, line 6 Noncash tips.......... 3,813. Federal Forms W-2: Local Tax TS ST # Employer Locality name Local wages, Local income identification tips, etc. ID of tax W2 number from (local) (local) box B from box 18 from box 19 1 20-0753999 210601 124,214. 2,112. PΑ **Taxpayer Spouse** 124,214. Withholding 2,112. **Excess Reimbursements** T/S Description Employer's EIN Amount

Excess Reimbursements	Taxpayer	Spouse
Excess Remissionners Control C		

869-30-9863 SWETHA VADUGAM Page 2 Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements PA Taxable PA Tax Fed. Payer Name Payer EIN T/S Code Withheld Income Comp. Pennsylvania Payment type: Executor fee Other nonemployee compensation. В Jury duty pay Describe: C Director's fee ı Employer sponsored retirement/pension/deferred compensation plan Expert witness fee Distribution from IRA (Traditional or Roth) Distribution from Life Insurance, Annuity or Endowment Contracts Ε Honorarium Covenant not to compete Distribution from Charitable Gift Annuities Damages or settlement for Distribution from Employee Stock Ownership Plan. M lost wages, other than Describe: Fiduciary fees from a trust personal injury Other income not listed above Describe: **Taxpayer Spouse** Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Compensation from Federal Forms 1099R Payer's EIN Gross PA Tax Payer's Name S # Distribution Basis PA Taxable Withheld Type * Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only. Pennsylvania Distribution type: I'm not eligible yet; plan is eligible in PATraditional or Roth IRA; I'm over 59.5 N No entry **I31** PA school, state, or municipal employee plan **I11** United Mine Workers pension J2 Traditional or Roth IRA: I'm under 59.5 **I32** Military pension **K2** Non-qualified deferred compensation plan 133 U.S. Civil service retirement/disability/annuity K3 Life insurance or endowment Annuity or Non-civil service disability Distribution from Charitable Gift Annuities (including Qual Joint Survivorship Annuity) ESOP: Allocated ESOP Stock Dividend М1 M2 ESOP: Non-Allocated ESOP Stock DividendM3 KSOP: Taxable ESOP within a 401(k) Early distribution from a retirement plan **I21 I12** Rollover M4 KSOP: Nontaxable ESOP within a 401(k) 113 I'm eligible; plan is eligible (no PA tax) **Spouse Taxpayer** Distribution from Life Insurance, Annuity, Endowment Contracts or. . ineligible retirement plans (see Tax Help FAQ's for more info) . . Compensation from Form 1099R (eligible retirement plans) **Total Gross Compensation Taxpayer** Spouse Total gross compensation to Form PA-40 line 1a...... 0. 124,214. Total Schedule NRH gross compensation to PA-40, line 12 3,813. 124,214. * Enter an 'X' if this income is **Not** subject to Pennsylvania tax.