



# 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  
1 1 1 1 1 0 8 9 7

Spouse Taxpayer ID

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

Your First Name M.I. Last Name Suffix  
 PRANAV SAI REDDY GUDIPALLY  
 Spouse First Name M.I. Last Name Suffix

2.  Joint 5.  Head of Household

Present Home Address (Number and Street) Apartment #  
 12206 ELAM DR  
 City State Zip Code  
 GLEN MILLS PA 19342

Check if FULL-YEAR Non-Resident in 2023  
 If you were a part-year resident in 2023, give the dates you resided in Delaware:  
 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.  | 93466.00         | 93466.00                             |
| 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)  | 2049.00          | 0.00                                 |
| 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   | 95515.00         | 93466.00                             |
| 16. TOTAL FEDERAL ADJUSTMENTS (See instructions)                                      | 0.00             | .00                                  |
| 17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15 | 95515.00         | 93466.00                             |

**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  | 95515.00 | 93466.00 |

**SECTION C - SUBTRACTIONS**

|  |          |          |
|--|----------|----------|
| 22. INTEREST RECEIVED ON U.S. OBLIGATIONS  | .00      | .00      |
| 23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)<br>If your Spouse had a Military Pension If You had a Military Pension | .00      | .00      |
| 24. DELAWARE STATE TAX REFUND  | 0.00     | .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   | 0.00     | .00      |
| 28. Subtract Line 27 from Line 21  | 95515.00 | 93466.00 |
| 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                                      | 93466.00 | 93466.00 |

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. 95515.00

**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 F O R M PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



### SECTION D - DEDUCTIONS

|  |     |     |
|--|-----|-----|
| 31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions) | 31. | .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. | .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. | .00 |

### SECTION E - CALCULATIONS

|   |   |   |
|---|---|---|
| 37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here  | 37.                                     | 95515 .00   |
| 38. If you elect the STANDARD DEDUCTION check here <b>a.</b> <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500;<br>If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> Enter amount from Line 36. | 38.                                     | 3250 .00  |
| 39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions)<br>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.                                     | 3250 .00  |
| 41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount  | 41.                                     | 92265 .00   |
| 42. TAX LIABILITY COMPUTATION (See instructions)  | 42.                                     | 4964 .00  |
| A. Line 30a 93466 .00   | PRORATION DECIMAL<br>(See instructions) | Tax Liability from Tax Rate Table/<br>Schedule Amount |
| B. Line 30b 95515 .00   | = 0 . 9 7 8 5 X                         | 5073 .00  |
| 43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110<br>Multiply this amount by the proration decimal on Line 42 ( x 0 . 9 7 8 5 ) and enter total here                              | 43a.                                    | 108 .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 =<br>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.                                     | 108 .00   |
| 47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.   | 47.                                     | 4856 .00  |
| 48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)   | 48.                                     | 4936 .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.                                     | 4936 .00  |
| 54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.   | 54.                                     | .00   |
| 55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.   | 55.                                     | 80 .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.                         | .00   |
| 60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55   | ZERO DUE/TO BE REFUNDED 60.             | 80 .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          |
| <input checked="" type="checkbox"/> CHECKING SAVINGS | 0 1 1 0 0 0 1 3 8 | 0 0 4 6 6 9 8 2 5 9 6 5 |

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 BEFORE 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 857-272-6732

@ EMAIL ADDRESS \_\_\_\_\_

#### PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2024

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

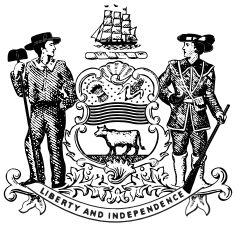
CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN 843171965 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. <b>TOTAL REFUNDABLE CREDITS</b> - From Line 53  | 61. |                                | .00 |
| 62. <b>AMOUNT PAID ON ORIGINAL RETURN</b>   | 62. |                                | .00 |
| 63. <b>SUBTOTAL</b> - Add Lines 61 and 62   | 63. |                                | .00 |
| 64. <b>REFUND RECEIVED</b> (If any, see instructions)   | 64. |                                | .00 |
| 65. <b>Estimated tax carryover and/or Special Funds contributions</b> as shown on original return         | 65. |                                | .00 |
| 66. <b>Subtract</b> Line 64 and Line 65 from Line 63  | 66. |                                | .00 |
| 67. <b>BALANCE DUE</b> - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here | 67. |                                | .00 |
| 68. <b>OVERPAYMENT</b> - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here | 68. |                                | .00 |
| 69. <b>AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See Instructions)               | 69. |                                | .00 |
| 70. <b>PENALTIES AND INTEREST DUE</b>   | 70. |                                | .00 |
| 71. <b>NET BALANCE DUE</b> - Add Line 67 and Line 69 to Line 70   | 71. | <b>PAY IN FULL</b>             | .00 |
| 72. <b>NET REFUND</b> - Subtract Line 69 and Line 70 from Line 68   | 72. | <b>ZERO DUE/TO BE REFUNDED</b> | .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 FORM  
PIT-NNS

## DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

PRANAV SAI REDDY

GUDIPALLY

1 1 1 1 1 0 8 9 7

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

|    |  |    |     |
|----|--|----|-----|
| 1. | Tax imposed by State of (Enter 2 character state name)   | 1. | .00 |
| 2. | Tax imposed by State of (Enter 2 character state name)   | 2. | .00 |
| 3. | Tax imposed by State of (Enter 2 character state name)   | 3. | .00 |
| 4. | Tax imposed by State of (Enter 2 character state name)   | 4. | .00 |
| 5. | Tax imposed by State of (Enter 2 character state name)   | 5. | .00 |
| 6. | Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return. | 6. | .00 |

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

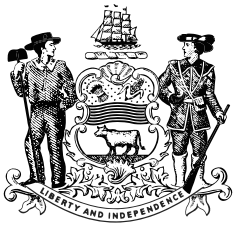
### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

|    |   |                                    |                                      |
|----|---|------------------------------------|--------------------------------------|
| 7. | A. Non-Game Wildlife .00  | H. DE National Guard .00           | O. Senior Trust Fund .00             |
|    | B. Beau Biden Fund .00  | I. Juvenile Diabetes Fund .00      | P. Veterans Trust Fund .00           |
|    | C. Emergency Housing .00  | J. Multiple Sclerosis Soc. .00     | Q. Protect DE's Child Fund .00       |
|    | D. Breast Cancer Edu. .00   | K. Ovarian Cancer Fndn .00         | R. Food Bank of DE .00               |
|    | E. Organ Donations .00  | L. <i>Intentionally left blank</i> | S. DE Hab For Humanity .00           |
|    | F. Diabetes Education .00   | M. White Clay Creek .00            | T. B+ Childhood Cancer .00           |
|    | G. Veterans Home .00  | N. Home of the Brave .00           | U. Combined Campaign for Justice .00 |
| 8. | Enter the total Contribution amount here and on Form PIT-NON, Line 56 |                                    | 8. .00                               |

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



**DELAWARE** 2023  
 DIVISION OF REVENUE F O R M  
 PIT-NNS  
**DELAWARE NON-RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

|   | TYPE   | EMPLOYER NAME         | EMPLOYER TAXPAYER ID | STATE | STATE WAGES | STATE WITHHOLDING | TAXPAYER OR SPOUSE |
|---|--------|-----------------------|----------------------|-------|-------------|-------------------|--------------------|
| X | W-2    | BARCLAYS SERVICES LLC | 510407971            | DE    | 93466       | 4936              | X Taxpayer         |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |
|   | W-2    |                       |                      |       |             |                   | Taxpayer           |
|   | 1099-R |                       |                      |       |             |                   | Spouse             |

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

| S CORPORATION FEIN | NAME OF S CORPORATION | PAYEE ID | AMOUNT OF ESTIMATED PAYMENT |
|--------------------|-----------------------|----------|-----------------------------|
|--------------------|-----------------------|----------|-----------------------------|



MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-15-24  
FISCAL FILER ONLY

111-11-0897 GU

DECLARATION OF EST TAX PAYMENT AMOUNT

GUDIPALLY  
PRANAV SAI R

\$ 2932.00 \$ 733.00

12206 ELAM DR  
GLEN MILLS  
PA  
19342 857-272-6732

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-17-24  
FISCAL FILER ONLY

111-11-0897 GU

DECLARATION OF EST TAX PAYMENT AMOUNT

GUDIPALLY  
PRANAV SAI R

\$ 2932.00 \$ 733.00

12206 ELAM DR  
GLEN MILLS  
PA  
19342 857-272-6732

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-16-24  
FISCAL FILER ONLY

111-11-0897 GU

DECLARATION OF EST TAX PAYMENT AMOUNT

GUDIPALLY  
PRANAV SAI R

\$ 2932.00 \$ 733.00

12206 ELAM DR  
GLEN MILLS  
PA  
19342 857-272-6732

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue  
2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER



MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-15-25  
FISCAL FILER ONLY

111-11-0897 GU

DECLARATION OF EST TAX PAYMENT AMOUNT

GUDIPALLY  
PRANAV SAI R

\$ 2932.00 \$ 733.00

12206 ELAM DR  
GLEN MILLS  
PA  
19342 857-272-6732

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:

PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
'2023 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2023 PA-40 V PA PAYMENT VOUCHER

1555  
REV 02/24/24 PRO

111-11-0897 GU

2300917792

PAYMENT AMOUNT

GUDIPALLY  
PRANAV SAI R

857-272-6732

\$ 63.00

12206 ELAM DR  
GLEN MILLS  
PA  
19342

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

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

111110897

GUDIPALLY

PRANAV SAI REDD

Occupation DATA ANALY

Occupation

12206 ELAM DR

GLEN MILLS

PA 19342

857-272-6732

23410

N Extension. N Amended Return.

R 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 GARNET VALLEY

- 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 93466

1b 0

1c 93466

2 0

3 0

4 0

5 2049

6 0

7 0

8 0

9 95515

10 0

11 95515



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2023

Social Security Number

111110897 Name(s) PRANAV SAT REDDY GUDIPALLY

- 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  |    | 2932 |
| 13  |    | 0    |
| 14  |    | 0    |
| 15  |    | 0    |
| 16  |    | 0    |
| 17  |    | 0    |
| 18  |    | 0    |
| 19a | 00 |      |
| 19b | 00 |      |
| 20  |    | 0    |
| 21  |    | 0    |
| 22  |    | 2869 |
| 23  |    | 0    |
| 24  |    | 2869 |
| 25  |    | 0    |
| 26  |    | 63   |
| 27  |    | 0    |
| 28  |    | 63   |
| 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            |  | Date                                  |  |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM<br>6789659522 |  | 030124                                |  |

E-File Opt Out Y

Firm FEIN 843171965

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: **PRANAV SAI REDDY GUDIPALLY** Social Security Number (shown first) or EIN: **111-11-0897**

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 FLAT NO.207,NORTHSTAR DISTRICT | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | FLAT NO.207,NORTHSTAR DIST<br>ONE APTS,NANAKRAMGUDA, HYDERABAD,TELANGANA, 500032 |
| B    |                                  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            |  |
| C    |                                  | YES <input type="checkbox"/><br>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   |
|--|---|--|--|
| <b>Line a:</b> 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 |
| <b>Line b:</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                         |
| <b>Line c:</b> 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                         |
| <b>Income:</b> 1. Rent received  | 640   |  |  |
| 2. Royalties received  |   |  |  |
| <b>Expenses:</b> 3. Advertising  |   |  |  |
| 4. Automobile and travel   | 450   |  |  |
| 5. Cleaning and maintenance  | 1,790   |  |  |
| 6. Commissions   |   |  |  |
| 7. Insurance   |   |  |  |
| 8. Legal and professional fees   |   |  |  |
| 9. Management fees   | 1,520   |  |  |
| 10. Mortgage interest  |   |  |  |
| 11. Other interest   |   |  |  |
| 12. Repairs  | 4,517   |  |  |
| 13. Supplies   | 4,788   |  |  |
| 14. Taxes - not based on net income  |   |  |  |
| 15. Utilities  | 5,045   |  |  |
| 16. Depreciation expense - See the instructions  |   |  |  |
| 17. Other expenses (itemize):  |   |  |  |
| 18. Total Expenses - Add Lines 3 through 17  | 18,110  |  |  |
| <b>Income or Loss:</b> 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)  | <input type="checkbox"/> 0 <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 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

PA SCHEDULE G-L  
PA-40/PA-41 G-L  
(10-20)  
PA Department of Revenue

SECTION I - CALCULATION OF THE CREDIT

PRANAV SAI REDDY GUDIPALLY

111110897

| 1. Name of other state  | DELAWARE | Credit from a Pass-Through Entity (see the instructions)       |   |                                 |
|---|----------|--|---|---------------------------------|
|   |          | A<br>Amount of income<br>subject to tax in<br>PA per PA return | B<br>Amount of income<br>subject to tax in<br>the other state | C<br>Lesser of<br>Column A or B |
| 2. Class of income subject to tax in the other state  |          |  |   |                                 |
| a. Compensation   |          | 93466  | 93466   |                                 |
| b. Unreimbursed business expenses   |          | 0  |   |                                 |
| c. Net compensation   |          | 93466  | 93466   | 93466                           |
| d. Interest   |          | 0  | 0   | 0                               |
| e. Dividends  |          | 0  | 0   | 0                               |
| f. Net income or loss from business, profession or farm   |          | 0  | 0   | 0                               |
| g. Gain or loss from sale, exchange or disposition of property  |          | 2049   | 0   | 0                               |
| h. Income or Loss from rents, royalties, patents and copyrights   |          | 0  | 0   | 0                               |
| i. Estate or trust income   |          | 0  | 0   | 0                               |
| j. Gambling and lottery winnings  |          | 0  | 0   | 0                               |
| 3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.           |          |  |   | 93466                           |
| 4. a. Tax due or assessed in the other state  |          |  |   | 4856                            |
| b. Tax paid in the other state  |          |  |   | 4856                            |
| c. Enter the lesser of Line 4a or Line 4b   |          |  |   | 4856                            |
| d. Less: adjustments - Enter the amount from Section III, Line 5.   |          |  |   | 0                               |
| e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.                   |          |  |   | 4856                            |
| 5. Line 3 x 3.07 percent (0.0307)   |          |  |   | 2869                            |
| 6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions). |          |  |   | 2869                            |

SECTION II - SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

|   | A | B | C | D | E<br>TOTALS |
|---|---|---|---|---|-------------|
| 1. Source entity name   |   |   |   |   |             |
| 2. Income by class  |   |   |   |   |             |
| Compensation  |   |   |   |   | 93466       |
| Interest  |   |   |   |   | 0           |
| Dividends   |   |   |   |   | 0           |
| Net income or loss from<br>business, profession or farm         |   |   |   |   | 0           |
| Gain or loss from sale, exchange<br>or disposition of property  |   |   |   |   | 0           |
| Income or loss from rents,<br>royalties, patents and copyrights |   |   |   |   | 0           |
| Estate or trust income  |   |   |   |   | 0           |
| Gambling and lottery winnings                                   |   |   |   |   | 0           |

SECTION III - ADJUSTED TAX PAID

|  |          |
|--|----------|
| 1. Enter the amount from Section I, Column C, Line 3 here.   | 93466    |
| 2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.   | 93466    |
| 3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places).<br>If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d. | 1.000000 |
| 4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).  | 0.000000 |
| 5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.   | 0        |



Name  
PRANAV SAI REDDY GUDIPALLY

Social Security Number  
111-11-0897

**Federal Forms W-2**

| # of W2 | * N T / T X B L | TS | N R H | Employer Name<br><br>Employer identification number from box B | Federal wages from box 1<br><br>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  |       | BARCLAYS SERVICES LLC<br>51-0407971                            | 93,466.<br>99,231.  | 93,466.<br>0.   | DE    |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |

|   | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 . . . . .                            | 93,466.  | 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 . . . . .                                 | 0.       |        |

**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 |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |

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

**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:**

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

|  |                 |               |
|--|-----------------|---------------|
|  | <b>Taxpayer</b> | <b>Spouse</b> |
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. . . . . | _____           | _____         |
| Withholding . . . . .  | _____           | _____         |

**Compensation from Federal Forms 1099R**

| *                        | Payer's EIN<br>Payer's Name | T<br>S | Fed<br># | PA<br>Type | Gross<br>Distribution | Basis | PA Taxable | PA Tax<br>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:**

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

|  |                 |               |
|--|-----------------|---------------|
|  | <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 . . . . .          | 93,466.         | 0.            |
| Total Schedule NRH gross compensation to PA-40, line 12 . . . . . | _____           | _____         |
| Withholding to Form PA-40 line 13 . . . . .                       | 0.              | _____         |

|  |         |
|--|---------|
| Total gross compensation to Form PA-40 line 1a . . . . . | 93,466. |
|--|---------|

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