1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or sta	aple in this space.	
For the year Jan	. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate	instructions.	
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number	
SUNANDA			BAC	HINA						683 46 2814			
If joint return, sp	oouse's	s first name and middle initial	Last r							Spouse	's social	security numbe	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.			ection Campaigr	
814 MONF												ou, or your jointly, want \$3	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta		ZIP co		to go to	this fu	nd. Checking a	
KING OF		SSIA		Eoroign n	rovince/state	P7	-	194 Foreig			low will x or refu	not change	
Foreign country	name			Foreign p	rovince/state	coun	ity	Foreig	n postal code	your ta	x or refu		
Filing Status		Single					Head of he	nuseh	JIA (HOH)				
-		Married filing jointly (even if only o	ne hac	l income)				ouser					
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)			
0.10 20/1	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If yo	u che					ild's na	me if the	
		alifying person is a child but not you											
Digital	Ata	ny time during 2023, did you: (a) rec	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): o	r (b) sell			
Assets		ange, or otherwise dispose of a dig	•						,	()		es 🛛 No	
Standard		eone can claim: You as a de		-			a dependent	, (,			
Deduction		Spouse itemizes on a separate retur	n or yo										
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Sn	ouse	• 🗌 Was bor	n befc	re January	2 1959		s blind	
Dependents			000		-		(3) Relationsh	14				(see instructions):	
-		irst name Last name		(2)	Social securit number	у	to you	ip (Child tax	•		or other dependents	
lf more than four													
dependents,													
see instructions and check	3 —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	79 , 546.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1t)		
W-2 here. Also	С	Tip income not reported on line 1a	•							. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep			, .	instru	uctions)			. 10	1		
1099-R if tax	е	Taxable dependent care benefits f			-					· 1e	_		
was withheld.	f	Employer-provided adoption bene						• •		. 11			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. 10			
W-2, see	h	Other earned income (see instruct	,	· · ·		• •	· · · ·	· ·		. <u>1</u> ł	1	0.	
instructions.	i _	Nontaxable combat pay election (see ins	structions)		• •	1 i					79 , 546.	
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · ·	 	axable interest	• •		. 1z . 2t		, , , , , , , , , , , , , , , , , , , ,	
if required.	2a 3a	· · –	2a 3a				Drdinary divider			. <u>2</u> .			
	4a		4a				axable amoun			. 41			
Standard	5a		5a				axable amoun			. 5k			
 Deduction for – Single or 	6a		6a				axable amoun			. 6k	-		
Married filing separately,	С	If you elect to use the lump-sum e		method,	check here								
\$13,850	7	Capital gain or (loss). Attach Sche				•	,			7			
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our total in	com	е			. 9		79 , 546.	
\$27,700	10	Adjustments to income from Sche		-						. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is	syour	adjusted	gross inco	me				. 11		79 , 546.	
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	e A)				. 12	2	13,850.	
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Forn	n 899	95-A			. 13	8		
Deduction,	14									. 14	<u>ا</u>	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is	your	taxable incom	e.		. 15	5	65,696.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	9,756.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	9,756.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	9,756.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	9,756.
Payments	25	Federal income tax withheld							
·	а	Form(s) W-2				25a 9	,627.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	9,627.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .		[26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	9,627.
Refund	34	If line 33 is more than line 24						34	·
noruna	35a	Amount of line 34 you want				•	. 🗆 โ	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X					J		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•••••						
You Owe	01	For details on how to pay, ge						37	129.
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions	•				omplete be	low.	🗙 No
J	De	signee's		Phone			onal identifica	ation	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Deciaration		,			•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see ins		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		SOFTWARE DEVELOPER Date Spouse's occupation			If the IF	IS ser	nt your spouse an
Keep a copy for		, , ,	Ū				Identity	Prote	ection PIN, enter it here
your records.							(see ins	st.)	
		one no. (610) 209-839	4	Email address	SUNANDABACH	HINA@GMAIL.CC	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/01/2024	P020827	'03	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

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

						N	Extension.	Ν	Amended Return.
683	34628	Ն4				R	Residency Statu	IS	
BAG	HINA					ĸ	-		Part-Year Resident
						_	from		to
SUN	IANDA		Occupatio	Dn SOFTWARE D		2	Single, Married Married/Filing		
			Occupatio	on			-		
						N	Deceased		
						N	Taxpayer Date	of Death	
						N	Spouse Date of	Death	
ይገባ	HON	R≬E BLV⊅				N	Farmers.		
KIN	IG OF	PRUSSIA	PA	19406		IN		Name 📙	PER MERION
		610-209-8394		46840	I				
1a		ompensation. Do not include ng retirement benefits. See tl			e pay and		la		79500
1b	Unreimh	oursed Employee Business E	xpenses.				ľь		٥
1c		pensation. Subtract Line 1b	~	la.			lc		79500
2	Interact	lacomo Complete DA Seber	hulo A if and	wined					
2 3		Income. Complete PA Schee I and Capital Gains Distribut			B if required.		2 2		0
4		me or Loss from the Operation			1		4		0
5	Net Goir	n or Loss from the Sale, Exc	hange or Di	specifien of Property			5		п
6		me or Loss from Rents, Roy					6		0
7		Trust Income. Complete an					7		0
8		g and Lottery Winnings. Co					8		0
9		Taxable Income. Add onl					9		79500
	2, 3, 4, 5	6, 6, 7 and 8. DO NOT ADD	any losses	reported on Lines 4, 5 or 0	6.				
10		eductions. Enter the appropriate the education of the second seco	-	for the type of deduction.	Ν		10		0
11		instructions for additional in		from Line 0			11		70500
11	Aujuste	d PA Taxable Income. Subt	Tact Line IU						79500
1555	REV 02/2	24/24 PRO							





PA-40 - 2023

Social Security Number

L834L2814 Name(s) SUNANDA BACHINA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	2441 2441
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	0 0 0 0
19a	 Forgiveness Credit. Submit PA Schedule SP. Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. 	19a 19b 20 21	
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	0 0 2441 0 0 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	0 0
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2024 estimated account.REFUND	37 30	0 0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
	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.		
	r Signature Spouse's Signature, if filing jointly		
SΥ	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA D40124 B9659522 Firm FEII		Ν
	Preparer's 1555 REV 02/24/24 PRO	PTIN	P02082703
	Page 2 of 2		

2300215338



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

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
SUNANDA BACHINA	683-46-2814
Secondary Taxpayer's Name	Social Security Number

SECTION I	TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)	
1. Adjusted PA taxable	ncome (Form PA-40, Line 11)	79 , 500
2. PA tax liability (Form	2,441	
3. Total PA tax withheld	(Form PA-40, Line 13)	2,441
4. Amount to be refund	ed (Form PA-40, Line 30)	
5. Total payment (tax d	ue) (Form PA-40, Line 28) 5	0

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. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 62814
 as my signature on my tax year 2023

 electronically filed income tax return.

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

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

I authorize ________ to enter my PIN ______ as my signature on my tax year 2023 electronically filed income tax return.

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

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN	Enter your six-d	git EFIN followed	by your five-di	git 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. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements 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 683-46-2814

Name SUNANDA BACHINA

	Federal Forms W-2												
# of W2	* N T X B L	TS	N R H	Employer Name 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 tax withheld from box 17	ST ID						
				CAPGEMINI AMERICA. INC 22-2575929		79,500. 2,441.	PA						

Pennsylvania W-2	Taxpayer 79,500.	Spouse
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	2,441.	

Federal Forms W-2: Local Tax

# of W2	*	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
		T	22-2575929	150902	79,500.		<u>PA</u>

Pennsylvania Local W-2	Taxpayer 79,500.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding		

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
		·		

	Taxpayer	Spouse
Excess Reimbursements	-	

*	Payer Name		Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
				-			+	
Exe Jur Dire Exp Hol Co Dai Ios	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement for t wages, other than 'sonal injury	H J K L M O	Other nonemplo Describe: Employer spon Distribution fror Distribution fror Distribution fror Distribution fror Describe: Fiduciary fees f Other income n Describe:	sored re n IRA (` n Life Ir n Chari n Emple rom a ti	etiremer Traditior Isurance table Gi byee Sto	nt/pension/defe nal or Roth) e, Annuity or E ft Annuities ock Ownership	Indowment C	-
Miscel Withho	llaneous Compensatio olding	n from Fe	orm 1099MISC/	1099K/ [/]	099NE	Тахра С	ayer	Spouse
		Comp	ensation from	Fede	al For	ms 1099R		
*	Payer's EIN Payer's Name	T Fed S #	-	oss oution	E	Basis F	PA Taxable	PA Tax Withheld
	nter an 'X' if this incom		subject to Penr	sylvani	a tax - F	PA Part-Year a	nd Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Ani (inc 1 Eai 2 Ro	vania Distribution typ entry school, state, or muni- ited Mine Workers pen itary pension S. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal emp sion ent/disab ce disabi vivorship etiremen	ility/annuity ity Annuity) t plan	12: J' K: K: M: M: M: M: M:	I Trad I Trad Non- I Life i Distr I ESO I ESO I ESO I SO I SO	ot eligible yet; itional or Roth itional or Roth qualified defer nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable ES P: Nontaxable	IRA; I'm over IRA; I'm und rred compens ndowment haritable Gift SOP Stock D ted ESOP Sto SOP within a	⁻ 59.5 er 59.5 ation plan Annuities vividend ock Dividend 401(k)
Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans (see e Gift Anr I099R (e	Tax Help FAQ's nuities ligible retiremen	for mo t plans)	re info)	· · ·	ayer	
			Total Gross	Comp	ensati	on		

683-46-2814

Page 2

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

SUNANDA BACHINA