

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ANANYA VIJAYENDRA</b>	Social security number <b>802-27-3236</b>
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	8,733.
<b>2</b> Total tax . . . . .	<b>2</b>	0.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	538.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	538.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	3	2	3	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ Ananya Vijayendra Date ▶ 02/25/2024

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial ANANYA Last name VIJAYENDRA Your social security number 802 27 3236

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4105 SPRUCE ST Apt. no. D6 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. PHILADELPHIA State PA ZIP code 19104 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and columns for amounts and taxable amounts

Table with rows 2a through 6a and columns for taxable interest, ordinary dividends, and taxable amounts

Table with rows 7 through 15 and columns for total income, adjusted gross income, standard deduction, and taxable income

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax amount is 0.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments amount is 538.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund is 538.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed is 0.

Third Party Designee section. Includes a declaration and fields for name, phone number, and PIN.

Sign Here section. Includes a declaration and signature fields for the taxpayer and spouse.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, and firm information.



# New York State E-File Signature Authorization for Tax Year 2023

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name ANANYA VIJAYENDRA	Spouse's name (jointly filed return only)
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### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	8733.
2 Refund.....	2.	226.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	083000137
5 Financial institution account number.....	5.	000000897712078
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature Ananya Vijayendra	Date 02/25/2024
Spouse's signature (jointly filed return only)	Date

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02232024



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning ..... **23**  
and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ANANYA		Your last name (for a joint return, enter spouse's name on line below) VIJAYENDRA		Your date of birth (mmddyyyy) 04011998		Your Social Security number 802273236	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions) (number and street or PO Box) 4105 SPRUCE ST				Apartment number D6		New York State county of residence NR	
City, village, or post office PHILADELPHIA			State PA	ZIP code 19104		Country UNITED STATES	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

- A Filing status** (mark an X in one box):
- ①  Single
  - ②  Married filing joint return (enter both spouses' Social Security numbers above)
  - ③  Married filing separate return (enter both spouses' Social Security numbers above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2023 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No

**D1 Did you have a financial account** located in a foreign country? ..... Yes  No



- D2 (1) Did you or your spouse maintain living quarters in Yonkers** for any part of 2023? ..... Yes  No   
If Yes:
- (2) Number of months **you** lived in Yonkers in 2023 ...
- (3) Number of months **your spouse** lived in Yonkers in 2023 ...   
If No:
- (4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes  No

- E New York City part-year residents only** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)
- (1) Number of months **you** lived in NY City in 2023 ....
- (2) Number of months **your spouse** lived in NY City in 2023 .....

**F Enter your 2-character special condition code(s) if applicable** .....

- G New York State part-year residents**
- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H Did you or your spouse maintain living quarters in NYS in 2023?** ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
802273236

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of Social Security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of Social Security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, Federal amount column ..... 32 8733 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002233555



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
Mark an X in the appropriate box: ...  **Standard** – or –  **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	733.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	733.00

**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	733.00
38 New York State tax on line 37 amount	29.00
39 New York State household credit	45.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	.00
41 New York State child and dependent care credit	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	.00
43 New York State earned income credit	.00
44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	.00
45 <b>Income percentage</b> <input type="text"/> <b>New York State amount from line 31</b> <input type="text"/> 6480.00 ÷ <b>Federal amount from line 31</b> <input type="text"/> 8733.00 = <b>45</b> <input type="text"/> 0.7420 <b>Round result to 4 decimal places</b>	
46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45)	.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	.00
49 <b>Net other New York State taxes</b> (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	<b>See instructions to compute New York City and Yonkers taxes, credits, and surcharges.</b>
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base for Zone 1..	52b	.00	<b>See instructions to compute the MCTMT for each zone.</b>
52c MCTMT net earnings base for Zone 2..	52c	.00	
52d MCTMT for Zone 1	52d	.00	
52e MCTMT for Zone 2	52e	.00	
52f <b>Total MCTMT</b> (add lines 52d and 52e)	52f	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52f through 54)	55	.00	
56 <b>Sales or use tax</b> (Do not leave blank.)	56	0.00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
802273236

59 Enter amount from line 58 ..... 59 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount to be paid by electronic funds withdrawal, and estimated tax penalty.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box [ ]

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 083000137 73c Account number 000000897712078

74 Electronic funds withdrawal ..... Date ..... Amount .....00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM







Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

802273236

**Box b** Employer identification number (EIN)

562287772

**Box c** Employer's information

<b>Employer's name</b> KATZ ARCHITECTURE AND PROJECT			
<b>Employer's address (number and street)</b> 305 7TH AVENUE 20TH FLOOR			
City NEW YORK	State NY	ZIP code 10001	Country

**Box 1** Wages, tips, other compensation

6480.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Box 12b** Amount

.00

**Box 12c** Amount

.00

**Box 12d** Amount

.00

**Box 14a** Amount

7.00 Description: NYSDI

**Box 14b** Amount

29.00 Description: NYPFL

**Box 14c** Amount

.00 Description:

**Box 14d** Amount

.00 Description:

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  
N | Y

**Box 16a** NYS wages, tips, etc.  
6480.00

**Box 17a** NYS income tax withheld  
226.00

**Other state information:**

**Box 15b** other state  
| |

**Box 16b** Other state wages, tips, etc.  
.00

**Box 17b** Other state income tax withheld  
.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.  
Locality a: .00  
Locality b: .00

**Box 19** Local income tax withheld  
Locality a: .00  
Locality b: .00

**Box 20** Locality name  
Locality a:  
Locality b:

Do not detach.

## W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

802273236

**Box b** Employer identification number (EIN)

231352630

**Box c** Employer's information

<b>Employer's name</b> DREXEL UNIVERSITY PAYROLL DEPARTMENT			
<b>Employer's address (number and street)</b> 3201 ARCH ST STE 430			
City PHILADELPHIA	State PA	ZIP code 19104	Country

**Box 1** Wages, tips, other compensation

2253.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Box 12b** Amount

.00

**Box 12c** Amount

.00

**Box 12d** Amount

.00

**Box 14a** Amount

.00 Description:

**Box 14b** Amount

.00 Description:

**Box 14c** Amount

.00 Description:

**Box 14d** Amount

.00 Description:

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  
N | Y

**Box 16a** NYS wages, tips, etc.  
.00

**Box 17a** NYS income tax withheld  
.00

**Other state information:**

**Box 15b** other state  
P | A

**Box 16b** Other state wages, tips, etc.  
2253.00

**Box 17b** Other state income tax withheld  
69.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.  
Locality a: .00  
Locality b: .00

**Box 19** Local income tax withheld  
Locality a: .00  
Locality b: .00

**Box 20** Locality name  
Locality a:  
Locality b:

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555



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

802273236

VIJAYENDRA

ANANYA

Occupation STUDENT

Occupation

APT D6

4105 SPRUCE ST

PHILADELPHIA

PA 19104

215-432-4867

51500

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 PHILADELPHIA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (8733), 1b (0), 1c (8733), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (8733), 10 (0), 11 (8733)



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

PA-40 - 2023

Social Security Number

802273236

Name(s) ANANYA VIJAYENDRA

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.

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.

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.

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.

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.

Signature and Preparer information table including fields for Your Signature, Spouse's Signature, Preparer's Name and Telephone Number, and Date.

Table with 3 columns: Line number, Description, and Amount. Contains rows 12 through 36 with corresponding values.

E-File Opt Out N
Firm FEIN 843171965
Preparer's PTIN P02082703



PA SCHEDULE SP - 2023  
Special Tax Forgiveness  
PA-40 SP (04-23)  
PA Department of Revenue

2309517866

ANANYA VIJAYENDRA

802273236

Eligibility Questions

- 1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? N
- 2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? N

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I – FILING STATUS FOR TAX FORGIVENESS

- 1.  Unmarried - use **Column A** to calculate your **Eligibility Income**. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
  - a.  Single. Unmarried/divorced on Dec. 31, 2023
  - b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
  
- 2. Separated – use **Column A** to calculate your **Eligibility Income**. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
- 3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
  - a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
  - b. Married and filing separate PA tax returns.  
**Certification.** Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use **Columns B and C** to calculate your **Eligibility Income**.
  - c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
  
  - d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**. Enter your spouse's name and SSN above.
- 4. Deceased - use **Column A** to calculate your **Eligibility Income**. Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II – DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional schedules as needed.

1.	DEPENDENT'S NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.
----	------------------	-----	--------------	---------------------

2. Number of dependent children. Enter on Line 19b of your PA-40.

**Important:** Only claim the child or children that you claimed as your dependent(s) on your 2023 Federal Income Tax return.



**PA SCHEDULE SP - 2023**  
**Special Tax Forgiveness**  
**PA-40 SP (04-23)**  
**PA Department of Revenue**

2309617872

ANANYA VIJAYENDRA

802273236

**SECTION III – ELIGIBILITY INCOME**

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.  
 Single filers, qualifying separated filers, and if filing for a decedent use  
**Column A** and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated  
 but not for the last six months of the year use  
**Columns B and C**, and **Eligibility Income Table 2**.

	Column A Unmarried or Married Filing Jointly	The <b>Eligibility Income Tables</b> are on page 39 of the PA-40 booklet.	Column B Taxpayer	Column C Spouse
1.	8733	PA taxable income from Line 9 of your PA-40	0	0
2.	0	Nontaxable interest, dividends and gains and/or annualized income	0	0
3.	0	Alimony	0	0
4.	0	Insurance proceeds and inheritances	0	0
5.	0	Gifts, awards and prizes	0	0
6.	0	Non-PA income - part-year residents and nonresidents	0	0
7.	0	Nontaxable military income – Do not include combat pay	0	0
8.	0	Gain excluded from the sale of a residence	0	0
9.	0	Nontaxable educational assistance	0	0
10.	0	Foster care and cash received for personal purposes	0	0
11.	8733	← <b>Total Eligibility Income</b> for <b>Column A</b>		
<b>Total Eligibility Income for Columns B and C</b> – add Lines 1 through 10 for each spouse and enter the total →				0

**SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT**

12.	268	PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12.	0
13.	0	Less Resident Credit from your PA-40, Line 22	13.	0
14.	268	Net PA Tax Liability. Subtract Line 13 from Line 12	14.	0
15.	10.00	Percentage of Tax Forgiveness entered as a decimal from the <b>Eligibility Income Table</b> using your dependents from Section II and your <b>Total Eligibility Income</b> from Line 11	15.	
16.	27	<b>Tax Forgiveness Credit</b> . Multiply Line 14 by the decimal on Line 15.	16.	0



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PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

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

2023

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary and Secondary Taxpayer.

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

Table with 2 columns: Line Item and Amount. Rows for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

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

- I authorize GLOBAL TAXES LLC to enter my PIN 73236 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: Ananya Vijayendra Date: 02/25/2024

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:

SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature: Date:

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

Name  
ANANYA VIJAYENDRA

Social Security Number  
802-27-3236

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	NRH	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	KATZ ARCHITECTURE AND PROJECT 56-2287772	6,480. 6,480.	6,480. 0.	NY
2	<input type="checkbox"/>	T	<input type="checkbox"/>	DREXEL UNIVERSITY 23-1352630	2,253. 2,253.	2,253. 69.	PA
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	8,733.	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 . . . . .	69.	

**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
2	<input type="checkbox"/>	T	23-1352630	GRADPHI	1,127.	42.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	1,127.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Withholding . . . . .	42.	

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .		

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

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

**Pennsylvania Payment type:**

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

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

**Compensation from Federal Forms 1099R**

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

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

**Pennsylvania Distribution type:**

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

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

**Total Gross Compensation**

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a . . . . .	8,733.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	69.	_____

Total gross compensation to Form PA-40 line 1a . . . . . 8,733.

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