

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Row 1: ANUJ RAJNIKANT ANJIRWALA, 850-63-3219. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 48390. Line 2: Amount you owe. Line 3: Refund or no amount due 1347.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 3 3 2 1 9 as my signature on my 2023 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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 Date

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2023 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return 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 FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature Date 04/11/2024

California Nonresident or Part-Year Resident Income Tax Return

2023

540NR

APE

ATTACH FEDERAL RETURN

850-63-3219 ANJI
ANUJRAJNIKA ANJIRWALA

23

300 MURCHISON DR APT 214
MILLBRAE CA 94030

08-23-1997

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$144 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$446 = \$

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="48390"/> <input type="text" value=".00"/>
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="54820"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="radio"/> 15 <input type="text" value="54820"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="54820"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="5363"/> <input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="49457"/> <input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input type="radio"/> <input type="text" value="FTB 3803"/> <input checked="" type="radio"/> 31 <input type="text" value="1593"/> <input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="48390"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="43656"/> <input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0322"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="1406"/> <input type="text" value=".00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.8827"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions <input checked="" type="radio"/> 39 <input type="text" value="127"/> <input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="1279"/> <input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/>
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="1279"/> <input type="text" value=".00"/>	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/>
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/>
	52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/>
	53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/>
55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>	

REV 03/05/24 PRO

Your name: Your SSN or ITIN:

Special Credits	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	<input type="text" value=".00"/>
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	<input type="text" value=".00"/>
	60	To claim more than two credits, see instructions. Attach Schedule P (540NR)	<input type="radio"/>	60	<input type="text"/>	<input type="text" value=".00"/>
	61	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	61	<input type="text"/>	<input type="text" value=".00"/>
	62	Add line 50 and line 55 through line 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	<input type="text" value=".00"/>
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="1279"/>	<input type="text" value=".00"/>

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	<input type="text" value=".00"/>
	72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value=".00"/>
	73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value=".00"/>
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="1279"/>	<input type="text" value=".00"/>

Payments	81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="2626"/>	<input type="text" value=".00"/>
	82	2023 California estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	<input type="text" value=".00"/>
	83	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	83	<input type="text"/>	<input type="text" value=".00"/>
	84	Excess SDI (or VPMI) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	<input type="text" value=".00"/>
	85	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	85	<input type="text"/>	<input type="text" value=".00"/>
	86	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	86	<input type="text"/>	<input type="text" value=".00"/>
	87	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	87	<input type="text"/>	<input type="text" value=".00"/>
	88	Add line 81 through line 87. These are your total payments. See instructions	<input checked="" type="radio"/>	88	<input type="text" value="2626"/>	<input type="text" value=".00"/>

ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	<input checked="" type="radio"/>	<input type="text" value="X"/>		
		If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	91	<input type="text"/>	<input type="text" value=".00"/>

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	<input checked="" type="radio"/>	92	<input type="text" value="2626"/>	<input type="text" value=".00"/>
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91	<input checked="" type="radio"/>	93	<input type="text"/>	<input type="text" value=".00"/>
	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92	<input checked="" type="radio"/>	101	<input type="text" value="1347"/>	<input type="text" value=".00"/>
	102	Amount of line 101 you want applied to your 2024 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	<input type="text" value=".00"/>
	103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="1347"/>	<input type="text" value=".00"/>

Your name: ANJIRWALA

Your SSN or ITIN: 850-63-3219

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 104 .00

		Code	Amount
Contributions	California Seniors Special Fund. See instructions	● 400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	.00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● 422	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	.00	
Suicide Prevention Voluntary Tax Contribution Fund	● 444	.00	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	.00	
120 Add amounts in code 400 through code 445. This is your total contribution	● 120	.00	

REV 03/05/24 PRO

Your name: ANJIRWALA Your SSN or ITIN: 850-63-3219

Amount You Owe 121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. Pay Online - Go to ftb.ca.gov/pay for more information. 121 .00

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00 123 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 123 .00 124 Total amount due. See instructions. Enclose, but do not staple, any payment 124 .00

Refund and Direct Deposit 125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 1347 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type: Routing number 322271627, Checking (checked), Account number 535162310, Savings, Direct deposit amount 126 1347 .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type: Routing number, Checking, Savings, Account number, Direct deposit amount 127 .00

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions.

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions. Yes No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

REV 03/05/24 PRO

California Adjustments — Nonresidents or Part-Year Residents

2023

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule.

Table with 2 columns: Name(s) as shown on tax return (ANUJ RAJNIKANT ANJIRWALA) and SSN or ITIN (850633219)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.

During 2023:

- 1 My California (CA) Residency (Check one)
a Myself: [] Nonresident [X] Part-Year Resident [] Resident
b Spouse: [] Nonresident [] Part-Year Resident [] Resident

Table for residency information with columns: Yourself, Spouse/RDP. Rows include domicile, military status, move dates, and days in CA.

Part II Income Adjustment Schedule

Main income adjustment table with columns A-E: Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Rows include total income, wages, interest, dividends, IRA, pensions, and social security.

REV 03/05/24 PRO

	A	B	C	D	E
Section B — Additional Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
2 a Alimony received. See instructions. 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss). See instructions. 3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses) 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income:					
a Federal net operating loss. 8a	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>		
b Gambling 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Cancellation of debt. 8c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>		
e Income from federal Form 8853 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Income from federal Form 8889 8f	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
g Alaska Permanent Fund dividends 8g	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Jury duty pay 8h	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
i Prizes and awards. 8i	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
j Activity not engaged in for profit income 8j	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
k Stock options 8k	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
m Olympic and Paralympic medals and USOC prize money 8m	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
n IRC Section 951(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
o IRC Section 951A(a) inclusion 8o	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
p IRC Section 461(l) excess business loss adjustment 8p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q Taxable distributions from an ABLE account. 8q	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input checked="" type="radio"/> ()			<input checked="" type="radio"/> ()	<input checked="" type="radio"/> ()
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. 8t	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
u Wages earned while incarcerated 8u	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other income. List type and amount.					
<input checked="" type="radio"/> OTHER INCOME FROM BOX 3 OF 1099-MISC 8z	<input checked="" type="radio"/> 200	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 200	<input checked="" type="radio"/> 0
9 a Total other income. Add line 8a through line 8z 9a	<input checked="" type="radio"/> 200	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 200	<input checked="" type="radio"/> 0

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10	<input checked="" type="radio"/> 54820	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 54820	<input checked="" type="radio"/> 48390

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input checked="" type="radio"/>	<input type="radio"/>			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction. 13	<input checked="" type="radio"/>	<input type="radio"/>			
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16 Self-employed SEP, SIMPLE, and qualified plans. 16	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
17 Self-employed health insurance deduction. See instructions. 17	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18 Penalty on early withdrawal of savings . . . 18	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
19 a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input type="radio"/> _____ 19a	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 IRA deduction 20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Reserved for future use 22					
23 Archer MSA deduction 23	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
24 Other adjustments:					
a Jury duty pay 24a	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input type="radio"/>			
d Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
f Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>

REV 03/05/24 PRO

Section C — Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z. 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27	<input checked="" type="radio"/> 54820	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 54820	<input checked="" type="radio"/> 48390

Part III Adjustments to Federal Itemized Deductions
Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 1	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	<input checked="" type="radio"/> 54820		
3 Multiply line 2 by 7.5% (0.075) 3	<input checked="" type="radio"/> 4112		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. 4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes 5a	<input checked="" type="radio"/> 3328	<input checked="" type="radio"/> 3328	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>		
5c State and local personal property taxes 5c	<input checked="" type="radio"/>		
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/> 3328		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e	<input checked="" type="radio"/> 3328	<input checked="" type="radio"/> 3328	<input checked="" type="radio"/> 0
6 Other taxes. List type <input checked="" type="radio"/> _____ 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7	<input checked="" type="radio"/> 3328	<input checked="" type="radio"/> 3328	<input checked="" type="radio"/> 0

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098. 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d Reserved for future use 8d			
8e Add line 8a through line 8c. 8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part III Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
---	--	---	--

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
--	----	----------------------------------	----------------------------------	----------------------------------

Other Itemized Deductions

16 Other—from list in federal instructions.	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C.	18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	----	----------------------------------	-----------------------	-----------------------

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.	19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----	----------------------------------	-----------------------	-----------------------

20 Tax preparation fees.	20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	----	----------------------------------	-----------------------	-----------------------

21 Other expenses: investment, safe deposit box, etc. List type <input checked="" type="radio"/>	21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	----	----------------------------------	-----------------------	-----------------------

22 Add line 19 through line 21	22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	----	----------------------------------	-----------------------	-----------------------

23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 54820	23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----	----------------------------------	-----------------------	-----------------------

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	----	----------------------------------	-----------------------	-----------------------

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----	----------------------------------	-----------------------	-----------------------

26 Total Itemized Deductions. Add line 18 and line 25.	26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----	----------------------------------	-----------------------	-----------------------

27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----	----------------------------------	-----------------------	-----------------------

28 Combine line 26 and line 27.	28	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----	----------------------------------	-----------------------	-----------------------

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?	29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	----	----------------------------------	-----------------------	-----------------------

- Single or married/RDP filing separately **\$237,035**
- Head of household **\$355,558**
- Married/RDP filing jointly or qualifying surviving spouse/RDP. **\$474,075**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	----	----------------------------------	-----------------------	-----------------------

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

- Single or married/RDP filing separately. See instructions. **\$5,363**
- Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP **\$10,726**

.	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------	----	----------------------------------	-----------------------	-----------------------

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E	1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	---	----------------------------------	-----------------------	-----------------------

2 Enter your deductions from line 30	2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	---	----------------------------------	-----------------------	-----------------------

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-	3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	---	----------------------------------	-----------------------	-----------------------

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	---	----------------------------------	-----------------------	-----------------------

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-	5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	---	----------------------------------	-----------------------	-----------------------

REV 03/05/24 PRO

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

850633219

ANJIRWALA

ANUJ RAJNIKANT

Occupation SOFTWARE E

Occupation

APT 214

300 MURCHISON DR

MILLBRAE

CA 94030

878-999-6476

99999

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 010123 to 080723

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 NOT IN PA

- 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 6230

1b 0

1c 6230

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 6230

10 0

11 6230



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

PA-40 - 2023

Social Security Number

850633219

Name(s) ANUJ RAJNIKANT ANJIRWALA

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.

12		191
13		191
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		191
25		0
26		0
27		0
28		0
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 SYAM PRIYA RAM SAGAR GUPTA 6789659522	Date 04/12/24

E-File Opt Out

N

Firm FEIN

843171965

Preparer's PTIN

P02082703





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

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

2023

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Includes primary and secondary taxpayer information.

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

Table with 2 columns: Line number and Amount. Lists adjusted taxable income, tax liability, 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 33219 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 and Date fields for the primary taxpayer.

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 and Date fields for the secondary taxpayer.

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 and Date fields.

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
ANUJ RAJNIKANT ANJIRWALA

Social Security Number
850-63-3219

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input checked="" type="checkbox"/>	T	<input type="checkbox"/>	ADP TOTALSOURCE DE IV INC 36-4210977	48,390.	48,390. 0.	CA
2	<input type="checkbox"/>	T	<input type="checkbox"/>	CARNEGIE MELLON UNIVERSITY 25-0969449	6,230.	6,230. 191.	PA

	Taxpayer	Spouse
Pennsylvania W-2	6,230.	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	48,390.	
Withholding	191.	

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	25-0969449	700102	6,230.	62.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	6,230.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	62.	

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"/>	JP MORGAN CHASE BANK	13-4994650	T		0.		200.
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

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

Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	Taxpayer	Spouse
Withholding	0.	

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:

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

Distribution from Life Insurance, Annuity, Endowment Contracts or	Taxpayer	Spouse
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

Total gross compensation to Form PA-40 line 1a	Taxpayer	Spouse
Total Schedule NRH gross compensation to PA-40, line 12	6,230.	0.
Withholding to Form PA-40 line 13	191.	

Total gross compensation to Form PA-40 line 1a 6,230.

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