

# 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>NAVYA MADALA</b>	Social security number <b>856-97-6759</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>	7,918.
<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>	717.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	717.
<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	6	7	5	9
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### 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. Enter five digits, but don't enter all zeros
- 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 NAVYA Last name MADALA Your social security number 856 97 6759

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. Apt. no. Presidential Election Campaign

49 GRAYHAWK WAY N City, town, or post office. If you have a foreign address, also complete spaces below. State PA ZIP code 17050

MECHANICSBURG Foreign country name Foreign province/state/county Foreign postal code

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] 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)? [ ] Yes [X] 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. Total amount from Form(s) W-2, box 1: 7,918.

Table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with rows 7 through 15. Capital gain or (loss), Additional income from Schedule 1, line 10, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 7,918.

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 columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 0.

Table for Payments (lines 25-33). Includes federal income tax withheld (717) and total payments (717).

Table for Refund (lines 34-36). Shows overpaid amount (717) and amount applied to 2024 estimated tax (36).

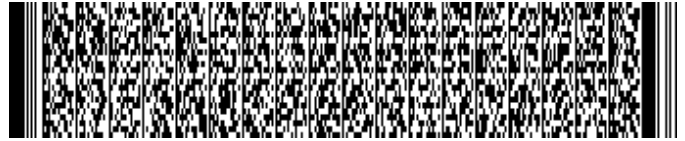
Table for Amount You Owe (lines 37-38). Shows amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature lines for taxpayer and preparer.

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

FORM 40NR Alabama 2023 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 856-97-6759

Spouse's SSN if joint return

Check if primary is deceased Primary's deceased date (mm/dd/yyyy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yyyy)

Your first name NAVYA Initial MADALA Last name

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number)

49 GRAYHAWK WAY N

City, town, or post office

State ZIP code PA 17050

Check if address is outside U.S. Foreign Country

MECHANICSBURG

Filing Status/ 1 X \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN NRA

Exemptions 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

Table with 3 columns: A - Alabama Tax Withheld, B - All Sources, C - Alabama Income. Rows include Wages, Other income, Total income, Adjustments, and Adjusted Gross Income.

Deductions section with rows 13-17. Includes Itemized Deductions and Standard Deduction (checked).

Tax section with rows 18-20. Includes Taxable income, Tax due, and Net tax due Alabama.

Payments section with rows 21-28. Includes Alabama Income Tax withheld, 2023 estimated tax payments, and Refundable Credits.

AMOUNT YOU OWE section with rows 29-30. Includes amount due and estimated tax penalty.

OVERPAID section with rows 31-32. Includes amount overpaid and amount applied to 2024 estimated tax.

REFUND section with row 33. Includes amount refunded to you.

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

Sign Here In Black Ink. Your Signature, Date, Daytime Telephone Number, Your Occupation. Spouse's Signature, Date, Daytime Telephone Number, Spouse's Occupation.

Paid Preparer's Use Only. Preparer's Signature, Date, Check if Self-employed, Preparer's SSN or PTIN, E.I. Number, Firms Name (or yours if self employed), Daytime Telephone No., ZIP Code.

MAIL FORM 40NR TO: SEE INSTRUCTIONS



		B – All Sources	C – Alabama Income
<b>PART I</b> <b>Other Income</b> <i>(See instructions)</i>	1 Interest and dividend income <i>(attach Schedule B if over \$1500.00)</i> .....	1 ●	1 ●
	2 Alimony received .....	2 ●	
	3 Taxable portion of pensions and annuities <i>(attach Schedule RS)</i> .....	3 ●	
	4 Business income or (loss) <i>(attach Federal Schedule C) (see instructions)</i> .....	4 ●	4 ●
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i> .....	5 ●	5 ●
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. <i>(attach Schedule E)</i> .....	6 ●	6 ●
	7 Farm income or (loss) <i>(attach Federal Schedule F) (see instructions)</i> .....	7 ●	7 ●
	8 Other income <i>(state nature and source)</i> .....	8 ●	8 ●
	9 <b>Total other income.</b> Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6 .....	9 ●	9 ●
<b>PART II</b> <b>Adjustments to Income</b> <i>(See instructions)</i>	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction .....	1 ●	1 ●
	2 Penalty on early withdrawal of savings .....	2 ●	
	3 Moving Expenses (Attach Federal Form 3903) .....		
	Place of new employment: .....	3 ●	3 ●
	4 Self-employed health insurance deduction .....	4 ●	4 ●
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program .....	5 ●	5 ●
	6 Firefighter's Insurance Premiums .....	6 ●	6 ●
	7 Contributions to an Achieving a Better Life Experience (ABLE) savings account .....	7 ●	7 ●
8 <b>Adjustments to income.</b> Add lines 1 through 7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C .....	8 ●	8 ●	
<b>PART III</b> <b>Other Adjustments</b> <i>(See instructions)</i>	1 Alimony Paid .....	1 ●	
	2 Adoption Expenses .....	2 ●	
	3 Health insurance deduction for small employer employee .....	3 ●	
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B .....	4 ●	
	5 Enter the percentage from page 1, line 10 .....	5 ●	1.78%
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C .....	6 ●	
<b>PART IV</b> <b>Federal Income Tax Deduction</b> <i>(See instructions)</i>	If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.	<b>B – Federal Adjusted Gross Income</b>	
	1 Your joint federal adjusted gross income .....	1 ●	
	2 Your federal adjusted gross income .....	2 ●	
	3 Divide line 2 by line 1. Enter percentage here .....		3 ●
	4 Enter the Federal Income Tax Liability from worksheet <i>(see instructions)</i> .....		4 ●
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3 .....		5 ●
	6 Enter the percentage from page 1, line 10 .....		6 ●
7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6 .....		7 ●	
<b>PART V</b> <b>Dependents</b>	1 Total number of dependents from Schedule DS, line 1b .....	1 ●	
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions .....	2 ●	
	3 Enter the percentage from page 1, line 10 of your return .....	3 ●	1.78%
	4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16 .....	4 ●	
<b>PART VI</b> <b>General Information</b>	1 Name of state of which you were a legal resident in 2023 <u>PA</u>		
	2 Did you file a return with that state for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____		
	3 If married, did your spouse receive a separate income for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____		
	4 Did you file an Alabama return for 2022? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state reason why: <u>THIS IS 1ST TIME FILING</u>		
<b>All Taxpayers Must Complete This Section</b> <i>(See instructions)</i>	5 Give name and address of your present employer(s). Yours: <u>FRANKLAR TECHNOLOGIES LLC 40 BURTON HILLS BLVD, SUITE 200 NASHVILLE TN 37215</u> Your Spouse's: _____		
	6 Enter the Adjusted Gross Income reported on your 2023 Federal Individual Income Tax Return .....	6 ●	7,918

Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Your state Spouse state ● <u>XX</u> DL# ● <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
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Alabama Department of Revenue  
**Wages, Salaries, Tips, etc.**

*Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.*

NAME(S) AS SHOWN ON TAX RETURN  
NAVYA MADALA

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.  
856-97-6759

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	• 856-97-6759	• 850576469	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 7,777	•	• 7,777	
2	• 856-97-6759	• 636005396	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 0000052813	• 0	• 141	• 141	•	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	<b>TOTAL ALABAMA TAX WITHHELD FROM W-2s.</b> Total lines 1-15, Column G and enter the amount here . . .						• 0				
17	<b>ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs.</b> Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements. . . . .						• 0				
18	<b>TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.</b> See instructions. . . . .						• 0	• 7,918	• 141	• 7,777	

**THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE**

For the year January 1 – December 31, 2023

Your first name and initial NAVYA Last name MADALA

If a joint return, spouse's first name and initial Last name

Your social security number 8 5 6 9 7 6 7 5 9 Spouse's soc. sec. no. if joint return Telephone number (optional) (205) 902-4051

Home address (number and street). If a P.O. Box, see instructions. 49 GRAYHAWK WAY N Apt. no. City, town or post office, state, and ZIP code

MECHANICSBURG PA 17050

Table with 5 rows and 2 columns. Row 1: Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) 61. Row 2: Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) 1. Row 3: Total payments (Form 40, line 27 or Form 40NR, line 26). Row 4: Refund (Form 40, line 35 or Form 40NR, line 33). Row 5: Amount you owe (Form 40, line 30 or Form 40NR, line 29) 1.

Part II Refund and Payment Information. 1 Routing number: [grid]. 2 Account number: [grid]. 3 Type of account: [ ] Checking [ ] Savings. 4 Type of transaction: [ ] Direct Deposit [ ] Direct Debit. 5 [ ] Paper Check (Check this box to have your refund issued by a paper check.)

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2023 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return. [ ] I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here

Your signature Date Spouse's signature. If a joint return, BOTH must sign. Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2023), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

ERO's Use Only. ERO's signature [ ] Date 03/23/2024 Check if also paid preparer [ ] Preparer's PTIN Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ E.I. No. 84-3171965 ZIP Code 08816

Paid Preparer's Use Only. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparer's signature [ ] Date 03/23/2024 Check if self-employed [ ] Preparer's PTIN P02082703 Firm's name (or yours if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT E BRUNSWICK NJ E.I. No. ZIP Code 08816

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALABAMA DEPARTMENT OF REVENUE  
INCOME TAX ADMINISTRATION DIVISION  
**Individual Income Tax Payment Voucher**

**NOTE:** This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and **cannot** be used for any other kind of tax payment.

**When is my tax return and payment due?**

Your 2023 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2023 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return. If you owe and your payment is mailed after the due date of your federal return, you will owe penalties and interest for failure to timely pay. If you are filing a return other than the current tax year or an amended return, the full amount of tax due must be submitted with your return.

**How do I pay this amount?**

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail. If you pay by check or money order, make it payable to **Alabama Department of Revenue** and write your social security number on the check.

**Electronic Payment Option:**

You may pay your taxes online using your bank account (e-check), or a debit/credit card through MyAlabamaTaxes.gov.

If you have a My Alabama Tax (MAT) account, log on to your account and click on the "Make a Payment" link. If you do not have a MAT account, go to [www.myalabamataxes.alabama.gov](http://www.myalabamataxes.alabama.gov). Click on the "Make a Payment" link and complete the requested information.

Paying by e-check is free. There is a convenience fee for debit/credit card payments.

**If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.**

**Form 40 / 40A / 40NR / 40EZ / E40 / E40NR**

**Automatic Extension**

Alabama Department of Revenue  
P.O. Box 327467  
Montgomery, AL 36132-7467

DO NOT **staple** or attach your payment or **Form 40V** to your return or to each other.



DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

**40V 20 23** 1555 Alabama Department of Revenue  
VENDOR CODE Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME NAVYA SPOUSE'S FIRST NAME \_\_\_\_\_ LAST NAME MADALA  
 MAILING ADDRESS 49 GRAYHAWK WAY N  
 CITY MECHANICSBURG STATE PA ZIP 17050 DAYTIME TELEPHONE NUMBER (205) 902-4051

Tax Type: IIT  
 Tax Period: 12-31-20 23  
 Primary Taxpayer's SSN: 856-97-6759  
 Spouse's SSN:  \_\_\_\_\_  
 Tax Form:  Return  Amended  
CHECK ONLY ONE BOX  
 Automatic Extension Payment  
 Amount Due: \$ 1.00



**DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.**



## Income Worksheet

**2023**

Name as Shown on Return <u>NAVYA MADALA</u>	Social Security Number <u>856-97-6759</u>
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**Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR**

Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

**NOTE: Part-year** residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
<u>FRANKLAR TECHNOLOGIES LLC</u>		<u>PA</u>	<u>7,777.</u>	<u>0.</u>	
<u>University of Alabama at</u>		<u>AL</u>	<u>141.</u>	<u>141.</u>	<u>0.</u>
<b>Total . . . . .</b>			<u>7,918.</u>	<u>141.</u>	<u>0.</u>

**Other Income for Form 40/40NR**

# Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
<b>Total . . . . .</b>			

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

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

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

2023 PA-40 V PA PAYMENT VOUCHER

1555  
REV 02/24/24 PRO

856-97-6759 MA

2300917792

PAYMENT AMOUNT

MADALA  
NAVYA

205-902-4051

\$ 4.00

49 GRAYHAWK WAY N  
MECHANICSBURG  
PA  
17050

DEPARTMENT USE ONLY

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



PA-40 - 2023

Social Security Number

856976759

Name(s) NAVYA MADALA

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

12									
13									
14									
15									
16									
17									
18									
19a	00								
19b	00								
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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 032324

E-File Opt Out N

Firm FEIN

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. Rows for Primary and Secondary Taxpayer.

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

Table with 2 columns: Description 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.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 76759 as my signature on my tax year 2023 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

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  
NAVYA MADALA

Social Security Number  
856-97-6759

**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 type="checkbox"/>	T	<input type="checkbox"/>	FRANKLAR TECHNOLOGIES LLC 85-0576469	7,777. 7,777.	7,777. 239.	PA
2	<input type="checkbox"/>	T	<input type="checkbox"/>	University of Alabama at Birmingham 63-6005396	141.	141. 0.	AL
	<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 . . . . .	7,918.	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 . . . . .	239.	

**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
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

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

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

	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: _____                    |

	<b>Taxpayer</b>	<b>Spouse</b>
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)         |

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

**Total Gross Compensation**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a . . . . .	7,918.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	239.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	7,918.
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\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.