Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	yer's name		Soc	al secul	rity numb	ber	
NAV	YA MADALA	856-97-6759					
Spouse	e's name	Spouse's social security number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter	yea	r you	are au	thorizing.)	
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.						
1	Adjusted gross income				1	7,918.	
2	Total tax				2	0.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	717.	
4	Amount you want refunded to you				4	717.	
5	Amount you owe				5		
Par					py of y	our return)	

Under penalties of periury. 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

				EBO firm name	5 5	Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ,
						1 /

7	6	7	5	9	
Ent don	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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 Meth	od Returns Only—continue below
Part III Certification and Authentication – Practi	tioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ive-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 🕨			
	O Must Retain This Form — See nit This Form to the IRS Unless I		
For Denominarily Deduction Act Nation and Va			Earm 8870 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
NAVYA			MAD	ALA						856	97	6759
	oouse's	s first name and middle initial	Last r									security numbe
Home address (numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	Apt. no.	Preside	ntial Ele	ection Campaigr
49 GRAYH												ou, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			jointly, want \$3 nd. Checking a
MECHANIC						PA		170		box bel	ow will	not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		_
							<u> </u>				∐ Yo	ou Spouse
Filing Status		Single		、			Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on the second se	ne hac	income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the	nomo	ofvouro	nouna lf voi		Qualifying		• •	. ,	ild'a na	ma if tha
		alifying person is a child but not you									iiu s na	
Digital		ny time during 2023, did you: (a) rec	•						,.			
Assets		hange, or otherwise dispose of a dig		-			-	et)? (Se	ee instructio	ns.)	L Ye	es 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	rn befo	ore January	2, 1959	<u> </u>	s blind
Dependents (see instructions): (2) Social security (3) Relationship (4) Check the) Check the b	ox if quali	fies for ((see instructions)
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	;											
and check												<u> </u>
here 🗌	4.	Tabal and the family for the family (1) (1) (1)			- 1')							7 010
Income	1a ⊾	Total amount from Form(s) W-2, b			-							7,918.
Attach Form(s)	b c	Household employee wages not re Tip income not reported on line 1a	•		.,					. <u>1b</u> . 1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			-			• •		. 10		
W-2G and	e	Taxable dependent care benefits f								. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			-					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 19		
get a Form W-2, see	h	Other earned income (see instruct								. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i					
	z	Add lines 1a through 1h .			<u>.</u>					. 1z		7,918.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		
if required.	3a		3a				Ordinary divide			. 3b		
Standard	4a		4a			bΤ	axable amoun	t		. 4b)	
Deduction for –	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	,	6a				axable amoun	t		. 6b		
separately,	c	If you elect to use the lump-sum e				•	,	• •	l	\exists		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•					l		-	
jointly or Qualifying	8	Additional income from Schedule	,					• •		. 8		7 010
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7				ome	.			· 9 · 10		7,918.
 Head of 	10 11	Adjustments to income from Sche Subtract line 10 from line 9. This is		-		 ne		• •		. 11		7,918.
household, \$20,800	12	Standard deduction or itemized						• •		. 12	-	13,850.
If you checked any box under	13	Qualified business income deduct						• •		. 13	-	, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		ess, enter	-0 This is v	our 1	taxable incom	ne .		. 15		0.
			-		,							

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	0.
Credits	17	Amount from Schedule 2, lin	ne3				[17	
	18	Add lines 16 and 17					[18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ne8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	0.
Payments	25	Federal income tax withheld							
·	а	Form(s) W-2				25a	717.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	717.
If you have a	26	2023 estimated tax payment					[26	
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28	_		
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31	_		
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			-			33	717.
Refund	34	If line 33 is more than line 24						34	717.
neruna	35a	Amount of line 34 you want	-			, .		35a	717.
Direct deposit?	b	Routing number 0 6 2					Savings		
See instructions.		Account number 2 5 6					our inge		
	36	Amount of line 34 you want a			d tax	36			
Amount	37	Subtract line 33 from line 24					_		
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	-	-		38			
Third Party		you want to allow another							
Designee		structions	•				omplete be	low.	× No
Deelgiiee	De	signee's		Phone		Perso	onal identific	ation	
	na	ne		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the							, ,
Here	be	ief, they are true, correct, and com	piete. Declaration of	i preparer (otne	,	ased on all mormatic			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?						N ENGINEER	(see in:		in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sign.	Date	Spouse's occupat		If the IF	RS ser	nt your spouse an
Keep a copy for		,					Identity	y Prote	ection PIN, enter it here
your records.							(see ins	st.)	
	Ph	one no. (205)902-405		Email address	NAVYAMADAL	A08@GMAIL.CO	М		1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	l	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/23/2024	P020827	703	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

With With Hole 	4		Alabama 2023 ial Income Tax Return iorresplerits only				
Part of the second sec	Your social security number		−97−6759 Spouse's SSN if joint return		Ġ).		
Variation Instrume VNVVX • • • • • • • • • • • • • • • • • • •	Primary's de	ceased da	te Spouse's deceased date				
Boundary Stream Note Learning • 9 GRAYHAWK NAY Deck CR DO LIF AMENDED RETURN • [] Deck CR DO LIF AMENDED RETURN • [] • 10 GRAYHAWK NAY Display of the second		, -					
Constrained and a constrained of the second se	• NAVYA		• • MADALA				
	Spouse's first na	ne	Initial Last name				
	•		• •				
• 49 URX 21 APAIR MR, MAY IN • MAC CHANNELSENDING • P.A. ● 17.05.0 • Constitutions Foregli Culting • MAC CHANNELSENDING • P.A. ● 17.05.0 • Constitutions Foregli Culting • MAC CHANNELSENDING • P.A. ● 17.05.0 • Constitutions Foregli Culting • MAC CHANNELSENDING • P.A. ● 17.05.0 • Constitutions NRA Exemptions 2 • Stool Stool Single • Constitutions • Constitutions </td <td>Present home ad</td> <td>dress (num</td> <td>nber and street or P.O. Box number)</td> <td></td> <td></td> <td></td> <td></td>	Present home ad	dress (num	nber and street or P.O. Box number)				
• MECHANTCSEURG •PA • 17050 Filing Statust 1 • X Filing Statust 2 • X S Wages satisfies, tip, etc. (From Schoolab IV-2, line 10, complete Schoolab HO-2, in the 2, columes G, A - Alabama Tare Withheld B - All Sources C - Alabama Income 1, and L/ (Includes spaces income) that and all ingoint 4 • Stabol Named Sing expansion. Complete Schoolab HO-2, in the 3, columns G, A - Alabama Tare Withheld B - All Sources C - Alabama Income 1, and L/ (Includes spaces income) that and almong into C, lines 5 and 6. 7, 918 6 • 141 6 • Other income (from page 2, Part I, line 9). 5 • 0, 7, 918 7, 918 7, 918 1 Contrasting of algost both income. Divide line 9, col. C, lines 5 and 6. 7, 918 9 • 141 1 Contrasting of algost both income. Divide line 9, col. C, line 10, col. B (pactorer 10%). 10 • 1, 78 % 1 Other Adjustments (from page 2, Part II, line 4 and line 6). 11 • 1 11 • 1 1 Other Adjustments (from page 2, Part II, line 4 and line 6). 11 • 1 11 • 1 1 Other Adjustments (from page 2, Part II, line 4 and line 6). 11 • 1 11 • 1 1 Contrasting (from page 2, Part II, line 4 and line 6). 11 • 1 10 • 11 1 Contrasting (from page 2, Part II, line 4 and line 6). 11 • 1 11 • 1 1 Contrasting (from page 2, Part II, line 4 and line 6). 11 • 1 10 • 1, 28 % 1 Contrasting (from page 2, Part II, line 4 and line 6). 11 • 1 10 • 1, 28 % 1 Contrasting (from page 2, Part II, line 4 and line 6). 11 • 1 10 • 1, 28 % 1 Contrasting (from page 2, Par	•49 GR	АҮНА	WK WAY N CHECK BOX IF	AMEND	ED	RETUR	N ● []
• MSCHANTCSBURG • PA	City, town, or pos	t office	State ZIP code Foreign Country				
Exemptions 2 • • • • Since Stands, tips, etc. (From Schedule MVP2, the 18, columes 0; • • • • • • • • • • • • • • • • • •			BURG •PA •17050 • is outside U.S.				
S Wages statistics, bits, etc. <i>ffrom Scheckel W2, Bits 18, cutures 3.</i> A - Alabama Tax Withheld B - All Sources C - Alabama Income H, and I / Include spouse's income if marine dilling joint). 5 0 5 -7, 918 5 141 Total income. Add amounts in one B then add amounts in co. C. lines 3 and 6. 7 -7, 918 5 -414 Adjustmets to income (from gage 2, Part II, line 9). 6 6 6 -4 Adjustmets to income (from gage 2, Part II, line 9). 7 918 9 -7, 918 9 141 Adjustmets to income. Subtract line 9 to income Divide line 9, col. C, by line 9, col. B (rot over 100%). 10 1			1 ● 🔀 \$1,500 Single 3 ● 🔄 \$1,500 Married filing separate. Complete Spouse SSN ●				NRA NRA
H, and J/ (Include spouse's income if manifed filing joint) 5 7, 918 5 141 6 Other income (from page 2, Part I, line 6) 5 7, 918 5 141 1 Total income. Add amounts in col. C, lines 5 and 6. 7, 918 7 141 8 Adjustments to income (from page 2, Part I, line 6) 8 9 7, 918 7 141 8 Adjustments to income. Subtract line 8 from line 7 9 10 1 7, 918 8 141 8 Adjustments to income. Subtract line 8 from line 7 10 1 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>					-		
	•			3		C – A	abama Income
7 Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6 7 • 7 • 141 and and Adjusted total income. Statutatiline 7 0 0 1.1 8 • 8 • Adjusted total income. Statutatiline 7 0 0 0 1.7 7.9 9 0 1.41 Adjusted total income. Divide line 9, col. C, by line 10 10 1.7 14	H, and I.) (I			7,918		•	141
Income 8 Adjustments to income (from page 2. Part II, line 8). 8 1 <th1< th=""> 1<!--</td--><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td></th1<>						•	
and 9 Adjusted total income. Subtract line 8 from line 7				7,918		•	141
Adjustments 10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (nor over 100%)					-	•	
11 Other Adjustments (from page 2, Part III, line 4 and line 6)						•	
12 Adjusted Gross Income. Subtract line 11 from line 9	Adjustme					•	1.78%
Deductions 13 Check appropriate box. If you itemize, enter amount from Schedule A, Ine 30. Box a or b MUST be checked You Must Author Comparison of the original form of the original form or page 2, Part V, Kine 4). 13 Box a or b MUST be checked 14 0 14 0 15 Personal exemption (multiply line 1, 2, 3, or 4 bp parcentage on line 10) 15 2.7 16 Dependent exemption (multiply line 1, 2, 3, or 4 bp parcentage on line 10) 15 2.7 17 Total deductions. Add lines 31, 14, 15, and 16 17 6.8 18 Tax due. Enter amount from tax table or check if from 0 or how NOL-BSA. 19 1 20 Net tax due Alabama. Check box if computing tax using Schedule OC • 0 of how Schedule CP. 20 1 21 Alabama Income Tax withheld (from column A, line 5). 21 • 22 2						•	
You Mait Author To United and the set of the productions • a is in the set of the set			· · · · · · · · · · · · · · · · · · ·		12	•	141
Ive Markatteria 14 0 Ive Markatteria 15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10) 15 0 27 Item 1 16 0 17 0 80 Item 2 16 0 17 0 80 Item 1 16 0 17 0 80 Item 2 0 14 0 0 12 0 14 Item 2 0 17 0 18 0 0 12 0 14 0 12 0 14 0 12 0 14 0 12 0 14 0 12 0 12 0 12 0 14 0 12 0 12 0 12 0 12<	Deduction	S 13		ecked			
Construction 14 Peducial microline ray devolution (min Page 2, Part V, line 7) 15 0 Construction 15 Personal exemption (minutip Page 2, Part V, line 4) 16 0 15 Personal exemption (minutip Page 2, Part V, line 4) 16 0 17 0 16 Dependent exemption (minutip Page 2, Part V, line 4) 16 0 17 0 80 17 Total deductions. Add lines 13, 14, 15, and 16 17 0 60 61 18 Tax due. Enter amount from tax table or check lif from Form NOL-85A 19 0 1 20 0 1 20 Net tax due Alabama. Check box if computing tax using Schedule CC Otherwise enter amount from line 19 20 0 1 21 Alabama income Tax withheld (from column A, line 5) 21 0 2 0 0 2 0	Vou Must Attach			53			
claiming adduction initie 14. 16 Dependent exemption (<i>trom page 2, Part V, line 4</i>) 17 Total deductions. Add lines 13, 14, 15, and 16. 17 0 80 13 Taxable income. Subtract line 17 from line 12, column C 18 6 1 17 0 80 14 Taxable income. Subtract line 17 from line 12, column C 18 6 1 18 6 6 15 Dependent exemption (<i>trom bar bable or colek if from oline 12</i> , column C 18 6 1 1 0 1 18 6 1 1 0 1 0 1 1 0 0 1 0 0 0 1 0 0 0 0 0 0 0	Complete copy of	of 7 '					
Internation 14. 16 Dependent exemption (from page 2, Part V, line 4)		tion		27			
18 Taxable income. Subtract line 17 from line 12, column C		16					
Tax 19 Tax due. Enter amount from tax table or check if from Form NOL-85A						•	80
20 Net tax due Alabama. Check box if computing tax using Schedule OC • _ otherwise enter amount from line 19	-				18	•	61
21 Alabama Income Tax withheld (from column A, line 5)	lax			_			
Payments 22 2023 estimated tax payments/Automatic Extension Payment. 22 2 Staple Form(s) W-2, W-2G, and/or 109 there. Attach Skip et entities Staple form(s) W-2, W-2G, and/or 109 there. Attach Skip ule W-2 to return. 28 et etters 24 et etters 24 et etters 26 et etters 26 et etters 26 Total payments. Add lines 21 through 25 26 et etters 26 et etters 27 Amended Returns Only – Previous returns (see instructions) 27 et etters 28 et etters 29 Adjusted total payments. Subtract line 28 torm line 26 28 et et 29 If line 20 is larger than line 20, subtract line 20 from line 26 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) 29 1 30 Estimated tax penalty (see instructions). 30 e 31 e 31 BetFUNDDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 e e 8 (arger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID. 33 e e e 9 (DVERPAID 33 REFUNDED TO YOU. If line 31 is gr				19	20	•	1
Payments 23 Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1) 23 24 W2G, and/or 1009 24 Amended Returns Only - Previous payments (see instructions) 24 24 W2G, and/or 1009 25 Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4 25 26 1eW -V2 to return. 27 Amended Returns Only - Previous payments. Subtract line 27 from line 26 26 28 Adjusted total payments. Subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. 28 28 9 11 line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. 29 1 9 20 Estimated tax penalty (see instructions)							
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Staple Form(s) W-2, 24 Aniferiode neturitis Only — Previous paynetriks (see instructions). 27 28 Fefundable Credits. Enter the amount from the Schedule OC, Section F, line F4 25 6 26 26 27 Preve. Attach Schult 26 Total payments. Add lines 21 through 25 27 28 27 28 27 28 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28 28 28 28 28 29 1 29 29 1 29 29 1 29 29 1 29 29 1 29 29 1 29 29 1 29 29 1 29 29 1 29 29 1 29 29 1 20 29 29 1 29 29 1 20 29 29 1 20 29 29 29 20 29 20 28 29 29 20 20 20 20 20 20 20 20 20	Pavments						
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ule W-2 to return. 27 Amended Returns Only – Previous refund (see instructions). 27 28 Adjusted total payments. Subtract line 27 from line 26. 28 29 If line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. 29 30 Estimated tax penalty (see instructions). 30 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID. 31 32 Amount of line 31 to be applied to your 2024 estimated tax 32 32 Amount of line 31 to be applied to your 2024 estimated tax 32 33 EFFUND 33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 33 I authorize a representative of the Department of Revenue to discuss my return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation Keep a copy Oate Date Date Date Date Preparer's Signature (I joint return, BOTH must sign) EI. Number Preparer's Signature Date Check if Self-employed Preparer's SIN or PTIN EI. Number P	W-2G, and/or 1	099 2					
28 Adjusted total payments. Subtract line 27 from line 26 28 28 AMOUNT YOU OWE 29 If line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) 29 9 1 30 Estimated tax penalty (see instructions). 30 30 31 4 OVERPAID 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID. 31 4 REFUND 33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 4 Piete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Osignature		n -` `					
AMOUNT YOU OWE 29 If line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, lose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) 29 1 30 30 30 30 31 1 OVERPAID 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID. 31 31 32 32 Amount of line 31 to be applied to your 2024 estimated tax 32 32 32 REFUND 33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 3 Inder penalties of perjury. I declare that have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation In Black Inversion of preparer's bignature Date Date Daytime Telephone Number Your Occupation Preparer's Use Nink Keep a copy of this return BOTH must sign) Date Date Daytime Telephone Number AUTOMATION ENGINEER Preparer's Signature Preparer's Signature (if joint return, BOTH must sign) Date Date PO2082703 E.I. Number						•	
Amount Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) 29 1 30 Estimated tax penalty (see instructions). 30 9 31 1					28	•	
YOU OWE 30 Estimated tax penalty (see instructions). 30 30 OVERPAID 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID. 31 31 32 Amount of line 31 to be applied to your 2024 estimated tax 32 32 REFUND 38 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 • I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. 33 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation Sign Here In Black Ink Keep a copy of this return Date Daytime Telephone Number Your Occupation spouse's Signature Date Daytime Telephone Number Your Occupation Preparer's Signature Date Date Daytime Telephone Number Spouse's Occupation Preparer's Signature Date Date Check if Self-employed Preparer's SN or PTIN E.I. Number Paytime Telephone No. (678 8) 965 - 9522	AMOUNT	29		- \	•••		
OVERPAID 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID. 31 31 32 32 Amount of line 31 to be applied to your 2024 estimated tax 32 32 32 REFUND 33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 3 Image: the state of the properties 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation Sign Here In Black Ink Keep a copy of this return, BOTH must sign) Date Date Daytime Telephone Number Your Occupation Preparer's Signature Date Date Check if Self-employed Preparer's SN or PTIN E.I. Number Preparer's Use Only Firms's Name (or yours GLOBAL TAXES LLC Date Daytime Telephone No. 20 20 20 20 20 20 20 20 20 20 20 <	YOU OWE			1.)	29	•	1
OVERPAID 32 Amount of line 31 to be applied to your 2024 estimated tax 32 32 Amount of line 31 to be applied to your 2024 estimated tax 32 32 33 REFUND 33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31. 33 33 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Signature Your Signature Date Daytime Telephone Number Your Occupation Topparer's Signature (if joint return, BOTH must sign) Date Date On 202082703 Preparer's Signature Date On 203/23/2024 Preparer's Signature Paid Firms's Name (or yours if self employed) GLOBAL TAXES LLC Date Date On 202082703 ZIP Date Datin the preparer's Signature <td< td=""><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td></td<>					•		
REFUND 33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31	OVERPAIL)	.	ŀ			
I authorize a representative of the Department of Revenue to discuss my return and attachments with my 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation Sign Here Date Date AUTOMATION ENGINEER In Black Ink Spouse's Signature Date Date Date Preparer's Signature AUTOMATION ENGINEER Preparer's Sugnature Date Date Date Preparer's Signature Preparer's Signature Preparer	DEFUND						
Sign Here In Black Ink Keep a copy of this return for your records. 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 com- plete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation Sign Here In Black Ink Keep a copy of this return for your records. Date Date Date AUTOMATION ENGINEER Spouse's Signature (if joint return, BOTH must sign) Date Date Date Date Preparer's Signature Date Date Date Preparer's SSN or PTIN If self employed) E.I. Number Firms's Name (or yours if self employed) GLOBAL TAXES LLC Date Date Date Preparer's SSN or 952.2 ZIP Code Date	REFUND		•	•••••	33	•	
Sign Here In Black Ink Keep a copy of this return records. plete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Occupation Preparer's Use Only Date Date Date AUTOMATION ENGINEER Preparer's Use Only Signature Date Date Date Date Preparer's Use Only Preparer's Signature Date Date Date Preparer's SN or PTIN Telephone Number E.I. Number				iowledge and	heli	ef, they are	true, correct and com-
In Black Ink Keep a copy of this return for your records. AUTOMATION ENGINEER Spouse's Signature (if joint return, BOTH must sign) Date Date Spouse's Occupation Preparer's Sugnature Preparer's Signature Date Date Preparer's SSN or PTIN 15 elf employed) E.I. Number Firms's Name (or yours if self employed) GLOBAL TAXES LLC Date Date Preparer's SSN or PTIN 15 elf employed) E.I. Number	o:	plete. De	claration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			. , <i>y</i> urc	
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for your records. Preparer's Signature Date Check if Self-employed Preparer's SSN or PTIN E.I. Number Paid Preparer's Name (or yours if self employed) GLOBAL TAXES LLC Date O3/23/2024 Date Preparer's SSN or PTIN E.I. Number Use Only Firms's Name (or yours if self employed) GLOBAL TAXES LLC Date 03/23/2024 Date Date 03/23/2024 Date Date <td< td=""><td>Кеер а сору</td><td></td><td></td><td></td><td></td><td>ON EI</td><td>IGTNEEK</td></td<>	Кеер а сору					ON EI	IGTNEEK
records. Preparer's Signature Paid Preparer's Name (or yours Use Only GLOBAL TAXES LLC Date Check if Self-employed Preparer's SN or PTIN E.I. Number Paid Paid Preparer's SN or PTIN E.I. Number PO2082703 Daytime Telephone No. (678)965-9522 ZIP Code 08816		Spouse's	Signature (if joint return, BOTH must sign) Date Daytime Telephone Number Signature (if joint return, BOTH must sign)	pouse's Occup	ation		
Paid Preparer's Firms's Name (or yours if self employed) GLOBAL TAXES LLC 03/23/2024 P02082703 Daytime Telephone No. 0678)965-9522 ZIP Code 08816							
Preparer's Use Only Firms's Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678)965-9522 ZiP Code	Paid	Preparer's				E	I. Number
Use Only if self employed GLOBAL TAXES LLC Telephone No. (678)965-9522 Code 08816	Preparer's	Firms's Na			<u>ົ</u>	ZIP	19916
	USE OIIIY			226-22	4	Code L	00010



			B – All Sources		C – Alabama Income
PART I	1 Interest and dividend income (attach Schedule B if over \$1500.	<u>)</u> ()	•	1	•
	2 Alimony received		•	<u> </u>	
	3 Taxable portion of pensions and annuities (attach Schedule RS		•	1	
	4 Business income or (loss) <i>(attach Federal Schedule C) (see ins</i>			4	•
Other	 5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (atta 	· · · · · ·		5	
Income	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Sch			6	
(See	7 Farm income or (loss) (attach Federal Schedule F) (see instruct			7	
instructions)	8 Other income (state nature and source)	8		-	•
	9 Total other income. Add lines 1 through 8, column B, and lines			Ť	
	Enter here and also on page 1, line 6	-	•	a	•
PART II	1 IRA deduction, Keogh retirement plan, and self-employed SEf				•
	 Penalty on early withdrawal of savings 		•	<u> </u>	
				-	
	3 Moving Expenses (Attach Federal Form 3903)				
Adjustments	Place of new employment:	3	•	2	•
to Income				4	
(See	4 Self-employed health insurance deduction		•	-	•
instructions)	5 Payments to Alabama College Counts 529 Fund or Alabama I			6	
	6 Firefighter's Insurance Premiums	-	•	-	•
	7 Contributions to an Achieving a Better Life Experience (ABLE)		•	1	
	8 Adjustments to income. Add lines 1 through 7, Column B, and I		•		
	Enter here and also on page 1, line 8, columns B and C			0	•
PART III	1 Alimony Paid		•	-	
Other	2 Adoption Expenses			-	
Adjustments	3 Health insurance deduction for small employer employee			-	
(See	4 Add lines 1 through 3, enter here and on page 1, line 11, colu			-	
instructions)	5 Enter the percentage from page 1, line 10		• 1.78%		
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, c		•		
PART IV		our Federal return,	B – Federal Adjusted Gross Income	,	C – Alabama Federal Tax Deduction Computation
	complete all lines below. Otherwise, omit lines 1 through 3.				
Federal	1 Your joint federal adjusted gross income		•	-	
Federal Income Tax	2 Your federal adjusted gross income		•	-	
Deduction	3 Divide line 2 by line 1. Enter percentage here			· —	• %
(See	4 Enter the Federal Income Tax Liability from worksheet (see in	,		·—	• 0
instructions)	5 If you completed lines 1 through 3 above, multiply line 4 by the				•
	6 Enter the percentage from page 1, line 10			· — ·	• 1.78%
DADTV	7 If you completed lines 1-3 above, multiply line 5 by percentage			·	• 0
PART V	1 Total number of dependents from Schedule DS, line 1b			· —	•
<u> </u>	2 Multiply total number of dependents claimed on line 1 by the a	1		·—	•
Dependents	3 Enter the percentage from page 1, line 10 of your return			· —	• 1.78%
	4 Dependent exemption allowable. Multiply the amount on line 2	by the percentage on line 3. Ente	er here and on page 1, line 16	. 4	•
	1 Name of state of which you were a legal resident in 2023				
General Information	2 Did you file a return with that state for 2023?				
	3 If married, did your spouse receive a separate income for 2023	? Yes No If yes, is y	our spouse filing a separate Ala	bama	a return? Yes No
All Taxpayers	If yes, enter name here.				
Must Complet					
This Section	5 Give name and address of your present employer(s). Yours: \underline{F}	ANKLAR TECHNOLOGIES LLC	40 BURTON HILLS BLVD,	SUIT	E 200 NASHVILLE TN 37215
(See	Your Spouse's:				
instructions)	6 Enter the Adjusted Gross Income reported on your 2023 Federa	I Individual Income Tax Return		6	• 7,918
DOD	Your Your Your	Iss date		Exp da	ite
License (mm/dd	yyyy)● <u>XX/XX/XXXX</u> state ● <u>XX</u> DL# ● <u>XXXXX</u> Spouse	XX (mm/dd/yy Iss date	$(yyy) \bullet \underline{XX/XX/XXXX}$	(mm/do Exp da	$d/yyyy) \bullet \underline{XX / XX / XXXX}$
(mm/dd	/yyyy)● state ● DL# ●	(mm/dd/yy	yyy) •	(mm/do	d/yyyy) •





2023



JA, OF 40NR)

ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. 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

TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.

these statements.....

See instructions.

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

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

NAVYA MADALA

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С D F. G н Α В Е .1 Employer's Schedule Alabama Employee's Social Security Number Additional Taxable Wages – Other States Identification Number Statutory C/C-EZ State Employer's Alabama State Federal Wages Alabama State Wages State ID Number (Box 1 of Form W-2) (Box 16 of Form W-2) (EIN) Employee Filed? Code Income Tax Withheld • •850576469 • os 856-97-6759 7,777 7,777 •636005396 • AL 141 856-97-6759 0000052813 0 141 • • . • • • • . • • • . • • . . • . . . • • . TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here 0

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

0

0

7,918

REV 02/01/24 PRO

141

7,777



ALABAMA DEPARTMENT OF REVENUE Individual Income Tax Declaration for Electronic Filing For the year January 1 – December 31, 2023

Your first name and initial					st name									ſ	_		social security		
NAVYA If a joint return, spouse's first	st nom	e and initial			ADALA									_	8 5 6 9 7 6 7 5 9 Spouse's soc. sec. no. if joint return				
	5t fican			La	name											0000363		:	
Home address (number and	d stree	t). If a P.O. Box, see instructions.								ļ	Apt. no			-		Teleph	none number	(optional)	
49 GRAYHAW															(20)5)90	02-405	51	
City, town or post office, sta																			
MECHANICSE								PA		050									
	1	Alabama taxable inco	me (⊢orm 40,	, line 16 oi	r Form 40	ONR, line	e 18)												61
Tax Return	2	Total tax liability (Forr	n 40, line 21)	or Net tax	due (Fo	rm 40NF	R, line	e 20)							2				1
(Whole dollars only.)	3	Total payments (Form	n 40, line 27 o	or Form 40	NR, line	26)									3				
(Whole dollars only.)	4	Refund (Form 40, line 35 or Form 40NR, line 33)									4								
	5	Amount you owe (For	rm 40 line 30	or Form 4	ONR line	e 29)									5				1
Part II				1 1			7												1
Refund	1	Routing number:																	
and							Т		ТТ	Т	Τ	Τ	1						
Payment	2	Account number:																	
Information	3	Type of account:	Checkin	ng	🗌 Sa	avings													
	4	Type of transaction:	Direct D	Deposit	🗌 Dii	rect Deb	oit												
	5	Paper Check (Ch	neck this box t	to have yo	our refund	d issued	by a	paper c	neck.)										
Declaration of Taxpayer (Sign only after Part I is completed.) Sign Here		knowledge and belief, tr of Revenue to disclose of my return. I authorize a represent Your signature	to my ERO des	scribed belo	ow, any inf	formation	conce	erning the	and att	semen	nt of t ents v	he refu	ind req	uested rer.		roblems	encounter		•
Part IV Declaration of Electronic Return Originator		I declare that I have revi all information of which Filing of Individual Incor computer system and so software to create my cl the paid preparer, und knowledge and belief, ERO's Use Onl	I have any kno me Tax Returns oftware to prepa lient's return and der penalties o they are true, o	wledge. I a s (Tax Year are and tran d to the ele of perjury,	also declar r 2023), ar nsmit my c ctronic tra I declare	re that I h nd the Al client's re unsmissio that I ha	nave f labam turn e n of m	ollowed a a Handbo lectronica ny client's	all other bok for I ally, I co tax retu	require Electro nsent f urn to t	remer onic F to the the A	nts des Filers o e disclo labam	cribed f Indivio sure of a Depa	in IRS dual Inc f all info irtment	PUB. 134 come Tax prmation c of Reve	45, Reve k Return pertainin e nue, as	enue Proce s (Tax Ye ng to my us applicable	edures for ar 2023). se of the s e by law. I	r Electronic By using a system and f I am also
(ERO) and Paid		ERO's signature								Date		3/20	24	Cheo paid	k if also preparer		Pre	parer's PT	TIN
Preparer (See instructions.)		Firm's name (or yours if self-employed)	GLOBA	L TAXI	ES LLO	С									E.I. No	· 84-	-31719	965	
		and address	245 R	OONEY	CT E	BRUN	ISW	ICK N	IJ						ZIP Co	^{de} 08	816		
		Paid Preparer's	s Use Onl	у															
	Under penalties of perjury, I declare that I have examined this return and accompanying schedule belief, they are true, correct, and complete.								les an	d state	ments,	and to t	he best	of my kn	owledge	and			
		Preparer's signature								Date		3/20	124	Chec self-e	k if mployed		Pre P0208	parer's PT	ĨN
		Firm's name (or yours	SYAM	PRTYA	RAM	SAGAF	१ (दा	JPTA		103	/ 4 3	, <u>2</u> 0		1	E.I. No		10200		
		if self-employed) and address		SIAM PRIIA RAM SAGAR GUPIA							ZIP Code 08816								
											_					_		Form AL	8453 2023
		DO N	OT M/	AIL 1	TO A		BA	MA	DE	PT		DF	RE	VE	NU			1555	

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**. 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 A	LONG THIS LINE AND MAIL VOUC	THER WITH YOUR FULL PAYMENT
40V 20 23	1555 VENDOR CODE	Alabama Department of Revenue Individual Income Tax Payment Voucher
PRIMARY TAXPAYER'S FIRST NAME <u>NAVYA</u> MAILING ADDRESS <u>49 GRAYHAWK WAY N</u>	SPOUSE'S FIRST NAME	LAST • MADALA
CITYMECHANICSBURGTax Type:IITTax Period:12-31-20 23	state <u>PA</u> zip <u>17050</u>	TELEPHONE NUMBER (205)902-4051
Primary Taxpayer's SSN: •856-97-675 Spouse's SSN: •		
Tax Form: • X Return • CHECK ONLY ONE BOX • Automatic Externation Amount Due: \$ • 1.0	Amended	

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

Income Worksheet

Name as Shown on Return	Social Security Number
NAVYA MADALA	856-97-6759

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.

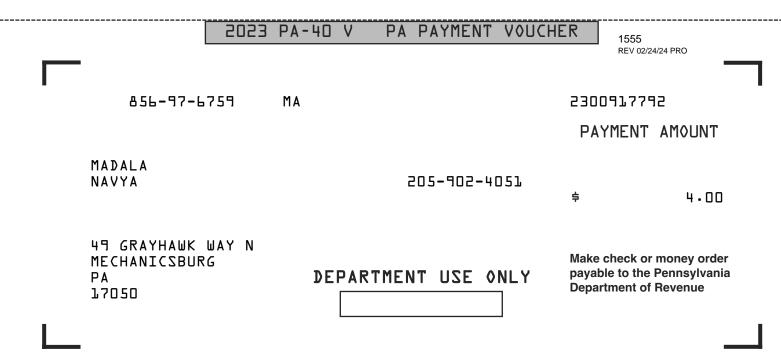
Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
FRANKLAR TECHNOLOGIES LLC University of Alabama at			7,777. 141.	0. 141.	0.
Total			7,918.	141.	0.

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
Total			

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED L 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.

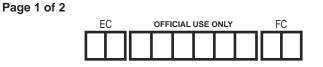


PA-40 - 2023 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

				Ν	Extension	n. N	Amended Return.
856	6976759				Residenc	Status	
ΜΛΤ	DALA			R		-	ent/Part-Year Resident
IIAI					from		to
NAV	VYA	Occupation	MAUTOMATION	Ζ	-	Aarried/Filing	
		a			Married/	Filing Separat	tely, F inal Return
		Occupation	n	Ν	Deceased	1	
				Ν	Taxpayer	Date of Death	h
				Ν	Spouse D	Date of Death	
49	GRAYHAWK WAY N			N	Farmers.		
ME	CHANICSBURG	PA	17050	IN			MECHANICSBURG
	205-902-4051		57620		Г		
1a	Gross Compensation. Do not include e qualifying retirement benefits. See the	~		and		la	7918
1b 1c	Unreimbursed Employee Business Exp Net Compensation. Subtract Line 1b fr	-	a.			јс Гс	ם 7918
2 3 4	3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if require					2 3 4	0 0 0

Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. Estate or Trust Income. Complete and submit PA Schedule J. Gambling and Lottery Winnings. Complete and submit PA Schedule T. 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. **Other Deductions.** Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. Adjusted PA Taxable Income. Subtract Line 10 from Line 9. REV 02/24/24 PRO



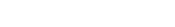


PA-40 - 2023

Social Security Number

856976759 Name(s) NAVYA MADALA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	13 15	243 239
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
19a	 Forgiveness Credit. Submit PA Schedule SP. Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. 	19a 19b 20 21	
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1. Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 239 0 4 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	4 D
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2024 estimated account.REFUND	30 30	
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all apanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
	r Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File O AM PRIYA RAM SAGAR GUPTA D32324 B9659522 Firm FEI	N	N
	1555 REV 02/24/24 PRO Preparer Preparer Preparer	s PTIN	P02082703



2300212338



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

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
NAVYA MADALA	856-97-6759
Secondary Taxpayer's Name	Social Security Number

SECTION I	TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)	
1. Adjusted PA taxable	income (Form PA-40, Line 11)	7,918
	PA-40, Line 12)	0.4.2
3. Total PA tax withheld	(Form PA-40, Line 13)	239
4. Amount to be refund	ed (Form PA-40, Line 30)	
5. Total payment (tax d	ue) (Form PA-40, Line 28)	4

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

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

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

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

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

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

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-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. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name NAVYA MADALA Social Security Number 856-97-6759

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	ZRI	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 tax withheld from box 17	ST ID
		HHH		FRANKLAR TECHNOLOGIES LLC 85-0576469 University of Alabama at Birmingham 63-6005396	7,777. 7,777. 141.	7,777. 239. 141. 0.	PA AL

Pennsylvania W-2	Taxpayer 7,918.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	239.	

Federal Forms W-2: Local Tax

# * of W2	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID

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

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

	Payer Name	Payer EIN T/S		T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income				
	/Ivania Payment type:			1					1			
Ē	xecutor fee	H Other nonemployee compensation. Describe:										
Director's fee				Employer sponsored retirement/pension/deferred compensation plan Distribution from IRA (Traditional or Roth) Distribution from Life Insurance, Annuity or Endowment Contracts								
Honorarium K												
Covenant not to compete L I Damages or settlement for M I lost wages, other than					Distribution from Charitable Gift Annuities Distribution from Employee Stock Ownership Plan. Describe: Fiduciary fees from a trust							
												р
Misc	ellaneous Compensatio	n froi	n Fo	orm 109	99MISC/1	099K/1	099NE	Taxp	ayer	Spouse		
	holding							•				
		Co		neeti	on from	Fodor	ol For	ma 1000B				
		T	mpe	ensatio				ms 1099R				
*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gro: Distrib		E	Basis	PA Taxable	PA Tax Withheld		
							_					
		-										
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<u> </u>		<u> </u>	<u> </u>	<u> </u>								
*	Enter an 'X' if this incor	ne is	Not	subjec	t to Penns	sylvania	a tax - F	A Part-Year	and Nonreside	ents Only.		
	ylvania Distribution ty lo entry	pe:				122	ľmn	ot eligible vet	; plan is eligib	le in PA		
	A school, state, or muni Inited Mine Workers per	loyee plan J1 Traditional or Roth IRA; I					n IRA; I'm ove	r 59.5				
1 P	filitary pension	J2 Traditional or Roth IRA; I'm under 59.5K2 Non-qualified deferred compensation plan										
1 P 1 U 2 №	3 U.S. Civil service retirement/disability/a1 Annuity or Non-civil service disability											
1 P 1 U 2 № 3 U					uity	K				Annuities		
1 P 1 U 2 M 3 U 1 A (i	nnuity or Non-civil servi ncluding Qual Joint Surv	ce dis /ivors	sabili hip A	tý Annuity		K3 L M1	Distri ESO	bution from 0 P: Allocated	Charitable Gift ESOP Stock D	ividend		
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Total gross compensation to Form PA-40 line 1a 7,918.

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