



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial AAKANKSHA REDDY SUNKIREDDY	Last name	Your Social Security number 816619811
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 38 FRONT STREET		
City/Town/Post Office WORCESTER	State MA	Zip 01608
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	9600
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	301
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	480
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	179
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

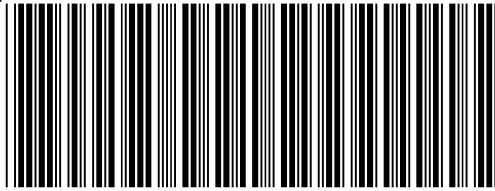
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
	03242024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
P02082703	03242024		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT	E BRUNSWICK	NJ	08816



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

AAKANKSHA REDDY SUNKIREDDY 816619811

38 FRONT STREET WORCESTER MA 01608

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 11840
b. Federal adjusted gross income 11840

1. Filing status (select one only): Single
 Married filing jointly
 Married filing separate return NRA
 Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

\$1 You \$1 Spouse TOTAL
You Spouse
You Spouse
You Spouse
You Spouse

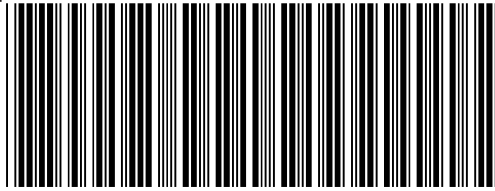
Fill in if noncustodial parent
Fill in if filing Schedule TDS
Fill in if filing Schedule FCI
Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

609-908-8122

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

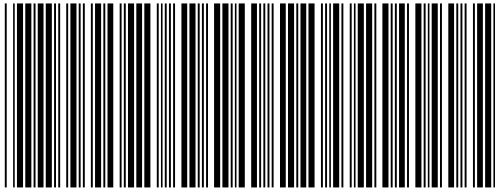


2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
816619811

4. Exemptions:			
a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	9600
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	9600
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales other:
Working days (or other basis) outside Massachusetts			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

AAKANKSHA REDDY

SUNKIREDDY

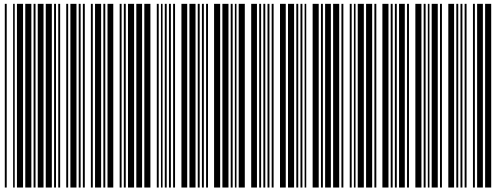
816619811

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	9600
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	9600
e. Non-Massachusetts source income. Not less than "0"	14e	2240
f. Total income	14f	11840
g. Deduction and exemption ratio	14g	0.8108
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18	÷ 2 = 18
Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	9600
22. Exemption amount. a. 4400	22	3568
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	6032
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	6032
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	301
27. INCOME FROM SCHEDULE B. Not less than "0."	27	
a. x .085 = 27a		
b. x .12 = 27b		
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b	27	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

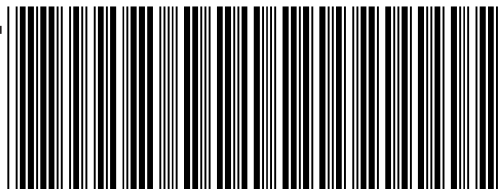


2023 Form 1-NR/PY, pg. 4

MA23006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
816619811

28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."			28	
Fill in if filing Schedule D-IS				
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28				
29. Credit recapture amount (from Credit Recapture Schedule)			29	
30. Additional tax on installment sale			30	
31. If you qualify for No Tax Status, fill in and enter "0" on line 32				
32. TOTAL INCOME TAX.				
a. Income tax. Add lines 26 through 30	32a	301		
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b			
c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRRCR, Nonresident Composite Return. Otherwise, enter 0	32c			
Total tax. Subtract line 32c from the total of lines 32a and 32b			32	301
33. Limited Income Credit			33	
34. Income tax due to another state or jurisdiction			34	
35. Other credits (from Credit Manager Schedule)			35	
36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36	301
37. Voluntary Contributions				
a. Endangered Wildlife Conservation			37a	
b. Organ Transplant Fund			37b	
c. Massachusetts Public Health HIV and Hepatitis Fund			37c	
d. Massachusetts U.S. Olympic Fund			37d	
e. Massachusetts Military Family Relief Fund			37e	
f. Homeless Animal Prevention and Care			37f	
Total. Add lines 37a through 37f			37	
38. Use tax due on Internet, mail order and other out-of-state purchases			38	
39. Health care penalty a. You + b. Spouse			39	
40. Amended return only. Overpayment from original return			40	
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41	301
42. a. Massachusetts income tax withheld from Form(s) W-2	42a	480		
b. Massachusetts income tax withheld from Form(s) 1099	42b			
c. Massachusetts income tax withheld from other forms	42c			
Total. Add lines 42a through 42c			42	480

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 5

MA23006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
816619811

43.	2022 overpayment applied to your 2023 estimated tax	43	
44.	2023 Massachusetts estimated tax payments	44	
45.	Payments made with extension	45	
46.	Amended return only. Payments made with original return. Not less than "0"	46	
47.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return x .40 = c. Part-year residents, multiply line 47c by line 3	47	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
48.	Senior Circuit Breaker Credit	48	
49.	Reserved for future use	49	
50.	Child and Family Tax Credit		
	a. x \$310 = b. Part-year residents multiply line 50b by line 3 =	50	
51.	Other Refundable Credits	51	
52.	Total Refundable Credits. Add lines 47 through 51	52	
53.	Excess Paid Family Leave Withholding	53	
54.	TOTAL. Add lines 42 through 46 and lines 52 and 53	54	480
55.	Overpayment. Subtract line 41 from line 54	55	179
56.	Amount of overpayment you want applied to your 2024 estimated tax	56	
57.	Refund. Subtract line 56 from line 55. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	57	179

Direct deposit of refund. Type of account checking
 savings
RTN # 101000187 account # 145575172674

58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	58	
	Interest Penalty M-2210 amt.		

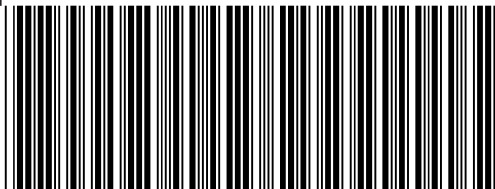
EX enclose
Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?
I do not want preparer to file my return electronically
Print paid preparer's name
SYAM PRIYA RAM SAGAR GUPTA
Paid preparer's signature

Yes
(this may delay your refund)
Date Check if self-employed
03242024
Paid preparer's phone
678-965-9522

Paid preparer's
SSN/PTIN
P02082703
Paid preparer's EIN

SYAM PRIYA RAM SAGAR **BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



2023 Schedule INC

MA23INC011555

AAKANKSHA REDDY

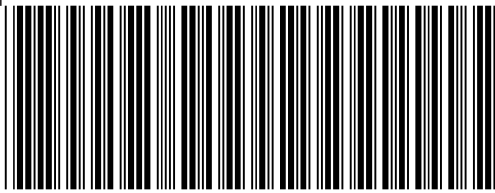
SUNKIREDDY

816619811

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
043481560	480	9600			W2

TOTALS	480	9600			
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2023 Schedule NTS-L-NRPY

MA23021011555

No Tax Status and Limited Income Credit

816619811

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	9600
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	9600
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	2240
8. Total income. Combine lines 3 through 7	8	11840
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	11840
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	8000
14. Income for Limited Income Credit	14	3840
15. Tax before adjustments	15	301
16. Tax for Limited Income Credit	16	384
17. Limited Income Credit	17	

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-15-24
FISCAL FILER ONLY

816-61-9811 SU

DECLARATION OF EST TAX PAYMENT AMOUNT

SUNKIREDDY
AAKANKSHA RE

\$ 296.00 \$ 74.00

38 FRONT STREET
WORCESTER
MA
01608

DEPARTMENT USE ONLY

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

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-17-24
FISCAL FILER ONLY

816-61-9811 SU

DECLARATION OF EST TAX PAYMENT AMOUNT

SUNKIREDDY
AAKANKSHA RE

\$ 296.00 \$ 74.00

38 FRONT STREET
WORCESTER
MA
01608

DEPARTMENT USE ONLY

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

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-16-24
FISCAL FILER ONLY

816-61-9811 SU

DECLARATION OF EST TAX PAYMENT AMOUNT

SUNKIREDDY
AAKANKSHA RE

\$ 296.00 \$ 74.00

38 FRONT STREET
WORCESTER
MA
01608

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue
2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-15-25
FISCAL FILER ONLY

816-61-9811 SU

DECLARATION OF EST TAX PAYMENT AMOUNT

SUNKIREDDY
AAKANKSHA RE

\$ 296.00 \$ 74.00

38 FRONT STREET
WORCESTER
MA
01608

DEPARTMENT USE ONLY

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

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED
PA ESTIMATED PAYMENT VOUCHER

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

816619811

SUNKIREDDY

AAKANKSHA REDDY

Occupation EMPLOYEE

Occupation

38 FRONT STREET

WORCESTER

MA 01608

41720

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name WILLIAMSPORT

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

1a 11840

1b 0

1c 11840

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 11840

10 0

11 11840



EC OFFICIAL USE ONLY FC

PA-40 - 2023

Social Security Number

816619811 Name(s) AAKANKSHA REDDY SUNKIREDDY

- 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		363
13		69
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		295
23		0
24		364
25		0
26		0
27		0
28		0
29		1
30		1
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA 6789659522	Date 032424

E-File Opt Out **N**

Firm FEIN

Preparer's PTIN **P02082703**



PA SCHEDULE G-L
PA-40/PA-41 G-L
(10-20)
PA Department of Revenue

SECTION I - CALCULATION OF THE CREDIT

AAKANKSHA REDDY SUNKIREDDY

816619811

1. Name of other state MASSACHUSETTS

Credit from a Pass-Through Entity (see the instructions)

	A Amount of income subject to tax in PA per PA return	B Amount of income subject to tax in the other state	C Lesser of Column A or B
2. Class of income subject to tax in the other state			
a. Compensation	11840	9600	
b. Unreimbursed business expenses	0		
c. Net compensation	11840	9600	9600
d. Interest	0	0	0
e. Dividends	0	0	0
f. Net income or loss from business, profession or farm	0	0	0
g. Gain or loss from sale, exchange or disposition of property	0	0	0
h. Income or Loss from rents, royalties, patents and copyrights	0	0	0
i. Estate or trust income	0	0	0
j. Gambling and lottery winnings	0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.			9600
4. a. Tax due or assessed in the other state			301
b. Tax paid in the other state			301
c. Enter the lesser of Line 4a or Line 4b			301
d. Less: adjustments - Enter the amount from Section III, Line 5.			0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.			301
5. Line 3 x 3.07 percent (0.0307)			295
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).			295

SECTION II - SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

	A	B	C	D	E TOTALS
1. Source entity name					
2. Income by class					
Compensation					9600
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

SECTION III - ADJUSTED TAX PAID

1. Enter the amount from Section I, Column C, Line 3 here.	9600
2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.	9600
3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d.	1.000000
4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.	0



Name
AAKANKSHA REDDY SUNKIREDDY

Social Security Number
816-61-9811

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		T		AVCO CONSULTING INC 04-3481560	11,840.	2,240. 69.	PA
1		T		AVCO CONSULTING INC 04-3481560		9,600. 0.	MA

	Taxpayer	Spouse
Pennsylvania W-2	11,840.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	69.	

Federal Forms W-2: Local Tax

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

	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

	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:

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

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

Compensation from Federal Forms 1099R

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

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

Pennsylvania Distribution type:

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

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

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	11,840.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	69.	_____

Total gross compensation to Form PA-40 line 1a	11,840.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.