

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SANTHOSH KUMAR VADIKICHERLA	Social security number 846-80-4972
Spouse's name RAMYA SAI BANDAM	Spouse's social security number 090-45-8503

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.

1 Adjusted gross income	1	114,315.
2 Total tax	2	9,955.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,753.
4 Amount you want refunded to you	4	6,798.
5 Amount you owe	5	

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

0	4	9	7	2
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 GLOBAL TAXES LLC to enter or generate my PIN

5	8	5	0	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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: SANTHOSH KUMAR; Last name: VADIKICHERLA; Your social security number: 846 80 4972

If joint return, spouse's first name and middle initial: RAMYA SAI; Last name: BANDAM; Spouse's social security number: 090 45 8503

Home address (number and street): 514 PORSHA TERRACE; Apt. no. (blank); Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

City, town, or post office: CAMP HILL; State: PA; ZIP code: 17011

Foreign country name (blank); Foreign province/state/county (blank); Foreign postal code (blank); Presidential Election Campaign: You Spouse

Filing Status: Single (unchecked), Married filing jointly (checked), Married filing separately (unchecked), Head of household (unchecked), Qualifying surviving spouse (unchecked)

Digital Assets: At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose of a digital asset? Yes No (checked)

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

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

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

Income table with columns: Description (1a-1z), Amount (2a-2z)

Table with columns: Description (2a-6a), Amount (2a-6a), Description (b), Amount (b)

Table with columns: Description (7-15), Amount (7-15)

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax amount: 9,955.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments amount: 16,753.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund: 6,798.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 3,155.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature table with columns for Your signature, Date, Your occupation, Spouse's signature, Date, Spouse's occupation, and Identity Protection PIN.

Paid Preparer Use Only section. Includes fields for Preparer's name, signature, date, PTIN, firm's name, address, and phone number.



DELAWARE 2023

DIVISION OF REVENUE FORM PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____ Amended Return
Must include page 3

Your Taxpayer ID: 8 4 6 8 0 4 9 7 2
Spouse Taxpayer ID: 0 9 0 4 5 8 5 0 3

Filing Status (Must check one)
 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms
 2. Joint 5. Head of Household

Your First Name: SANTHOSH KUMAR
 M.I.: Spouse First Name: RAMYA SAI
 Last Name: VADIKICHERLA
 M.I.: Last Name: BANDAM
 Suffix: Suffix:

Claimed as Dependant on someone else's return 2. X
 Check if FULL-YEAR Non-Resident in 2023 X

Present Home Address (Number and Street): 514 PORSHA TERRACE
 City: CAMP HILL
 State: PA Zip Code: 17011
 Apartment #: _____

If you were a part-year resident in 2023, give the dates you resided in Delaware:
 mm-dd-yyyy mm-dd-yyyy

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	FEDERAL COLUMN A	DELAWARE SOURCE INCOME/LOSS COLUMN B
1. WAGES, SALARIES, TIPS, ETC.	114296.00	5682.00
2. INTEREST		.00
3. DIVIDENDS	19.00	0.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES		.00
5. ALIMONY RECEIVED		.00
6. BUSINESS INCOME OR (LOSS) (See instructions)		.00
7a. CAPITAL GAIN OR (LOSS)		.00
7b. OTHER GAINS OR (LOSSES)		.00
8. IRA DISTRIBUTIONS		.00
9. TAXABLE PENSIONS AND ANNUITIES		.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	0.00	0.00
11. FARM INCOME OR (LOSS)		.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)		.00
13. TAXABLE SOCIAL SECURITY BENEFITS		.00
14. OTHER INCOME (State nature and source)		.00
15. TOTAL INCOME - Add Line 1 through Line 14	114315.00	5682.00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)		.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	114315.00	5682.00

SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	.00	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	.00	.00
20. TOTAL - Add Line 18 to Line 19	.00	.00
21. Add Line 17 to Line 20	114315.00	5682.00

SECTION C - SUBTRACTIONS

22. INTEREST RECEIVED ON U.S. OBLIGATIONS	.00	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) If your Spouse had a Military Pension If You had a Military Pension	.00	.00
24. DELAWARE STATE TAX REFUND	.00	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	.00	.00
26a. Taxable Social Security Benefits/Railroad	.00	.00
26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program	.00	.00
27. TOTAL Add Line 22 through Line 26b	.00	.00
28. Subtract Line 27 from Line 21	114315.00	5682.00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	.00	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A	30a.	5682.00

30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B 30b. 114315.00

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue
 REV 01/15/24 PRO

REFUND (LINE 60) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711



DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS

31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	.00
32.	ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34.	TOTAL - Add Line 31 through Line 33	34.	.00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	.00

SECTION E - CALCULATIONS

37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	114315 .00
38.	If you elect the STANDARD DEDUCTION check here a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. Enter amount from Line 36.	38.	6500 .00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	6500 .00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	107815 .00
42.	TAX LIABILITY COMPUTATION (See instructions)	42.	303 .00
	A. Line 30a 5682 .00		
	B. Line 30b 114315 .00		
	PRORATION DECIMAL (See instructions) = 0 . 0 4 9 7 X		
	Tax Liability from Tax Rate Table/ Schedule Amount 6099 .00		
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 2 x \$110 = 220 Multiply this amount by the proration decimal on Line 42 (x 0 . 0 4 9 7) and enter total here	43a.	11 .00
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 (x) and enter total here	43b.	.00
44.	TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	11 .00
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	292 .00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	247 .00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50.	S CORP PAYMENTS (See instructions)	50.	.00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	247 .00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	45 .00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	.00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 56.	.00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT	ENTER 57.	.00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	ENTER 58.	.00
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58	PAY IN FULL 59.	45 .00
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED 60.	.00

SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
CHECKING		
SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES NO

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER 330-794-3492

@ EMAIL ADDRESS _____

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA 03/28/2024

PAID PREPARER SIGNATURE _____ DATE _____

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN P02082703 PHONE NO. 678-965-9522

@ EMAIL ADDRESS

SYAM@GTAXFILE.COM



DELAWARE 2023

DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN B

61. TOTAL REFUNDABLE CREDITS - From Line 53	61.		.00
62. AMOUNT PAID ON ORIGINAL RETURN	62.		.00
63. SUBTOTAL - Add Lines 61 and 62	63.		.00
64. REFUND RECEIVED (If any, see instructions)	64.		.00
65. Estimated tax carryover and/or Special Funds contributions as shown on original return	65.		.00
66. Subtract Line 64 and Line 65 from Line 63	66.		.00
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	69.		.00
70. PENALTIES AND INTEREST DUE	70.		.00
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70	71.	PAY IN FULL	.00
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68	72.	ZERO DUE/TO BE REFUNDED	.00

73. Is an amended Federal return being filed? **Yes** **No**

If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. Has the Delaware Division of Revenue advised you your original return is being audited? **Yes** **No**

75. Is this amended return being filed as a protective claim? **Yes** **No**

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 71)
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

**ALL OTHER RETURNS
MAIL COMPLETED FORM TO:**

Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023

DIVISION OF REVENUE FORM

DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME	LAST NAME	TAXPAYER ID
SANTHOSH KUMAR & RAMYA SAI	VADIKICHERLA, BANDAM	8 4 6 8 0 4 9 7 2

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

1.	Tax imposed by State of (Enter 2 character state name)	1.	.00
2.	Tax imposed by State of (Enter 2 character state name)	2.	.00
3.	Tax imposed by State of (Enter 2 character state name)	3.	.00
4.	Tax imposed by State of (Enter 2 character state name)	4.	.00
5.	Tax imposed by State of (Enter 2 character state name)	5.	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return.	6.	.00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

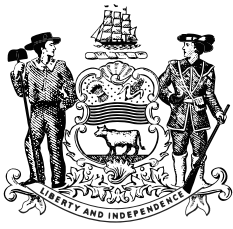
DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

7.	A. Non-Game Wildlife .00	H. DE National Guard .00	O. Senior Trust Fund .00
	B. Beau Biden Fund .00	I. Juvenile Diabetes Fund .00	P. Veterans Trust Fund .00
	C. Emergency Housing .00	J. Multiple Sclerosis Soc. .00	Q. Protect DE's Child Fund .00
	D. Breast Cancer Edu. .00	K. Ovarian Cancer Fndn .00	R. Food Bank of DE .00
	E. Organ Donations .00	L. <i>Intentionally left blank</i>	S. DE Hab For Humanity .00
	F. Diabetes Education .00	M. White Clay Creek .00	T. B+ Childhood Cancer .00
	G. Veterans Home .00	N. Home of the Brave .00	U. Combined Campaign for Justice .00
8.	Enter the total Contribution amount here and on Form PIT-NON, Line 56		8. .00

This page **MUST** be sent in with your Delaware return if any of the schedules (above) are completed.



DELAWARE 2023
 DIVISION OF REVENUE F O R M
 PIT-NNS
DELAWARE NON-RESIDENT SCHEDULES



DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

	TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE	
X	W-2	UNICON SCIENCES INC	473934443	DE	5682	247	Taxpayer	
	1099-R						X	Spouse
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	
	W-2						Taxpayer	
	1099-R						Spouse	

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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PA-40 - 2023
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

846804972 090458503
VADIKICHERLA
SANTHOSH KUMAR Occupation SOFTWARE E
RAMYA SAI Occupation CLINICAL ST
BANDAM
514 PORSHA TERRACE
CAMP HILL PA 17011
330-794-3492 21100

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J 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 CAMP HILL

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

Table with 2 columns: Line number and Amount. Rows include 1a (119961), 1b (0), 1c (119961), 2 (0), 3 (19), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (119980), 10 (0), 11 (119980).



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

PA-40 - 2023

Social Security Number

846804972 Name(s) SANTHOSH KUMAR VADIKICHERLA

- 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		3683
13		3508
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		3508
25		0
26		175
27		0
28		175
29		0
30		0
31		0
32		
33		
34		
35		
36		

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

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA 6789659522	Date 032824

E-File Opt Out N

Firm FEIN

Preparer's PTIN P02082703



PA SCHEDULE B
Dividend Income

2301510026

PA-40 B (EX) 09-23 (I)
PA Department of Revenue

2023

OFFICIAL USE ONLY

Name (if filing jointly, use name shown first on the PA-40) SANTHOSH KUMAR VADIKICHERLA	Social Security Number (shown first) 846-80-4972
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CAUTION: Federal and PA rules for dividend income are different. **Read the instructions.**

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse, and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse, and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse, or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

**PA SCHEDULE B - PA-Taxable Dividend and
Capital Gains Distributions Income** (See the instructions.)

Taxpayer Spouse Joint

1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$	19
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$	
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$	
4. Other reduction adjustments. See instructions. Description: _____	4.	\$	
5. Add the amounts on Lines 2, 3, and 4.	5.	\$	
6. Subtract Line 5 from Line 1.	6.	\$	19
7. Total exempt-interest dividends. See instructions.	7.	\$	
8. Other addition adjustments. See instructions. Description: _____	8.	\$	
9. Repatriation of foreign income. See instructions.			
a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a. _____			
b. Total payments of earnings and profits included in Line 9a received in prior years. 9b. _____			
c. Payments of earnings and profits included in Line 9a received in current year. 9c.		\$	
10. Capital Gains Distributions - See instructions.	10.	\$	
11. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	11.	\$	
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10, and 11. Enter on Line 3 of your PA-40.	12.	\$	19

1555
REV 02/24/24 PRO



2301510026

2301510026



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 Taxpayer (SANTHOSH KUMAR VADIKICHERLA) and Secondary Taxpayer (RAMYA SAI BANDAM).

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 (tax due).

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 04972 as my signature on my tax year 2023 electronically filed income tax return.

Signature _____ Date _____

SECONDARY TAXPAYER'S PIN Mark one oval only.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 58503 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
SANTHOSH KUMAR VADIKICHERLA

Social Security Number
846-80-4972

Federal Forms W-2

# of W2	* N T / T X B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	S	<input type="checkbox"/>	UNICON SCIENCES INC 47-3934443	5,682.	5,682. 0.	DE
2	<input type="checkbox"/>	T	<input type="checkbox"/>	CMFG LIFE INSURANCE COMPANY 39-0230590	108,614. 114,405.	114,279. 3,508.	PA
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2	114,279.	5,682.
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	3,508.	0.

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
2	<input type="checkbox"/>	T	39-0230590	210904	108,614.	1,573.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	108,614.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	1,573.	

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	114,279.	5,682.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	3,508.	0.

Total gross compensation to Form PA-40 line 1a	119,961.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.