

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

276670611 852644359

BANDA

ADARSH Occupation SOFTWARE E

SREELATHA Occupation SOFTWARE E

BANDA

4104 ORRS TOWN CT

MECHANICSBURG PA 17050

813-549-9594 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.

1a	367745
1b	0
1c	367745
2	0
3	0
4	-1291
5	0
6	0
7	0
8	0
9	367745
10	0
11	367745



EC	OFFICIAL USE ONLY	FC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PA-40 - 2023

Social Security Number

276670611 Name(s) ADARSH & SREELATHA BANDA

- 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		11290
13		11290
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		600
24		11890
25		0
26		0
27		0
28		0
29		600
30		600
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		Date	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522		030924	

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703



PA-40 Schedule C - 2023
(04-23) Profit or Loss From Business or Profession (Sole Proprietorship)

276670611 BANDA ADARSH

Method of Inventory: C=Cost, L=Lower of cost or market, O=Other 0

SOFTWARE SERVICES SOFTWARE SERVICES

Accounting Method: A=Accrual, C=Cash, O=Other C

BAND SOFTWARE SERVICES

Home office expenses deducted N

519200

Business out of existence N

4104 ORRS TOWN CT

Any change in determining quantities, costs or valuations N

MECHANICSBURG PA 17050

Table with 5 columns: Description, Code, Amount, Description, Code, Amount. Rows include: 1a. Gross receipts or sales (1A, 0), 1b. Returns and allowances (1B, 0), 1c. Balance (1C, 0), 2. Cost of goods sold/operations (2, 0), 3. Gross profit (3, 0), 4. Other Income (submit statement) (4, 0), 5. Total income (5, 0).

Table with 5 columns: Description, Code, Amount, Description, Code, Amount. Rows include: 6. Advertising (6, 0), 7. Amortization (7, 0), 8. Bad debts from sales or services (8, 0), 9. Bank charges (9, 0), 10. Car and truck expenses (10, 0), 11. Commissions (11, 0), 12. Cost depletion not % depletion (12, 0), 28. Supplies (not included on Schedule C-1) (28, 0), 29. Taxes (29, 0), 30. Telephone (30, 0), 31. Travel and entertainment (31, 0), 32. Utilities (32, 0), 33. Wages (33, 0), 34. IDCs (1/3 current expensing) (34, 0), 35. IDCs (amortization) (35, 0), 36. Start-up costs (direct expense) (36, 0).

Table with 3 columns: Description, Code, Amount. Rows include: 13a. Regular depreciation (13A, 1291), 13b. Section 179 expense (13B, 0), 14. Dues and publications (14, 0), 15. Other employee benefit programs (15, 0), 16. Freight (not on Schedule C-1) (16, 0), 17. Insurance (17, 0), 18. Interest on business indebtedness (18, 0).

37. Other expenses (specify):

Table with 5 columns: Code, Description, Code, Amount, Code. Rows include: A BACK OFFICE OPER, B META QUEST 3 PHO, C S23 ULTRA, D, E, F, G, H, I, J.

Table with 5 columns: Description, Code, Amount, Description, Code, Amount. Rows include: 19. Laundry and cleaning (19, 0), 20. Legal and professional services (20, 0), 21. Management fees (21, 0), 22. Office supplies (22, 0), 23. Pension and profit-sharing plans (23, 0), 24. Postage (24, 0), 25. Rent on business property (25, 0), 26. Repairs (26, 0), 27. Subcontractor fees (27, 0), 37. Total other expenses (37, 0), 38. Total expenses (add Lines 6 through 37) (38, 1291), 39. Net profit or loss (39, -1291).



PA-40 Schedule C - 2023

2303216390

Social Security Number 276670611

Name of owner BANDA ADARSH

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4, and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Section I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	0
2. Less: Section 179 depreciation included in Schedule C-1	2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Section II, Line 13b	3	0

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4A	0	0			0
Furniture /fixtures	4B	0	0			0
Trans. equipment	4C	0	0			0
Machinery	4D	0	0			0
Other (specify)						
	4E	0	0			0
	4F	0	0			0
	4G	0	0			0
	4H	0	0			0
	4I	0	0			0
	4J	0	0			0
	4K	0	0			0
	4L	0	0			0
	4M	0	0			0
	4N	0	0			0
	4O	0	0			0
	4P	0	0			0

5. Totals	5	0
6. Depreciation included in Schedule C-1	6	0
7. Balance (subtract Line 6 from Line 5) Enter here and on Section II, Line 13a	7	0



2303216390

2303216390

PA SCHEDULE DC - 2023
Child and Dependent Enhancement Tax Credit
PA-40 DC (12-23)
PA Department of Revenue

ADARSH BANDA

276670611

SREELATHA BANDA

852644359

In order to claim child and dependent care expenses, you must also claim the expenses on your Federal 1040 return. Include with the PA Schedule DC a completed copy of your Federal Form 2441 and 1040 Schedule 3.

SECTION I - PERSONS/ORGANIZATIONS WHO PROVIDED CARE

Provide all information for each person/organization. If more than five, submit additional schedules as needed.

CARE PROVIDER'S NAME	FULL ADDRESS OF PROVIDER	SSN/FEIN	ID TYPE	AMOUNT PAID
GENIUS KIDS-SILVER	7 FLOWERS DRIVE MECHANICSBURG PA 17050	844259103	F	9347
				0
				0
				0
				0

SECTION II - QUALIFYING PERSON(S) TO CLAIM FOR CHILD AND DEPENDENT CARE EXPENSES

Provide all information about your qualifying person(s). If you have more than five qualifying persons, submit additional schedules as needed.

QUALIFYING PERSON'S NAME	DOB	SSN/ITIN	ID TYPE	RELATIONSHIP	QUALIFIED EXPENSES
DHAKSH BANDA	06252021	675192909	S	SON	9347
					0
					0
					0
					0

SECTION III - INCOME AND CALCULATION OF CREDIT

1. Enter the total number of qualifying persons from Section II from all Schedules DC.
2. Enter the amount as shown on line 9a of your federal Form 2441. Enter on your PA-40, Line 23.

1
600
0



PA SCHEDULE T
Gambling and Lottery Winnings

2301010027

PA-40 T (EX) 03-23 (I)
 PA Department of Revenue

2023

OFFICIAL USE ONLY

PA SCHEDULE T - Gambling and Lottery Winnings

Name (if filing jointly, use name shown first on the PA-40)
ADARSH BANDA

Social Security Number (shown first)
276-67-0611

- PA residents must report all PA-taxable gambling and lottery winnings from all sources, whether receiving a federal Form W-2G or not.
- Non-PA residents must report all PA-taxable gambling and lottery winnings from sources within Pennsylvania.

IMPORTANT: For both PA residents and non-PA residents, noncash prizes from playing games of the Pennsylvania Lottery are not taxable, but you must include your noncash winnings in eligibility income if claiming Tax Forgiveness on PA Schedule SP. You may deduct your cost to play games of the Pennsylvania Lottery from other winnings.

- Spouses may not use each other's costs to reduce the amount of winnings on this schedule.

		(a) Taxpayer		(b) Spouse	
1.	Enter your total winnings from all federal Forms W-2G.	1(a).	33,394	1(b).	0
2.	Enter your total winnings from all other gambling, betting and lottery activities. Include cash and the fair market value or stated value of property, trips, services, etc. (except Pennsylvania Lottery noncash prizes)	2(a).	0	2(b).	0
3.	Total Winnings. Add Lines 1 and 2.	3(a).	33,394	3(b).	0
4.	Enter your total costs for tickets, bets and other wagering. Do not include any expenses (travel, meals, programs, tip sheets, etc.) you incurred to play a game of chance. You must be able to document your costs.	4(a).	33,394	4(b).	0
5.	Gambling and lottery winnings. Subtract Line 4 from Line 3. If Line 4 is more than Line 3, enter zero.	5(a).	0	5(b).	0

6. **Total Gambling and Lottery Winnings.** Add only the winnings from Line 5 of each column, and enter the total here and on Line 8 of your PA-40. 6.

7. Enter the total amount of any PA tax withheld from federal Forms W-2G. Enter here and include on Line 13 of your PA-40. 7.



2301010027

2301010027



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 ADARSH BANDA and SREELATHA BANDA.

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

Table with 2 columns: Description and Amount. Rows for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

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

- I authorize GLOBAL TAXES LLC to enter my PIN 70611 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 44359 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name
ADARSH BANDA

Social Security Number
276-67-0611

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		CORPORATE COMPUTER SOLUTIONS L 45-5468275	249,090.	249,090.	PA
2		S		DELOITTE & TOUCHE LLP 13-3891517	110,407. 118,655.	7,647. 3,643.	PA

	Taxpayer	Spouse
Pennsylvania W-2	249,090.	118,655.
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	7,647.	3,643.

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
1		T	45-5468275	PA 220401	249,090.	3,612.	PA
2		S	13-3891517	220401-21	118,655.	1,720.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	249,090.	118,655.
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	3,612.	1,720.

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	249,090.	118,655.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	7,647.	3,643.

Total gross compensation to Form PA-40 line 1a	367,745.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.