

PA-40 - 2017
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

800880662

KATAPALLI

DURGA PRASAD Occupation SOFTWARE E

Occupation

APT 116

55 FRAZER ROAD OAK WOOD

MALVERN PA 19355

15900

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 WEST CHESTER A

- 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 (28539), 1b (0), 1c (28539), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (28539), 10 (0), 11 (28539).



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PA-40 - 2017

Social Security Number

800880662

Name(s) DURGA PRASAD KATAPALLI

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 2016 PA Income Tax return.

15 2017 Estimated Installment Payments. REV-459B included.

16 2017 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, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, 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.

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.

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.

31 Credit - Amount of Line 29 you want as a credit to your 2018 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		876
13		876
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		876
25		0
26		0
27		0
28		0
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	Date
APPANA RUPA VENKATA SATYA SAI MANI 6789659729	061118

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02090332



PA SCHEDULE W-2S
Wage Statement Summary

1701910026

PA-40 W-2S 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) DURGA PRASAD KATAPALLI	Social Security Number (shown first) 800-88-0662
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Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	26-3305087	28,539	16,299	28,539	876
Total Part A- Add the Pennsylvania columns				28,539	876

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	28,539	876
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Enter the TOTALS on your PA tax return on: Line 1a Line 13

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



1555
REV 11/13/17 PRO

1701910026

Pennsylvania Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name DURGA PRASAD
Middle Initial Suffix
Last Name KATAPALLI
Social Security No. 800-88-0662
Occupation SOFTWARE E
Date of Birth 05/30/89
Date of Death
Daytime phone *
Home phone *

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Occupation
Date of Birth
Date of Death
Daytime phone *

* Check one of these boxes to print daytime phone number on the state government forms.

Apt. No., Suite, RR No., etc. APT 116
Address 55 FRAZER ROAD OAK WOOD
City MALVERN State . . PA ZIP Code 19355
Foreign country

Prior Year Filing:

- The tax booklet label is not correct
Taxpayer did not file a 2016 Pennsylvania return.
Taxpayer filed a 2016 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2017 enter where taxpayer lived:
School district West Chester Area School code 15900
County Chester County code 15

Underpayment Penalty:

- Allow the Pennsylvania Treasury to figure the interest and penalty
Farmers Only:
At least 2/3 of gross income was from farming
This tax return will be filed and all tax paid by March 1, 2018
This final PA tax return will be filed and all tax paid by February 1, 2018

Military:

- Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No
Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's,
2017 Federal tax return?
Taxpayer
Spouse
Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II - Resident Status

X Form PA-40: Full-Year resident
Form PA-40: Nonresident
Form PA-40: Part-Year resident
Part-Year residency dates From To
Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn
compensation both within and outside Pennsylvania may need to complete and file
Schedule NRH Compensation Apportionment
Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax

Part III – Filing Status

- S** Single
- J** Married, filing joint
- M** Married, filing separate
- F** Final return. Indicate reason _____
- D** Deceased

Part IV – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Pennsylvania Department of Revenue, as applicable by the law.

The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Enter the date return was EFiled _____
 Date return was accepted by the state _____
 Enter the date Form PA-V was given to client _____
 QuickZoom to PA-8453 Additional Information SmartWorksheet ► _____

Part V – Paid Preparer Information

Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer's assigned code from Preparer/ERO Information Worksheet 1

Part VI – Extension Status

Yes No
 Has the tax return due date been extended?
 Extended due date _____

QuickZoom to Rev 276: Application for Extension of Time to File ► _____

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
 Do you want electronic funds withdrawal of state tax payment (EF Only)?
 Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) CITI BANK

Check the appropriate box:

Checking Routing number . . . 321171184
 Savings Account number . . . 42017914849

Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Amended Return

This is an amended Pennsylvania tax return (See Tax Help)
 Tax year being amended _____ QuickZoom to Form PA-40X . . . ► _____

QuickZoom to Form PA-40, Income Tax Return ► _____

QuickZoom to Form PA-1000, Property Tax or Rent Rebate Claim ► _____

Pennsylvania School District Code Selection Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>DURGA PRASAD KATAPALLI</u>	Social Security No. <u>800-88-0662</u>
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Listed below are the counties in Pennsylvania. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code. Please select a school district from one county only.

School district code selected 15900

QuickZoom to Information Worksheet _____

Pennsylvania Counties

Adams _____	Elk _____	Montour _____
Allegheny _____	Erie _____	Northampton _____
Armstrong _____	Fayette _____	Northumberland _____
Beaver _____	Forest _____	Perry _____
Bedford _____	Franklin _____	Philadelphia _____
Berks _____	Fulton _____	Pike _____
Blair _____	Greene _____	Potter _____
Bradford _____	Huntingdon _____	Schuylkill _____
Bucks _____	Indiana _____	Snyder _____
Butler _____	Jefferson _____	Somerset _____
Cambria _____	Juniata _____	Sullivan _____
Cameron _____	Lackawanna _____	Susquehanna _____
Carbon _____	Lancaster _____	Tioga _____
Centre _____	Lawrence _____	Union _____
Chester <u>West Chester Area</u>	Lebanon _____	Venango _____
Clarion _____	Lehigh _____	Warren _____
Clearfield _____	Luzerne _____	Washington _____
Clinton _____	Lycoming _____	Wayne _____
Columbia _____	McKean _____	Westmoreland _____
Crawford _____	Mercer _____	Wyoming _____
Cumberland _____	Mifflin _____	York _____
Dauphin _____	Monroe _____	
Delaware _____	Montgomery _____	

Tax Payments Worksheet

2017

▶ Keep for your records

Name DURGA PRASAD KATAPALLI	Social Security Number 800-88-0662
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Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	Date	Payment
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			876.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			876.
15 Date return will be filed and balance paid		15	

Name
DURGA PRASAD KATAPALLI

Social Security Number
800-88-0662

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	RANDSTAND PROFESSINOLS US LLC 26-3305087	28,539. 16,299.	28,539. 876.	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"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2	28,539.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	876.	

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	<input type="checkbox"/>	T	26-3305087	15	28,539.	259.	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"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	28,539.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	259.	

Excess Reimbursements

*	Description	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC and other statements

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

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

Compensation from Federal Forms 1099R

*	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"/>								

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

Pennsylvania Distribution type:

- N** No entry
- I31** PA school, state, or municipal employee plan
- I11** United Mine Workers pension
- I32** Military pension
- I33** U.S. Civil service retirement/disability/annuity
- K1** Annuity or Non-civil service disability
- I21** Early distribution from a retirement plan
- I12** Rollover
- I13** I'm eligible; plan is eligible (no PA tax)
- I22** I'm not eligible yet; plan is eligible in PA
- J1** Traditional or Roth IRA; I'm over 59.5
- J2** Traditional or Roth IRA; I'm under 59.5
- K2** Non-qualified deferred compensation plan
- K3** Life insurance or endowment
- L** Distribution from Charitable Gift Annuities
- H1** ESOP: Allocated ESOP Stock Dividend
- H2** ESOP: Non-Allocated ESOP Stock Dividend

	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.	28,539.	0.
Total Schedule NRH gross compensation to PA-40, line 12.	_____	_____
Withholding to Form PA-40 line 13.	876.	_____

Total gross compensation to Form PA-40 line 1a	28,539.
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Smart Worksheets from your 2017 Pennsylvania Tax Return

SMART WORKSHEET FOR: PA 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Using the Federal PIN in Place of Form PA-8453 (See Help) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D	Documents to attach to the FRONT of Form PA-8453: Form W-2 (Copy 2) _____ Signed copies of returns filed with other states _____ _____
E	Document to attach to the BACK of PA-8453: _____ _____ _____ _____