Form **PA-8453**

PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2017

(EX) 05-17

,		For the year Is	an. 1 – Dec. 31, 2017					
	Primary Taxpayer's Social Security	•	Secondary Taxpayer's Social Securit	ty Number				
	881-27-1035							
Print	Last Name	Primary Taxpayer's Name, Initia	l; Secondary Taxpayer's First Name, Initial; Seco	ondary Taxpayer's Last Name (only if different)				
or	KASAMOLU, SREEDHAR							
Type	Home Address (Number and Street 949 MANCHESTER CT	including Rural Route or P.O. Box)						
	City, Town or Post Office		State	ZIP Code				
	CHARLOTTESVILLE		VA	22901				
Check	The above information mus	st match that on the electro	onic return exactly.					
Proper Filing Status	S ☒ Single M ☐ Married, Filing Separa	J ☐ Married, F ately	iling Jointly	Daytime Telephone Number				
Part I	Tax Return Informa	tion (Enter whole dollars	only.)					
	Adjusted PA taxable inc	come (Form PA-40, Line 11)		164,331				
	2. PA tax liability (Form PA	A-40, Line 12)		21,975				
	3. Total PA tax withheld (F	form PA-40, Line 13)		31,964				
		'						
	5. Total payment (tax due)	(Form PA-40, Line 28)		5				
Part II	Direct Deposit of Re	fund or Electronic Fund	ds Withdrawal of Tax Due (Opt	tional – See instructions.)				
Y OF W-2G IERE	6. Routing transit number	(RTN)	The first two numbers be 01 through 12 or	ers of the RTN must r 21 through 32.				
20P 2(s), (s) F	7. Depositor account num	ber (DAN)		-				
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	8. Type of account:	☐ Check	ing Savings					
STA and	9. Debit date							
Part III		payers (Sign only after Pa	urt Lis complete)					
	destination of the fund an agent to receive the b. I am not receiving a re c. I authorize the Pennsy account for Pennsylvar	s is within the U.S. or one of its terre e refund. fund or I do not want direct deposite Ivania Department of Revenue and nia taxes owed. I also authorize my	ed in Part II and declare all information shown on L itories. If I have filed a joint return, this is an irre- of my refund. its designated financial agents to initiate an elect financial institution to debit the entry to my acc seive confidential information necessary to an	vocable appointment of the other Taxpayer as ronic funds withdrawal entry to my designated count and the financial institutions involved in				
If I have filed	notifying the Pennsylva be made in writing by	ania Department of Revenue no late email to ra-achrevok@pa.gov or fax		ettlement) date. I understand notification must				
applicable int	erest and penalties. If I have filed a jo	int federal and state tax return and t	does not receive full and timely payment of my ta here is an error on my state return, I understand	my federal return will be rejected.				
on my 2017 F and statement prepare and	A Tax Return (PA-40). To the best of my its to the Internal Revenue Service (IRS transmit my return electronically, I con	y knowledge, my return is true and co S) and the IRS to subsequently send isent to the disclosure of all informa	with the information I provided to my electronic r mplete. I authorize my electronic return originator t them to the PA Department of Revenue. In additio tion pertaining to my use of the system and soft inderstand that I am required to keep this form an	to send my return and accompanying schedules on, by using a computer system and software to ware and to the transmission of my tax return				
o:			<u> </u>					
Sign Here	Primary Taxpayer	Date	Secondary Taxpayer	Date				
Part IV	Declaration of Elect	ronic Return Originato	r (ERO) and Paid Preparer (See	e instructions.)				
signature on PA Departme of Individual	this form before submitting this return nt of Revenue and followed all other n Fax Returns (Tax Year 2017). If I am th	to the PA Department of Revenue. lequirements specified by the PA Depe preparer, under penalty of perjury,	on this form are complete and correct to the be I provided the taxpayer with a copy of all forms a partment of Revenue and described in the IRS Po I declare that I examined the above-named taxpa I that I am required to keep this form and support	nd information to be filed with the IRS and the ublication 1345, Handbook for Electronic Filers ayer's return and accompanying schedules and				
ERO's Use	ERO's signature	Date 06/14/201	Check if also Check if self-employed	□ EIN/SSN or PTIN 30-1017196				
Only	Firm's name (or yours,	GLOBAL TAXES LLC	2530 PEBBLE CREEK LN CUM	MING GA 30041				
	if self-employed) and address		Daytime Tele	ephone Number (678)965-9729				
Daid	Preparer's signature	Date 06/14/201	Check if also Check if paid preparer Self-employed	□ SIN/SSN or PTIN 30-1017196				
Paid Preparer'	Firm's name (or yours,	APPANA RUPA VENKATA S	ATYA SAI MANI KUMAR 2530 PEBB	LE CREEK LN CUMMING GA 30041				
Use Only	if self-employed) and address		Daytime Tele	ephone Number (678)965-9729				

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
L REVENUE PLACE
HARRISBURG, PA 17129-0001
NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),

DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2017 PA-V PA PAYMENT VOUCHER

1555 REV 11/13/17 PRO

881-27-1035 KA

1700916131

PAYMENT AMOUNT

KASAMOLU SREEDHAR

i

11.00

949 MANCHESTER CT CHARLOTTESVIL VA 22901

DEPARTMENT USE ONLY

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

PA-40 - 2017

Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

				N	Extension.	N	Amended Return.
88.	1271035			R	Residency Statu	s.	
KA	DAMOLU				PA R esident/ N o from	nresident	/Part-Year Resident to
SR	EEDHAR	Occupation	SV. TWANE	Z	Single, Married Married/Filing	_	ointly,
		Occupation	on	N	Deceased		
				N	Taxpayer Date of	of Death	
	n manchester et			N	Spouse Date of	Death	
74	TO RETZEHONAM P			N	Farmers.		
CH.	ARLOTTESVILLE	VA	22901		School District	Name B	ERMUDIAN SPRI
			01110	1			
1a	Gross Compensation. Do not include qualifying retirement benefits. See	_		and and	la		64331
1b 1c					lb lc		0 64331
2 3 4	Interest Income. Complete PA Sche Dividend and Capital Gains Distribu Net Income or Loss from the Operat	itions Income	. Complete PA Schedule B if r	equired.	2 3 4		0 0 0
5 6 7 8 9	Net Gain or Loss from the Sale, Ex. Net Income or Loss from Rents, Ro Estate or Trust Income. Complete a Gambling and Lottery Winnings. C. Total PA Taxable Income. Add on 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD	oyalties, Paten nd submit PA omplete and s ally the positiv	ats or Copyrights. Schedule J. Submit PA Schedule T. e income amounts from Lines	1c,	5 6 7 8 9		0 0 0 0 64331
10	Other Deductions. Enter the appro	_	or the type of deduction.	N	10		0
11	See the instructions for additional in Adjusted PA Taxable Income. Sub-		from Line 9.		77		64331
1555	REV 11/13/17 PRO						







Social Security Number

Name(s) SREEDHAR KASAMOLU 881271035

	19659729			Firm FEIN Preparer's		301017196 P02090332
_	arer's Name and Telephone Number	TNAM TAZ AYT	Date 061418	E-File Op	t Out	N
Your	Signature	Spouse's Signature, if fil	ing jointly	·		
_	ature(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best		=			
36	Refund donation line. Enter the organ	nization code and donation	amount. See instruc	tions.	36	
	Refund donation line. Enter the organ				35	
	Refund donation line. Enter the organ				34	
	Refund donation line. Enter the organ				33	
	Refund donation line. Enter the organ				32	
30 31	Refund – Amount of Line 29 you wan Credit – Amount of Line 29 you wan	-		REFUND	37 30	0
	The total of Lines 30 through 36 mg	ıst equal Line 29.				
29	OVERPAYMENT. If Line 24 is more the difference here.	e than the total of Line 12	, Line 25 and Line 2	7, enter	29	
28	TOTAL PAYMENT DUE. See the in				28	77
27	Penalties and Interest. See the instruct If including form RE	tions. Enter Co EV-1630/REV-1630A, mar		N	27	0
	TAX DUE. If the total of Line 12 and			nce here.	56	77
	USE TAX. Due on internet, mail orde				25	
	TOTAL PAYMENTS and CREDIT		22 and 23.		24	1964
	Resident Credit. Submit your PA Scho Total Other Credits. Submit your PA S		1.		23 22	0
22	D 11 (G 15 G 1 5 G 15 G 15 G 15 G 15 G 15				77	
20 21	Total Eligibility Income from Part C, Tax Forgiveness Credit from Part D,				57 50	0
	Dependents, Part B, Line 2, PA Schoo					00
	Filing Status: 01 Unmarried or S	=	d 03 Deceased			00
Tax	Forgiveness Credit. Submit PA Scho	edule SP.				
	Total Estimated Payments and Cred		· · · · · · · · · · · · · · · · · · ·		18	0
	Nonresident Tax Withheld from your	PA Schedule(s) NRK-1. (Nonresidents only)		17	0
	2017 Estimated Installment Payments 2017 Extension Payment.	. REV-439D INCIDEED.		N	7P	0
	Credit from your 2016 PA Income Tax				1.4 1.5	0
1.4	Conditions are 2016 PA I				7.11	_
	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instruc				73 75	1975 1964
10	DA Too I inhilian Makimba I ing 11 km	. 2 07			17	

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Page 2 of 2



Wage Statement Summary

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)

Social Security Number (shown first) 881-27-1035

SREEDHAR KASAMOLU

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 -	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		
Т	25-1829581	63,981		64,331	1,964		
Total Pa	rt A- Add the Pennsylvania columns			64,331	1,964		

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
Tota	l Part	B - Add the Pennsylvania colur	nns				

TOTAL - Add the totals from Parts A and B		64,331	1,964
	Enter the TOTALS on your PA tax return on:	Line 1a	Line 13

Payment type: A. Executor fee E. Honorarium

B. Jury duty pay

- C. Director's fee
- D. Expert witness fee G. Damages or settlement for lost wages, other than personal injury

H. Other nonemployee compensation. Describe:

F. Covenant not to compete

- I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
- J. Distribution from IRA (Traditional or Roth)
- L. Distribution from Charitable Gift Annuities
- K. Distribution from Life Insurance, Annuity or Endowment Contracts
- M. Distribution from Employee Stock Ownership Plan

Describe:			



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Pennsylvania Information Worksheet ► Keep for your records

Part I — Personal Information	
Taxpayer: First Name SREEDHAR Middle Initial	9 MANCHESTER CT State VA ZIP Code 22901
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 particular.	art-year resident
School Code: As of December 31, 2017 enter where taxpayer lives School district Bermudian Springs County Adams	School code
Underpayment Penalty: Allow the Pennsylvania Treasury to figure the interpayment Only: At least 2/3 of gross income was from farming This tax return will be filed and all tax paid by Mar This final PA tax return will be filed and all tax paid	ch 1, 2018
Military: Served in a combat zone or qualified hazardous d	luty area
Special Tax Forgiveness: Yes No Was the taxpayer or spouse claimed as a decent of the control	ependent on a parent's, grandparent's, yer is a dependent qualify for tax forgiveness?
Part II — Resident Status	
X Form PA-40: Full-Year resident	To To It in Pennsylvania) who earn It in pennsylvania is the complete and file

SREEDHAR KASAMOLU	881-27-1035	Page 2
Part III — Filing Status		
X S Single J Married, filing joint M Married, filing separate F Final return. Indicate reason	· ·	
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 el disclosure of all information pertaining to my use of the system and software to the electronic transmission of my client's tax return to the Pennsylvania Depart applicable by the law.	o create my client's return an	
X 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 belo	ow.	
Description Filename		
Enter the date return was EFiled		
Part V — Paid Preparer Information		
Check the box if a certification of REV-677-LE. Power of Attorney and	Declaration of Representativ	e.
Part VI — Extension Status Yes No X Has the tax return due date been extended? Extended due date	o discuss this return and	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X Has the tax return due date been extended? Extended due date QuickZoom to Rev 276: Application for Extension of Time to File	o discuss this return and	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X Has the tax return due date been extended?	o discuss this return and	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X Has the tax return due date been extended? Extended due date QuickZoom to Rev 276: Application for Extension of Time to File	o discuss this return and et	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X Has the tax return due date been extended? Extended due date QuickZoom to Rev 276: Application for Extension of Time to File	awal Information Filing Only)? FOnly)? ate (PA-1000 only)? ation below:	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X Has the tax return due date been extended? Extended due date QuickZoom to Rev 276: Application for Extension of Time to File	aval Information Filing Only)? Fonly)? Attention below: or	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X Has the tax return due date been extended? Extended due date QuickZoom to Rev 276: Application for Extension of Time to File	o discuss this return and of	
is on file giving the Pennsylvania Department of Revenue permission to attachments with the preparer. Enter the preparer's assigned code from Preparer/ERO Information Workshee Part VI — Extension Status Yes No X 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 Withdra Yes No X Do you want to elect direct deposit of state tax refund (Electronic Do you want electronic funds withdrawal of state tax payment (E Do you want to elect direct deposit of Property Tax or Rent Rebail fyou selected direct deposit or electronic funds withdrawal, fill out the information of Financial Institution (optional)	o discuss this return and of	

2017

Pennsylvania School District Code Selection Worksheet

► Keep for your records

Name as Shown on Return SREEDHAR KASAMOLU	Social Security No. 881-27-1035						
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							
Pennsylvania Counties							
AdamsBermudian Springs	Elk	Montour					
Allegheny	Erie						
Armstrong	Fayette						
Beaver	Forest	Perry					
Bedford	Franklin	Philadelphia					
Berks	Fulton	Pike					
Blair	Greene	Potter					
Bradford	Huntingdon						
Bucks	Indiana						
Butler	Jefferson	Somerset					
Cambria	Juniata	Sullivan					
Cameron	Lackawanna	Susquehanna .					
Carbon	Lancaster	Tioga					
Centre	Lawrence	Union					
Chester	Lebanon	Venango					
Clarion	Lehigh	Warren					
Clearfield	Luzerne	Washington					
Clinton	Lycoming	Wayne					
Columbia	McKean	Westmoreland .					
Crawford	Mercer	Wyoming					
Cumberland	Mifflin	York					
Dauphin	Monroe						
Delaware	Montgomery						

NEIW8901.SCR 04/30/15

1,964.

		Keep for you	riecords		
Name SREE	e EDHAR KASAMOLU				Security Number
Tax	Payments for the Current Year				
			St	ate	
		S	pouse	Та	axpayer
		Date	Payment	Date	Payment
1 2	First Payment				
3 4	Third Payment				
	Additional Payments				
5	Payment				
	Payment				
	Payment				
	Payment				
6	Overpayment from previous year applied	to			
	current year				
7	Amount paid with current year extension				
8	Total tax payments				
Inco	ome Taxes Withheld for the Current	Year			
9	State withholding on Forms W-2		Spouse		Taxpayer 1,964.
10	State withholding on Forms W-2G				
11	State withholding on Forms 1099-R				
	State withholding on Forms 1099-MISC .				
	State withholding on Forms 1099-G				
	State withholding on Forms 1099-K				
13	Other state tax withholding				

14

15

SREEDHAR KASAMOLU

Name

2017

Social Security Number

881-27-1035

► Keep for your records

Federal Forms W-2 TS # Ν Federal Pennsylvania ST Employer R ID of Ν Name wages (state) W2 Т Н from box 1 compensation from box 16 Τ (See Tax Help) Pennsylvania Χ В Employer (state) identification Medicare income tax number from tax withheld wages box B from box 5 from box 17 SIGMA RESOURCES LLC 63,981. 64,331 PA 25-1829581 1,964. Taxpayer **Spouse** 64,331 0. Pennsylvania W-2........ Pennsylvania W-2 to Schedule NRH, line 9. Federal Form 4137, Unreported Tips, line 6 Non-Pennsylvania W-2 to Schedule SP, line 6 1,964. Federal Forms W-2: Local Tax TS Employer Locality name Local wages, Local income ST identification tips, etc. of tax ID W2 number from (local) (local) box B from box 18 from box 19 25-1829581 PITTUSBURGH 49,105 780 PΑ Т 25-1829581 **PITTUSBURGH** 15,226 PΑ 221 **Taxpayer Spouse** Pennsylvania Local W-2 64,331 Federal Form 4137, Unreported Tips, line 6 **Excess Reimbursements** T/S Description Amount **Spouse Taxpayer**

	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

Total gross compensation to Form PA-40 line 1a	Taxpayer 64,331.	Spouse 0.
Total Šchedule NRH gross compensation to PA-40, line 12 Withholding to Form PA-40 line 13	1,964.	
Trianiolaning to Form 170 to mile 160 to 100	1/2011	

64,331.

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

SREEDHAR KASAMOLU 881-27-1035

Smart Worksheets from your 2017 Pennsylvania Tax Return

SMART WORKSHEET FOR: PA 8453: Declaration for Electronic Filing

	Additional Information Smart Worksheet
A B C D	Date this return was E-Filed
	Signed copies of returns filed with other states
	
Ε	Document to attach to the BACK of PA-8453: