



Your First Name and Middle Initial <b>1</b> SUMANTH REDDY		Last Name CHALLA	Enter your SSN(s).	Your Social Security Number 705   51   9285
Spouse's First Name and Middle Initial <b>1</b>		Last Name		Spouse's Social Security No.
Current Home Address - number and street, rural route <b>2</b> 1086 W KING ROAD,		Apt. No. AS-313	Daytime Phone (with area code) <b>94</b> (916)895-6281	
City, Town or Post Office <b>3</b> MALVERN	State PA	ZIP Code 19355	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <b>88</b>	
		<b>81</b> PM	<b>80</b> RCVD	

Enter the amount of payment enclosed..... \$ 

122	00
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If you are mailing this payment

<p><b>To ensure proper application of this payment, be sure that you:</b></p> <ul style="list-style-type: none"> <li>✓ Do <b>not</b> send cash.</li> <li>✓ Make your check or money order payable to Arizona Department of Revenue.</li> <li>✓ Write your SSN and "2018 Tax" on your payment.</li> <li>✓ Include your payment with this form.</li> <li>✓ <b>Mail to</b> Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.</li> </ul>
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If you are making an electronic payment

<p><b>You can make this 140V payment by eCheck or credit card!</b> American Express ♦ Visa ♦ Discover Card ♦ MasterCard</p> <p style="text-align: center;"><b>www.AZTaxes.gov</b></p> <ul style="list-style-type: none"> <li>✓ Click on "Make a Payment" and select "140V" as the Payment Type.</li> <li>✓ Do not mail this form. We will apply this payment to your account.</li> </ul>
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**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 15, 2019. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2018

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] 2,0,1,8 AND ENDING [M,M,D,D] 2,0,Y,Y. 66F

1 SUMANTH REDDY Last Name CHALLA Your Social Security Number 705 51 9285
Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 1086 W KING ROAD, Apt. No. AS-313 Daytime Phone (with area code) 94 (916) 895-6281
City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) 97 MALVERN PA 19355

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household: Enter name of qualifying child or dependent on next line:
6 Married filing separate return: Enter spouse's name and Social Security Number above.
7 Single
8 Age 65 or over (you and/or spouse)
9 Blind (you and/or spouse)
10 Dependents: Do not include self or spouse.
11 Qualifying parents and grandparents
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88R
81P PM 80R RCVD
If completing lines 8 through 11, also complete lines 49 through 54.

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Includes dependent information for 10a and 10b.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if age 65 or over, (f) if died in 2018. Includes qualifying parents and grandparents for 11a and 11b.

14 Dates of Arizona residency: From 0,1,0,1,2,0,1,8 to 1,0,1,2,2,0,1,8
List other state(s) of residency: PA

Table with 4 columns: Description, 2018 FEDERAL Amount from Federal Return, 2018 ARIZONA Amount Only. Rows include Wages, salaries, tips, etc. (15), Interest (16), Dividends (17), Arizona income tax refunds (18), Business income (19), Gains (20), Rents, royalties (21), Other income (22), Total income (23), Other federal adjustments (24), Federal adjusted gross income (25), Arizona gross income (26), Arizona income ratio (27).

Table with 4 columns: Description, 2018 FEDERAL Amount from Federal Return, 2018 ARIZONA Amount Only. Rows include Total depreciation (28), Net capital loss (29), Other Additions (30), Subtotal (31), AZ sourced gain/loss (32), Short-term gain/loss (33), Long-term gain/loss (34), Net long-term gain (35), Multiply line 35 by 25% (36), Net capital gain from qualified small business (37), Net capital gain from exchange of legal tender (38), Subtract line 31 - (lines 36, 37, and 38) (39).

Place any required federal and AZ schedules or other documents after Form 140PY.

FILING STATUS

EXEMPTIONS

Dependents

Arizona Income

Additions

Your Name (as shown on page 1) Your Social Security Number  
 SUMANTH REDDY CHALLA

Subtractions - cont. from page 1	40	Enter the amount from page 1, line 39	40	16,100	00
	41	Recalculated Arizona depreciation	41		00
	42	Contributions to 529 College Savings Plans	42		00
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00
	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	45		00
	46	Other Subtractions from Income: See instructions and include your own schedule	46		00
Exemptions	47	Subtract lines 41 through 46 from line 40	47	16,100	00
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	48		00
	49	Blind: Multiply the number in box 9 by \$1,500	49		00
	50	Dependents: Multiply the number in box 10 by \$2,300	50		00
	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	51		00
	52	Add lines 48 through 51	52		00
	53	Multiply line 52 by the Arizona income ratio on line 27	53	0	00
Balance of Tax	54	<b>Arizona adjusted gross income:</b> Subtract line 53 from line 47	54	16,100	00
	55	<b>Deductions: Check box and enter amount.</b> See instructions. <input type="checkbox"/> ITEMIZED <input checked="" type="checkbox"/> STANDARD	55	5,312	00
	56	Personal exemptions: See instructions	56	1,085	00
	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	9,703	00
	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	251	00
	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 36	59		00
	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	251	00
Total Payments and Refundable Credits	61	Family income tax credit (from the worksheet - see instructions)	61		00
	62	Nonrefundable credits from Arizona Form 301, Part 2, line 69	62		00
	63	<b>Balance of tax:</b> Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"	63	251	00
	64	2018 AZ income tax withheld	64	129	00
	65	2018 AZ estimated tax payments. <b>65a</b> <input type="text" value="00"/> Claim of Right <b>65b</b> <input type="text" value="00"/> Add 65a and 65b. <b>65c</b>	65		00
	66	2018 AZ extension payment (Form 204)	66		00
	67	Increased Excise Tax Credit (from the worksheet - see instructions)	67		00
Tax Due or Overpayment	68	Other refundable credits: Check the box(es) and enter the total amount. <b>681</b> <input type="checkbox"/> 308-I <b>682</b> <input type="checkbox"/> 349	68		00
	69	<b>Total payments and refundable credits:</b> Add lines 64 through 68 and enter the total	69	129	00
	70	<b>TAX DUE:</b> If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73	70	122	00
	71	<b>OVERPAYMENT:</b> If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment	71		00
	72	Amount of line 71 to be applied to 2019 estimated tax	72		00
	73	Balance of overpayment: Subtract line 72 from line 71	73		00
	Voluntary Gifts	74 - 84	<b>Voluntary Gifts to:</b>		
		Solutions Teams Assigned to Schools	74		00
		Arizona Wildlife	75		00
		Child Abuse Prevention	76		00
		Domestic Violence Shelter	77		00
		Neighbors Helping Neighbors	79		00
		Special Olympics	80		00
	I Didn't Pay Enough Fund	82		00	
	Sustainable State Parks and Road Fund	83		00	
	Veterans' Donations Fund	81		00	
	Spay/Neuter of Animals	84		00	
85	Political Party (if amount is entered on line 78 - check only one): <b>851</b> <input type="checkbox"/> Democratic <b>852</b> <input type="checkbox"/> Green Party <b>853</b> <input type="checkbox"/> Libertarian <b>854</b> <input type="checkbox"/> Republican	85			
Penalty	86	Estimated payment penalty	86		00
	87	<b>871</b> <input type="checkbox"/> Annualized/Other <b>872</b> <input type="checkbox"/> Farmer or Fisherman <b>873</b> <input type="checkbox"/> Form 221 included	87		
	88	Add lines 74 through 84 and 86; enter the total	88		00
Refund or Amount Owed	89	<b>REFUND:</b> Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	89		00
		<b>Direct Deposit of Refund: Check box 89A</b> if your deposit will be ultimately placed in a foreign account; see instructions. <b>89A</b> <input type="checkbox"/>			
		<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: <input type="text" value=""/> ACCOUNT NUMBER: <input type="text" value=""/>			
90	<b>AMOUNT OWED:</b> Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payment.	90	122	00	

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SOFTWARE ENGINEER  
 OCCUPATION \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

PAID PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ GLOBAL TAXES LLC  
 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) \_\_\_\_\_

2530 Pebble Creek Ln P02090332  
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN  
 Cumming GA 30041

PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

Arizona Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . SUMANTH REDDY
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . CHALLA
Social Security No . . . . . 705-51-9285
Date of Birth . . . . . 01/12/1994
Date of Death . . . . .
Daytime Phone . . . . . (916) 895-6281
Extension . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No . . . . .
Date of Birth . . . . .
Date of Death . . . . .
Daytime Phone . . . . .
Extension . . . . .

Home Phone . . . . .
Print this daytime phone on forms . . . . . [X] Taxpayer daytime [ ] Spouse daytime [ ] Home
Street Address . 1086 W KING ROAD, Apt No. . AS-313
City . . . . . MALVERN State . . . . . PA ZIP Code . . . . . 19355

Last name(s) in prior years if different from name(s) used in current year . . . . .

Part II - Main Form

- Form 140: Resident Tax Return (Long form)
Form 140A: Resident Tax Return (Short form)
Form 140NR: Nonresident Tax Return
Enter Nonresident income allocations on Form 140NR
[X] Form 140PY: Part-Year Resident Tax Return
Dates of Residency: From: 01/01/2018 To: 10/12/2018
Other states of residency: PA
Enter Part-Year Resident income allocations on Form 140PY
Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only.

Military personnel and composite return filers:

- You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
You are filing a composite return on Form 140NR

Part III - Filing Status

- Married filing joint return
Injured spouse protection of joint overpayment (Form 203)
Head of household
Child's First name MI Last Name Suff
Head of household and married in 2018
Married filing separate return
Spouse itemized deductions
Married filing separate with one spouse claiming at least one dependent
[X] Single

Part IV - Other Information

- Checkboxes for Arizona gross income, dependent status, farmer/fisherman, itemized deductions, standard deduction, and first-time filer.

Increased Excise Tax Credit

Checkbox for prison sentence and credit claimed by another household member.

Voluntary Gifts

- Numbered list of voluntary gift funds (1-11) with checkboxes and a sub-list for political party affiliation.

Part V - Electronic Filing Information

Checked checkbox for electronic filing of state return.

Electronic PDF Attachments

Text describing PDF attachments to be listed in the table below.

Table with 2 columns: Description and Filename.

Yes No

Checked checkbox for Federal PIN(s) usage.

Fields for EFiled date, state acceptance date, and Form AZ-140V date.

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Checked checkbox for direct deposit of state tax refund.

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

Fields for financial institution name, account type, routing number, account number, payment date, and balance due.

International ACH Transactions

Yes No

Checkbox for international ACH transactions.

**Part VII - Paid Preparer Information**

Enter preparer Code from Firm/Preparer Info (See Help) . . . . . ▶ 1

**Part VIII – Extension Status**

**Yes No**

- Has the tax return due date been extended by filing IRS Form 4868?
- Federal Form 4868 "Out of the Country" checkbox checked?
- Has the tax return due date been extended by filing a Arizona extension using Form 204?  
Extended due date . . . . . \_\_\_\_\_

**Filing and acceptance information (Electronic Filing Only)**

- File extension electronically?
- Extension accepted?  
Extension filing date . . . . . \_\_\_\_\_  
Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes No**

- Use electronic funds withdrawal of extension tax payment?  
Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
Balance-due amount paid with this extension . . . . . \_\_\_\_\_

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶ \_\_\_\_\_





# Tax Payments Worksheet

**2018**

► Keep for your records

Name SUMANTH REDDY CHALLA	Social Security Number 705-51-9285
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	129.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	129.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2018 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Using the Federal PIN(s) (See help) . . . . . ▶ <input checked="" type="checkbox"/>
<b>D</b>	Document to attach to the BACK of E-File Signature Authorization Form: <u>Form W-2 (Copy 2)</u> _____ _____ _____
<b>E</b>	<b>Retain E-File Signature Authorization Form and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES</b>

PA-40 - 2018
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-18)

705519285

CHALLA

SUMANTH REDDY

Occupation SOFTWARE E

Occupation

APT AS313

1086 W KING ROAD

MALVERN

PA 19355

916-895-6281

46730

N Extension. N Amended Return.
P Residency Status. PA Resident/Nonresident/Part-Year Resident
from 101318 to 123118
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 SPRING FORD 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, Amount. Rows: 1a (16769), 1b (0), 1c (16769), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (16769), 10 (0), 11 (16769)



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

PA-40 - 2018

Social Security Number

705519285

Name(s) SUMANTH REDDY CHALLA

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 2017 PA Income Tax return.

15 2018 Estimated Installment Payments. REV-459B included.

16 2018 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 2019 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		515
13		515
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		515
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 GLOBAL TAXES LLC	Date

E-File Opt Out

N

Firm FEIN

Preparer's PTIN

P02090332



**PA SCHEDULE W-2S**  
Wage Statement Summary

1801910025

PA-40 W-2S 10-18 (I)  
PA Department of Revenue

**2018**

OFFICIAL USE ONLY

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

Name shown first on the PA-40 (if filing jointly) <b>SUMANTH REDDY CHALLA</b>	Social Security Number (shown first) <b>705-51-9285</b>
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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	43-1196944	16,532		16,769	515
<b>Total Part A- Add the Pennsylvania columns</b>				<b>16,769</b>	<b>515</b>

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
<b>Total Part B - Add the Pennsylvania columns</b>							

<b>TOTAL - Add the totals from Parts A and B</b>	<b>16,769</b>	<b>515</b>
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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 10/18/18 PRO

1801910025



# Pennsylvania e-file Signature Authorization

2018

PA-8879 (EX) 04-18

Declaration Control Number/Submission ID

Primary Taxpayer's Name SUMANTH REDDY CHALLA	Social Security Number 705-51-9285
Secondary Taxpayer's Name	Social Security Number

## PART I Tax Return Information – Tax Year Ending Dec. 31, 2018 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	16,769
2. PA Tax Liability (Form PA-40, Line 12)	2.	515
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	515
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	0

## PART 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 2018 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

### Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize GLOBAL TAXES LLC to enter my PIN 19285 as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Secondary Taxpayer's PIN: (check one box only)

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Practitioner PIN Program Participants Only – Continue Below

### PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 12345

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 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.**

**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

Pennsylvania Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . SUMANTH REDDY
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . CHALLA
Social Security No. 705-51-9285
Occupation . . . . . SOFTWARE E
Date of Birth . . . . . 01/12/94
Date of Death . . . . .
Daytime phone . . . 916-895-6281 \* [X]
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 AS313
Address . . . . . 1086 W KING ROAD
City . . . . . MALVERN State . . PA ZIP Code . . . 19355
Foreign country . . . . . Foreign Province . . . . .
Foreign Zip . . . . .

Prior Year Filing:

- [ ] The tax booklet label is not correct
[ ] Taxpayer did not file a 2017 Pennsylvania return.
[ ] Taxpayer filed a 2017 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2018 enter where taxpayer lived:
School district Spring-Ford Area School code . . . . . 46730
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, 2019
[ ] This final PA tax return will be filed and all tax paid by February 1, 2019

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, 2018 Federal tax return?

- [ ] [X] Taxpayer
[ ] [ ] Spouse

- [ ] [X] Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II - Resident Status

- [ ] Form PA-40: Full-Year resident . . . . .
[ ] Form PA-40: Nonresident . . . . .
[X] Form PA-40: Part-Year resident . . . . .
Part-Year residency dates . . . . . From 10/13/18 To 12/31/18

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 . . . . . 02/27/2019

Date return was accepted by the state . . . . . 02/27/2019

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

Preparer’s email address . . . . . \_\_\_\_\_

Part VI – Extension Status

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <b>Yes</b>               | <b>No</b>                           |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the tax return due date been extended?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Federal Form 4868 "Out of the Country" checkbox checked?                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the tax return due date been extended by filing a PA extension using Form REV-276 EX? |
- Extended due date . . . . . \_\_\_\_\_

Filing and acceptance information (Electronic Filing Only)

- File extension electronically?
- Extension accepted?
- Extension filing date . . . . . \_\_\_\_\_
- Extension acceptance date . . . . . \_\_\_\_\_

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

- Yes**  **No**  Use electronic funds withdrawal of extension tax payment?
- Enter settlement date to withdraw the extension amount from the account below. . . . . \_\_\_\_\_
- Balance-due amount paid with this extension . . . . . \_\_\_\_\_



**Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information**

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of state tax payment (EF Only)?
<input type="checkbox"/>	<input type="checkbox"/>	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) . . . . . BANK OF AMERICA  
 Check the appropriate box:  
 Checking . . . . .  Routing number . . . 011900254  
 Savings . . . . .  Account number . . . 385021820337  
 Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
 State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	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 . . . ▶ \_\_\_\_\_

**Part IX – Electronic Filing Information for City of Philadelphia Returns**

**Filing information (Electronic Filing Only)**

The BIRT return will be filed electronically  
 Date BIRT return was EFiled . . . . . \_\_\_\_\_  
 Date BIRT return was accepted . . . . . \_\_\_\_\_

The NPT return will be filed electronically  
 Date NPT return was EFiled . . . . . \_\_\_\_\_  
 Date NPT return was accepted . . . . . \_\_\_\_\_

Check box to use same account as PA state return  
 Name of Financial Institution (optional) . . . . . \_\_\_\_\_  
 Check the appropriate box:  
 Checking . . . . .  Routing number . . . \_\_\_\_\_  
 Savings . . . . .  Account number . . . \_\_\_\_\_

**Electronic funds withdrawal information for BIRT return (Electronic Filing Only)**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of city tax payment (EF Only)?
		Enter the payment date to withdraw from the account above . . . . . _____
		BIRT/BIRTEZ balance-due amount from this return . . . . . _____

**Electronic funds withdrawal information for NPT return (Electronic Filing Only)**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of city tax payment (EF Only)?
		Enter the payment date to withdraw from the account above . . . . . _____
		NPT balance-due amount from this return . . . . . _____

**International ACH Transactions**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will the funds for this payment come from an account outside the U.S.?



# Pennsylvania School District Code Selection Worksheet

**2018**

▶ Keep for your records

Name as Shown on Return <u>SUMANTH REDDY CHALLA</u>	Social Security No. <u>705-51-9285</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 . . . . . 46730  
**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>Spring-Ford 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

**2018**

▶ Keep for your records

Name SUMANTH REDDY CHALLA	Social Security Number 705-51-9285
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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 . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
6 Overpayment from previous year applied to current year . . . . .				
7 Amount paid with current year extension . . . . .				
8 <b>Total tax payments</b> . . . . .				

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2 . . . . .			515.
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 <b>Total income tax withheld</b> . . . . .			515.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

Name  
SUMANTH REDDY CHALLA

Social Security Number  
705-51-9285

**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 checked="" type="checkbox"/>	T	<input type="checkbox"/>	PIONEER CONSULTING SERVICES LLC 27-4131205	16,100.	16,100. 0.	AZ
2	<input type="checkbox"/>	T	<input type="checkbox"/>	CERNER CORPORATION 43-1196944	16,532.	16,769. 515.	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 . . . . .	16,769.	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 . . . . .	16,100.	
Withholding . . . . .	515.	

**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	43-1196944	15 EWHTL	16,769.	84.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	16,769.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Withholding . . . . .	84.	

**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:**

- |                                  |  |
|----------------------------------|--|
| <b>A</b> Executor fee            | <b>G</b> Damages or settlement for lost wages, other than personal injury    |
| <b>B</b> Jury duty pay           | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>C</b> Director's fee          | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>D</b> Expert witness fee      | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>E</b> Honorarium              | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>F</b> Covenant not to compete | <b>L</b> Distribution from Charitable Gift Annuities                         |
|                                  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>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
- M1** ESOP: Allocated ESOP Stock Dividend
- M2** 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. . . . .	16,769.	0.
Total Schedule NRH gross compensation to PA-40, line 12. . . . .	_____	_____
Withholding to Form PA-40 line 13. . . . .	515.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	16,769.
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\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.