



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

130799634

KOTA

DHRUVA

Occupation SOFTWARE E

Occupation

APT 2

1192 QUEEN LN

WEST CHESTER

PA 19382

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 (13440), 1b (0), 1c (13440), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (13440), 10 (0), 11 (13440).



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

PA-40 - 2017

Social Security Number

130799634 Name(s) DHRIJVA KOTA

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		413
13		413
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		413
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) DHRUVA KOTA	Social Security Number (shown first) 130-79-9634
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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	82-2450870	13,440		13,440	413
<b>Total Part A- Add the Pennsylvania columns</b>				13,440	413

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>	13,440	413
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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 . . . . . DHRUVA
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . KOTA
Social Security No. 130-79-9634
Occupation . . . . . SOFTWARE E
Date of Birth . . . . . 08/10/94
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 2
Address . . . . . 1192 QUEEN LN
City . . . . . WEST CHESTER State . . PA ZIP Code . . . 19382
Foreign country . . . . .

Prior Year Filing:

- Boxes for: 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:

- Boxes for: 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:

- Box for: 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

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) . . . . . Bank of America

Check the appropriate box:

Checking . . . . .  Routing number . . . 101100045  
 Savings . . . . .  Account number . . . 518006618920

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 DHRUVA KOTA	Social Security No. 130-79-9634
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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 DHRUVA KOTA	Social Security Number 130-79-9634
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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 . . . . .			413.
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> . . . . .			413.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

Name  
DHURVA KOTA

Social Security Number  
130-79-9634

**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		SOFTWORLD TECHNOLOGIES 82-2450870	13,440.	13,440. 413.	PA

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	13,440.	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 . . . . .	413.	

**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	82-2450870	151205	13,440.	134.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	13,440.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Withholding . . . . .	134.	

**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
[ ]						
[ ]						
[ ]						

**Pennsylvania Payment type:**

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

	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
[ ]								
[ ]								
[ ]								

\* 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. . . . .	13,440.	0.
Total Schedule NRH gross compensation to PA-40, line 12. . . . .	_____	_____
Withholding to Form PA-40 line 13. . . . .	413.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	13,440.
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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	
<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 in Place of Form PA-8453 (See Help) . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D</b>	Documents to attach to the FRONT of Form PA-8453: Form W-2 (Copy 2) _____ Signed copies of returns filed with other states _____ _____
<b>E</b>	Document to attach to the BACK of PA-8453: _____ _____ _____ _____