1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.		
For the year Jan	. 1-Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See sep	parate instructions.		
Your first name	and mi	iddle initial	Last na	ame						Your so	cial security number		
BALA PRA	NAYA	Α.	VATI	ГТ						654	78 7484		
		s first name and middle initial	Last na								s social security number		
										303	87 7897		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.	Preside	ntial Election Campaign		
_13612 LE	GACY	Y CIRCLE						I	L	Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP co	ode	spouse if filing jointly, want \$3 to go to this fund. Checking a			
HERNDON						VA	A	201	71		ow will not change		
Foreign country	name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code	your tax	or refund.		
											You Spouse		
Filing Status		Single					Head of he	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)			_						
one box.		Married filing separately (MFS)							ing spouse				
		you checked the MFS box, enter the						l or Q	SS box, ente	r the chi	ld's name if the		
	qu	alifying person is a child but not you	ır depei	ndent: E	BALA SRAVAN RE	DDY !	THANUGUNDLA						
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or j	payn	nent for prope	rty or :	services); or	(b) sell,			
Assets	exch	ange, or otherwise dispose of a dig	ital asse	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instruction	ns.)	🗌 Yes 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	penden	ıt 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien							
Age/Blindness	a You:	Were born before January 2, 1	959	Are b	lind Spo	use	: 🗌 Was bor	n befc	ore January 2	2, 1959	Is blind		
Dependents		•		(2)	Social security		(3) Relationsh	14			fies for (see instructions):		
If more		irst name Last name			number		to you	.1-	Child tax c	redit	Credit for other dependents		
than four													
dependents,													
see instructions and check	s —												
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)	•				. 1a	79,982.		
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2	•				. 1b			
W-2 here. Also	С	Tip income not reported on line 1a								. 1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	, ,	nstru	ictions)			. 1d			
1099-R if tax	е	Taxable dependent care benefits f						• •		. 1e			
was withheld.	f	Employer-provided adoption bene						• •		. <u>1f</u>			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•				. <u>1g</u>			
W-2, see	h	Other earned income (see instruct	,			•		· ·		. <u>1h</u>	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i			a_	79,982.		
		Add lines 1a through 1h	 0-		· · · ·	ьт	 axable interest		· · ·	. <u>1z</u>	1 5 1 0		
Attach Sch. B if required.	2a		2a 3a							. 2b . 3b	1,540.		
	<u>3a</u> 4a		за 4а				ordinary divider axable amoun [.]			. 30 . 4b			
Standard	ч а 5а		-a 5a				axable amoun			. 10 . 5b			
 Deduction for – Single or 	6a		6a				axable amoun			. 6b			
Married filing	c	If you elect to use the lump-sum e		method					· · · ·				
separately, \$13,850	7	Capital gain or (loss). Attach Sche		,	•	`	,	• •	· · · [7			
 Married filing jointly or 	8	Additional income from Schedule		•						. 8	-12,976.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9	68,546.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	68,546.		
\$20,800	12	Standard deduction or itemized	-							. 12			
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13			
Standard Deduction,	14	Add lines 12 and 13								. 14			
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is ye	our t	axable incom	e.		. 15			
										•			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	7,336.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	7,336.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	7,336.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	7,336.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	9,852.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,852.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			🛛	33	9,852.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	2,516.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆 🗍	35a	2,516.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type: 🛛 🗙] Checking 🛛	Savings		
See instructions.	d	Account number 3 6 8	6 0 5 7	2 8					
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				Yes. C	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
0:000		der penalties of perjury, I declare th	nat I have examined		accompanying sch		. ,	host	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the II	RS ser	nt you an Identity
				Dato			Protect	tion Pl	N, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see in:	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.							(see in:	<i>,</i>	ection PIN, enter it here
	Dh	0001625 007	Λ	Email address			,		
		one no. (980) 635-987 eparer's name	4 Preparer's signat		FRANAIA14	4@GMAIL.COM			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	-1				P02082	702	Self-employed
Preparer				NAM SAGAK	GUFIA IALLAM	102/10/2024			
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOMITOR N	J 08816				678) 965-9522
Co to united into the				NOWICK N			Firm's		84-3171965 Form 1040 (2023)
GO LO WWW.Irs.go	JVIFOM	n1040 for instructions and the late	sumormation.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Your social security number

Department of the Treasury Internal Revenue Service	

			0094				
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your soci							
BAL	A PRANAYA VATTI	654-78	-7484	ł			
Pa	t I Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes		1				

9	Total other income. Add lines 8a through 8z		9	
Z	Other income. List type and amount:	8z		
u _	Wages earned while incarcerated	8u	_	
	a nongovernmental section 457 plan	8t	_	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	1040, line 1a or 1d	8s (/	
S	Nontaxable amount of Medicaid waiver payments included on Form	0- (
r	Scholarship and fellowship grants not reported on Form W-2	8r		
q	Taxable distributions from an ABLE account (see instructions)	8q		
р	Section 461(I) excess business loss adjustment	8p		
0	Section 951A(a) inclusion (see instructions)	80	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
	instructions)	8m		
m	Olympic and Paralympic medals and USOC prize money (see			
	for profit but were not in the business of renting such property	81		
I	Income from the rental of personal property if you engaged in the rental			
k	Stock options	8k		
j	Activity not engaged in for profit income	8j		
i	Prizes and awards	8i		
h	Jury duty pay	8h		
g	Alaska Permanent Fund dividends	8g		
f	Income from Form 8889	8f		
е	Income from Form 8853	8e		
d	Foreign earned income exclusion from Form 2555	8d ()	
С	Cancellation of debt	8c		
b	Gambling	8b		
а	Net operating loss	8a ()	
8	Other income:			
7	Unemployment compensation		7	
6	Farm income or (loss). Attach Schedule F.		6	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-12,976.
4	Other gains or (losses). Attach Form 4797		4	
3	Business income or (loss). Attach Schedule C		3	
b	Date of original divorce or separation agreement (see instructions):			
2a	Alimony received		2a	
1	Taxable refunds, credits, or offsets of state and local income taxes		1	

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s go	venin	lent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	•••	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed bealth insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					00	
20	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction	• •	• •	• • •	•	23	
24	Other adjustments:						
а		24a				-	
b	Deductible expenses related to income reported on line 8l from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		24g					
h	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
i	Attorney fees and court costs you paid in connection with an award						
	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
		24z					
5	Total other adjustments. Add lines 24a through 24z					25	
6	Add lines 11 through 23 and 25. These are your adjustments to income				don		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHEDU	JLE B
(Form 10)40)

Department of the Treasury

Internal Revenue Service

Interest and Ordinary Dividends

OMB No. 1545-0074 20

Attachment Sequence No. 08

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleB for instructions and the latest information.

Name(s) shown on r	return		Your	social securi	ty numl	ber
BALA PRANA	YA VA	ATTI	654	1-78-748	4	
Part I Interest (See instructions and the Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: ROBINHOOD SECURITIES LLC	1		1, 5-	<u>40.</u>
form.						
	2 3	Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	2 3		1,5	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	Amo	1,5	40.
Part II	Note:	If line 4 is over \$1,500, you must complete Part III. List name of payer:		Amo	Junt	
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	6 Note:	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	5			
Part III Foreign		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			d a fo	reign
Accounts and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required	1 a	At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in and CEN F 	a foreign Financial Form 114	Yes	No X
to file Form 8938, Statement of Specified Foreign Financial Assets.		financial account(s) is (are) located:				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

. .

Schedule B (Form 1040) 2023

. . . .

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(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							2023				
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.ternal Revenue ServiceGo to www.irs.gov/ScheduleE for instructions and the latest information.								Attachn Sequen	nent ce No. 13		
Name(s)) shown on return									Your soc	ial security	number
BALA	PRANAYA V	ATTI								654-7	78-7484	
Part	Note: If yo	ou are in t	the business of re	al Real Estate an enting personal proper 35 on page 2, line 40.			C . See	instru	ctions. If you a	are an ind	ividual, rep	ort farm
				t would require you Form(s) 1099?								
1a	Physical addr	ress of e	ach property (s	treet, city, state, Zll	P code	e)						
Α	12-13-826	/601,5	ST NO-11 KI	MTEE COLONY,	FARNA	AKA SEC	UNDE	RABA	D, TELANG	ANA IN	50001	7
В												
С								1				
1b	Type of Prope (from list below		above, report	al real estate prope the number of fair	rental	and		Fa	air Rental Days		nal Use ays	QJV
	3			days. Check the Q			Α		365		0	
<u>В</u> С				venture. See instru			B C					
	of Property:						C					
1	Single Family R Multi-Family Re			on/Short-Term Ren nercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
									Propert	ies:		
Incom	ne:						Α		В			С
3					3		6	74.				
4		ived.			4							
Exper					_							
5					5							
6 7					6 7		1 7	58.				
8					8		⊥, /	50.				
9					9							
10					10							
11	-				11		2,3	52.				
12				(see instructions)	12		/ -					
13		-			13							
14					14		2,7	65.				
15					15		1,5	85.				
16					16							
17					17		2,0					
18		expense	or depletion .		18		3,1	49.				
19	Other (list)				19		10 0	5.0				
20	•		•	9	20		13,6	50.				
21		s), see ir	nstructions to fi	d/or 4 (royalties). If nd out if you must	21	-	-12,9	76.				
22				r limitation, if any,	22	(12,97	76)	(Ņ
23a		•	,	3 for all rental prope				23a	\ \	674.		
b				for all royalty prop				23b				
С				12 for all properties				23c				
d	Total of all am	ounts re	ported on line 1	8 for all properties				23d		3,149.		
е				20 for all properties				23e	13	8,650.		
24				n on line 21. Do no t		-				. 24		
25	Losses. Add ro	yalty los	ses from line 21	and rental real estat	e losse	es from lin	e 22. E	nter to	otal losses her	re 25	(12,976.)

Supplemental Income and Loss

SCHEDULE E

(Form 1040)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-12,976.

OMB No. 1545-0074





BALA	PRANAYA	VATTI	

13612 LEGACY CIF	RCLE	APT L		
HERNDON		VA 20171		
SSN - You VAT	Г	654787484	Vendor ID 1555	
SSN - Spouse		303877897		
Fed Adj Gross Income (FAGI)	1.	68546.	Withholding (VA) - You	19A. 3880.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	68546.	Estimated Payments	20.
Age Deduction - You	4A.		2022 Overpayment	21.
Age Deduction - Spouse	4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26 . 3880 .
Total VA Adj Gross Income (VAGI)	9.	68546.	Tax You Owe	27.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28. 710.
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exemption	ıs) 14.	8930.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15.	59616.	Sales and Use Tax	33.
Amount of Tax	16.	3170.	Amount You Owe	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund N	710.
VAGI - Spouse	17A.		Park Pauting #	C 044000037
Net Amount of Tax	18.	3170.	Bank Routing #	
L			Bank Account #	368605728

REV 01/25/24 PRO

___LAR ___DLAR ___DTD ___LTD \$_____

Page 1 of 2

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654787484





I			
Filing Status, Age & License Info	rmation	Additional Filing Information	Г
Filing Status	3	Locality	059
Federal Head of Household		Uninsured & Authorize DMAS	
DOB - You	02151997	Name or Filing Status Change	
VA Driver's License ID - You		Address Change	
VA Driver's License - Iss. Date - Yo	u	VA Return Not Filed Last Year	
Spouse Name (Filing Status 3 Only BALA SRAVAN REDD	· ·	Dependent on Another's Return	
	I IMANOGONDL	Farmer / Fisherman / Merchant Seaman	
DOB - Spouse		Amended	
VA Driver's License ID - Spouse		Reason Code	
VA Driver's License - Iss. Date - Sp		Overseas on Due Date	
Exemptions (A) E You 1	xemptions (B) 65 & Over - You	Federal EIC & Amount	
Spouse	65 & Over - Spouse	Deceased Indicator	
Dependents	Blind - You	Form 760C or 760F	
Total (A) 1	Blind - Spouse	No Sales & Use Tax Due Indicator	Х
	Total (B)	Obtain Electronic 1099G	
Co.	ontact Information	ID Theft PIN	
I (We), the undersigned, declare under pena	alty of law that I (we) have examined this return & to the best of n	ny (our) knowledge, it is a true, correct & complete return. If you are reque rovided is for a domestic account within the territorial jurisdiction of the Un	

Signature - You Date	Phone - You	9806359874
Signature - Spouse Date	Phone - Spouse	
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date	021024 Phone - Preparer	6789659522
The Tax Department may discuss my/our return with my/our preparer	Preparer Information GLOBAL TAXES LLC	7 P02082703
File by May 1, 2024 Include Page 1, Page 2 and all supporting 760CG documents. 1555 REV 01/25/24 PRO	245 ROONEY CT E BRUNSWICK	NJ 08816 Page 2 of 2

2023 Schedule INC/CG 654787484

Report all W-2s, 1099s & VK-1s with VA Withholding

BALA PRANAYA VATTI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
654787484	W	3880.	980429806	30980429806F001	79967.

Total VA Withholding	SSN	VA Withholding
You	654787484	3880.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

.

Virginia Individual Income Tax e-File Signature Authorization

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. **IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Sut	mission Identification Number (SID)			
		D Y = 0 = 1 + 0		
Your Name		B Your Social Sec		
	ANAYA VATTI	654-78-74 A Spouse's Socia		
Spouse's N	ame	A Spouse's Socia	I Security Number	
Part I T	ax Return Information	A Spouse	B Yourself	
1. Fede	al Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		68546.	
2. Virgir	ia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		68546.	
3. Taxa	ole Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		59616.	
4. Virgir	ia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3170.	
5. Withh	olding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3880.	
6. Amou	nt you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			
7. Refur	d (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		710.	
Part II D	eclaration of Taxpayer and Signature Authorization	L	, 10	
number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN I authorize the States I author my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. I authorize the ERO named below to enter my e-File PIN method. The ERO must complete Part III below. Your Signature I authorize the ERO named below to enter my e-File PIN I authorize the ERO named below to enter my e-File PIN I authorize the ERO named b				
	EPO Firm Name			
ERO Firm Name I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Part III C	ertification and Authentication – Practitioner PIN Method Only			
ERO's EFIN	PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0	8 2 7 1		
indicated abo Handbook fo	Do not enter all a he above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income for ve. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN me r Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubbe en, or computer software program.	ax return for the taxpay thod and Virginia's public	ication	
ERO's Signa	ture Date02-1	0-24		
1555	REV 01/25/24 PRO			