E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		'	, 2023, end	ling			, 20		See se	oarate i	instructions.	_
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	_
SAKETH			GUMM	IADAVE	LLI						708	93	8561	
	pouse's	s first name and middle initial	Last na										security number	- er
SHREYA			JEKS	SANT							988	98	5540	
	(numbe	er and street). If you have a P.O. box, see						1	Apt. no.			•	ection Campaig	ın
		CREEK DRIVE							L118	- 1			ou, or your	-
		ice. If you have a foreign address, also co	mplete s	paces belo	OW.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3	
HENRICO			·			VA	4	232	33		•		nd. Checking a not change	
Foreign countr	y name			Foreign pro	ovince/state/				n postal c		your tax		•	
· ·	-			٠.			•		•		,		_	е
Filing Status	s \square	Single					Head of h	ouseh	old (HOI	 ∃)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (0	QSS)			
00 20	۱f۱	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box.	enter	the chi	ld's na	me if the	
		, ualifying person is a child but not you												
District.	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo											_
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🗵 No	
Standard		neone can claim: You as a de					a dependent	-,- (-			/			-
Deduction	_	Spouse itemizes on a separate retur	•		-		•							
														_
Age/Blindnes	s You	: Were born before January 2, 1	959 _	_ Are bli ⊤	nd Spo	ouse	: U Was bor						s blind	_
Dependent				(2) S	ocial security	,	(3) Relationsh	nip (4	-				see instructions	
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit to	or other dependent	is —
than four										<u> </u>			_Ц	_
dependents, see instruction	s								l	<u> </u>			_Ц	_
and check	, —									Ц_			_Ц	_
here L														_
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		84,896.	_
Attach Form(s)	b	Household employee wages not re	•		` '						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	fits fron	n Form 88	839, line 29						1f			_
If you did not	g	Wages from Form 8919, line 6 .									1g			_
get a Form W-2, see	h	Other earned income (see instruct	,								1h	_	0.	_
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>li</u>							
	z	Add lines 1a through 1h	· ;		· · · ·						1z		84,896.	_
Attach Sch. B	2a		2a				axable interes				2b			_
if required.	3a_	Qualified dividends	3a				rdinary divide				3b			_
Standard	4a		4a				axable amoun				4b			_
Deduction for—	5a	-	5a				axable amoun				5b			_
Single or	6a	,	6a				axable amoun	t		· <u>·</u>	6b	_		_
Married filing separately,	С	If you elect to use the lump-sum e		•		`	,			. <u>L</u>				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									7			_
jointly or	8	Additional income from Schedule	1, line 1	0							8		-16 , 383.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our total inc	come	e				9		68 , 513.	_
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, l	line 26							10			_
household,	11	Subtract line 10 from line 9. This is	•	-	-						11		68,513.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fror	m Schedule	A)					12		27,700.	_
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			_
Deduction,	14										14		27 , 700.	_
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loc	c ontor	O Thio io v		tavabla inaam	•			15	1	10 813	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,459.	
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17						18	4,459.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20	200.	
	21	Add lines 19 and 20						21	200.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,259.	
	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	4,259.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a (788			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	6,788.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
allach Sch. ElC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	s, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	31							
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	6,788.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,529.	
	35a	Amount of line 34 you want	35a	2,529.						
Direct deposit?	b	Routing number 1 2 1								
See instructions.	d	Account number 3 2 5	0 5 1 9	0 2 1 4	1 6					
	36	Amount of line 34 you want								
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37							
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No	
		esignee's		Phone			onal iden	tification		
		me		no.			ber (PIN)			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				nt you an Identity	
	10	ur signature		Date	Your occupation				PIN, enter it here	
Joint return?					SOFTWARE E	NGINEER	(se	e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.					HOME MAKER			ntity Prot e inst.)	ection PIN, enter it here	
	Ph	one no. (510) 717-872	7	Email address	GMVSAKETH@	GMAIL.COM				
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/11/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC			•			(678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN 84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAKETH GUMMADAVELLI & SHREYA JEKSANI

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

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

	Sequence No. UI
Your soc	ial security number
708-93	-8561

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-16,383.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ($\overline{)}$	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-16,383.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

SCHEDULE 3 (Form 1040)

Part I

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAKETH GUMMADAVELLI & SHREYA JEKSANI

Nonrefundable Credits

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

Sequence No. 03 Your social security number 708-93-8561 1 2 3 4 200. 5a 5b

1 Foreign tax credit. Attach Form 1116 if required 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 3 4 Retirement savings contributions credit. Attach Form 8880 **5a** Residential clean energy credit from Form 5695, line 15 **b** Energy efficient home improvement credit from Form 5695, line 32 Other nonrefundable credits: a General business credit. Attach Form 3800 6a **b** Credit for prior year minimum tax. Attach Form 8801 6b 6c **d** Credit for the elderly or disabled. Attach Schedule R 6d 6e Clean vehicle credit. Attach Form 8936 6f Mortgage interest credit. Attach Form 8396 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6j k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions 61 m Credit for previously owned clean vehicles. Attach Form 8936. **z** Other nonrefundable credits. List type and amount: 6z 7 7 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 8 200. Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld	11		
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SAKETH GUMMADAVELLI & SHREYA JEKSANI 708-93-8561 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 4-5-69, NEW BAZAR MAHABUBABAD TELANGANA IN 506101 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 614. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,941. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,854. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,622. 14 Repairs 1,950. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,524. 18 3,106. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 16,997. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -16,383. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 16,383.) 614. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c $3, \overline{106}$. 23d Total of all amounts reported on line 18 for all properties 23e 16,997. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 16,383. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 . -16,383.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAKETH GUMMADAVELLI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 708-93-8561

	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, in	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	elf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	3,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	4,250.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Dowl	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		110.4
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA

8880 Form

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 54

Name(s) shown on return

Your social security number

708-93-8561

SAKETH GUMMADAVELLI & SHREYA JEKSANI



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

			,	(5)				a) You	ı	(b) Your	spouse
1			ontributions, and AB 023. Do not include ro			1					-
2			c) or other qualified er(D) plan contributions			2		5 , 6	94.		
3	Add lines 1 an	d2				3		5,6	94.		
4	Certain distributions) of both spouses										
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5		5,6	94.		
6	In each colum	2,0									
7	Add the amou	nts on line 6. If	f zero, stop ; you can't	take this credit					7	,	2,000.
8 9			1040, 1040-SR, or 10 amount from the table		8		68,	513.			
	If line	8 is-									
	Over-	But not over—	Married filing jointly	filing jointly household separately, or							
			Enter on		Qualifying survi		oouse				
		\$21,750	0.5	0.5	0.5						
	\$21,750	\$23,750	0.5	0.5	0.2						
	\$23,750	\$32,625	0.5	0.5	0.1				9	Х	.1
	\$32,625	\$35,625	0.5	0.2	0.1						
	\$35,625	\$36,500	0.5	0.1	0.1						
	\$36,500	\$43,500	0.5	0.1	0.0						
	\$43,500	\$47,500	0.2	0.1	0.0						
	\$47,500	\$54,750	0.1	0.1	0.0						
	\$54,750	\$73,000	0.1	0.0	0.0						
	\$73,000		0.0	0.0	0.0						
	NA Jahr I. C		If line 9 is zero, stop ; y	you can't take this cre	eait.				10		200
	Multiply line 7	,		fue we the Oue dit I be it		ha:!ur=	 		10		200.
			ity. Enter the amount in the savings contribution						11	4	4,459.
		alliled retirem		utions. Enter the SM	aner or line it	OI II	ne i i	nere			

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

200.

and on Schedule 3 (Form 1040), line 4

2023 VA760CG Page 1





SAKETH GUMMADAVELLI SHREYA JEKSANI

11291 ARBOR CREEK DRIVE APT 1118

HENRICO	VA	23233

SSN - You G	JMM	708938561	Vendor ID 1555		xxxxxx ¬
SSN - Spouse J	EKS	988985540			
Fed Adj Gross Income (FAGI)	1.	68513.	Withholding (VA) - You	19A.	4158.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	68513.	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 Overpayme	ent 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4158.
Total VA Adj Gross Income (V	AGI) 9.	68513.	Tax You Owe	27.	
Itemized Deductions - VA Sch	A 10.		Tax Overpayment	28.	1503.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	ar 29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exem	ptions) 14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	50653.	Sales and Use Tax	33.	
Amount of Tax	16.	2655.	Amount You Owe Will Pay by Credit/Debit Card N		
Spouse Tax Adjustment (STA) 17.		Your Refund	- 1	1503.
VAGI - Spouse	17A.		Bank Routing #	C	121000358
Net Amount of Tax	18.	2655.	Bank Account #		51902146

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2





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Filing Status, Age & License Information

Additional Filing Information

Filing Status 2 Locality 087

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

Federal Head of Household Uninsured & Authorize DMAS

DOB - You 03061994 Name or Filing Status Change

VA Driver's License ID - You Address Change

VA Driver's License - Iss. Date - You VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman IOB - Spouse 10151996

DOB - Spouse 10151996

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Exemptions (A) Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents Blind - You

Total (A) 2 Blind - Spouse No Sales & Use Tax Due Indicator

Total (B) Obtain Electronic 1099G

ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

 Signature - You
 Phone - You
 5107178727

Signature - Spouse _____ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date 041124 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02082703

GLOBAL TAXES LLC

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

Χ

File by May 1, 2024

2023 Schedule INC/CG

708938561

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





SAKETH GUMMADAVELLI

SHREYA JEKSANI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					⊣
708938561	M	4158.	900789049	30900789049F001	84896.

Total VA Withholding

You

708938561

Spouse

Total # of W-2s,1099s & VK-1s

01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

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

]				
You	r N	ame															B Your Socia	I Securi	ity Number
SAK	EΤ	H GU	JMMA:	DAVEI	LLI												708-93-	-8561	
Spo	use	e's Nar	ne														A Spouse's S	Social Se	ecurity Number
SHR	ΕY	A JE	EKSA	NI													988-98-		
Par	t I	Tax	x Ret	urn Inf	format	ion											A Spouse	9	B Yourself
1.	F	ederal	Adjust	ted Gros	ss Incon	ne (Fo	rm 760C	G, Lii	ne 1; 76	0PY, I	Line 1,	columr	ns A & E	3; F	orm 763, Line	e 1)			68513.
2.	\	/irginia	Adjust	ed Gros	s Incom	ne (Fo	m 760C	G, Lir	ne 9; 760)PY, L	ine 10,	colum	ns A &	B; F	Form 763, Lin	e 9)			68513.
3.	Т	axable	Incom	ne (Form	1760CG	, Line	15; 760	PY, L	ine 16, c	olumn	ns A & E	B; Forn	n 763, L	ine	: 17)				50653.
4.	\	/irginia	Incom	e Tax (F	orm 76	OCG,	Line 18;	760P	Y, Line 1	7, col	umns A	& B; F	orm 76	3 L	ine 18)				2655.
5.	٧	Vithhol	ding (F	orm 760	OCG, Lir	ne 19a	a & 19b;	760P	Y, Lines	19a &	19b; F	orm 76	3, Line	s 19	9a & 19b)				4158.
6.	P	Amount	you O	we (For	m 760C	G, Lir	ne 35; Fo	rm 76	80PY, Lir	ne 35;	Form 7	'63, Lir	ne 35)						
7.	F	Refund	(Form	760CG,	Line 36	; 760	PY, Line	36; F	orm 763	, Line	36)								1503.
Par	-						and S												
Dece Retu num filing liable Virgi refur of the signa	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification 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 filling 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.																		
ı axp ⊠	Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 3 8 5 6 1 as my signature on my 2023 e-filed Virginia individual income tax return.																		
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	_	GLOI	BAL	TAXE	S LLC														
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