



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
01-01-2023	06-30-2023
Spouse - From	Spouse - To

YOUR First Name SAIKIRAN SAGAR	MI	Your Last Name MAHESWARAM SANDHA	Check if deceased <input type="checkbox"/>	Suffix	A Your Social Security Number 394-35-2439
SPOUSE'S First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	B Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 7910 TERRACE RIDGE DR			VA Driver's License Information		
City, Town or Post Office TAMPA			Customer ID		
State FL			You _____		
ZIP Code 33637			Spouse _____		
Locality Code 059			Issue Date (mm-dd-yyyy)		
			You _____		
			Spouse _____		

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return
	<input type="checkbox"/> Dependent on Another's Return	Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	\$ _____ .00

I/we authorize the sharing of certain information from Form 760PY and Schedule HCI (as described in the instructions) with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) for purposes of identifying persons who would like to newly enroll in medical assistance.

Filing Status Enter Filing Status Code in box below. <input type="checkbox"/> 1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/> <input type="checkbox"/> 2 = Married, Filing Joint return (Column A) <input type="checkbox"/> 3 = Married, Filing Separate returns (Column A) <input type="checkbox"/> 4 = Married, Filing Separately on this combined return (Columns A and B) If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____	Exemptions Enter the number of exemptions being claimed.				
	You/ Spouse	Dependents	65 or Over	Blind	
A - You Enter the numbers for both You and Spouse if Filing Status 2	1	0			
B - Spouse Filing Status 4 Only					

DATE OF BIRTH	Your Birth Date (mm-dd-yyyy) 1 0 - 0 7 - 1 9 9 4	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
	Spouse's Birth Date (mm-dd-yyyy) - -		

Complete the Schedule of Income first and submit it with your Form 760PY.

1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	1	00	150500	00
2	Additions from Schedule 760PY ADJ, Line 3.....	2	00		00
3	Add Lines 1 and 2.....	3	00	150500	00
4	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....	4a			00
		4b	00		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	5	00		00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6	00		00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	7	00	48971	00
8	Subtractions from Schedule 760PY ADJ, Line 7.....	8	00		00
9	Add Lines 4a, 4b, 5, 6, 7, and 8.....	9	00	48971	00
10	Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.....	10	00	101529	00
11	Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11	00		00
12	If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	00	5400	00



Your Name SAIKIRAN SAGAR MAHESWARAM SANDHA	Your SSN 394-35-2439
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	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	13 00	461 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	14 00	00
15 Add Lines 11, 12, 13 and 14.	15 00	5861 00
16 Virginia Taxable Income. Subtract Line 15 from Line 10.	16 00	95668 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	17 00	5243 00
18 Total Tax. Add Line 17, Column A and Line 17, Column B.	18	5243 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19a	5288 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19b	00
20 Combined 2023 Estimated Tax Payments.....	20	00
21 2022 overpayment credited to 2023 estimated taxes.....	21	00
22 Extension Payment - Enter amount paid on Form 760IP.....	22	00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...	23	00
24 Total credit for taxes paid to another state from Schedule OSC.....	24	00
25 Credits from Schedule CR, Section 5, Line 1A.....	25	00
26 Total payments and credits. Add Lines 19a through 25.	26	5288 00
27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.	27	00
28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.	28	45 00
29 Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29	00
30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....	30	00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....	31	00
32 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21. See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>	32	00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions..... Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	33	00
34 Add Lines 29 through 33.	34	00
35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE .. Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35	00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... YOUR REFUND.	36	45 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT Domestic Accounts Only. No International Deposits.

Your Bank Routing Transit Number: 0 7 2 0 0 0 3 2 6

Your Bank Account Number: 8 7 6 9 9 8 9 8 5

Checking Savings

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (210) 473-3339	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's Phone Number (678) 965-9522	Date 02-17-2024
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

**2023 VIRGINIA SCHEDULE OF INCOME
Form 760PY**

Page 1



Your Name SAIKIRAN SAGAR MAHESWARAM SA	Your SSN 394-35-2439
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PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	150500	.00	101529	.00	48971	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3	0	.00	0	.00	0	.00
4.	Gross income (add Lines 1, 2 and 3)	4	150500	.00	101529	.00	48971	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	150500	.00	101529	.00	48971	.00
8.	Net conformity modifications	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	150500	.00	101529	.00	48971	.00

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4		.00		.00		.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7		.00		.00		.00
8.	Net conformity modifications	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2023 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



Your Name SAIKIRAN SAGAR MAHESWARAM SA	Your SSN 394-35-2439
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PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

		Column B Spouse	Column A You
1.	Your exemption.....	1	1
2.	Dependents	2	0
3.	Add Lines 1 and 2	3	1
4.	Multiply Line 3 by \$930	4	930
5.	65 or over	5	
6.	Blind	6	
7.	Add Lines 5 and 6	7	
8.	Multiply Line 7 by \$800	8	
9.	Add Lines 4 and 8	9	930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10	0.496
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	461

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2023, prior state of residence _____
- 1b. If YOU moved out of Virginia in 2023, state moved to FL _____
- 2a. If SPOUSE moved into Virginia in 2023, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2023, state moved to _____

2023 Schedule INC/CG 394352439

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



SAIKIRAN SAG MAHESWARAM SAND

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
394352439	W	5288.	460713902	30460713902F001	101529.

Total VA Withholding	SSN	VA Withholding
You	394352439	5288.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

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

