

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DEEPAK KURUMATHI	Social security number 470-55-0489
Spouse's name ANUSHA BATTULA	Spouse's social security number 379-49-6372

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	162,827.
2 Total tax	2	20,343.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	24,916.
4 Amount you want refunded to you	4	4,573.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	0	4	8	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 04-14-2024

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	6	3	7	2
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification 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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial DEEPAK Last name KURUMATHI Your social security number 470 55 0489

If joint return, spouse's first name and middle initial ANUSHA Last name BATTULA Spouse's social security number 379 49 6372

Home address (number and street). If you have a P.O. box, see instructions. 2517 JAMES MADISON CIR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. HERNDON State VA ZIP code 20171

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and columns for amounts and taxable amounts

Table with rows 2a through 6a and columns for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, taxable amounts

Table with rows 7 through 15 and columns for capital gain or loss, total income, adjusted gross income, standard deduction or itemized deductions, qualified business income deduction, taxable income

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 20,343.

Table for Payments (lines 25-33). Includes federal income tax withheld (24,916) and total payments (24,916).

Table for Refund (lines 34-36). Shows overpaid amount of 4,573 and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DEEPAK KURUMATHI & ANUSHA BATTULA

Your social security number
470-55-0489

Part 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. Attach Schedule E		5	-42,953.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) 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 nonqualified 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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-42,953.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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			
c	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:			
a	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		
c	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		
e	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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**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.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

DEEPAK KURUMATHI & ANUSHA BATTULA

Your social security number

470-55-0489

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.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 219 BARRISTER ST STEPHENSON VA 22656
B 11-23-1852/1 LB NAGAR WARANGAL TELANGANA IN 506002
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		320		0	<input type="checkbox"/>
B 3		365		0	<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 7,500.	580.	
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7	1,856.	
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11	1,452.	
12 Mortgage interest paid to banks, etc. (see instructions)	12 6,786.		
13 Other interest	13		
14 Repairs	14	3,945.	
15 Supplies	15	4,578.	
16 Taxes	16 115.		
17 Utilities	17	4,251.	
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 6,901.	16,082.	
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	21 599.	-15,502.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 ()	(15,502.)	()
23a Total of all amounts reported on line 3 for all rental properties	23a	8,080.	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	6,786.	
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e	22,983.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		599.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(15,502.)	
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	26		-14,903.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

DEEPAK KURUMATHI & ANUSHA BATTULA

470-55-0489

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D for ADK LLC.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes totals and summary lines 29a-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals and summary lines 34a-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table for Part V with 2 columns: Description, Amount. Includes lines 40-43 for net farm rental income, total income, and reconciliations.

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return: **DEEPAK KURUMATHI & ANUSHA BATTULA** Identifying number: **470-55-0489**

Part I 2023 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see <i>Special Allowance for Rental Real Estate Activities</i> in the instructions.)			
1a Activities with net income (enter the amount from Part IV, column (a))	1a	599 .	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(0 .)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		599 .
All Other Passive Activities			
2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c	2d		
3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		599 .

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
219 BARRISTER ST	599 .	0 .		599 .	
Total. Enter on Part I, lines 1a, 1b, and 1c	599 .	0 .			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				



KURUMATHI DEEPAK
Name
2517 JAMES MADISON CIR
Address
HERNDON VA 20171
City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
rTL063 v.12

Account #:		Taxable Year End:	2024	Payment Due Date:	04152024
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Your Social Security Number:	470550489	Spouse's Social Security Number:	379496372
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Part 1: Payment	
Amount of This Payment	182.00

Part 2: Change of Address	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/>	
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

1555 REV 02/22/24 PRO

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
Tax Account Administration Div
P.O. Box 342 , Charleston, WV 25322-0342
FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
For more information visit our web site at: www.tax.wv.gov
File online at <https://mytaxes.wvtax.gov>



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KURUMATHI DEEPAK
 Name
 2517 JAMES MADISON CIR
 Address
 HERNDON VA 20171
 City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
 rIL063 v.12

Account #:		Taxable Year End:	2024	Payment Due Date:	06172024
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Your Social Security Number:	470550489	Spouse's Social Security Number:	379496372
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Part 1: Payment	
Amount of This Payment	182.00

Part 2: Change of Address	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/>	
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

1555 REV 02/22/24 PRO

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 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



T 0 0 9 0 9 1 8 0 1



KURUMATHI DEEPAK
Name
2517 JAMES MADISON CIR
Address
HERNDON VA 20171
City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
rTL063 v.12

Account #:		Taxable Year End:	2024	Payment Due Date:	09162024
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Your Social Security Number:	470550489	Spouse's Social Security Number:	379496372
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Part 1: Payment	
Amount of This Payment	182.00

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Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/>	
Name(s):	
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1555 REV 02/22/24 PRO

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For more information visit our web site at: www.tax.wv.gov
File online at <https://mytaxes.wvtax.gov>



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KURUMATHI DEEPAK
Name
2517 JAMES MADISON CIR
Address
HERNDON VA 20171
City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
rTL063 v.12

Account #:		Taxable Year End:	2024	Payment Due Date:	01152025
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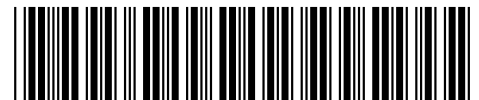
Your Social Security Number:	470550489	Spouse's Social Security Number:	379496372
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Part 1: Payment	
Amount of This Payment	182.00

Part 2: Change of Address	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/>	
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

1555 REV 02/22/24 PRO

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File online at <https://mytaxes.wvtax.gov>



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WV-8453 Rev. 09/2020

STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Form with fields for Period beginning (01/01/2023), Period ending (12/31/2023), Taxpayer information (DEEPAK KURUMATHI), Spouse information (ANUSHA BATTULA), Home Address (2517 JAMES MADISON CIR), and City (HERNDON VA 20171).

Part I Tax Return Information (whole dollars only)

Table with 4 rows: 1. Federal Adjusted Gross Income (162827.00), 2. West Virginia Income Tax (725.00), 3. Balance Due (725.00), 4. Refund (.00).

Part II Direct Deposit or Electronic Funds Withdrawal

Form with fields for Routing transit number (RTN), Depositor account number (DAN), and checkboxes for Electronic Funds Withdrawal and Type of account (Checking, Savings).

Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the Financial Institution indicated above in Part II, to credit the same any amount(s) owed to me by the State of West Virginia.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amount described in Part I above agree with the amounts shown on the corresponding lines of my West Virginia income tax return. To the best of my knowledge and belief, my return is true, correct, and complete.

Signature lines for Taxpayer (Date: 04-14-2024) and Spouse (Date: 04-14-2024).

Part IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.)

Form with fields for ERO's Signature, Firm Name (GLOBAL TAXES LLC), Date, Check if (Paid Preparer, Self-Employed), Your PTIN/SSN, Phone # (678965952), EI No. (882145487), and Zip Code (08816).

ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Form with fields for Paid Preparer's Signature, Firm Name (GLOBAL TAXES LLC), Date, Check if (Self-Employed), Your PTIN/SSN (P02470833), Phone # (678965952), EI No. (882145487), and Zip Code (08816).

NOTE: Part IV of this form MUST be completed in full as required.

ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

Do I need to use a payment voucher?

1. If you owe tax on your Personal Income Tax return, send the payment voucher to us with your payment. You must pay the amount you owe by April 15, to avoid interest and penalties.
2. If your return shows a refund or no tax due, there is no need to use the payment voucher.

How do I prepare my payment?

1. Make your check or money order payable to the West Virginia State Tax Department. **Do not send cash!**
2. If your name and address are not printed on your check or money order, write them on it.
3. Write your Social Security Number (SSN), daytime phone number, and "Form IT-140V" on your payment.

How do I prepare the payment voucher?

1. Enter your SSN in the first block, top line, and the first four letters of your last name in the second block top line.
2. If a joint return, enter your spouse's SSN on the second line.
3. Enter the amount you are paying in the third block, top line.
4. Enter your name(s) and address on the last three lines.
5. Mark the Amended box if payment is associated with an amended tax return to ensure the proper direction and processing. Failure to do so could result in the assessment of late payment penalties.

How do I send my payment and the payment voucher?

1. Detach the payment voucher by cutting along the dotted line below.
2. DO NOT attach the payment voucher or your payment to your return or to each other.
3. Mail your payment and payment voucher to the following address:

West Virginia State Tax Department
Tax Account Administration Division
P.O. Box 11385
Charleston, WV 25339-1385

	REV WV IT-140V	STATE OF WEST VIRGINIA							
	11/20 EPV	INDIVIDUAL INCOME TAX ELECTRONIC PAYMENT VOUCHER							
Please print or type	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Your Social Security Number</td> <td style="width: 50%;">470550489</td> </tr> <tr> <td>Spouse's SSN</td> <td>379496372</td> </tr> </table>		Your Social Security Number	470550489	Spouse's SSN	379496372	<input type="checkbox"/> Amended		
	Your Social Security Number	470550489							
	Spouse's SSN	379496372							
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Period Ending MMDDYYYY</td> <td style="width: 50%;">12312023</td> </tr> <tr> <td>Name Control</td> <td>KURU</td> </tr> </table>		Period Ending MMDDYYYY	12312023	Name Control	KURU	
	Period Ending MMDDYYYY	12312023							
Name Control	KURU								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Your First Name</td> <td style="width: 33%;">Spouse's First Name</td> <td style="width: 34%;">Last Name</td> </tr> <tr> <td>DEEPAK</td> <td>ANUSHA</td> <td>KURUMATHI</td> </tr> </table>		Your First Name	Spouse's First Name	Last Name	DEEPAK	ANUSHA	KURUMATHI	AMOUNT OF PAYMENT \$ <u>725.00</u>	
Your First Name	Spouse's First Name	Last Name							
DEEPAK	ANUSHA	KURUMATHI							
Mailing Address 2517 JAMES MADISON CIR		Do not send cash! Make your check or money order payable to the West Virginia State Tax Department and write your social security number and "Form IT-140V" on your check or money order. Mail your payment to: West Virginia State Tax Department Tax Account Administration Division P.O. Box 11385 Charleston, WV 25339-1385							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>HERNDON</td> <td>VA</td> <td>20171</td> </tr> </table>				City	State	Zip Code	HERNDON	VA	20171
City	State	Zip Code							
HERNDON	VA	20171							

NOTE: Electronic filers *must* inform taxpayers that full payment of taxes due must be submitted by April 15th to avoid interest and penalties



WEST VIRGINIA PERSONAL INCOME TAX RETURN

2023

SOCIAL SECURITY NUMBER	470550489	Deceased <input type="checkbox"/>	Date of Death*	**SPOUSE'S SOCIAL SECURITY NUMBER	379496372	Deceased <input type="checkbox"/>	Date of Death*	
LAST NAME	KURUMATHI			SUFFIX	YOUR FIRST NAME		DEEPAK	MI
SPOUSE'S LAST NAME	BATTULA			SUFFIX	SPOUSE'S FIRST NAME		ANUSHA	MI
FIRST LINE OF ADDRESS	2517 JAMES MADISON CIR			SECOND LINE OF ADDRESS				
CITY	HERNDON			STATE	VA	ZIP CODE	20171	
TELEPHONE NUMBER	7742628739	EMAIL	DEEPAK.WS07@GMAIL.COM				EXTENDED DUE DATE	MM/DD/YYYY

* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN
 NONRESIDENT SPECIAL
 NONRESIDENT/PART YEAR RESIDENT
 FORM WV-8379 FI LED AS AN INJURED SPOUSE

FILING STATUS (CHECK ONE)
 1 SINGLE
 2 HEAD OF HOUSEHOLD
 3 MARRIED, FILING JOINT
 4 MARRIED, FILING SEPARATE
 5 WIDOW(ER) WITH DEPENDENT CHILD
**Enter spouse's SS# and name in the boxes above

EXEMPTIONS

(a) YOURSELF	To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank.)	(a)	1																				
(b) SPOUSE	To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else.	(b)	1																				
(c) DEPENDENTS	List your dependents. If over four dependents, continue on Schedule DP on page 49. Enter total number of dependents	(c)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Dependent First name</th> <th style="width: 30%;">Dependent Last name</th> <th style="width: 20%;">Social Security Number</th> <th style="width: 20%;">Date of Birth (MM DD YYYY)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MM DD YYYY)																
Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MM DD YYYY)																				
(d) SURVIVING SPOUSE	(See page 21) Decedents SSN	Year Spouse Died:	(d)																				
(e) Total Exemptions	(add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below.		(e) 2																				

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A	1	162827	.00
2. Additions to income (line 59 of Schedule M).....	2		.00
3. Subtractions from income (line 50 of Schedule M).....	3		.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	162827	.00
5. Low-Income Earned Income Exclusion (see worksheet on page 29).....	5		.00
6. Total Exemptions as shown above on Exemption Box (e) <u>2</u> x \$2,000	6	4000	.00
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO	7	158827	.00
8. Income Tax Due (Check One)	8	725	.00

Tax Table
 Rate Schedule
 Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN	COR	SCTC	NRSR	HEPTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)



PRIMARY LAST NAME **KURUMATHI** SOCIAL SECURITY NUMBER **470550489**

9. Credits from Tax Credit Recap Schedule (see schedule on page 5)	9		.00			
10. Total Income Tax Due. Line 8 minus 9. If line 9 is greater than line 8, enter 0	10	725	.00			
11. Overpayment previously refunded or credited (amended return only)	11		.00			
Penalty Due <input type="checkbox"/> CHECK IF REQUESTING WAIVER OR QUALIFIED FARMER						
12. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 44). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE	12		.00			
13. Add lines 10 through 12. This is your total amount due.....	13	725	.00			
14. West Virginia Income Tax Withheld (See instructions page 23) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)	14		.00			
15. Estimated Tax Payments and Payments with Schedule 4868	15	0	.00			
16. Non-Family Adoption Tax Credit, if applicable (include Schedule WV NFA-1)	16		.00			
17. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A)	17		.00			
18. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class 2 receipt)	18		.00			
19. Build WV Property Value Adjustment Refundable Tax Credit	19		.00			
20. Amount paid with original return (amended return only)	20		.00			
21. Payments and Refundable Credits (add lines 14 through 20)	21	0	.00			
22. Balance Due (line 13 minus line 21). If Line 21 is greater than line 13, complete line 23 ... PAY THIS AMOUNT	22	725	.00			
23. Line 21 minus line 13. This is your overpayment	23		.00			
24. Indicate donations from line 24. Enter below and enter the sum of columns 24A, 24B, and 24C on Line 24	24		.00			
<table border="1"> <tr> <td>24A. CHILDREN'S TRUST FUND</td> <td>24B. 4WV DEPT. OF VETERANS ASSISTANCE</td> <td>24C. STATE VETERANS CEMETERY</td> </tr> </table>	24A. CHILDREN'S TRUST FUND	24B. 4WV DEPT. OF VETERANS ASSISTANCE	24C. STATE VETERANS CEMETERY			
24A. CHILDREN'S TRUST FUND	24B. 4WV DEPT. OF VETERANS ASSISTANCE	24C. STATE VETERANS CEMETERY				
25. Amount of Overpayment to be credited to your 2024 estimated tax.....	25		.00			
26. Refund due to you (line 23 minus line 24 and line 25)..... REFUND	26		.00			

Direct Deposit of Refund CHECKING SAVINGS

ROUTING NUMBER _____ ACCOUNT NUMBER _____

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the Tax Division to discuss my return with my preparer YES NO
 Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of mv knowledge and belief, it is true, correct and complete.

Your Signature _____ Date _____ Spouse's Signature _____ Date _____ Telephone Number _____

Preparer: Check HERE if client is requesting NOT to efile **882145487 VENKATA SAI PAVAN KUMAR DU** **6789659522**

Preparer's EIN _____ Signature of preparer other than above _____ Date _____ Telephone Number _____

VENKATA SAI PAVAN KUMAR DUDIPALLI **GLOBAL TAXES LLC**

Preparer's Printed Name _____ Preparer's Firm _____

FOR REFUND, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694
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Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
 • Check or Money Order payable to the WV Tax Division - Enclose check or money order with your return.
 • Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".



NONRESIDENTS/PART-YEAR RESIDENTS
SCHEDULE OF INCOME

2023

NONRESIDENT **PART-YEAR RESIDENTS**
 (Enter period of West Virginia residency MM/DD/YYYY) FROM [] [] [] [] TO [] [] [] []

(To Be Completed By Nonresidents and Part-Year Residents Only) INCOME	COLUMN A: AMOUNT FROM FEDERAL RETURN		COLUMN B: ALL INCOME DURING PERIOD OF WV RESIDENCY		COLUMN C: WV SOURCE INCOME DURING NONRESIDENT PERIOD	
1. Wages, salaries, tips (withholding documents)	1	205780 .00		.00	16296	.00
2. Interest	2	.00		.00		.00
3. Dividends	3	.00		.00		.00
4. IRAs, pensions and annuities	4	.00		.00		.00
5. Total taxable Social Security and Railroad Retirement benefits (see line 32 and 38 of Schedule M)	5	.00		.00		
6. Refunds of state and local income tax (see line 36 of Schedule M)	6	.00		.00		
7. Alimony received	7	.00		.00		
8. Business profit (or loss)	8	-42953 .00		.00	0	.00
9. Capital gains (or losses)	9	.00		.00		.00
10. Supplemental gains (or losses)	10	.00		.00		.00
11. Farm income (or loss)	11	.00		.00		.00
12. Unemployment compensation insurance	12	.00		.00		.00
13. Other income from federal return (identify source)	13	.00		.00		.00
14. Total income (add lines 1 through 13)	14	162827 .00		.00	16296	.00
ADJUSTMENTS						
15. Educator expenses	15	.00		.00		.00
16. IRA deduction	16	.00		.00		.00
17. Self-employment tax deduction	17	.00		.00	0	.00
18. Self Employed SEP, SIMPLE and qualified plans	18	.00		.00		.00
19. Self-employment health insurance deduction	19	.00		.00		.00
20. Penalty for early withdrawal of savings	20	.00		.00		.00
21. Other adjustments (See instructions page 32)	21	.00		.00		.00
22. Total adjustments (add lines 15 through 21)	22	.00		.00	0	.00
23. Adjusted gross income (subtract line 22 from line 14 in each column)	23	162827 .00		.00	16296	.00
24. West Virginia income (line 23, Column B plus column C)	24				16296	.00
25. Income subject to West Virginia Tax but exempt from federal tax.....	25					.00
26. Total West Virginia income (line 24 plus line 25). Enter here and on line 2 on the next page	26				16296	.00



SCHEDULE A (CONTINUED)

PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION

1. Tentative Tax (apply the appropriate tax rate schedule on page 35 to the amount shown on line 7, Form IT-140).....	1	7243	.00
2. West Virginia Income (line 26, Schedule A).....	2	16296	.00
3. Federal Adjusted Gross Income (line 1, Form IT-140).....	3	162827	.00
4. Tax (divide line 2 by line 3, round to 4 decimal places and multiply the result by line 1). Enter here and on line 8, Form IT-140	4	725	.00

PART II: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STATES AND CERTAIN ACTIVE MILITARY MEMBERS

ELIGIBILITY: Complete this section **ONLY** if **ALL THREE** of the following statements were true for 2023.

- You were EITHER a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia
OR a member of the military assigned to active duty in West Virginia whose domicile is outside West Virginia
- Your only West Virginia source income was from wages and salaries.
- West Virginia income tax was withheld from such wages and salaries by your employer(s).

If you were a non-military, domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you are also considered a resident of West Virginia and must file Form IT-140 as a resident of West Virginia.

NOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you are ineligible to complete Part II. You must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule A and Part I to report any income from West Virginia sources.

I declare that I was not a resident of West Virginia at any time during 2023, I was a resident of the state shown OR was in West Virginia pursuant to active duty military orders, my only income from sources within West Virginia was from wages and salaries, and such wages and salaries were subject to income taxation by my state of residence.

YOUR STATE OF RESIDENCE (Check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Commonwealth of Kentucky | <input type="checkbox"/> 4 Commonwealth of Pennsylvania | Number of days spent in West Virginia _____ |
| <input type="checkbox"/> 2 State of Maryland | <input type="checkbox"/> 5 Commonwealth of Virginia | Number of days spent in West Virginia _____ |
| <input type="checkbox"/> 3 State of Ohio | <input type="checkbox"/> 6 Active Military, stationed in West Virginia but not domiciled here (Must enclose military order and DD2058) | |

	(A) Primary Taxpayer's Social Security Number	(B) Spouse's Social Security Number
5. Enter your total West Virginia Income from wages and salaries in the appropriate column	5	.00
6. Enter total amount of West Virginia Income Tax withheld from your wages and salaries paid by your employer in 2023	6	.00
7. Line 6, column A plus line 6 column B. Report this amount on line 14 of Form IT-140	7	.00





DEEPAK KURUMATHI
ANUSHA BATTULA
2517 JAMES MADISON CIR

HERNDON VA 20171

SSN - You	KURU	470550489	Vendor ID	1555	XXXXXX
SSN - Spouse	BATT	379496372			
Fed Adj Gross Income (FAGI)	1.	162827.	Withholding (VA) - You	19A.	7292.
Additions	2.		Withholding (VA) - Spouse	19B.	2391.
Subtotal	3.	162827.	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.	725.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	10408.
Total VA Adj Gross Income (VAGI)	9.	162827.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	2589.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	144967.	Sales and Use Tax	33.	
Amount of Tax	16.	8078.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card	IT	
VAGI - Spouse	17A.	65072.	Your Refund		2589.
Net Amount of Tax	18.	7819.	Bank Routing #	C	051000017
			Bank Account #		435027238080





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 07211984
 VA Driver's License ID - You C62425980
 VA Driver's License - Iss. Date - You 06292023
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 03081989
 VA Driver's License ID - Spouse B60809537
 VA Driver's License - Iss. Date - Spouse 06292023

Locality 059
 Uninsured & Authorize DMAS
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 Form 760C or 760F
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 2 Blind - Spouse
 Total (B)

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 _____ Date

Phone - You

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer VENKATA SAI PAVAN KUMAR DUDIPALLI Date

Phone - Preparer 6789659522

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

Preparer Information 7 P02470833

GLOBAL TAXES LLC

File by May 1, 2024

Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT
E BRUNSWICK

NJ 08816

Page 2 of 2

2023 Schedule INC/CG

470550489

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



DEEPAK

KURUMATHI

ANUSHA

BATTULA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
470550489	W	2544.	364172737	30364172737F001	50860.
470550489	W	4748.	412166961	30412166961F001	89848.
379496372	W	2391.	521289729	30521289729F001	48776.

Total VA Withholding	SSN	VA Withholding
You	470550489	7292.
Spouse	379496372	2391.

Total # of W-2s, 1099s & VK-1s	03
--------------------------------	----

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

2023 Schedule OSC/CG

Enclose other state tax returns when filing



470550489

Credit Computation State 1
If Claiming border state

1. Filing Status - other state's return	2	6. Other State Abbreviation	WV
2. Person Claiming the Credit	3	7. Virginia Income Tax	7819.
3. Qualifying Taxable Income - other state	16296.	8. Income percentage	11.2
4. Virginia Taxable Income	144967.	9. Virginia Ratio of Income Tax	876.
5. Qualifying Tax Liability - other state	725.	10. Credit Allowed	725.

Credit Computation State 2

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

Credit Computation State 3

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	725.

Enclose other state tax returns when filing your Virginia tax return.

