Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
CHARAN RAJA RAO RAMADUGU	696-24-4371
Spouse's name	Spouse's social security number
MEGHANA KORUKANTI	839-77-3974
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	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (origin	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service properties to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt properties of any return or refund, and (c) the date of any refund. If applicable, I adjust to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment capusiness days prior to the payment (settlement) date. I also authorize the financial institutions it taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	rovider, transmitter, or electronic return originator (ERO) reason for rejection of the transmission, (b) the reason authorize the U.S. Treasury and its designated Financial on account indicated in the tax preparation software for nancial institution to debit the entry to this account. This ent to terminate the authorization. To revoke (cancel) a nancellation requests must be received no later than 2 involved in the processing of the electronic payment of elated to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter	r or generate my PIN 4 4 3 7 1 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizin	don't enter all zeros
, ,	
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
	r or generate my PIN
ERO firm name signature on the income tax return (original or amended) I am now authorizin	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or ame	
if you are entering your own PIN and your return is filed using the Practition below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—con	tinue below
Part III Certification and Authentication — Practitioner PIN Method O	nly
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	N. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm to requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	hat I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — See Inst	

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, enc	ding		, 20		See se	parate instructions.
Your first name	and m	iddle initial	Last na	ame					Your so	ocial security number
CHARAN F	RAJA	RAO	RAMA	ADUGU					696	24 4371
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse	's social security number
MEGHANA			KORT	JKANTI					839	77 3974
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. r	0.	Preside	ential Election Campaigr
2606 CEI	DARV	ILLE CT								here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code			if filing jointly, want \$3 this fund. Checking a
MIDLOTH	IAN				VA	A	23112			low will not change
Foreign country	y name			Foreign province/state/	count	ty	Foreign pos	stal code	your tax	x or refund.
		1 a								∐ You ☐ Spouse
Filing Status	_	Single		. ,		☐ Head of he	ousehold (НОН)		
Check only		Married filing jointly (even if only or	ne had	income)					(000)	
one box.	L.	Married filing separately (MFS)		-£		U Qualifying	-			::-!!:::::::::
		you checked the MFS box, enter the alifying person is a child but not you			u cne	ecked the HOF	or QSS b	ox, ent	er the ch	lid's name if the
		amying person is a sima bat not yee	и чере							
Digital		ny time during 2023, did you: (a) rece	•				•	, .	. ,	□Vaa ▼Na
Assets		nange, or otherwise dispose of a digi		_			t)? (See in	Structio	ns.)	☐ Yes ☒ No
Standard Deduction	_	neone can claim:	•	•		-				
Deduction	Ш,		11 OI YO	—	allell	_				
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bor	n before J		•	Is blind
Dependents	•	•		(2) Social security	/	(3) Relationsh	יין קיי			ifies for (see instructions):
If more	(1) F	irst name Last name		number		to you	C	nild tax c	redit	Credit for other dependents
than four dependents,								<u> </u>		
see instructions	s —							<u> </u>		
and check	, —							<u> </u>		
here L	4 -	Tatal and out from Farma(a) W.O. b.	1 /							124,420.
Income	1a	Total amount from Form(s) W-2, be	•	•					. 1a	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	. 10							
W-2G and	e	Taxable dependent care benefits f		` , ` `	Hour	ictions)			. 16	
1099-R if tax was withheld.	f	Employer-provided adoption bene		•					. 1f	
If you did not	g g	Wages from Form 8919, line 6.			•				. 10	
get a Form	h	Other earned income (see instructi							. 1h	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	ructions)		l 1i]			
inotraotiono.	z	Add lines 1a through 1h							. 1z	124,420.
Attach Sch. B		1	2a		b T	axable interest	t		. 2b	
if required.	3a		3a		b 0	rdinary divider	nds		. 3b)
	4a	IRA distributions	4a		b T	axable amount	t		. 4b)
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b)
Single or	6a	Social security benefits	6a		b T	axable amoun	t		. 6b)
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	, check here		[□ 7	
Married filing jointly or	8	Additional income from Schedule	1, line 1	0					. 8	-11,011.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	come	e			. 9	113,409.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26					. 10)
Head of household,	11	Subtract line 10 from line 9. This is	s your a	djusted gross incor	me				. 11	113,409.
\$20,800 If you checked 1	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				. 12	54,995.
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	1 899	5-A			. 13	1
Deduction,	14	Add lines 12 and 13							. 14	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ne		. 15	58,414.

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	6,571.		
Credits	17	Amount from Schedule 2, lir	ne3					17			
	18	Add lines 16 and 17						18	6,571.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	20								
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	6,571.		
	23	Other taxes, including self-e	23	0.							
	24	Add lines 22 and 23. This is	your total tax					24	6,571.		
Payments	25	Federal income tax withheld	I from:								
_	а	Form(s) W-2				25a 16	5,438				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	16,438.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8 . .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,438.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	9,867.		
	35a	Amount of line 34 you want			3 is attached, chec	k here	. 🗆	35a	9,867.		
Direct deposit?	b	Routing number 0 8 1	:								
See instructions.	d	Account number 3 5 5									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	_	-		38					
Third Party	Do	you want to allow another				See					
Designee		,	•				omplete	below.	⋈ No		
•		esignee's		Phone			onal iden	tification			
		me		no.			ber (PIN)				
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,		
Here			.protot 2 colaration						nt you an Identity		
	10	our signature		Date	Your occupation				PIN, enter it here		
Joint return?					SOFTWARE E	NGINEER		e inst.)	,		
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an		
Keep a copy for your records.				l lo					entity Protection PIN, enter it here ee inst.)		
	Ph	Phone no. (813)263-0637 Email address CHARANR6116@GMAIL.COM									
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Paid	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2024	P0208	32703	Self-employed		
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC Pr							(678)965-9522		
Use Only	Fir	m's address 245 ROONE	m'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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s	ocial s	ecurity number
CHAR	RAN RAJA RAO RAMADUGU & MEGHANA KORUKANTI	696-	24-43	371
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. Attach Schedule	эЕ.	5	-11,011.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends 8g			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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			
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:

9

10

-11,011.

9

10

8z

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				
	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	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:				
05	Tatal allows allow to some Add lines Ode thousands Ode	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 Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I. 4 (F 1010) 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

ivanie(s) snown on	FOIII	1040 OF 1040-3h			Tour	500	cial security number
CHARAN RAG	JA	RAO RAMADUGU & MEGHANA KORUKANTI			696	-2	24-4371
Medical		Caution: Do not include expenses reimbursed or paid by others.		'			
and	1	Medical and dental expenses (see instructions)	1				
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2	-				
Expenses		Multiply line 2 by 7.5% (0.075)	3				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	-			4	
Taxes You		State and local taxes.					
Paid		State and local income taxes or general sales taxes. You may include					
	č	either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	5,94	,		
	ŀ	State and local real estate taxes (see instructions)	5b	6,83			
		State and local personal property taxes	5c	0,03			
			5d	10 77	\forall		
		Add lines 5a through 5c	ou	12,779	9 •		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	.				
	_	separately)	5e	10,000).		
	6	Other taxes. List type and amount:					
	_	A.I.I.' 5	6		┥.		
		Add lines 5e and 6			- '	7	10,000.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your mortgage interest		instructions and check this box					
deduction may be	а	Home mortgage interest and points reported to you on Form 1098.					
limited. See instructions.		See instructions if limited	8a	44,995	5.		
	k	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b				
	C	Points not reported to you on Form 1098. See instructions for special					
		rules	8c		_		
		Reserved for future use	8d				
		Add lines 8a through 8c	8e	44,995	5.		
		Investment interest. Attach Form 4952 if required. See instructions	9				
		Add lines 8e and 9			1	0	44,995.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity		instructions	11				
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,					
got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12				
see instructions.		Carryover from prior year	13				
	14	Add lines 11 through 13			1	4	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other		•			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1			e 📗		
		instructions			1	5	
Other	16	Other—from list in instructions. List type and amount:					
Itemized					📙		
Deductions					1	6	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			- 1		
Itemized		Form 1040 or 1040-SR, line 12				7	54,995.
Deductions	18	If you elect to itemize deductions even though they are less than your	stan	dard deductior	۱,		
		check this hox					

SCHEDULE E (Form 1040)

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s	s) shown on return						Your socia	al securi	ty numb	er
CHAR	RAN RAJA RAO RAMADUGU & MEGHANA KORUK	ITNA					696-24	4-437	1	
Part										
	Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line	roperty, use 40.	Schedule	c . See	instrud	ctions. If you a	are an indiv	ridual, r	eport fa	rm
	Did you make any payments in 2023 that would require								Yes 🛚	No
B	f "Yes," did you or will you file required Form(s) 1099?							. 🔲 `	Yes [No
1a	Physical address of each property (street, city, state	e, ZIP code	e)							
A	NARSAPUR HYDERABAD TELANGANA IN 501	.511								
В										
С										
1b	Type of Property 2 For each rental real estate pr	roperty list	ted		Fa	ir Rental	Person	al Use) IV
	(from list below) above, report the number of	fair rental	and			Days	Da	ys	'	JJA
Α	personal use days. Check th			Α		365		0		
В	if you meet the requirements qualified joint venture. See in			В						
C		1011 40110110		С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term	Rental	5 Lanc	-	-	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert	ies:			
Incon	ne:			Α		В			С	
3	Rents received	. 3		5	80.					
4	Royalties received	. 4								
Exper	nses:									
5	Advertising									
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			1,0	25.					
8	Commissions									
9	Insurance									
10	Legal and other professional fees				1.0					
11	Management fees			1,1	16.					
12 13	Mortgage interest paid to banks, etc. (see instruction									
14	Other interest	-		1,6	45					
15	Supplies				87.					
16	Taxes	-		- 1 / 2	07.					
17	Utilities	. 17		2.1	25.					
18	Depreciation expense or depletion			3,6						
19	Other (list)	10		· ·						
20	Total expenses. Add lines 5 through 19	. 20		11,5	91.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you m									
	file Form 6198			-11,0	11.					
22	Deductible rental real estate loss after limitation, if a									
	on Form 8582 (see instructions)		(11,01)	()
23a	Total of all amounts reported on line 3 for all rental pr				23a		580.			
b	Total of all amounts reported on line 4 for all royalty				23b					
С	Total of all amounts reported on line 12 for all proper			•	23c					
d	Total of all amounts reported on line 18 for all proper			•	23d		3,693.			
e 24	Total of all amounts reported on line 20 for all proper Income. Add positive amounts shown on line 21. Do		 do any lo		23e	1.1	L,591.			
24 25	Losses. Add royalty losses from line 21 and rental real e		-		nterte	· · · · ·	. 24 re 25	<u> </u>	11,0	111
26	Total rental real estate and royalty income or (los							(тт,	· · · ·
20	here. If Parts II, III, and IV, and line 40 on page 2 do									
	Schedule 1 (Form 1040), line 5. Otherwise, include the						. 26		-11	,011.

Form **8582**

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.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

CHAF	RAN RAJA RAO RAMADUGU & MEG	GHANA KORUKAN	TI		696	5-24-	-4371		
Par	t I 2023 Passive Activity Loss	S							
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.						
	ll Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special				
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.				
b	Activities with net loss (enter the amount								
С	Prior years' unallowed losses (enter the	ne amount from Pa	amount from Part IV, column (c)) 1c (
d	Combine lines 1a, 1b, and 1c					1d	-11,011.		
All Ot	her Passive Activities								
2a	Activities with net income (enter the a	mount from Part V	'. column (a)) .	2a					
b	Activities with net loss (enter the amount)				
C	Prior years' unallowed losses (enter the		` '')				
d	Combine lines 2a, 2b, and 2c					2d			
3	Combine lines 1d and 2d and subtra				this line is				
Ū	zero or more, stop here and include								
	prior year unallowed losses entered of								
	· · · · · · · · · · · · · · · · · · ·					3	-11,011.		
	If line 3 is a loss and: • Line 1d is a l	loss, go to Part II.							
	• Line 2d is a I	loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.				
Cauti	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complet		
Part II	. Instead, go to line 10.								
Par	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Particip	ation				
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.				
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne 3			4	11,011.		
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5 1	50,000.				
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6 1	24,420.				
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-					
	on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5			7	25,580.				
8	Multiply line 7 by 50% (0.50). Do not en			•		8	12,790.		
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	/ CRD, see instruc	ctions		9	11,011.		
Par									
10	Add the income, if any, on lines 1a an					10	0.		
11	Total losses allowed from all passiv		23. Add lines 9 an	nd 10. See instruct	ions to find		11,011.		
out how to report the losses on your tax return									
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.					
	Name of activity		nt year	Prior years	Ove	erall gain or loss			
	rianio or admity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss		
NAR	SAPUR	0.	11,011.				11,011.		

11,011.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.	1		•
	Name of activity		Curren	it year		Prior y	ears	Overa	ll ga	ain or loss
	Name of activity	(a) Net income (line 2a)		(b) (li	Net loss ne 2b)	(c) Unal loss (lir		(d) Gain		(e) Loss
Total. Enter o	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instru	ctions.			
	Name of activity	ar to	rm or schedule nd line number be reported on se instructions)	(a) Loss	(b) R	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
NARSAPUR			E Ln 22		11,011.	1.0000	00000	11,01	1.	0.
Total					11,011.	1.0	0	11,01	1.	0.
Part VII	Allocation of Unallowed L	os	ses. See instr							
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c) Unallowed loss	
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti	ons.				_			
	Name of activity	no of activity		Form or schedule and line number to be reported on (see instructions)		_OSS	(b) Ur	nallowed loss	(c) Allowed loss	
			l							
Total							1			

2023 VA760CG Individual Income Tax Return Page 1





CHARAN RAJA RAMADUGU MEGHANA KORUKANTI 2606 CEDARVILLE CT

		00110
MIDLOTHIAN	VA	23112

SSN - You	RAMA	696244371	· V	/endor ID	1555		XXXXX	П
SSN - Spouse	KORU	839773974						
Fed Adj Gross Income (FA	AGI) 1	113409.	٧	Vithholding (VA) - You	J	19A.		3191.
Additions	2		V	Vithholding (VA) - Spo	ouse	19B.		2751.
Subtotal	3	113409.	E	Estimated Payments		20.		
Age Deduction - You	4.4		2	2022 Overpayment		21.		
Age Deduction - Spouse	4E		E	Extension Payments		22.		
Soc Sec & Tier 1 Railroad	l 5		C	Credit - Low-Income o	or EIC	23.		
State Income Tax Overpa	yment 6		C	Credit - Schedule OSC	;	24.		
Subtractions	7		C	Credits - Schedule CR		25.		
Subtotal Subtractions	8		Т	Total Payments / Cred	lits	26.		5942.
Total VA Adj Gross Income	e (VAGI) 9	113409.	Ta	ax You Owe		27.		
Itemized Deductions - VA	Sch A 1	51832.	Ta	ax Overpayment		28.		3025.
Standard Deduction	1	l.	0	verpayment Credited	to Next Year	29.		
Exemptions	1	1860.	V	/AC - Virginia 529 / Al	BLE	30.		
Deductions	1	3.	V	/AC - Other Contribut	ions	31.		
Subtotal (Deductions & Ex	xemptions) 1	53692.	A	ddition to Tax, Penalt	y & Interest	32.		
VA Taxable Income	1	5. 59717.	S	Sales and Use Tax		33.		
Amount of Tax	1	3176.		Amount You Owe	Oard N			
Spouse Tax Adjustment (S	STA) 1	7. 259.		Vill Pay by Credit/Debit (Your Refund	Card N	- 1		3025.
VAGI - Spouse	17.	56478.	D	Bank Routing#		C	0.9.1	000032
Net Amount of Tax	1. L	2917.		Bank Account #			081	





Γ									
Filing Status, Age &	& License	Information	Additional Filing Information						
Filing Status			2	Locality	041				
Federal Head of H	ousehold			Uninsured & Authorize DMAS	orize DMAS				
DOB - You		080719	991	Name or Filing Status Change					
VA Driver's Licens	e ID - You	В626003	377	Address Change					
VA Driver's Licens	e - Iss. Date	-You 081720)21	VA Return Not Filed Last Year					
Spouse Name (Fil	ing Status 3	Only)		Dependent on Another's Return					
DOD Carrier		101019	005	Farmer / Fisherman / Merchant Seaman					
DOB - Spouse VA Driver's Licens	a ID - Snous		, 93	Amended					
VA Driver's Licens	•			Reason Code					
	e - 155. Dale			Overseas on Due Date					
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		Federal EIC & Amount					
Spouse	1	65 & Over - Spouse		Deceased Indicator					
Dependents		Blind - You		Form 760C or 760F					
Total (A)	2	Blind - Spouse		No Sales & Use Tax Due Indicator	X				
		Total (B)		Obtain Electronic 1099G					
		Contact Information		ID Theft PIN					
. ,		penalty of law that I (we) have examine		my (our) knowledge, it is a true, correct & complete ret provided is for a domestic account within the territorial j					
Signature - You		Date	e P	Phone - You	8132630637				
Signature - Spouse		Date	e P	Phone - Spouse					

File by May 1, 2024

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

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

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

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

Phone - Preparer

Preparer Information

021724

NJ 08816

7

Page 2 of 2

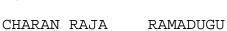
6789659522

P02082703

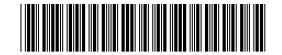
2023 Schedule INC/CG

696244371

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



MEGHANA KORUKANTI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					⊣
696244371	W	3191.	462566667	30462566667F001	67942.
839773974	W	2751.	742325267	30742325267F001	56478.

Total VA Withholding	SSN	VA Withholding
You	696244371	3191.
Spouse	839773974	2751.
Total # of W-2s,1099s & VK-1s	02	

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!

						Ш		Ш											
Your Name B Your Social Security Nur										urity Number									
СНА	CHARAN RAJA RAO RAMADUGU								696-24-4371										
Spouse's Name								A Spouse's Social Security Number											
MEG	HAN	IA K	ORUI	KANTI													839-7	77-397	
Par	t I	Tax	Ret	urn Info	rmat	ion											A Spot	ıse	B Yourself
1.	Fe	ederal	Adjust	ed Gross	Incom	ne (Fo	rm 760C	G, Lir	ne 1; 76	0PY,	Line 1,	column	s A & B;	Fo	orm 763, Line	1)			113409.
2.												113409.							
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)										59717.									
4.	Vi	rginia	Incom	e Tax (Fo	rm 76	0CG, I	Line 18;	760P	Y, Line 1	7, col	lumns A	& B; F	orm 763	Lir	ne 18)				2917.
5.	W	ithholo	ding (F	orm 7600	CG, Lir	ne 19a	& 19b;	760P\	/, Lines	19a &	19b; F	orm 76	3, Lines	19a	a & 19b)				5942.
6.	Ar	nount	you O	we (Form	760C	G, Lin	e 35; Fo	rm 76	0PY, Lir	ie 35;	Form 7	63, Lin	e 35)						
7.	Re	efund	(Form	760CG, L	ine 36	6; 760I	PY, Line	36; F	orm 763	, Line	36)								3025.
				tion of															s 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 filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only																			
I authorize the ERO named below to enter my e-File PIN 4 4 3 7 1 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros																			
GLOBAL TAXES LLC ERO Firm Name																			
	_																		
Your	Your Signature Date																		
Spouse's e-File PIN: check one box only																			
X	I authorize the ERO named below to enter my e-File PIN 7 3 9 7 4 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros																		
	_(GLOE	BAL	TAXES	LLC	7													
	ERO Firm Name I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																		
Spouse's Signature Date																			
Part III Certification and Authentication – Practitioner PIN Method Only																			
ERO	's El	FIN/PI	N : En	ter your s	ix-digi	t EFIN	I followe	d by y	our five	digit s	elf-sele	cted PI	N. 2	2	2 2 4	9 6 0	8 2 7	$\overline{1}$	
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Date																			