

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br>RAVI CHANDRA MANUKONDA | Social security number<br>655-88-8002 |
| Spouse's name                             | Spouse's social security number       |

## 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 | 56,564. |
| 2 | Total tax . . . . .   | 2 | 4,907.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 7,974.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 3,067.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 8 | 0 | 0 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 | 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 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 RAVI CHANDRA Last name MANUKONDA Your social security number 655 88 8002

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4500 ILLINOIS STREET Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. CARROLLTON TX ZIP code 75010 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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 [X] 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. Includes header 'Dependents (see instructions):' and a note 'If more than four dependents, see instructions and check here [ ]'.

Income table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 71,185.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 71,185.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -204.; 8 Additional income from Schedule 1, line 10 -14,417.; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 56,564.; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income 56,564.; 12 Standard deduction or itemized deductions (from Schedule A) 13,850.; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 13,850.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 42,714.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 4,907. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 4,907. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 4,907. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 4,907. |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 7,974. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 7,974. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 7,974. |

|                                      |            |   |            |        |
|--------------------------------------|------------|---|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 3,067. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 3,067. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 021200339 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 381058547328   |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>  | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** 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 (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                                     |                                       |   |
|---|-------------------------------------|---------------------------------------|---|
| Your signature  | Date                                | Your occupation<br>SOFTWARE DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                | Spouse's occupation                   | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (660) 215-8118                                      | Email address RCMANUKONDA@GMAIL.COM |                                       |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/07/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN 84-3171965                               |

**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](http://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

RAVI CHANDRA MANUKONDA

Your social security number

655-88-8002

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -14,417. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -14,417. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

RAVI CHANDRA MANUKONDA

Your social security number

655-88-8002

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  | 84 .                             | 68 .                            |   | 16 .  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 16 .   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   | 430 .                            | 650 .                           |  | -220 .  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> -220 .  |

**Part III Summary**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -204.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |          |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |          |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |          |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |          |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |          |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 204. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |          |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |          |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

RAVI CHANDRA MANUKONDA

655-88-8002

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
|                  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | ROBINHOOD CRYPTO LLC   | 01/01/23                                | 12/31/23  | 84.  | 68.  |  |                                | 16.  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
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|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |   | 84.  | 68.  |  |                                | 16.  |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 RAVI CHANDRA MANUKONDA

Social security number or taxpayer identification number  
 655-88-8002

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|--|--|--|--|--------------------------------|--|
|                  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | ROBINHOOD CRYPTO LLC   | 01/01/23                                | 12/31/23   | 430.   | 650.   |  |                                | -220.  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
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|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . |   |  | 430.   | 650.   |  |                                | -220.  |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

RAVI CHANDRA MANUKONDA

Your social security number

655-88-8002

**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** D.NO 4-8-133, SAKETHAPURAM KORETIPADU, GUNTUR ANDHRA PRADESH IN 522007

**B**  
**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 657.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 2,871.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 2,432.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,910.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,165.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,237.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 2,459.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 15,074.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -14,417.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 14,417. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 657.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 2,459.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 15,074.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 14,417. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -14,417.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-14,417.

Schedule E (Form 1040) 2023

# 2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



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

|   |  |                        |                   |  |  |
|---|--|------------------------|-------------------|--|--|
| First Name<br>RAVI CHANDRA  | MI   | Last Name<br>MANUKONDA | Suffix            | Your Social Security Number<br>655-88-8002   | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only)                                      | MI   | Last Name              | Suffix            | Spouse's Social Security Number  | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route)<br>4500 ILLINOIS STREET |  |                        |                   | Your Birth Date (mm-dd-yyyy)<br>05 - 19 - 1997                                     |  |
| City, Town or Post Office<br>CARROLLTON   |  | State<br>TX            | ZIP Code<br>75010 | Spouse's Birth Date (mm-dd-yyyy)<br>- -  |  |
| State of Residence<br>TX  | <b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located.<br>FAIRFAX |                        |                   |  | Locality Code<br>600                       |
|   |  |                        |                   | <input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County |  |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Check Applicable Boxes</b> | <input type="checkbox"/> Amended Return Reason Code    | <input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return | <input type="checkbox"/> Overseas on Due Date |
|                               | <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman          | EIC Claimed on federal return<br>\$ _____ .00 |

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

|                |                                |            |                        |                        |
|----------------|--------------------------------|------------|------------------------|------------------------|
| You            | Spouse if Filing Status 2 or 3 | Dependents | <b>Total Section 1</b> |                        |
| 1              |                                |            | 1                      | X \$930 = 930          |
| You 65 or over | Spouse 65 or over              | You Blind  | Spouse Blind           | <b>Total Section 2</b> |
|                |                                |            |                        | X \$800 =              |

|     |  |     |       |    |
|-----|--|-----|-------|----|
| 1   | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....                                  | 1   | 56564 | 00 |
| 2   | Additions from Schedule 763 ADJ, Line 3. ....  | 2   |       | 00 |
| 3   | <b>Add Lines 1 and 2</b> .....   | 3   | 56564 | 00 |
| 4   | Age Deduction (See instructions and the Age Deduction Worksheet) ..... You   | 4a  |       | 00 |
|     | Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. .... Spouse | 4b  |       | 00 |
| 5   | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....     | 5   |       | 00 |
| 6   | State income tax refund or overpayment credit reported as income on your federal return. ....                        | 6   |       | 00 |
| 7   | Subtractions from Schedule 763 ADJ, Line 7.....  | 7   |       | 00 |
| 8   | <b>Add Lines 4a, 4b, 5, 6, and 7</b> .....   | 8   |       | 00 |
| 9   | <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....                                      | 9   | 56564 | 00 |
| 10  | Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....                                   | 10  |       | 00 |
| 11  | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....                 | 11  | 8000  | 00 |
| 12  | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....                             | 12  | 930   | 00 |
| 13  | Deductions from Schedule 763 ADJ, Line 9.....  | 13  |       | 00 |
| 14  | <b>Add Lines 10, 11, 12 and 13</b> .....   | 14  | 8930  | 00 |
| 15  | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....                                    | 15  | 47634 | 00 |
| 16  | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....                      | 16  | 37.1  | %  |
| 17  | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....   | 17  | 17672 | 00 |
| 18  | Income Tax from Tax Table or Tax Rate Schedule.....  | 18  | 759   | 00 |
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....                                      | 19a | 966   | 00 |



|                                     |                         |
|-------------------------------------|-------------------------|
| Your Name<br>RAVI CHANDRA MANUKONDA | Your SSN<br>655-88-8002 |
|-------------------------------------|-------------------------|

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.  | 19b |     | 00 |
| 20  | 2023 Estimated Tax Payments.   | 20  |     | 00 |
| 21  | 2022 overpayment credited to 2023 estimated tax.   | 21  |     | 00 |
| 22  | Extension Payment - submitted using Form 760IP.  | 22  |     | 00 |
| 23  | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.   | 23  |     | 00 |
| 24  | Total credits from Schedule OSC.   | 24  |     | 00 |
| 25  | Credits from Schedule CR, Section 5, Line 1A.  | 25  |     | 00 |
| 26  | <b>Total payments and credits. Add Lines 19a through 25.</b>   | 26  | 966 | 00 |
| 27  | If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>  | 27  |     | 00 |
| 28  | If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b>  | 28  | 207 | 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, Part 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 <b>enclosed</b> Schedule 763 ADJ, Line 21.<br>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).<br>See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>   | 33  |     | 00 |
| 34  | <b>Add Lines 29 through 33.</b>  | 34  |     | 00 |
| 35  | If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE.</b> Enclose payment or pay at <b>www.tax.virginia.gov.</b> 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. This is the amount to be <b>REFUNDED TO YOU.</b>   | 36  | 207 | 00 |

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

|   |   |                                 |  |                                  |
|---|---|---------------------------------|--|----------------------------------|
| <b>DIRECT BANK DEPOSIT</b>                          | <b>Your Bank Routing Transit Number</b> | <b>Your Bank Account Number</b> | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only<br>No International Deposits | 0 2 1 2 0 0 3 3 9                       | 3 8 1 0 5 8 5 4 7 3 2 8         |  |                                  |

**Nonresident Allocation Percentage**

|  |    | A - All Sources |    | B - Virginia Sources |    |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc.   | 1  | 71185           | 00 | 20957                | 00 |
| 2. Interest income   | 2  |                 | 00 |                      | 00 |
| 3. Dividends   | 3  |                 | 00 |                      | 00 |
| 4. Alimony received  | 4  |                 | 00 |                      | 00 |
| 5. Business income or loss   | 5  |                 | 00 |                      | 00 |
| 6. Capital gain or loss/capital gain distributions   | 6  | -204            | 00 | 0                    | 00 |
| 7. Other gains or losses   | 7  |                 | 00 |                      | 00 |
| 8. Taxable pensions, annuities and IRA distributions   | 8  |                 | 00 |                      |    |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.   | 9  | -14417          | 00 | 0                    | 00 |
| 10. Farm income or loss  | 10 |                 | 00 |                      | 00 |
| 11. Other income   | 11 |                 | 00 |                      | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.   | 12 |                 | 00 |                      |    |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.  | 13 |                 | 00 |                      | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here.   | 14 | 56564           | 00 | 20957                | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 |                 |    | 37.1%                |    |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by 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<br>(660) 215-8118                         | Date                                      |                           |
| Spouse's Signature (If a joint return, <b>both</b> must sign) | Spouse's Phone Number                                       | Preparer's PTIN<br>P02082703              | Vendor Code<br>1555       |
| Preparer's Name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM          | Firm's Name (or Yours if Self-Employed)<br>GLOBAL TAXES LLC | Preparer's Phone Number<br>(678) 965-9522 | Filing Election Code<br>7 |
|   |   |   | ID Theft PIN              |

**2023 Schedule INC/CG**

655888002

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



RAVI CHANDRA      MANUKONDA

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 655888002           | W                   | 966.              | 813708410        | 30813708410F001      | 20957.                         |

| Total VA Withholding           | SSN       | VA Withholding |
|--------------------------------|-----------|----------------|
| You                            | 655888002 | 966.           |
| Spouse                         |           |                |
| Total # of W-2s, 1099s & VK-1s | 01        |                |

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

