

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SANTOSH KRISHNAKUMAR	Social security number 801-03-9499
Spouse's name PAVITHRA DEVI GANESAN	Spouse's social security number 682-48-5279

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	192,743.
2 Total tax	2	26,924.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	24,887.
4 Amount you want refunded to you	4	
5 Amount you owe	5	2,037.

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

3	9	4	9	9
---	---	---	---	---

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

ERO firm name

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

8	5	2	7	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	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 SANTOSH Last name KRISHNAKUMAR Your social security number 801 03 9499

If joint return, spouse's first name and middle initial PAVITHRA DEVI Last name GANESAN Spouse's social security number 682 48 5279

Home address (number and street). If you have a P.O. box, see instructions. 300 SOUTH TULANE AVENUE Apt. no. 5106 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. OAK RIDGE State TN ZIP code 37830 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/country Foreign postal code You Spouse

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

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

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

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

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with rows 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15, including Capital gain or (loss), Additional income from Schedule 1, Adjustments to income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income

Tax and Credits table with rows 16-24. Total tax is 26,924.

Payments table with rows 25-33. Total payments are 24,887.

Refund table with rows 34-36. Amount of refund is 2,037.

Amount You Owe table with rows 37-38. Total amount owed is 2,037.

Third Party Designee section with fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

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

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 801-03-9499

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 250.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 250.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 7,500.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21



See instructions before completing line items.

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

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
01-01-2023	08-31-2023
Spouse - From	Spouse - To
01-01-2023	08-31-2023

YOUR First Name SANTOSH	MI	Your Last Name KRISHNAKUMAR	Check if deceased <input type="checkbox"/>	Suffix	A Your Social Security Number 801-03-9499
SPOUSE'S First Name (filing status 2 or 4) PAVITHRA DEVI	MI	Spouse's Last Name GANESAN	Check if deceased <input type="checkbox"/>	Suffix	B Spouse's Social Security Number 682-48-5279
Present Home Address (Number and Street, or Rural Route) 300 SOUTH TULANE AVENUE APT 5106					VA Driver's License Information Customer ID You: 61260348 Spouse: _____ Issue Date (mm-dd-yyyy) You: 03-18-2023 Spouse: _____
City, Town or Post Office OAK RIDGE					
State TN	ZIP Code 37830	Locality Code 003			

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

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

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

DATE OF BIRTH	Your Birth Date (mm-dd-yyyy) 06 - 21 - 1995	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
	Spouse's Birth Date (mm-dd-yyyy) 06 - 14 - 1995		

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

1 FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	1	81083	00	111660	00
2 Additions from Schedule 760PY ADJ, Line 3.....	2		00		00
3 Add Lines 1 and 2	3	81083	00	111660	00
4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....	4a				00
	4b		00		00
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	5		00		00
6 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6		00		00
7 Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	7	26112	00	0	00
8 Subtractions from Schedule 760PY ADJ, Line 7.....	8		00		00
9 Add Lines 4a, 4b, 5, 6, 7, and 8	9	26112	00	0	00
10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3	10	54971	00	111660	00
11 Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11		00		00
12 If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	0	00	13840	00



Your Name S KRISHNAKUMAR & P GANESAN	Your SSN 801-03-9499
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	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	619 00	930 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
15 Add Lines 11, 12, 13 and 14.	619 00	14770 00
16 Virginia Taxable Income. Subtract Line 15 from Line 10.	54352 00	96890 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	2868 00	5314 00
18 Total Tax. Add Line 17, Column A and Line 17, Column B.		8182 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		2892 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		2746 00
20 Combined 2023 Estimated Tax Payments.....		00
21 2022 overpayment credited to 2023 estimated taxes.....		00
22 Extension Payment - Enter amount paid on Form 760IP.....		00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
24 Total credit for taxes paid to another state from Schedule OSC.....		00
25 Credits from Schedule CR, Section 5, Line 1A.....		00
26 Total payments and credits. Add Lines 19a through 25.		5638 00
27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.		2544 00
28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.		00
29 Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX		00
30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....		00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
32 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21. See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>		00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions..... Check here if no sales and use tax is due. <input checked="" type="checkbox"/>		00
34 Add Lines 29 through 33.		00
35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>		2544 00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... YOUR REFUND.		00

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

DIRECT BANK DEPOSIT
Domestic Accounts Only.
No International Deposits.

Your Bank Routing Transit Number:

Your Bank Account Number:

Checking Savings

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

Your Signature	Your Phone Number (720) 275-5832	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA	Preparer's Phone Number (678) 965-9522	Date 04-16-2024
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

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

Page 1



Your Name S KRISHNAKUMAR & P GANESAN	Your SSN 801-03-9499
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PART 1

Income Distribution

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

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	111660	.00	111660	.00	0	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4	111660	.00	111660	.00	0	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6	0	.00	0	.00	0	.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	111660	.00	111660	.00	0	.00
8.	Net conformity modifications	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	111660	.00	111660	.00	0	.00

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

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	81083	.00	54971	.00	26112	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4	81083	.00	54971	.00	26112	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7	81083	.00	54971	.00	26112	.00
8.	Net conformity modifications	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	81083	.00	54971	.00	26112	.00

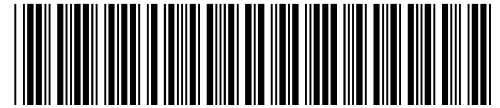
**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

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

2023 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



Your Name S KRISHNAKUMAR & P GANESAN	Your SSN 801-03-9499
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PART 2

Prorated Exemptions Worksheet

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

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

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

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

\$930 (One personal exemption)

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

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

Prorated Virginia Personal Exemptions

		Column B Spouse	Column A You
1. Your exemption.....	1	1	1
2. Dependents	2		0
3. Add Lines 1 and 2	3	1	1
4. Multiply Line 3 by \$930.....	4	930	930
5. 65 or over	5		
6. Blind.....	6		
7. Add Lines 5 and 6	7		
8. Multiply Line 7 by \$800.....	8		
9. Add Lines 4 and 8	9	930	930
10. Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10	0.666	1.000
11. Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	619	930

PART 3

Moving Information

1a. If YOU moved into Virginia in 2023, prior state of residence _____

1b. If YOU moved out of Virginia in 2023, state moved to TN

2a. If SPOUSE moved into Virginia in 2023, prior state of residence _____

2b. If SPOUSE moved out of Virginia in 2023, state moved to TN

2023 Schedule INC/CG

801039499



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

SANTOSH KRISHNAKUMAR

PAVITHRA DEV GANESAN

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
801039499	W	2892.	546001796	30546001796F001	59422.
682485279	W	2746.	546001796	30546001796F001	54971.

Total VA Withholding	SSN	VA Withholding
You	801039499	2892.
Spouse	682485279	2746.
Total # of W-2s,1099s & VK-1s	02	

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

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

Virginia Submission Identification Number (SID)

Grid for Virginia Submission Identification Number (SID)

Table with columns: Your Name, Spouse's Name, Part I Tax Return Information, B Your Social Security Number, A Spouse's Social Security Number, A Spouse, B Yourself. Rows include tax return details like Federal Adjusted Gross Income, Virginia Adjusted Gross Income, etc.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete.

Taxpayer's e-File PIN: check one box only

[X] I authorize the ERO named below to enter my e-File PIN [3][9][4][9][9] as my signature on my 2023 e-filed Virginia individual income tax return.

Do not enter all zeros

GLOBAL TAXES LLC

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.

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 [8][5][2][7][9] as my signature on my 2023 e-filed Virginia individual income tax return.

Do not enter all zeros

GLOBAL TAXES LLC

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.

Spouse's Signature _____ Date _____

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]

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.

ERO's Signature _____ Date 04-16-24

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 SANTOSH Last name KRISHNAKUMAR Your social security number 801 03 9499

If joint return, spouse's first name and middle initial PAVITHRA DEVI Last name GANESAN Spouse's social security number 682 48 5279

Home address (number and street). If you have a P.O. box, see instructions. 300 SOUTH TULANE AVENUE Apt. no. 5106 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. OAK RIDGE State TN ZIP code 37830 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/country Foreign postal code You Spouse

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

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

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

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

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with rows 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15, including Capital gain or (loss), Additional income from Schedule 1, Adjustments to income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (25a-25d), 2023 estimated tax payments (26), and total other payments and refundable credits (32).

Refund table with rows 34-36. Includes amount overpaid (34), routing and account numbers (35a-d), and amount applied to 2024 estimated tax (36).

Amount You Owe table with rows 37-38. Includes amount you owe (37) and estimated tax penalty (38).

Third Party Designee section. Includes question: 'Do you want to allow another person to discuss this return with the IRS?' and fields for name, phone, and PIN.

Sign Here section. Includes declaration: 'Under penalties of perjury, I declare that I have examined this return...' and signature/occupation fields for taxpayer and spouse.

Paid Preparer Use Only section. Includes fields for Preparer's name, signature, date, PTIN, firm's name, address, and EIN.

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 801-03-9499

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 250.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 250.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 7,500.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21