Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	sission Identification Number (SID)			
Taxpay	er's name	Social securit	y number	
YUV	A SURYA VAMSIRAJU KONAKALLA	329-79-	-0657	
Spouse	's name	Spouse's soc	ial security num	nber
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authorizii	ng.)
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 1	37,076.
2	Total tax		2	15,817.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,280.
4	Amount you want refunded to you		4	6,463.
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of your re	eturn)
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejety delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I amonic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury a cated in the tr n to debit the the authorizatests must be processing of ayment. I furt	onic return original control c	pinator (ERO) the reason definancial software for ccount. This ke (cancel) a later than 2 payment of dge that the
	ayer's PIN: check one box only			
	I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 9	0 6 5	as my
٠	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž En	er five digits, be n't enter all zero	ut
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your	signature ▶ Date ▶			
Snou	se's PIN: check one box only			
Ороц	I authorize to enter or generate r	ny DINI		ac my
L	ERO firm name		er five digits. b	as my
	signature on the income tax return (original or amended) I am now authorizing.		n't enter all zero	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Spou	se'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		6 0 8 2 er all zeros	7 1
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit rements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	ırn in accorda	nce with the
EDO:	n dignatura N			
EKU'S	S signature ► Date ► ERO Must Retain This Form — See Instructions			
	EKU IVIUST KETAIN I NIS FORM — See INSTRUCTIONS			

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

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple ir	ı this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing	'		, 20	See se	parate instr	uctions.
	RYA '	iddle initial VAMS IRAJU s first name and middle initial	Last nai	KALLA	A					329	79 06	557
	-	er and street). If you have a P.O. box, see	instruction	ons.				Α	pt. no.	Check	ential Election here if you, o	or your
City, town, or p GARNER Foreign countr		ce. If you have a foreign address, also co			low. rovince/state/c	Sta NC count		ZIP co 275 Foreig		to go to box be	e if filing joint this fund. Colow will not contain to or refund.	Checking a change
Filing Status Check only one box.	□ □	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	name o	of your s	pouse. If you	ı che	☐ Head of ho☐ Qualifying secked the HOH	surviv	ring spouse		∐ You ild's name i	Spouse
Digital Assets Standard	exch	ny time during 2023, did you: (a) reconange, or otherwise dispose of a diginate can claim: You as a de	ital asse	t (or a fir	nancial intere	est ir		•		. ,	Yes	⊠ No
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien	·	h = f =		2 1050		
Dependent	-	: Were born before January 2, 1	959 _	_ Are bl	·			14	ore January 2) Check the b	-	Is blir	
•		irst name Last name		(2) 8	Social security number		(3) Relationship to you)	Child tax c		Credit for other	
If more than four												
dependents,												
see instruction and check	ıs —											
here L				<u> </u>								
Income	1a	Total amount from Form(s) W-2, b	,		,							7,076.
Attach Form(s)		Household employee wages not re	•		. ,							
W-2 here. Also	C .	Tip income not reported on line 1a	•		,					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep			,	nstru	ictions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f								. 16		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	8839, line 29					. 11		
If you did not get a Form	g	Wages from Form 8919, line 6.								. 10	3	
W-2, see	h	Other earned income (see instruct	,					, .		. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>					
	z	Add lines 1a through 1h			· · · ·					. 1z	<u>z 13</u>	7,076.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest			. 2t)	
if required.	3a_	Qualified dividends	3a			b C	ordinary dividen	ds .		. 3b)	
Stondowd	4a	IRA distributions	4a			b T	axable amount			. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5b)	
• Single or	6a	Social security benefits	6a			b T	axable amount			. 6k)	
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If not requ	ired	, check here		[□ <u> 7</u>		
 Married filing jointly or 	8	Additional income from Schedule	1, line 10	0						. 8	_	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our total inc	omo	e			. 9	13	7,076.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26						. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income								. 11	1 13	7,076.
\$20,800 • If you checked	12	Standard deduction or itemized	deducti	i ons (fro	m Schedule	A)				. 12	2 4	3,849.
any box under	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14	4	3,849.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or less	c ontor	O This is w	our t	tavabla income			15	<u> a</u>	3 227

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	15,817.		
Credits	17	Amount from Schedule 2, lir	ne 3					17			
	18	Add lines 16 and 17						18	15,817.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18		22	15,817.						
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	15,817.		
Payments	25	Federal income tax withheld	I from:								
_	а	Form(s) W-2				25a 22	2,280.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	22,280.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,280.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,463.		
neiuliu	35a	Amount of line 34 you want	35a	6,463.							
Direct deposit?	b	Routing number 1 2 1				Checking	Savings				
See instructions.	d	Account number 3 2 5	1 6 3 2	0 3 1 (6 0						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		,	•				omplete	below.	⋈ No		
		esignee's		Phone			onal ident	tification			
		me		no.			ber (PIN)				
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here		ur signature	•	Date	Your occupation		1		nt you an Identity		
	10	ur signature		Date	Tour occupation				PIN, enter it here		
Joint return?					SOFTWARE C	(see	e inst.)				
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an		
Keep a copy for your records.								ntity Prote inst.)	ection PIN, enter it here		
	Ph	one no. (209) 407-873	6	Email address	VAMSIRKYS@	GMAIL.COM					
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/30/2024	P0208	32703	Self-employed		
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no.	(678) 965-9522		
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171									

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 07

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

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

YUVA SURY	A V	AMSIRAJU KONAKALLA		3	29-	79-0657
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1			
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses		Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
Taxes You	5	State and local taxes.				
Paid	а	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes, check this box	5a	7,105.		
	b	State and local real estate taxes (see instructions)	5b	,, 100.		
		State and local personal property taxes	5c			
		Add lines 5a through 5c	5d	7,105.		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		,		
		separately)	5e	7,105.		
	6	Other taxes. List type and amount:		,		
			6			
	7	Add lines 5e and 6			7	7,105.
Interest	8	Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your mortgage interest		instructions and check this box				
deduction may be limited. See	а	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	00	26 404		
instructions.		Home mortgage interest not reported to you on Form 1098. See	8a	36,494.	+	
	L	instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no.,				
		and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special				
		rules	8c			
		Reserved for future use	8d			
		Add lines 8a through 8c	8e	36,494.		
		Investment interest. Attach Form 4952 if required. See instructions	9			
		Add lines 8e and 9			10	36,494.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see	4.4	0.5.0		
Charity	40	Instructions	11	250.	-	
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
got a benefit for it, see instructions.	13	Carryover from prior year	13		-	
		Add lines 11 through 13	$\overline{}$		14	250.
Casualty and		Casualty and theft loss(es) from a federally declared disaster (othe				230:
Theft Losses	10	disaster losses). Attach Form 4684 and enter the amount from line 1				
111011 200000		instructions			15	
Other	16	Other—from list in instructions. List type and amount:				
Itemized						
Deductions					16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter	this amount on		
Itemized		Form 1040 or 1040-SR, line 12			17	43,849.
Deductions	18	If you elect to itemize deductions even though they are less than your	stanc	dard deduction,		
		check this box				







YUVA SURYA V KONAKALLA

135 ACORN GROOVE RD

SSN - You KO	NA	329790657	Vendor ID 1555		хххххх
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	137076.	Withholding (VA) - You	19A.	7105.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	137076.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpaymen	t 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	7105.
Total VA Adj Gross Income (VA	.GI) 9.	137076.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	A 10.	36744.	Tax Overpayment	28.	1647.
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemp	tions) 14.	37674.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	99402.	Sales and Use Tax	33.	
Amount of Tax	16.	5458.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	- 1	1647.
VAGI - Spouse	17A.		David Davidson #		121000250
Net Amount of Tax	18.	5458.	Bank Routing # Bank Account #	C 3251	121000358 63203160



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NJ 08816

Preparer Information

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK

P02082703

Page 2 of 2



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Γ											
Filing Status, Age 8	& License Ir	nformation				Additional Filing Inform	mation				
Filing Status				1		Locality	107				
Federal Head of H	ousehold					Uninsured & Authorize DMAS					
DOB - You		0430	0199	2		Name or Filing Status Change					
VA Driver's Licens	e ID - You					Address Change					
VA Driver's Licens	e - Iss. Date	- You				VA Return Not Filed Last Year					
Spouse Name (Fil	ing Status 3 (Only)				Dependent on Another's Return					
DOD 0						Farmer / Fisherman / Merchant Seaman					
DOB - Spouse	a ID. Caassa	_				Amended					
VA Driver's Licens	•					Reason Code					
VA Driver's Licens	e - Iss. Date ·	·				Overseas on Due Date					
You You	1	Exemptions (B) 65 & Over - You				Federal EIC & Amount					
Spouse		65 & Over - Spouse				Deceased Indicator					
Dependents		Blind - You				Form 760C or 760F					
Total (A)	1	Blind - Spouse				No Sales & Use Tax Due Indicator	X				
		Total (B)				Obtain Electronic 1099G					
		Contact Information				ID Theft PIN					
		penalty of law that I (we) have ex				(our) knowledge, it is a true, correct & complete retuvided is for a domestic account within the territorial ju					
Signature - You			Date		Pho	one - You	2094078736				
Signature - Spouse			Date		Pho	one - Spouse					
Signature - Preparer <u>S</u>	<u>YAM PRIYA R</u>	AM SAGAR GUPTA TALLAM	Date	013024	Pho	one - Preparer	6789659522				

1555 REV 01/11/24 PRO

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

File by May 1, 2024 Include Page 1, Page 2 and all

supporting 760CG documents.

2023 Schedule INC/CG

329790657

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

KONAKALLA

YUVA SURYA V



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					⊣
329790657	M	7105.	264067950	30264067950F001	137076.

Total VA Withholding SSN **VA Withholding** 7105. You 329790657 Spouse Total # of W-2s,1099s & VK-1s 01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

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

		Ш				Ш]			
You	ur N	ame															B Your Social Se	ecurity Number
7UV	YUVA SURYA VAMSIRAJU KONAKALLA										329-79-06	557						
Spo	Spouse's Name A Spouse's Social Security Number												al Security Number					
																		T =
Pa				urn Inf													A Spouse	B Yourself
ŀ	1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 137076.																	
2.	2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)											137076.						
3.				ne (Form											,			99402.
4.				ne Tax (F														5458.
5.			• (s 19	9a & 19b)			7105.
6			•	we (For								'63, Lir	ne 35)					
7.			•	760CG,														1647.
_	rt II			tion of									4	4				ata fantha waan andina
Dec Ret nun filin liab Virg refu of th	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. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																	
İ	Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 9 0 6 5 7 as my signature on my 2023 e-filed Virginia individual income tax return.																	
X	I	author	rize the	e ERO na	amed be	elow to	enter m	ny e-F	ile PIN [9 (」as m enter a			y 2023 e-filo	ed Virginia individual in	come tax return.
		GLO	BAL	TAXES	S LLO	S					D	o not t	ciilei a	11 20	6103			
	-										Е	RO Fi	rm Nan	ne				
															ax return. Che Part III below.		only if you are entering	g your own e-File
You	ır Siç	gnature	e												Date			
Spo	ouse	's e-Fi	ile PIN	: check	one bo	x only	'		_				_					
	ı	author	rize the	e ERO na	amed be	elow to	enter m	ny e-F	ile PIN [Dor	not ent	as m ter all z	-	-	y 2023 e-fil	ed Virginia individual ir	come tax return.
	-										El	RO Fin	m Nam	е				
															ax return. Che Part III below.		only if you are enterin	g your own e-File
	Spouse's Signature Date																	
Pa	rt II	I Ce	rtific	ation a	nd Au	then	ticatio	n – l	Practit	one	r PIN	Metho	od On	ly				
ER	0's l	EFIN/P	PIN: Er	nter your	six-digi	t EFIN	followe	d by y	our five	digit s	elf-sele	cted P	IN.	2	2 2 4	9 6 0	8 2 7 1	
indi Har a si	cate ndbo gnat	d abov ok for l ure pe	re. I co Electro n, or co	nfirm tha	at I am s s of Indi	submit vidual	ting this Income	returr	in acco	rdanc	e with th	he requ	ıiremen	ts o	rirginia individu of the Practitio gn the form us	ner PIN me sing a rubbe	tax retum for the taxpa thod and Virginia's pul er stamp, mechanical c	olication
EK	ERO's Signature Date01-30-24																	