Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
YEDUKONDALU MANNEM	779-45-	-8384
Spouse's name	Spouse's soc	ial security number
VIJAYALAKSHMI MADDINENI	981-96	-4317
Part I Tax Return Information — Tax Year Ending December 31, 2023	3 (Enter year you a	re 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 77,972.
2 Total tax		2 5,593.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 6,498.
4 Amount you want refunded to you		4 905.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a cop	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involv taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	er, transmitter, or electron for rejection of the trize the U.S. Treasury are count indicated in the tall institution to debit the terminate the authorization requests must be led in the payment. I furt to the payment. I furt	onic return originator (ERC ansmission, (b) the reasond its designated Financiax preparation software for entry to this account. Thi ation. To revoke (cancel) a received no later than the electronic payment other acknowledge that the
Taxpayer's PIN: check one box only		
<u></u>	enerate my PIN 5	8 3 8 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.		
Your signature ▶ D	Date ▶	
Spouse's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or great to enter or great tax return (original or amended) I am now authorizing.		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.		
Spouse's signature ► D	Date ►	
Practitioner PIN Method Returns Only—continue	e 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.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual i authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the practition of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the practition of the practition o	am submitting this retu	irn in accordance with th
ERO's signature ►	Date ►	
ERO Must Retain This Form — See Instruct	tions	

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

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

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	arate instructions.
Your first name	and m	niddle initial	Last na	ame					Your soc	cial security number
YEDUKONI	ΙΊΤΑς		MANI	JF:M					779	45 8384
		s first name and middle initial	Last na						Spouse's	social security numbe
VIJAYALA	AKSH	MT	MADI	DINENI					981	96 4317
		er and street). If you have a P.O. box, see					Apt. no.			ntial Election Campaigr
1003 MIS	STY	MOUNTAIN RD					919		Check h	ere if you, or your
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code			f filing jointly, want \$3
							•	this fund. Checking a bw will not change		
Foreign country	y name	1		Foreign province/state/	/count	ty	Foreign postal c			or refund.
										You Spouse
Filing Status	s [Single				Head of ho	usehold (HOH	H)		
Check only	×	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				Qualifying	surviving spo	use (C	QSS)	
	lf	you checked the MFS box, enter the	name	of your spouse. If yo	u che	ecked the HOH	or QSS box,	enter	the chil	d's name if the
	qu	ualifying person is a child but not you	ır depe	ndent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payr	nent for proper	ty or services); or (b) sell,	
Assets		nange, or otherwise dispose of a digi	•					,	,	☐ Yes 🗵 No
Standard	Son	neone can claim:	pender	nt Your spous	se as	a dependent				
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien	ı				
Age/Rlindness	s Vou	: Were born before January 2, 1	959 [Are blind Sp	ouse	· 🗌 Was borr	n before Janua	arv 2	1959	☐ Is blind
Dependent			000 [-			(4) Observed			ies for (see instructions):
•	•	First name Last name		(2) Social security number	У	(3) Relationshi to you	Child t			Credit for other dependents
If more than four	• •									
dependents,								=		
see instruction	s —									
here]									
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .					1a	90,098.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see i	instru	ictions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26					1e	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				22.22
	Z	Add lines 1a through 1h							1z	90,098.
Attach Sch. B if required.	2a	'	2a	21.		axable interest			2b	7.
	3a	· ·	3a	۷1.		ordinary dividen			3b	21.
Standard	4a	_	4a			axable amount			4b	+
Deduction for—	5a	-	5a			axable amount			5b	+
Single or Married filing	6a	,	6a	mothed sheet here		axable amount		· .	6b	
separately, \$13,850	C 7	If you elect to use the lump-sum election Capital gain or (loss). Attach Scheo		•	•	,		·]] 7	331.
Married filing	7 8	Additional income from Schedule				•		. ∟	8	-12,485.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	77,972.
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Schel		•					10	11,512.
Head of	11	Subtract line 10 from line 9. This is	-		 me				11	77,972.
household, \$20,800	12	Standard deduction or itemized	-	-					12	27,700.
If you checked any box under	13	Qualified business income deducti		•	,	5-A			13	27,700.
Standard Deduction,	14				. 555				14	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer			our I	avable incom			15	50 272

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌		16	5,593.	
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	5,593.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	5,593.	
	23	Other taxes, including self-e			•			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	5,593.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	6,498.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	6,498.	
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)				27				
allacii Scii. Elc.	28	Additional child tax credit fro	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								
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	6,498.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	905.	
	35a	Amount of line 34 you want	🗆	35a	905.					
Direct deposit?	b	Routing number 0 7 2								
See instructions.	d	Account number 5 5 2 5 2 8 3 7 1								
	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	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions	below.	⋈ No						
		signee's me		Phone no.		sonal ident nber (PIN)	tification			
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sch			the hest	of my knowledge and	
Sign		lief, they are true, correct, and com							, ,	
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity	
		J			·				IN, enter it here	
Joint return?					SOFTWARE		,	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	Ider	If the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.					HOME MAKE	R	(see	e inst.)		
		one no. (434)544-145		Email address	MANNEM781	@GMAIL.COM			T	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/2024	P0208		Self-employed	
Use Only	Fir	m's name GLOBAL TA					Pho	ne no. ((678)965-9522	
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965								

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

YEDUKONDALU MANNEM & VIJAYALAKSHMI MADDINENI

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

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

Your social security number 779-45-8384

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-12,485.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	-12 485

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Name(s) shown on return Your social security number 779-45-8384 YEDUKONDALU MANNEM & VIJAYALAKSHMI MADDINENI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a 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 . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 6,148. 5,700. 251. 699. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 699. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a 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 8b Totals for all transactions reported on Form(s) 8949 with 369. -368. Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-368.

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 331. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

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 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Sequence No. 12A

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

YEDUKONDALU MANNEM & VIJAYALAKSHMI MADDINENI

Social security number or taxpayer identification number

779-45-8384

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions☐ (C) Short-term transactions			_	sis wasn't report	ed to the IF	RS				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
Morgan Stanley Capital Management, LLC	01/01/23	12/31/23	4,109.	3,732.			377.			
Robinhood Securities LLC	01/01/23	12/31/23	2,039.	1,968.	W	251.	322.			
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and ince is checked), lir	lude on your ne 2 (if Box B	6,148.	5,700.		251.	699.			

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.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side YEDUKONDALU MANNEM & VIJAYALAKSHMI MADDINENI

Social security number or taxpayer identification number 779-45-8384

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	9-B showing bas))
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	W See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	1.	369.			-368.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	1.	369.			-368.

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

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

YEDU	JKONDALU MANNI	EM &	VIJAYALAKS	SHMI MADDINE	NI					779-4	5-8384	
Part	Note: If you a	re in th	e business of rent	Real Estate an ting personal proper on page 2, line 40.			C. See	instruc	ctions. If you a	re an indi	vidual, rep	ort farm
Α	Did you make any p				to file	Form(s) 1	099? S	ee ins	tructions .		. 🗌 Ye	s 🛚 No
	f "Yes," did you or											
1a				eet, city, state, ZII								
Α	PRAKASAM STE	REET	SINGARAYAK	ONDA ANDHRA	PRAD	DESH IN	I 5231	101				
В												
С												
1b	Type of Property (from list below)	2	above, report t	real estate prope he number of fair	rental	and		Fa	ir Rental Days	Personal Use Days		QJV
Α	3	1		ays. Check the Q			Α		365		0	
В				requirements to frenture. See instru			В					
С			qualified joint v	entare. See mstru	ictions	o.	С					
1	of Property: Single Family Resident Multi-Family Resident		3 Vacation 4 Comme	n/Short-Term Ren rcial	tal	5 Land 6 Roya			Self-Rental Other (descr			
									Properti	es:		
Incon							Α		В			С
3	Rents received .				3		5	20.				
4	Royalties received	J			4							
Expe					_							
5 6	Advertising Auto and travel (se				5 6							
7	Cleaning and mail		,		7		1,8	76				
8	Commissions .				8		1,0	70.				
9	Insurance				9							
10	Legal and other p				10							
11	Management fees				11		1,4	20				
12	Mortgage interest				12		1,4	20.				
13	Other interest .	•		•	13							
14	Repairs				14		1,6	79				
15	Supplies				15		2,2					
16	Taxes				16							
17	Utilities				17		2,1	05.				
18	Depreciation expe				18		3,6	94.				
19	Other (list)				19							
20	Total expenses. A	dd lin	es 5 through 19		20		13,0	05.				
21	Subtract line 20 fr result is a (loss), s file Form 6198 .	see ins	structions to find	d out if you must	21	-	-12,4	85.				
22	Deductible rental on Form 8582 (se	real e	state loss after	limitation, if any,	22		12,48		()	(
23a	Total of all amoun	its rep	orted on line 3 f	or all rental prope	rties			23a		520.		
b	Total of all amoun	its rep	orted on line 4 f	or all royalty prop	erties			23b				
С	Total of all amoun	its rep	orted on line 12	for all properties				23c				
d	Total of all amoun	its rep	orted on line 18	for all properties				23d	3	,694.		
е	Total of all amoun	its rep	orted on line 20	for all properties				23e	13	,005.		
24	Income. Add pos					-				. 24		
25	Losses. Add royalt	ty loss	es from line 21 a	nd rental real estat	e losse	es from lin	e 22. Er	nter to	tal losses her	e 25	(12,485.
26	Total rental real											
	here. If Parts II, II Schedule 1 (Form									n 26		-12,485.

2023 VA760CG Page 1





YEDUKONDALU MANNEM VIJAYALAKSHM MADDINENI 1003 MISTY MOUNTAIN RD APT 919

LYNCHBURG VA 24502

SSN - You MA	NN	779458384	Vendor ID 1555		xxxxx 7
SSN - Spouse MA	DD	981964317			
Fed Adj Gross Income (FAGI)	1.	77972.	Withholding (VA) - You	19A.	4408.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	77972.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	t 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4408.
Total VA Adj Gross Income (VA	GI) 9.	77972.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	1209.
Standard Deduction	11.	16000.	Overpayment Credited to Next	Year 29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exempt	ions) 14.	17860.	Addition to Tax, Penalty & Interest	est 32.	
VA Taxable Income	15.	60112.	Sales and Use Tax	33.	
Amount of Tax	16.	3199.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card Your Refund	N	1209.
VAGI - Spouse	17A.				
Net Amount of Tax	18.	3199.	Bank Routing #	С	072000326
L	-		Bank Account #	55252	28371

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





Filing Status, Age & License Information Additional Filing Information 2 031 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 07061988 DOB - You Name or Filing Status Change VA Driver's License ID - You Address Change VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman 06101990 DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (B) Exemptions (A) 65 & Over - You Federal EIC & Amount You 1 Spouse 65 & Over - Spouse Deceased Indicator Form 760C or 760F Dependents Blind - You 2 Total (A) Blind - Spouse No Sales & Use Tax Due Indicator Χ Obtain Electronic 1099G Total (B) ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. Signature - You Date Phone - You 4345441450 Signature - Spouse ____ Date Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 020824

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

supporting 760CG documents.

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

245 ROONEY CT

GLOBAL TAXES LLC

Phone - Preparer

Preparer Information

E BRUNSWICK NJ 08816 Page 2 of 2

6789659522

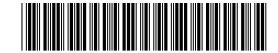
P02082703

7

2023 Schedule INC/CG

779458384

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



YEDUKONDALU

MANNEM

VIJAYALAKSHM

MADDINENI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					⊣
779458384	W	4408.	133924155	30133924155F001	90098.

Total VA Withholding SSN

VA Withholding

You

779458384

4408.

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!

You	Your Name														B Your Soc	B Your Social Security Number			
YED	UK	OND	ALU I	MANNEI	М												779-45-8384		
Spouse's Name														A Spouse's	A Spouse's Social Security Number				
VIJ	VIJAYALAKSHMI MADDINENI														981-96-4317				
Par	Part I Tax Return Information														A Spou	se	B Yourself		
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)														1)			77972.	
2.	٧	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)														9)			77972.
3.	T	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)																	60112.
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)																3199.		
5.	i. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 4.														4408.				
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)																		
7.	F	Refund	(Form	760CG, L	ine 36	; 760	PY, Line	36; F	orm 763	, Line	: 36)								1209.
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. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only																			
I authorize the ERO named below to enter my e-File PIN 5 8 3 8 4 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros GLOBAL TAXES LLC																			
	-	0110.		11111110							E	RO Fi	rm Nam	е					
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																		
You	· Sig	nature	e												Date				
Spo	use	's e-Fi	ile PIN:	check o	ne bo	x only	y		_				_						
X	I	authoi	rize the	ERO nar	ned be	elow to	o enter n	ny e-F	ile PIN	6 4			as my			y 2023 e-fil	ed Virginia indivi	idual inco	ome tax return.
	_	GLO:	BAL	TAXES	LL(7						DO F:-	N						
	ERO Firm Name I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																		
Spouse's Signature Date																			
Part III Certification and Authentication – Practitioner PIN Method Only																			
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1																			
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Date																			
		ى، د																	