

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 SATEESH Last name TOKALA Your social security number 722 28 6533

If joint return, spouse's first name and middle initial DIVYA SHARON Last name INTY Spouse's social security number 994 97 2760

Home address (number and street). If you have a P.O. box, see instructions. 8113 DUMONT DR Apt. no. 102 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. VIENNA State VA ZIP code 22180 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

Filing Status 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)? (See instructions.) 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 table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 74,219. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 74,219.

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

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 74,219. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 74,219. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 46,519.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,143.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,143.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,143.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,143.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	11,600.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	11,600.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,600.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,457.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,457.
Direct deposit? See instructions.	b	Routing number 051000017 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 435056622308		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (202) 880-9316	Email address TSBIDEV@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/27/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				

2023 D-40B SUB Nonresident Request for Refund



230403S11555

SOFTWARE DEVELOPER USE ONLY

VENDOR # 1555

Personal information

Your first name SATEESH M.I. Last name TOKALA
Your Taxpayer Identification Number (TIN) 722286533 Your date of birth (MMDDYYYY) 03131985

Daytime phone number 2028809316

Current mailing address (number, street and suite/apartment number if applicable) 8113 DUMONT DR 102

City VIENNA State VA Zipcode + 4 22180

Country or U.S. Commonwealth/U.S territory

Email Address TSBIDEV@GMAIL.COM

Review categories A - B below and attach your withholding statements and, if applicable, DD Form 2058, JAN 2018. Indicate the state in the boxes below. Please select only one between A and B. Provide property information on Line C if applicable.

A Commuter/Domiciliary State Exemption: I declare that during the taxable year shown above I either commuted on a daily basis from my place of residence to work in the District of Columbia (DC) or I was a domiciliary or legal resident of the state listed and my only income from sources within DC was from wages and salaries, which are subject to taxation by (enter the 2 letter state abbreviation for your domiciliary or legal state of residency). I did not maintain a place of abode in DC for a total of 183 days or more. (see instructions). DC tax was erroneously withheld from salary and wages paid to me by my employer. VA

B Military spouse exemption: If your non-resident military spouse was in the armed services during 2023, and you are not a DC resident, or elected to use the same residence as your non-resident military spouse, enter the state of domicile declared on DD Form 2058. You must complete and attach a copy of DD Form 2058, JAN 2018 with the D-40B. VA

C List the type and location of any DC real property you own. Type of property

Address(number, street and suite/apartment number if applicable)

Address (number, street and suite/apartment number if applicable)

Refund request

Round cents to the nearest dollar. If amount is zero, leave line blank

Table with 3 columns: Line number, Description, Amount. Line 1: DC income tax withheld Attach copies of your withholding statements. 1 329.00. Line 2: 2023 DC estimated income tax payments 2 .00. Line 3: Refund request Add lines 1 and 2. 3 329.00.

Will the refund go to an account outside the U. S.? Yes [X] No See instructions

Refund Options; For more information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov

Mark one refund choice [X] Direct Deposit or ReliaCard (See Instructions) or Paper Check

Direct Deposit If you want your refund deposited in your bank account, fill in type of account [X] checking savings and enter the routing number and account number below.

Routing Number 051000017 Account Number 435056622308

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. Designee's name Phone number

Signature Under penalties of law, I declare that I have examined this request and any attached statements and, to the best of my knowledge, they are correct. SYAM PRIYA RAM SAGA

Your signature

Date

Preparer's signature

Preparer's Tax Identification Number (PTIN) P02082703

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE



SATEESH TOKALA
DIVYA SHARON INTY
8113 DUMONT DR APT 102

VIENNA VA 22180

SSN - You TOKA 722286533

Vendor ID 1555 XXXXX

SSN - Spouse INTY 994972760

Fed Adj Gross Income (FAGI) 1. 74219.

Withholding (VA) - You 19A. 3225.

Additions 2.

Withholding (VA) - Spouse 19B.

Subtotal 3. 74219.

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 6.

Credit - Schedule OSC 24.

Subtractions 7.

Credits - Schedule CR 25.

Subtotal Subtractions 8.

Total Payments / Credits 26. 3225.

Total VA Adj Gross Income (VAGI) 9. 74219.

Tax You Owe 27.

Itemized Deductions - VA Sch A 10.

Tax Overpayment 28. 242.

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 & Exemptions) 14. 17860.

Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 56359.

Sales and Use Tax 33.

Amount of Tax 16. 2983.

Amount You Owe
Will Pay by Credit/Debit Card N
Your Refund 242.

Spouse Tax Adjustment (STA) 17.

VAGI - Spouse 17A.

Bank Routing # C 051000017

Net Amount of Tax 18. 2983.

Bank Account # 435056622308





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 03131985

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse 11131989

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 600

Uninsured & Authorize DMAS

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents Blind - You

Total (A) 2 Blind - Spouse

Total (B)

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 2028809316

Signature - Spouse _____ Date _____ Phone - Spouse _____

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date 032724 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

GLOBAL TAXES LLC

File by May 1, 2024
 Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT
 E BRUNSWICK NJ 08816 Page 2 of 2

2023 Schedule INC/CG

722286533

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



SATEESH TOKALA

DIVYA SHARON INTY

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
722286533	W	3225.	770205035	30770205035F001	68569.

Total VA Withholding	SSN	VA Withholding
You	722286533	3225.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

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