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	nission Identification Number (SID)				
Taxpay	yer's name	Social securit	y number		
SAN	THOSH KUMAR JINNA	662-40-	-3840		
Spouse	e's name	Spouse's soc		ty number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re auth	orizing.)	
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		434.
2	Total tax		2	6,	654.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,	509.
4	Amount you want refunded to you		4	3,	855.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of yo	ur retur	<u>n)</u>
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (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 rejective 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 incent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed 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 nal identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the conic Funds Withdrawal Consent.	nitter, or electro- iection of the tr J.S. Treasury ardicated in the ta- ion to debit the te the authoriza- quests must be e processing of payment. I furt	nic retur ansmissi nd its de- ix prepar entry to ation. To receive the elector	n originate on, (b) the signated Fration soft this accourevoke (c d no later thronic paynowledge	or (ERO) e reason inancial ware for unt. This ancel) a rethan 2 rement of that the
	ayer's PIN: check one box only				
	▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN	3 8	4 0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five dig n't enter a		a.cy
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Г	☐ I authorize to enter or generate	my DIN			as my
	ERO firm name	_	er five die	aits. but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	dor	i't enter a	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	/			
Part	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 Don't ente	- -	L 9 8	9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income trized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in acc	cordance	
EDO'	s signature ▶ Date ▶				
LNU	s signature ► Date ► ERO Must Retain This Form — See Instructions				
	END WIGST RETAIN THIS FORM — See INSTRUCTIONS				

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Serv		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instruction	ıs.
Your first name	and m	iddle initial	Last nar	t name				Your social security number			er			
SANTHOS	H KU	MAR	JINN.	A							662	40	3840	
		s first name and middle initial	Last nar										l security nu	ımbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					pt. no.		Preside	ntial Fl	ection Cam	naign
		RAILS CT								- 1			ou, or your	. •
		ice. If you have a foreign address, also co	mplete sp	oaces below	V.	Sta	te	ZIP c	ode			•	jointly, war	
HENRICO						VA	Δ.	232	94		•		nd. Checkir not change	•
Foreign countr	y name		F	oreign prov	/ince/state/	count	У		n postal c		your tax	or refu	ınd	
	<u> </u>	7										Yo	ou ∐ Sp	oouse
Filing Status	s 🗵	Single		,				ouseh	old (HOI	⊣)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)			□ .			,,	200)			
one box.		Married filing separately (MFS)			16		☐ Qualifying		0 1	,	,	1.01		
		you checked the MFS box, enter the alifying person is a child but not you										id's na	me if the	
														
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										□ Ye	es 🗵 No	0
Standard		neone can claim: You as a de					a dependent	, ,			,			
Deduction		Spouse itemizes on a separate retur	n or you	were a du	ual-status a	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	d Spc	ouse:	: Was bor	n befo	re Janu	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) Soc	ocial security (3) Relationship		ip (4	(4) Check the box it		x if quali	fies for	see instruct	tions):	
If more	(1) First name Last name			number to you		Child tax c		ax cre	edit	Credit fo	or other deper	ndents		
than four														
dependents, see instruction	s —													
and check	, —									<u> </u>				
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		81,48	34.
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a	•	•							1b			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•								1d			
W-2G and	e e	Taxable dependent care benefits for				iistiu	ctions)				1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6.	1113 110111	11 01111 000	55, III IC 25	•					1g			
get a Form	9 h	Other earned income (see instruct	ions) .								1h	- 1		0.
W-2, see instructions.	i	Nontaxable combat pay election (,				1i	i.						
instructions.	Z	Add lines 1a through 1h									1z		81,48	34.
Attach Sch. B	 2a		2a			b Та	axable interest	t .			2b			
if required.	3a	. –	3a				rdinary divide				3b			
	4a		4a				axable amoun				4b			
Standard	5a	_	5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e		nethod, ch						. [
\$13,850	7	Capital gain or (loss). Attach Sche				`	,			. [7			
 Married filing jointly or 	8	Additional income from Schedule									8		-16,05	50.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		65,43	
\$27,700	10	Adjustments to income from Sche		-							10			
 Head of household, 	11	Subtract line 10 from line 9. This is			oss incon	ne					11		65,43	34.
\$20,800	12	Standard deduction or itemized	-								12		13,85	
If you checked any box under	13	Qualified business income deduct					5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	50.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loca	ontor O	This is w	Our t	avabla incom				15		51 58	⊋ //

Form 1040 (202)	3)							Page Z
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 🗌 881	14 2 🗌 4972	з 🗌		16	6,654.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	6,654.
	19	Child tax credit or credit for other depend	lents from Sched	dule 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 les	ss, enter -0				22	6,654.
	23	Other taxes, including self-employment to	ax, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax	x				24	6,654.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 10	,509.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	10,509.
If you have a	26	2023 estimated tax payments and amoun	nt applied from 2	022 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	812		28			
	29	American opportunity credit from Form 8863, line 8						
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15						
	32	Add lines 27, 28, 29, and 31. These are ye	32					
	33	Add lines 25d, 26, and 32. These are you	r total payments	s			33	10,509.
Refund	34	If line 33 is more than line 24, subtract line					34	3,855.
	35a	Amount of line 34 you want refunded to	you. If Form 888	8 is attached, ched	k here	. 🗆	35a	3 , 855.
Direct deposit?	b	Routing number 1 1 1 9 0 0	6 5 9	c Type:	Checking	Savings		
See instructions.	d	Account number 3 7 1 8 8 3	2 0 6 0					
	36	Amount of line 34 you want applied to yo	ur 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe) .				
You Owe		For details on how to pay, go to www.irs.	gov/Payments o	r see instructions .			37	
	38	Estimated tax penalty (see instructions)			38			
Third Party		you want to allow another person to o						
Designee		structions				omplete		⊠ No
		esignee's me	Phone no.	e		onal identi ber (PIN)	fication	
Sign		nder penalties of perjury, I declare that I have exam		d accompanying sche		. ,	the best	of my knowledge and
Sign		lief, they are true, correct, and complete. Declarati						
Here	Yo	our signature	Date	Date Your occupation			e IRS ser	nt you an Identity
		Ç		1300 2334				IN, enter it here
Joint return?				DATA ENGINE		12 ,	inst.)	
See instructions. Keep a copy for your records.		oouse's signature. If a joint return, both must sign	. Date				If the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.)	
	Ph	ione no. (734) 272–3252	Email address	SANTHOSHJINN	NA15@GMAIL.C	MC		
Daid	Pre	eparer's name Preparer's sig	nature		Date	PTIN		Check if:
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA S	SAI PAVAN KUN	MAR DUDIPALLI		P0247	0833	Self-employed
Preparer	Firm's name GLOBAL TAXES LLC Phor							678) 965-9522
Use Only		m's address 245 ROONEY CT E B	RUNSWICK N	J 08816			ı's EIN	88-2145487
		1010 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				'		- 1010

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

SANTHOSH KUMAR JINNA

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

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 662-40-3840

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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. Att	ach Schedule E .	5	-16,050.
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		
ı	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 (<u>)</u>	
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			4.6.05.5
	1040, 1040-SR, or 1040-NR, line 8		10	-16 , 050.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	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	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number 662-40-3840 SANTHOSH KUMAR JINNA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . If "Yes." did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) PANAGAL NALGONDA TELANGANA IN 508001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 600. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,960. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 1,120. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 4,560. 14 Repairs 4,890. 15 Supplies 15 16 16 Taxes 17 Utilities 17 4,120. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 16,650. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -16,050.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 16,050.)(600. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 16,650. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 16,050. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-16**,**050.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

State and Local Income Tax Refund Worksheet

State and local taxes paid in 2022 or prior years and refunded in 2023

Name(s) Shown on Return Social Security Number SANTHOSH KUMAR JINNA 662-40-3840 Part I State and Local Income Tax Refunds from 2022 Tax Returns 1 (f) (a) (b) (d) (e) (g) (c) State Refund Estimated Extension Total Refund Refund Amount Tax Paid **Payments Payments** Allocated to Allocated to or Local After and Column (c) Column (d) Code 12/31/2022 Withholding MA 108. 0. Totals . 108. 0. 0. 108. Refund allocated to tax paid after 12/31/2022. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2022 on Schedule A, line 5a.) Part II Recovery Amount The recovery amount is the state and local income tax deducted in 2022 refunded in 2023. Total state and local income tax deduction from line 5a of your 2022 Schedule A Part III Recovery Exclusion The recovery exclusion is the part of the recovery amount which did not reduce tax in 2022. Recovery exclusion from sales tax deduction, SALT limitation and standard deduction: **b** Allowable itemized deductions, refigured by excluding recovery amount: (1) Refigured state and local tax deduction (Schedule A, line 5a): (c) Refigured deduction. Larger of (a) or (b) 14,281. c 2022 standard deduction based on 2022 filing status and deductions. e Subtract line 7d from line 7a _ 108. Recovery exclusion from negative taxable income. If 2022 taxable income was negative, enter here as a positive number, else enter zero. 9 Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2022 enter zero. If did pay AMT in 2022, enter amt from line 24 10 Recovery exclusion from unused tax credits. If no unused credits in 2022, enter zero. If there were unused credits in 2022, enter amount from line 35. 11 Part IV Taxable Refund The recovery amount less the recovery exclusion is a taxable refund. Total taxable refunds from 2021 or prior tax returns. Total line 36 column (d). 13 **Total taxable refunds**. Add lines 12 and 13. Enter here and on Schedule 1, line 1 . . 14

2023 VA760CG Page 1





Page 1 of 2

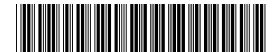
SANTHOSH KUM JINNA

9516 PINE TRAILS CT

HENRICO	VA 23294				
SSN-You JINN	662403840	Vendor ID 1555	XXXXX	┐	
SSN - Spouse					
Fed Adj Gross Income (FAGI)	65434.	Withholding (VA) - You	19A.	3998.	
Additions		Withholding (VA) - Spouse	19B.		
Subtotal	65434.	Estimated Payments	20.		
Age Deduction - You 4/		2022 Overpayment	21.		
Age Deduction - Spouse 4		Extension Payments	22.		
Soc Sec & Tier 1 Railroad		Credit - Low-Income or EIC	23.		
State Income Tax Overpayment		Credit - Schedule OSC	24.		
Subtractions		Credits - Schedule CR	25.		
Subtotal Subtractions 8		Total Payments / Credits	26.	3998.	
Total VA Adj Gross Income (VAGI)	65434.	Tax You Owe	27.		
Itemized Deductions - VA Sch A		Tax Overpayment	28.	1007.	
Standard Deduction	. 8000.	Overpayment Credited to Next Year	29.		
Exemptions	930.	VAC - Virginia 529 / ABLE	30.		
Deductions		VAC - Other Contributions	31.		
Subtotal (Deductions & Exemptions)	8930.	Addition to Tax, Penalty & Interest	32.		
VA Taxable Income	56504.	Sales and Use Tax	33.		
Amount of Tax	2991.	Amount You Owe Will Pay by Credit/Debit Card N			
Spouse Tax Adjustment (STA)		Will Pay by Credit/Debit Card N Your Refund	1	1007.	
VAGI - Spouse 17		Bank Routing #	C 1111	900659	
Net Amount of Tax	. 2991.	Bank Account #	3718832060		
		Dalik Account #	3/10032000		

__LAR __DLAR __DTD __LTD \$____





Filing Status, Age & License Information Additional Filing Information 1 087 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 08131996 DOB - You Name or Filing Status Change VA Driver's License ID - You B63655729 Address Change 03052024 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 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 Spouse 65 & Over - Spouse **Deceased Indicator** Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G 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 7342723252 Phone - You Signature - Spouse _____ Date Phone - Spouse

Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u> Date Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. 7 Preparer Information P02470833

GLOBAL TAXES LLC

245 ROONEY CT

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

supporting 760CG documents.

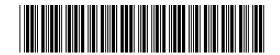
2023 Schedule INC/CG

662403840

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

SANTHOSH KUM

JINNA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
662403840	M	3998.	043481560	30043481560F001	81484.

Total VA Withholding

You
662403840
3998.

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!

	r Name	B Your Social Sec	,					
	THOSH KUMAR JINNA use's Name	662-40-38 A Spouse's Socia						
ορ υ	use's Ivallie	A Spouse's Socia	i Security Number					
Par	t I Tax Return Information	A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		65434.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		65434.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		56504.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2991.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3998.					
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		1007.					
Par	t II Declaration of Taxpayer and Signature Authorization er penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompar							
filing liable Virgi refur of the signa	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							
	GLOBAL TAXES LLC							
	ERO Firm Name		F.1					
Ш	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check to PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	his box only if you are entering	your own e-File					
Your	r Signature Date							
Spo	use's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros							
	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.							
	use's Signature Date							
Par	t III Certification and Authentication – Practitioner PIN Method Only							
ERO	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9							
indic Hand a sig	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.							
EKU	O's Signature Date							