IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpay	er's name	Social secu	Social security number				
MAN	EESH REDDY MUNUKUNTLA	690-92	2-8730	C			
Spouse	s's name	Spouse's so	ocial secu	urity number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter year you	are aut	thorizing.)			
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	91,549.			
2	Total tax		2	12,397.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,549.			
4	Amount you want refunded to you		4	7,152.			
5	Amount you owe		5				

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				FBO firm name		Ę	ſ
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_	-
			-			12	2

	2	8	7	3	0	as			
Enter five digits, but don't enter all zeros									

my

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

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

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
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		6 nter a		2	7 1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
ERO Mu Don't Submit Th			
For Paperwork Reduction Act Notice, see your tax r	eturn instructions.	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not	write or sta	aple in this space.			
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	eparate	instructions.			
Your first name	and m	iddle initial	Last r	name						Your s	ocial sec	curity number			
MANEESH	RED	DY	MUN	IUKUNTI	A					690	92	8730			
		s first name and middle initial	Last r									security number			
-											1	-			
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presid	ential Ele	ection Campaign			
101 LOW	RTVI	FR IN										vou, or your			
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode		spouse if filing jointly, want \$3				
GEORGET	DWN					TΣ	x	786	28	· · ·		nd. Checking a not change			
Foreign country				Foreign p	rovince/state	/coun	ty	Foreig	n postal code		ix or refu	0			
											🗌 Yo	ou 🗌 Spouse			
Filing Status	; 🛛	Single					Head of h	ouseh	old (HOH)						
Check only] Married filing jointly (even if only or	ne hao	d income)											
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)					
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If yo	u che	ecked the HOH	l or QS	SS box, en	er the ch	nild's na	me if the			
	qu	alifying person is a child but not you	ır dep	endent:											
Divital	At a	ny time during 2023, did you: (a) rece	oivo (a		d award or	navr	ment for prope	rtv or i	envices): c	r (b) soll					
Digital Assets		hange, or otherwise dispose of a digi						-				es 🛛 No			
Standard		neone can claim: You as a de					a dependent			,					
Deduction		Spouse itemizes on a separate return	•				•								
		: Were born before January 2, 1		Are b		ouse		n hofe	re January	2 1050		s blind			
Dependent:			909	<u> </u>	•			14				(see instructions):			
•		First name Last name		(2) :	Social securit number	У	(3) Relationsh to you	ip (Child tax		1	or other dependents			
lf more than four	(.).														
dependents,	-														
see instruction	s ——														
and check here												<u> </u>			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1	a	106,202.			
	b	Household employee wages not re			,							·			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	•		.,					. 1	c				
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see	instru	uctions)			. 1	d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f			, ,		, , , , , ,			. 1	e				
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	3839, line 29).				. 1	f				
lf you did not	g	Wages from Form 8919, line 6								. 1	g				
get a Form W-2, see	h	Other earned income (see instructi	ions)							. 1	h	0.			
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i								
	z	Add lines 1a through 1h			<u>.</u>					. 1	z	106,202.			
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2	b				
if required.	3a		3a			b C	Ordinary divide	nds .		. 3	b				
Standard	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4	b				
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5	b				
Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6	b				
Married filing separately,	С	If you elect to use the lump-sum e		,		`	,								
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not req	uired	l, check here				'	0.			
jointly or	8	Additional income from Schedule	,							. 8		-14,653.			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our total in	com	е			. 9		91,549.			
\$27,700 • Head of	10	Adjustments to income from Sche								. 1					
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 1		91,549.			
• If you checked	12	Standard deduction or itemized						• •		. 1	-	13,850.			
any box under <i>Standard</i>	13	Qualified business income deducti	ion fro	m Form 8	995 or Forn	n 899	95-A	• •		. 1					
Deduction, see instructions.	14	Add lines 12 and 13	•••	••••	· · ·	•••		• •		. 1		13,850.			
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-U This is	your	taxable incom	e.		. 1	5	77,699.			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	12,396.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17					[18	12,396.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,396.
	23	Other taxes, including self-e						23	1.
	24	Add lines 22 and 23. This is						24	12,397.
Payments	25	Federal income tax withheld							,
	а	Form(s) W-2				25a 19	,549.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	19,549.
If you have a	26	2023 estimated tax payment						26	,
qualifying child,	27	Earned income credit (EIC)				27		-	
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	19,549.
Refund	34	If line 33 is more than line 24						34	7,152.
neiuna	35a	Amount of line 34 you want	-			, .		35a	7,152.
Direct deposit?	b	Routing number 0 7 1					Savings		
See instructions.	ď	Account number 6 9 5					Cavingo		
	36	Amount of line 34 you want a			ad tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	51	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		01	
Third Party		you want to allow another	,						
Designee			•				omplete be	elow.	× No
Deelgiice	De	signee's		Phone			onal identifi		
	nar			no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare th							
Here	Dei	ief, they are true, correct, and com	piete. Declaration of	of preparer (otne		ased on all informati			, .
	Yo	ur signature		Date	Your occupation				nt you an Identity
Joint return?					SOFTWARE DE	VELOPMENT EN			N, enter it here
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat			RS ser	nt your spouse an
Keep a copy for	op	ouoo o olghataro. In a joint rotarn, i	our maar olgn.	Duto					ection PIN, enter it here
your records.							(see ir	ist.)	
	Ph	one no. (301) 795-874	8	Email address	MANEESHREDDY	M1026@GMAIL.C	MC		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM <u>S</u> AGAR	GUPTA TALLAM	02/04/2024	P02082	703	Self-employed
Preparer	Fin	m's name GLOBAL TAX	XES LLC				Phone	e no. (678)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MANEESH REDDY MUNUKUNTLA 690-92-8730

Par	t 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	ch Schedule E .	5	-14,653.
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			
	, , , , , , , , , , , , , , , , , , ,	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	<u>8s (</u>	<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	<u>8u</u>	_	
Z	Other income. List type and amount:	•		
•	Tatal athen income. Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-14,653.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	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 8I 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					
-		24e				
f		24f				
q		24g				
U	Attorney fees and court costs for actions involving certain unlawful					
		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				
i	Housing deduction from Form 2555	24j				
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-				
		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			and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10				26	
	BAA	REV)1/27/24 PRC)	Schedule	1 (Form 1040) 2

SCHEDULE 2 (Form 1040)

16

Additional Taxes

OMB No. 1545-0074 9**07**

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.			
	()	rm 1040, 1040-SR, or 1040-NR		ial security number
	eesh reddy i	MUNUKUNTLA	690-92	-8730
1		ninimum tax. Attach Form 6251	-	1
2	Excess adva	ance premium tax credit repayment. Attach Form 8962		2
3		and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1	7	3
Pa	rt II Other 7	Taxes		
4	Self-employ	ment tax. Attach Schedule SE	🛓	4
5	Social secu Attach Form	rity and Medicare tax on unreported tip income. 4137		
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach		
7	Total additic	nal social security and Medicare tax. Add lines 5 and 6	🛓	7
8	Additional ta	x on IRAs or other tax-favored accounts. Attach Form 5329 if rec	uired.	
	If not require	ed, check here	. 🗆 🗋	8
9	Household e	employment taxes. Attach Schedule H	🛓	9
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required	[·	10
11	Additional M	ledicare Tax. Attach Form 8959	·	11
12	Net investm	ent income tax. Attach Form 8960		12
13		social security and Medicare or RRTA tax on tips or group-te		13 1.
14	Interest on t and timesha	ax due on installment income from the sale of certain residentires		14
15		he deferred tax on gain from certain installment sales with a sales	•	15

(continued on page 2)

16

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		_
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b .	es. Enter here and	21	1.	•
	BAA	REV 01/27/24 PRO	Schedu	ule 2 (Form 1040) 202	23

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MANEESH REDDY MUNUKUNTLA

Your social security number

690-92-8730

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		combine the result with column (g)
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	2,008.	2,008.			0.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	0.		

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	

Part	Summary	
16	Combine lines 7 and 15 and enter the result	16 0.
	 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 line 22.	
	• 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?	
	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 amount, if any, from line 7 of that worksheet	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. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (0.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	BAA REV 01/27/24 PRO	Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury Internal Revenue Service

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.



Name(s) shown on returnSocial security number or taxpayer identification numberMANEESH REDDY MUNUKUNTLA690-92-8730

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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 reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(d) (e) If you enter an am (d) Cost or other basis enter a code		f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)				(g) Amount of adjustment	from column (d) and combine the result with column (g).
MORGAN STANLEY	07/15/23	07/17/23	2,008.	2,008.			0.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	2,008.	2,008.			0.

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

	DULE E		Supplementa	l Inc	ome an	nd Los	SS			OMB No	. 1545-0074
(Form	1040)	(From r	ental real estate, royalties, partners	hips, S	corporat	ions, es	tates,	trusts, REMICs,	etc.)	90	23
	ent of the Treasury		Attach to Form 1040,					e		Attachm	ent
	Revenue Service		Go to www.irs.gov/ScheduleE for	rinstru	uctions an	d the la	test in				ce No. 13
()	shown on return									al security	number
Part	ESH REDDY							6	90-9	2-8730	
Part	Note: If yo	ou are in t	s From Rental Real Estate an he business of renting personal proper as from Form 4835 on page 2, line 40.			c . See	instruc	ctions. If you are	an indi	vidual, rep	ort farm
Α			ents in 2023 that would require you	to file	Form(s) 1	099? 5	see ins	structions		. 🗌 Ye	s 🛛 No
B It	f "Yes," did you	or will y	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a			ach property (street, city, state, ZIF								
A	23-70/6.	NETHAJ	I NAGAR KOTHAPET HYDERA	ABAD.	TELANO	GANA	IN 50	00060			
B				,							
C											
1b	Type of Prope	erty 2	For each rental real estate prope	ertv list	ted		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below		above, report the number of fair	rental	and			Days	Da	nys	QJV
Α	3		personal use days. Check the Q			Α		365		0	
В			if you meet the requirements to f qualified joint venture. See instru	ictions	a	В					
С						С					
	of Property:						_				
	Single Family R			tal	5 Land			Self-Rental	,		
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (describe	e)		
								Properties	:		
Incom	ne:					Α		В			С
3				3		6	72.				
4		ived.	· · · · · · · · · · · · · · · · · · ·	4							
Expen				_							
5	-			5							
6			structions)	6							
7 8			ance	7		2,9	54.				
о 9				9							
10			sional fees	10							
11				11		2,3	69				
12			to banks, etc. (see instructions)	12		215	0.5.				
13		-	· · · · · · · · · · · · · · ·	13							
14				14		2,7	31.				
15	o			15		2,8	47.				
16	Taxes			16							
17				17		1,9					
18			or depletion	18		2,4	69.				
19	Other (list)			19							
20	I otal expense	s. Add III	nes 5 through 19	20		15,3	25.				
21			ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must	21		-14 , 6	53				
22			estate loss after limitation, if any,	21		11/0					
	on Form 8582	(see ins	tructions)	22	(14,65)	(
23a			ported on line 3 for all rental prope			·	23a	6	572.		
b c			ported on line 4 for all royalty prop ported on line 12 for all properties		· · ·		23b 23c				
d			ported on line 18 for all properties				230 23d	2 - 4	169.		
e			ported on line 20 for all properties				23e	15,3			
24			amounts shown on line 21. Do not						24		
25			ses from line 21 and rental real estate		-		nter to	tal losses here	25	(14,653.
26			te and royalty income or (loss).								
	here. If Parts I	I, III, and	d IV, and line 40 on page 2 do no	t appl	ly to you,	also e	nter th	nis amount on			
	Schedule 1 (Fo	orm 1040)), line 5. Otherwise, include this ar	mount	in the to	tal on li	ne 41	on page 2 .	26	-	-14,653.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

-14,653.

Forn 760F	- 		202 Reside	ent Income	Tax R	eturn					
	structions before comp e a complete copy of you	leting line	items.		iired Vi	rainia en	closures		Dates of VA Resid (mm-dd-yyyy)	ence	
YOUR Fi			st Name	Check if deceased	Suffix	<u> </u>	cial Security Number)		ou - To	_
MANEE	SH REDDY	MIINII	KUNTLA			690-92	-8730	01-	01-202311-3	0-202	23
	STI KEDDI S First Name (filing status 2 or 4)	i i	s Last Name	Check if deceased	Suffix		s Social Security Number	Sp	ouse - From Spo	ouse - To	_
Present H	ome Address (Number and Street, or	Rural Route)					VA D	river's Lic	ense Information		
101 т	OW RIVER LN								stomer ID		
	or Post Office						You	B6536	51919		
GEORG	ETOWN						Spouse	Issue Dat	e (mm-dd-yyyy)		
State		ZIP Cod	e		Locality	Code	 You		<u>3-2023</u>		
TX		7862	8		107		Spouse				
Appl	Check Amended Return Qualifying Farmer, Fisherman or Merchant Seaman Combined Social Security for You and Spouse reported as taxable income on Federal Return Applicable Dependent on Another's Return Earned Income Credit Claimed on federal return Combined Social Security for You and Spouse reported as taxable income on Federal Return										
ВО	Boxes Overseas on Due Date \$00 \$00										
l/we	authorize the sharing of certain	information fro	m Form 760	PY and Schedule H	CI (as de	scribed in th	e instructions) with the	Departm	ent of Medical		
	stance Services (DMAS) and the			rvices (DSS) for purp	oses of id	1					
Fil	ing Status Enter Filing Stat 1 = Single (Column A) -					Exemp		You/			
1	2 = Married, Filing Joint						S A - You	pouse D	Dependents 65 or Over	Blind	1
	3 = Married, Filing Sepa	rate returns	(Column A			Enter the and Spo	numbers for both You buse if Filing Status 2	1	0		
	4 = Married, Filing Sepa	•			A and B)	3 - Spouse				 1
	ling Status 3, enter spouse's S at top of form and, enter Spou		ouse's Soci	al Security Number			ng Status 4 Only				
	OF BIRTH						Snouse		Vau		
	Your Birth Date (n Spouse's Birth Da			10-26-	19	98	B Filing Status 4 ONLY	ļ	A Include Spot Filing Statu		
											_
Con 1	FEDERAL ADJUSTED G Line 7, Column 1.	ROSS INC	OME from	Schedule of Inco	me, Pa	rt 1,		00	91	549 0	00
2	Additions from Schedule 7					-		00			00
3	Add Lines 1 and 2					. 3		00	01	549 0	00
4	Qualifying Age Deduction.							00	91	549 0	
	Worksheet in instructions.	Enter Spous	se's Age D	eduction on Line	4b, Coli	umn 📃				0	00
	B when using Filing Statu Line 4a, Column A and Spo							00		c	00
5	Social Security Act and reported as taxable incom	e on federal	return and	d attributable to yo	ur perio	d of _		00			00
6	residence in Virginia State income tax refund federal return and received	or overpaym d while a Virg	ent credit jinia reside	reported as incor ent. Claim in the sa	me on y ame coli	your umn		00			00
7	you reported adjusted gros	period of res	idence ou	tside Virginia from	Schedu	le of		00			00
8	Income, Part 1, Line 9, Co Subtractions from Schedul					· · -		00			00
9	Add Lines 4a, 4b, 5, 6, 7,					-		00	_9		00
10	Virginia Adjusted Gross							00	101	202	00
11	Itemized Deductions from See Instructions If you do not claim itemize					tion		00		0	00
	from Standard Deductions	Worksheet in						00	8	000	00
Va. Dept. of 2601039		LTD		\$					XXXXX		

1555

REV 01/25/24 PRO

2023	Form 760PY Page 2									
Your N		Your SSN								
MANE	EESH REDDY MUNUKUNTLA	690-92-8730			Spouse			You Includ		IIII IIII
				B	Filing Status 4 O	NLY	A		Status 2	
13	Prorated exemption amount from Sche See instructions					00			851	00
14	Deductions from Schedule 760PY ADJ	, Line 9	14			00				00
15	Add Lines 11, 12, 13 and 14					00		88	851	00
16	Virginia Taxable Income. Subtract Li	ne 15 from Line 10.				00		923	351	00
17	Tax amount from Tax Table or Tax Rate	Schedule	17			00		5(053	00
18	Total Tax. Add Line 17, Column A and	d Line 17, Column B				18		5(053	00
19a	Your Virginia income tax withheld. Encl	ose copies of Forms W-2, W-2G,	1099 and VK-	1		19a		52	282	00
19b	Spouse's Virginia income tax withheld.	Enclose copies of Forms W-2, W	/-2G, 1099 and	VK-1		19b				00
20	Combined 2023 Estimated Tax Paymer	nts				20				00
21	2022 overpayment credited to 2023 est	timated taxes				21				00
22	Extension Payment - Enter amount paid	d on Form 760IP				22				00
23	Tax Credit for Low-Income Individuals of					23				00
24	Total credit for taxes paid to another sta	-				24				00
25	Credits from Schedule CR, Section 5, L					25				00
26	Total payments and credits. Add Lin					26		5;	282	00
27	If Line 18 is larger than Line 26, enter the					27				00
28	If Line 26 is larger than Line 18, enter the					28			229	00
29	Amount of overpayment on Line 28 to be					29				00
30	Virginia529 and ABLE Contributions fro					30				00
	ů –					31				
31 32	Other Voluntary Contributions from Sch Addition to Tax, Penalty and Interest fro	, , ,								00
	See instructions					32				00
33	Sales and Use Tax is due on Internet, m See instructions					33				00
34	Add Lines 29 through 33					34				00
35	If you owe tax on Line 27, add Lines 27 Line 28, enter the difference. Enclose Check here if paying by credit or o	payment or pay at www.tax.virg i	inia.govAM	OUNT YO	U OWE	35				00
36	If Line 28 is larger than Line 34, subtract	Line 34 from Line 28		. YOUR R	EFUND	36			220	00
	If the Direct Deposit section below is not o	ompleted, your refund will be issued	d by check.						229	00
Domes	T BANK DEPOSIT tic Accounts Only.Your Bank RouImational Deposits.0710	uting Transit Number	Your Bank Ac 5 9 5 2	count Nun	1ber Check 6 2 6	king	X	Savings]
I (We	Ve) authorize the Department of Taxation to), the undersigned, declare under penalt complete return.		•	•	obtain my For best of my (ou					-

Your Signature	Your Phone Number		Date		
	(301) 795-	-8748			
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Nur	nber	Date		
Preparer's Name	Preparer's Phone Number		Date		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-	-9522	02-04-2024		
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's PTIN	Vendor Code	Filing Election Code	ID Theft PIN	
245 ROONEY CT E BRUNSWICK NJ 08816	P02082703	1555	7		

2023 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 1

Your Name			Your SSN
MANEESH	REDDY	MUNUKUNTLA	690-92-8730



Income Distribution

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

	SECTION A	Y	ou (In	clude Spouse if Fi	ling S	tatus 2)		
	SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		Column A1 Federal Return		Column A2 While VA Resid		Column A3 While NOT VA Resider	
1.	Wages, salaries, tips, etc	1	106202	.00	101202	.00	5000	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income	3	-14653	.00	0	.00	-14653	.00
4.	Gross income (add Lines 1, 2 and 3)	4	91549	.00	101202	.00	-9653	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	91549	.00	101202	.00	-9653	.00
8.	Net conformity modifications	8		.00		.00		.00
9.	Conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	91549	.00	101202	.00	-9653	.00
	*Enter the amount from Line 7, 0	Colu	umn A1 on Form	760P	<mark>/</mark> , Page 1, Line 1,	Colu	mn A.	

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

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

²⁶⁰¹³⁰¹ Rev 05/23 Submit completed Schedule of Income with Form 760PY to avoid delays.



2023 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 2

Your Name Yo	Your SSN
MANEESH REDDY MUNUKUNTLA 69	590-92-8730

PART 2

Prorated Exemptions Worksheet

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

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

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

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

\$930 (One personal exemption)

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

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

Prorated Virginia Personal Exemptions

			Column B Spouse	Column A You
1.	Your exemption	1		1
2.	Dependents	2		0
3.	Add Lines 1 and 2	3		1
4.	Multiply Line 3 by \$930	4		930
5.	65 or over	5		
6.	Blind	6		
7.	Add Lines 5 and 6	7		
8.	Multiply Line 7 by \$800	8		
9.	Add Lines 4 and 8	9		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10		0.915
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		851

PART 3

Moving Information

ТΧ

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

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

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

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



2023 Schedule INC/CG 690928730

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

MANEESH REDD MUNUKUNTLA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
690928730	W	5282.	208424306	30208424306F001	101202.

Total VA Withholding	SSN	VA Withholding
You	690928730	5282.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

.

Virginia Individual Income Tax e-File Signature Authorization

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

Virginia Submission Identification Number (SID)					
Your Name	B Your Social Se	ourity Number			
MANEESH REDDY MUNUKUNTLA Spouse's Name	690-92-87 A Spouse's Socia				
Part 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)		91549.			
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		101202.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		92351.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		5053.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5282.			
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)		229.			
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 or 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 <u>2 8 7 3 0</u> as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros <u>GLOBAL TAXES LLC ERO Firm Name I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Vour Signature</u>					
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 bo PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File			
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.					
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 Date02-	04-24				
1555 REV 01/25/24 PRO					