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 | ver's name | Social secu | rity numb | per | |
| HAR | RISH VOLETI | 759-4 | 2-254 | 1 | |
| Spouse | e's name | Spouse's s | ocial secu | urity numbei | r |
| Par | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | vear vou | are au | thorizina | 1 |
| | | year you | are au | unonzing. | ') |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1.1 | 116 | ,839. |
| 2 | Total tax | | 2 | | ,117. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,386. |
| 4 | Amount you want refunded to you | | 4 | | ,269. |
| 5 | Amount you owe | | 5 | , and the second | , = 0 3 • |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and k | еер а со | py of y | our retu | rn) |
| my kn return to sen for any Agent payme author payme busine taxes persor | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) lowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Usto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests 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 particular of the income tax return (original or amended) I are also authorized. | e are the are there, or election of the S. Treasury cated in the note to debit the author ests must processing ayment. I fu | mounts for transmise and its contact tax prepare entry for transmise and its contact tax prepare entry for the element of the element according to | rom the incturn original ssion, (b) the designated paration so to the tothis according to the thin to the thin to the thin to the coronic paration paratic par | come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the |
| | onic Funds Withdrawal Consent. ayer's PIN: check one box only | Г | | | |
| - | | my DINI L | 2 2 5 | 5 4 1 | 00 mv |
| Ľ | ✓ I authorize GLOBAL TAXES LLC to enter or generate r ✓ ERO firm name | · E | | digits, but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | C | ion t ente | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Your | signature ► Date ► | 01/27/202 | 4 | | |
| Spou | se's PIN: check one box only | _ | | | |
| Г | I authorize to enter or generate r | nv PIN | | | as my |
| _ | ERO firm name | | nter five | digits, but | ao my |
| | signature on the income tax return (original or amended) I am now authorizing. | c | lon't ente | r all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Spou | se's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part | 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 4 9 Don't e | 6 0 | 8 2 7 eros | 1 |
| author | fy that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In | tting this re | turn in a | accordance | |
| ERO' | s signature ▶ Date ▶ | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

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

2023

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

| For the year Jan | . 1–Dec | 2. 31, 2023, or other tax year beginning | | , 2023, end | ling _ | | , 20 | | See se | parate inst | ructions. |
|---|--------------|--|---------------|-------------------------------|---------------|-----------------------|-----------------------|----------|---------------------|----------------|----------------------------------|
| Your first name | and mi | iddle initial | Last na | ame | | | | | Your so | cial securit | y number |
| HARISH | | | VOLE | ETI | | | | | 759 | 42 2 | 541 |
| | oouse's | s first name and middle initial | Last na | | | | | | | | curity number |
| | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | Apt. no. | | Preside | ntial Electic | on Campaigr |
| 4269 COI | SWOI | LD HILL LANE | | | | | | | | here if you, | • |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete | spaces below. | Sta | ate | ZIP code | | | ٠, | itly, want \$3 Checking a |
| FAIRFAX | | | | | V | A | 22030 | | | ow will not | • |
| Foreign country | name | | | Foreign province/state/o | coun | ity | Foreign postal | code | your tax | k or refund. | _ |
| | | | | | | | | | | You | Spouse |
| Filing Status | \mathbf{X} | Single | | | | ☐ Head of he | ousehold (HO | H) | | | |
| Check only | | Married filing jointly (even if only o | ne had | income) | | | | | | | |
| one box. | | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (Q | | | | | | | | | |
| | I f y | ou checked the MFS box, enter the | name | of your spouse. If you | ı che | ecked the HOH | l or QSS box, | ente | r the chi | ld's name | if the |
| | qu | alifying person is a child but not you | ır depe | ndent: | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (as | a reward award or | navi | ment for prope | rty or services | s). or | (b) sell | | |
| Assets | | lange, or otherwise dispose of a digi | • | | | | • | | | ☐ Yes | ⊠ No |
| Standard | Som | eone can claim: You as a de | pender | nt Your spouse | e as | a dependent | <u> </u> | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | u were a dual-status a | alier | 1 | | | | | |
| 4 (DI: 1 | | | 050 [| | | | | | 1050 | | |
| | | Were born before January 2, 1 | 959 [| Are blind Spo → | ouse | s: □ was bor | n before Janu | | | ∐ Is bli | |
| Dependents | | <i>'</i> | | (2) Social security number | ' | (3) Relationsh to you | ip (4) Check Child | | · · · | | instructions): her dependents |
| If more | (1) F | irst name Last name | | Humber | | to you | Offilia | | euit | Credit for oil | |
| than four dependents, | - | | | | | | | | | L | = |
| see instructions | s — | | | | | | | | | | = |
| and check here | | | | | | | + | <u> </u> | | | ╡── |
| - | 10 | Total amount from Form(a) W 2 h | ov 1 /ov | ao inatruationa) | | | | | 110 | 1: | <u> </u> |
| Income | 1a b | Total amount from Form(s) W-2, b | • | , | | | | • | . <u>1a</u> . 1b | |)Z, J10. |
| Attach Form(s) | | Household employee wages not reported on Form(s) W-2 | | | | | | | | | |
| W-2 here. Also attach Forms | c d | Medicaid waiver payments not rep | | · · | | | | • | . 1c . 1d | _ | |
| W-2G and | e | Taxable dependent care benefits f | | , , , , | | | | • | . 10 | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | • | | | | • | . 16 | | |
| If you did not | g | | | | | | | • | . 1g | | |
| get a Form | 9 h | Wages from Form 8919, line 6 | | | | | | | . 19 | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | | | | 1 _{1i} | i | • | | | |
| | z | Add lines to the seconds the | | | | | | | . 1z | , T | 32,316. |
| Attach Sch. B | | <u> </u> | 2a | | b Т | axable interest | t | | . 2b | | |
| if required. | За | · — | 3a | | | Ordinary divider | | | . 3b | , | |
| | 4a | | 4a | | | axable amount | | | . 4b | , | |
| Standard Deduction for— | 5a | | 5a | | b T | axable amoun | t | | . 5b | , | |
| Single or | 6a | | 6a | | b T | axable amoun | t | | . 6b | , | |
| Married filing separately, | С | If you elect to use the lump-sum e | | method, check here | | | | . [| | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | dule D | if required. If not requ | uired | l, check here | | . [|] 7 | 7 | |
| Married filing jointly or | 8 | Additional income from Schedule | | | | | | | . 8 | -1 | 15,477. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8. | This is your total inc | om | е | | | . 9 | _ | 16,839. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | . 10 | | |
| Head of household, | <u>11</u> | Subtract line 10 from line 9. This is | your a | ıdjusted gross incon | ne | | | | . 11 | 11 | 16,839. |
| \$20,800 If you checked _T | 12 | Standard deduction or itemized | deduc | tions (from Schedule | A) | | | | . 12 | : 1 | 13,850. |
| any box under | 13 | Qualified business income deducti | ion fron | n Form 8995 or Form | 899 | 95-A | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | . 14 | . 1 | 13,850. |
| see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is you | | | | our | taxable incom | ie | | . 15 | 10 | 02,989. | |

| 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 | 18,117. | |
| Credits | 17 | Amount from Schedule 2, lir | ne3 | | | | | | . 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | . 18 | 18,117. | |
| | 19 | Child tax credit or credit for | other dependen | 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 | 18,117. | |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 . | | | | . 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | . 24 | 18,117. | |
| Payments | 25 | Federal income tax withheld | from: | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 24 | ,38 | 6. | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | . 25d | 24,386. | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 22 return | | | | . 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m Schedule 8812 | · | | 28 | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 . . | | 29 | | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | | | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | . 33 | 24,386. | |
| 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 | 6,269. | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | | 6,269. | |
| Direct deposit? | b | Routing number 0 8 1 0 0 0 0 3 2 c Type: X Checking Savings | | | | | | | | | |
| See instructions. | d | Account number 3 5 5 0 1 2 4 1 7 5 6 9 | | | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the am o | ount you owe | | | | | | | |
| You Owe | | For details on how to pay, g | o to www.irs.go | //Payments or | see instructions | | | | . 37 | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | n with the IRS? | See | | | | | |
| Designee | ins | nstructions | | | | | | | | ⋉ No | |
| | | signee's me | | Phone Personal no. number (| | | | | entification | | |
| Ciara | | ider penalties of perjury, I declare t | hat I have examine | | accompanying sch | dulas s | | • | | of my knowledge and | |
| Sign | | lief, they are true, correct, and com | | | | | | | | | |
| Here | Yο | ur signature | | Date | Your occupation | | | Li | f the IRS se | nt vou an Identity | |
| | | ar organicaro | | . car cocapanon | | | | Protection P | IN, enter it here | | |
| Joint return? | | | | | SOFTWARE DE | VELO | PMENT EN | GI (| see inst.) | | |
| See instructions. Keep a copy for | Spouse's signature. If a joint return, both must sign. | | | Date | Spouse's occupat | tion | | | | nt your spouse an ection PIN, enter it here | |
| your records. | | | | | | | | | aeniny Pron see inst.) | ection Pilo, enter it here | |
| | | one no. | | Email address VOLETIGUFUS21047@GMAIL.COM | | | | | | | |
| | | eparer's name | Preparer's signat | | AOTETTANE (19) | Date | | PTIN |] | Check if: | |
| Paid | | M PRIYA RAM SAGAR GUPTA TALLAM | 1 ' | | GUPTA TALLAM | | 28/2024 | | 082703 | Self-employed | |
| Preparer | | m's name GLOBAL TA | | TAMI DUOUI | OULTA TABBAR | 1 01/ | 20/2021 | | | | |
| Use Only | | | | INCMICK N | T 08816 | | | | Phone no. (678) 965-9522 | | |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | irm'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

HARISH VOLETI

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.

| • | | Sequence No. 01 |
|---|----------|------------------------|
| | Your soc | ial security number |
| | 759-42 | -2541 |

| Par | 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. Att | ach Schedule E . | 5 | -15,477. |
| 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 | 4 | |
| i | Prizes and awards | 8i | 4 | |
| 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 | 4 | |
| 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 | | 4 | |
| | 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 | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -15,477. |

Page 2 Schedule 1 (Form 1040) 2023

| Par | II Adjustments to Income | | | | |
|--------|---|------------|------------|-------------------|-----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | t 🗔 | |
| | 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 | 04- | | | |
| | | 24e 24f | | _ | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | _ | |
| g | , | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | | |
| | | 24N | | | |
| 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 | | | |
| | Housing deduction from Form 2555 | 24i 24j | | | |
| j k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24) | | | |
| r | | 24k | | | |
| z | Other adjustments. List type and amount: | <u> </u> | | | |
| _ | 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 | | | ˈ ₂₆ | |
| | BAA | | /21/24 PRO | | le 1 (Form 1040) 2023 |
| | DAA | 112 0 1 | 2.727110 | | , , , |

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,

OMB No. 1545-0074

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

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

| 2023 |
|-------------------------------|
| Attachment Sequence No. 13 |

Your social security number

HARISH 759-42-2541 VOLETI 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 В ☐ Yes ☐ No 1a Physical address of each property (street, city, state, ZIP code) H NO:11-3-286, NEAR POLICE QUARTERS LINE MACHERLA, GUNTUR, ANDHRA PRADESH IN 522426 Α В С 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 315 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 3 750. Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 300. 7 7 1,358. Cleaning and maintenance 8 Commissions 8 9 Insurance 9 10 10 Legal and other professional fees . . 11 Management fees 11 2,547. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 2,145. 14 Repairs 14 15 Supplies 15 4,578. 16 16 2,145. 17 Utilities 17 3,154. 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 16,227. 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 -15,477.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 15,477. 22 23a Total of all amounts reported on line 3 for all rental properties 23a 750. 23b Total of all amounts reported on line 4 for all royalty properties c Total of all amounts reported on line 12 for all properties 23c 3,154. Total of all amounts reported on line 18 for all properties 23d 23e 16,227. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 15,477. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

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

-15,477.

2023 VA760CG Page 1





HARISH

VOLETI

4269 COTSWOLD HILL LANE

FAIRFAX VA 22030

| _ | | | | | |
|-------------------------------|-------------|-----------|---|------------|-----------|
| SSN - You VC | LE | 759422541 | Vendor ID 1555 | | XXXXX |
| SSN - Spouse | | | | | |
| Fed Adj Gross Income (FAGI) | 1. | 116839. | Withholding (VA) - You | 19A. | 6822. |
| Additions | 2. | | Withholding (VA) - Spouse | 19B. | |
| Subtotal | 3. | 116839. | 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 Overpaymer | nt 6. | | Credit - Schedule OSC | 24. | |
| Subtractions | 7. | | Credits - Schedule CR | 25. | |
| Subtotal Subtractions | 8. | | Total Payments / Credits | 26. | 6822. |
| Total VA Adj Gross Income (VA | (GI) 9. | 116839. | Tax You Owe | 27. | |
| Itemized Deductions - VA Sch | A 10. | | Tax Overpayment | 28. | 875. |
| Standard Deduction | 11. | 8000. | Overpayment Credited to Next Yea | r 29. | |
| Exemptions | 12. | 930. | VAC - Virginia 529 / ABLE | 30. | |
| Deductions | 13. | | VAC - Other Contributions | 31. | |
| Subtotal (Deductions & Exemp | otions) 14. | 8930. | Addition to Tax, Penalty & Interest | 32. | |
| VA Taxable Income | 15. | 107909. | Sales and Use Tax | 33. | |
| Amount of Tax | 16. | 5947. | Amount You Owe | | |
| Spouse Tax Adjustment (STA) | 17. | | Will Pay by Credit/Debit Card N Your Refund | 1 | 875. |
| VAGI - Spouse | 17A. | | Deals Deathers # | | 001000022 |
| Net Amount of Tax | 18. | 5947. | Bank Routing # Bank Account # | C 35501 | 081000032 |

__LAR ___DLAR ___DTD ___LTD \$_____

Page 1 of 2





| _ | | | | | | | | |
|----------------------|-------------------|--|---------|-------------------------|------------------|-------------------------|--------------------|---------------------------------------|
| Filing Status, Age | & License | Information | | | | Additional | Filing Info | ormation _ |
| Filing Status | | | | 1 | Locality | | | 059 |
| Federal Head of | Household | | | | Uninsured & | Authorize DMAS | 3 | |
| DOB - You | | 091 | 5199 | 8 | Name or Filir | ng Status Change | e | |
| VA Driver's Licen | se ID - You | | | | Address Cha | ınge | | |
| VA Driver's Licen | se - Iss. Date | e - You | | | VA Return No | ot Filed Last Yea | ar | |
| Spouse Name (F | iling Status 3 | Only) | | | Dependent o | n Another's Retu | urn | |
| | | | | | Farmer / Fis | herman / Mercha | ant Seaman | |
| DOB - Spouse | | | | | Amended | | | |
| VA Driver's Licen | | | | | Reason Cod | е | | |
| VA Driver's Licen | se - Iss. Date | | | | Overseas or | ı Due Date | | |
| You (A) | 1 | Exemptions (B) 65 & Over - You | | | Federal EIC | & Amount | | |
| Spouse | | 65 & Over - Spouse | | | Deceased In | dicator | | |
| Dependents | | Blind - You | | | Form 760C | or 760F | | |
| Total (A) | 1 | Blind - Spouse | | | No Sales & | Use Tax Due Ind | dicator | X |
| | | Total (B) | | | Obtain Elec | tronic 1099G | | |
| | | Contact Information r penalty of law that I (we) have ex | | | | e, it is a true, correc | | |
| , | ,, , | nk information on your return, you | | fying that the informat | • | nestic account with | nin the territoria | al jurisdiction of the United States. |
| | | | Date | | Phone - You | | | |
| | | | Date | | Phone - Spouse | | | |
| Signature - Preparer | <u>SYAM PRIYA</u> | RAM SAGAR GUPTA TALLAM | Date | 012824 | Phone - Prepare | | | 6789659522 |
| The Tax Department | may discuss ı | my/our retum with my/our pr | eparer. | | Preparer Informa | ition | 7 | P02082703 |

GLOBAL TAXES LLC

NJ 08816

Page 2 of 2

245 ROONEY CT

E BRUNSWICK

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

supporting 760CG documents.

2023 Schedule INC/CG

759422541

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

HARISH

VOLETI



| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|-----------------------------|
| Г | | | | | コ |
| 759422541 | M | 6822. | 820544687 | 30820544687F001 | 132316. |

 Total VA Withholding
 SSN
 VA Withholding

 You
 759422541
 6822.

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

VA-8879 Virginia Department of Taxation

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!

| Virgi | nia Submission Identification Number (SID) | | | | | | | |
|---|---|---|-----------------|--|--|--|--|--|
| | | | | | | | | |
| Your | Name | B Your Social Sec | curity Number | | | | | |
| HAR | ISH VOLETI | 759-42-25 | 41 | | | | | |
| Spou | use's Name | A Spouse's Socia | Security Number | | | | | |
| Part | 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) | | 116839. | | | | | |
| 2. | Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 116839. | | | | | |
| 3. | Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | 107909. | | | | | |
| 4. | Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | 5947. | | | | | |
| 5. | Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | 6822. | | | | | |
| 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) | | 875. | | | | | |
| Part | t II Declaration of Taxpayer and Signature Authorization or penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying s | | | | | | | |
| numb filing liable Virgir refun- of the signa | 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 filling 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. | | | | | | | |
| Taxp | ayer's e-File PIN: check one box only | | | | | | | |
| X | I authorize the ERO named below to enter my e-File PIN 2 2 2 5 4 1 as my signature on my 2023 e-file Do not enter all zeros | ed Virginia individual inc | ome tax return. | | | | | |
| | GLOBAL TAXES LLC | | | | | | | |
| | ERO Firm Name | | | | | | | |
| Ш | I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | only if you are entering | your own e-File | | | | | |
| | Signature Date | | | | | | | |
| Spot | 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-file Do not enter all zeros | ed Virginia individual inc | ome tax return. | | | | | |
| | 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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | only if you are entering | your own e-File | | | | | |
| Spou | se'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 | | | | | | |
| indica Hand | Do not enter all lifty that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income ated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN me lbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubbenature pen, or computer software program. | tax return for the taxpay thod and Virginia's publ | ication | | | | | |
| ERO' | s Signature Date Date | 8-24 | | | | | | |
| | | | | | | | | |