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



<b>£104</b> (		artment of the Treasury-Internal Revenue Servi		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	and m	iddle initial	Last na	me	<u>-</u>						Your so	cial sec	curity number
VEDA HA	RIKA		JALA								850	44	5589
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaign
5907 PA	RK C	RESTE DR									Check I	nere if y	ou, or your
		ice. If you have a foreign address, also co	mplete s	paces belov	v.	Sta	te	ZIP c	ode			•	jointly, want \$3
GLEN AL	LEN					VA	Δ.	230	59		•		nd. Checking a not change
Foreign countr	y name	t.	F	Foreign prov	vince/state/o	count	у	Foreig	ın postal c		your tax		ınd.
Filing Status	s [	Single					X Head of he	ouseh	old (HOH	— ⊣)			
Check only		Married filing jointly (even if only o	ne had i	ncome)					•	,			
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your spo	use. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır deper	ndent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	award or	navn	nent for prope	rtv or	services	). or (	h) sell		
Assets		nange, or otherwise dispose of a dig										□ Y	es 🗵 No
Standard		neone can claim: You as a de					a dependent	, ,			,		· · · · · · · · · · · · · · · · · · ·
Deduction		 Spouse itemizes on a separate retur	•				•						
Age/Blindnes	e Vou	: Were born before January 2, 1	959 F	Are blin	d <b>Snc</b>	ouse:	: Was bor	n hefe	ore Janua	an/ 2	1050		s blind
	-		333 [	Ī	<u> </u>			14					(see instructions):
Dependent		First name Last name			cial security umber		(3) Relationsh to you	ip (	Child t				or other dependents
If more than four	<u> </u>	NDAN YADAV CHAVALI		967-	96-470	2	Son						X
dependents,		VELIX TREETY CHITYTEE		307	30 170	_	5011		[				
see instruction and check	s —												
here	]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruction	ons)						1a		115,058.
	b	Household employee wages not re	eported	on Form(s	) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									1c		
attach Forms	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, li	ne 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 883	39, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g	4	
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions) .			<u>1</u> i						115 050
	<u>z</u>	Add lines 1a through 1h				 . <del>.</del> -					1z		115,058.
Attach Sch. B if required.	2a	· –	2a				axable interest				2b		
	3a_	· · ·	3a				rdinary divider				3b		
Standard	4a	<del>-</del>	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	Social security benefits If you elect to use the lump-sum e	6a	method at			axable amoun	ι			6b	'	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,			.  -	] ] <b>7</b>		
Married filing	8	Additional income from Schedule								٠ ـ	8		-14,425.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		100,633.
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		-							10		
Head of household,	11	Subtract line 10 from line 9. This is									11		100,633.
\$20,800	12	Standard deduction or itemized	•								12		20,800.
If you checked any box under	13	Qualified business income deduct									13		20,000.
Standard Deduction,	14										14		20,800.
see instructions.	15	Subtract line 14 from line 11. If zer							=		15		79 833

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	11,263.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	11,263.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,763.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	10,763.
<b>Payments</b>	25	Federal income tax withheld	l from:						
_	а	Form(s) W-2				<b>25a</b> 17	7,610		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17,610.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,610.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	t you <b>overpaid</b>		34	6,847.
	35a	Amount of line 34 you want	35a	6,847.					
Direct deposit?	b	Routing number 0 5 1				Checking	Savings		
See instructions.	d	Account number 4 3 5							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37						
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				See			
Designee		•	•				omplete	below.	<b>⋉</b> No
•		signee's		Phone		tification			
		me		no.		ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. , ,				nt you an Identity
	YO	ur signature		Date	Your occupation				PIN, enter it here
Joint return?					SOFTWARE E		e inst.)	,	
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.								ntity Prote e inst.)	ection PIN, enter it here
	Ph	one no. (804) 665-774	5	Email address	VEDAJEET@G	MAIL.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	P0208	32703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC			Pho	Phone no. (678) 965-9522		
————	Fir	m's address 245 ROONE	n's EIN	84-3171965					

## SCHEDULE 1 (Form 1040)

9 10

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

VEDA	HARIKA JALA	850-44-5589					
Par	t I Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes			1			
2a	Alimony received			2a			
b	Date of original divorce or separation agreement (see instructions):						
3	Business income or (loss). Attach Schedule C			3			
4	Other gains or (losses). Attach Form 4797			4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac			5	-14,425.		
6	Farm income or (loss). Attach Schedule F			6			
7	Unemployment compensation			7			
8	Other income:						
а	Net operating loss	8a (	)				
b		8b					
С		8c					
d	Foreign earned income exclusion from Form 2555	8d (	)				
е	Income from Form 8853	8e					
f		8f					
g	Alaska Permanent Fund dividends	8g					
h		8h					
i		8i					
j	Activity not engaged in for profit income	8j					
k		8k					
- 1	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						
	<i>'</i>	8m					
n	Section 951(a) inclusion (see instructions)	8n					
0	·	80					
р	· · · · · · · · · · · · · · · · · · ·	8p					
q	· · · · · · · · · · · · · · · · · · ·	8q					
r		8r					
s	Nontaxable amount of Medicaid waiver payments included on Form						
		8s (	)				
t	Pension or annuity from a nonqualifed deferred compensation plan or						
	· ·	8t					
u	<u> </u>	8u					
Z	Other income. List type and amount:						

-14,425.

9

10

8z

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		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 <b>adjustments to income</b> .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

### **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

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VEDA HARIKA JALA 850-44-5589 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 . ☐ Yes Physical address of each property (street, city, state, ZIP code) 1a H.NO 2-119/126.BRUNDAVANAM II FLOOR. ROAD NO 10B PANCHAVATI SAI LAKSHMI COLONY.MANIKONDA HYDERABAD TELANGANA IN 500089 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. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 781. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,020. 7 Cleaning and maintenance . . . 7 8 Commissions . . . . . 8 9 9 Insurance . . . 10 Legal and other professional fees 10 11 Management fees . . . . . . . . . . 11 1,858. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,451. Repairs . . . . 2,754. 15 Supplies . . . . . . . 15 16 16 Taxes 17 Utilities . . . . . . . . 17 2,214. 18 2,909. 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 15,206. 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 -14,425. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 14,425.) 781. 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 2,909. 23d Total of all amounts reported on line 18 for all properties 23e 15,206. 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 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,425.

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 .

-14**,**425.

26

### SCHEDULE 8812 (Form 1040)

## Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. **47** 

Your social security number

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

11

13

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

VEDA HARIKA JALA 850-44-5589 Part I Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 100,633. Enter income from Puerto Rico that you excluded . . . . . . 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 . . . . 2c Add lines 2a through 2c . . . . . . . . . . . . . . . . 2d3 3 100,633. 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 17 or who do not have the required social security number . . . . . . . . . . . . Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 500. 8 Add lines 5 and 7 . . . . . . . . . . . . 8 500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 200,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.

Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents

• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.

Is the amount on line 8 more than the amount on line 11? . . .

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.

X Yes. Subtract line 11 from line 8. Enter the result.

Enter the amount from Credit Limit Worksheet A

BAA

10

11

12

13

0.

0.

500.

11,263.

500.

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers			
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A an	d II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax of	redit. Skip Parts II-A		
	and II-B. Enter -0- on line 27		16a	0.
b	Number of qualifying children under 17 with the required social security number:	x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip			
	Enter -0- on line 27		16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you use			
17	Enter the <b>smaller</b> of line 16a or line 16b	i i	17	
18a		8a		
b	Nontaxable combat pay (see instructions)			
19	Is the amount on line 18a more than \$2,500?			
	No. Leave line 19 blank and enter -0- on line 20.	10		
20		19	20	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20	
	Next. On line 16b, is the amount \$4,800 or more?	ant II D and anten the		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip P. smaller of line 17 or line 20 on line 27.	art 11-B and enter the		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from	om lina 17 on lina 27		
	Otherwise, go to line 21.	om mie 17 om mie 27.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bo	nna Fide Resident	s of Pi	ierto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,			20.10 100
-1	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If			
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or			
		21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form			
		22		
23	Add lines 21 and 22	23		
24	1040 and			
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,			
	and Schedule 3 (Form 1040), line 11.			
	- · · · · · · · · · · · · · · · · · · ·	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the <b>larger</b> of line 20 or line 25		26	
	Next, enter the smaller of line 17 or line 26 on line 27.			
	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 10	)40-NR, line 28 .     .	27	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

VEDA	A HARIKA JALA	850-44-5589						
repare	's name	Preparer tax identifica	ation numl	oer				
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703						
Part	Due Diligence Requirements							
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I-V HOH			
1	Did you complete the return based on information for the applicable tax year provided by	by the taxpayer	Yes	No	N/A			
	or reasonably obtained by you?		×					
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X					
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of						
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	's responses to						
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X					
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If " <b>Yes</b> ,"		×				
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .						
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the						
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	, a copy of any o prepare Form provided by the tus or to figure	X					
	List those documents provided by the taxpayer, if any, that you relied on:							
	List those documents provided by the taxpayor, it arry, that you relied on.							
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X					
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×					
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-						
а	Did you complete the required recertification Form 8862?							
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?			П				

Form 88	367 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child are to quantity 10)	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	more than one person (tiebreaker rules)?	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?			
Part				
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	- · ·			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's int(s) of	respon the cre	ses, to
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
				<u> </u>

## 2023 VA760CG Page 1





Page 1 of 2

VEDA HARIKA JALA

5907 PARK CRESTE DR

CIEN	ALLEN	7.7.7	23059
GLEN	ALLEN	VA	Z3U39

GLEN ALLEN		VA 23039			
SSN-You JALA		850445589	Vendor ID 1555		XXXXX 7
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	100633.	Withholding (VA) - You	19A.	5891.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	100633.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	5891.
Total VA Adj Gross Income (VAGI)	9.	100633.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	929.
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	) 14.	9860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	90773.	Sales and Use Tax	33.	
Amount of Tax	16.	4962.	Amount You Owe Will Pay by Credit/Debit Card N		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1	929.
VAGI - Spouse	17A.		Bank Routing #	C	051000017
Net Amount of Tax	18.	4962.	Bank Account #		36099171
L			Daile Account #	40000	) O O J J I I I

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_





DOB - Spouse

VA Driver's License ID - Spouse

## Filing Status, Age & License Information

Additional Filing Information

Filing Status 1 Locality 087

Federal Head of Household X Uninsured & Authorize DMAS

DOB - You 08121985 Name or Filing Status Change

VA Driver's License ID - You B63622266 Address Change

VA Driver's License - Iss. Date - You 04202023 VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

VA Driver's License - Iss. Date - Spouse

Overseas on Due Date

Exemptions (A) Exemptions (B)
You 1 65 & Over - You Federal EIC & Amount

Spouse 65 & Over - Spouse Deceased Indicator

Dependents 1 Blind - You Form 760C or 760F

Total (A) 2 Blind - Spouse No Sales & Use Tax Due Indicator X

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 Phone - You 8046657745

Signature - Spouse \_\_\_\_\_ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 020324 Phone - Preparer 6789659522

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

Preparer Information 7 P02082703

GLOBAL TAXES LLC

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

Page 2 of 2

File by May 1, 2024

## 2023 Schedule INC/CG

850445589

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

VEDA HARIKA JALA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					⊣
850445589	$\overline{W}$	5891.	222575929	30222575929F001	115058.

 Total VA Withholding
 SSN
 VA Withholding

 You
 850445589
 5891.

 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																			ty Number	
	а накій use's Nam		JALA															0-44-		ecurity Number	
Оро	usc s Marri																A Opt	Jusc 5 Oc	Joiai Oc	carity Namber	
Par	t I Tax	Retu	urn Info	orma	tion												A S	pouse		B Yourself	$\neg$
1.	Federal A	djuste	ed Gross	Incon	ne (Form	1760C0	G, Line	1; 760	PY, Li	ine 1, co	lumn	s A & B	; Fo	orm 763, L	ine 1)	)		•		100633	3.
2.	Virginia A	djuste	ed Gross	Incon	ne (Form	760C0	G, Line	9; 760	PY, Lir	ne 10, co	olumn	ns A & E	3; Fo	orm 763, L	Line 9)	)				100633	$\neg$
3.	Taxable I	ncom	e (Form	760CC	3, Line 1	5; 760F	PY, Lin	e 16, co	olumns	s A & B;	Form	763, Li	ne 1	17)						90773	$\neg$
4.	Virginia Ir	ncome	e Tax (Fo	orm 76	0CG, Lir	ne 18; 7	760PY,	Line 1	7, colu	mns A 8	ь В; F	orm 76	3 Lir	ne 18)						4962	
5.	Withholdi	ng (Fo	orm 7600	CG, Lii	ne 19a 8	19b; 7	60PY,	Lines 1	19a & 1	19b; For	m 76	3, Lines	19a	a & 19b)						5891	$\neg$
6.	Amount y	ou Ov	we (Form	1760C	G, Line	35; For	m 760	PY, Lin	e 35; F	orm 76	3, Lin	e 35)									П
7.	Refund (F	orm 7	760CG, I	_ine 36	6; 760PY	, Line (	36; Fo	rm 763,	Line 3	36)										929	э. Э.
Par	t II Dec	larat	ion of	Тахр	ayer a	nd Sig	gnatı	ıre Au	ıthori	ization											$\Box$
filing liable Virgi refur of th sign:	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 4 5 5 8 9 as my signature on my 2023 e-filed Virginia individual income tax return.																				
	GLOBA	AL :	TAXES	LL(	C					Do	not e	enter al	l zer	ros							
_												m Nam									
Ш	I will ente PIN and y	r my e our re	e-File PII eturn is f	N as m iled us	y signat ing the F	ure on i Practitio	my 202 oner Pl	23 e-file N meth	d Virgi od. Th	inia indiv ne ERO	/idual must	income comple	tax te P	x return. ( Part III belo	Check ow.	this box	only if yo	u are ente	ring you	ır own e-File	
You	Signature													Da	ate _						
Spo	use's e-File	PIN:	check o	ne bo	x only			_				_									
	I authorize	e the	ERO nar	med be	elow to e	enter my	y e-File	e PIN [		Do no	t ent	as my er all ze	_		n my 2	023 e-fil	ed Virginia	individua	l income	e tax return.	
										ERO	Firn	n Name	)								
														x return. ( Part III belo		this box	only if yo	u are ente	ring you	ır own e-File	
Spor	use's Signat	ure _													Date						
Par	t III Cert	ifica	tion ar	nd Au	ıthenti	catior	1 – P	ractiti	oner	PIN M	etho	d Onl	y								
ERC	s EFIN/PIN	l: Ent	ter your s	six-digi	t EFIN fo	ollowed	l by yo	ur five c	ligit se	lf-select	ed PII	N. [	2	2 2 4	4 9	6 0	8 2	7 1			
indic Hand a sig	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.  2 2 2 4 9 6 0 8 2 7 1  Do not enter all zeros  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.																				
EKC	o's Signature	<u> </u>												D	ימוט _	02-0	J-Z4				