

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SHRAVAN KISHORE CHADHINI	Social security number 689-83-1197
Spouse's name SYED SUMAIYA AHMED	Spouse's social security number 044-25-5475

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

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	141,010.
2 Total tax	2	15,543.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,780.
4 Amount you want refunded to you	4	3,237.
5 Amount you owe	5	

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

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	1	1	9	7
---	---	---	---	---

 as 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 GLOBAL TAXES LLC to enter or generate my PIN

5	5	4	7	5
---	---	---	---	---

 as 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.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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 Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SHRAVAN KISHORE Last name CHADHINI Your social security number 689 83 1197

If joint return, spouse's first name and middle initial SYED SUMAIYA Last name AHMED Spouse's social security number 044 25 5475

Home address (number and street). If you have a P.O. box, see instructions. 44790, ASHLAR TERRACE Apt. no. 2 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. ASHBURN State VA ZIP code 20147 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and columns for amounts and taxable amounts

Table with rows 2a through 6a and columns for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, taxable amounts

Table with rows 7 through 15 and columns for capital gain or loss, total income, adjusted gross income, standard deduction or itemized deductions, qualified business income deduction, taxable income

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax amount: 15,543.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments amount: 18,780.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund: 3,237.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 37.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Declaration of preparer and taxpayer. Includes fields for signature, date, occupation, and phone number.

Paid Preparer Use Only section. Fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

IRS e-file Authentication Statement

2023

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED) and Social Security Number (689-83-1197)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and Input field (checkboxes, with 'X' in the last one)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN222496 Self-Select PIN 08271

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 31197 Spouse's PIN (5 numbers) 55475 Date 01/27/2024

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:

Last name CHADHINI
 First name SHRAVAN KISHORE
 Middle initial Suffix
 Social security no. 689-83-1197
 Occupation SOFTWARE ENGINEER
 Date of birth 11/02/1988 (mm/dd/yyyy)
 Age as of 1-1-2024 35
 Date of death
 Legally blind
 E-mail address KISHORE084U@GMAIL.COM
 Work phone (703)989-8780 Ext
 Cell phone (703)989-8780
 Home phone (703)989-8780
 Fax number

Spouse:

Last name (if different) AHMED
 First name SYED SUMAIYA
 Middle initial Suffix
 Social security no. 044-25-5475
 Occupation CASHIER
 Date of birth 11/24/1990 (mm/dd/yyyy)
 Age as of 1-1-2024 33
 Date of death
 Legally blind
 E-mail address KISHORE084U@GMAIL.COM
 Work phone Ext
 Cell phone (703)989-8780
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (703)989-8780
 Print phone number on Form 1040 Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:

Address 44790, ASHLAR TERRACE Apt no. 2
 City ASHBURN State VA ZIP code 20147

Foreign Address:

Check this box to use foreign address
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying surviving spouse
 - Year spouse died 2021 2022
 - Enter the qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2023		Not qual credit other dep dep
						Lived with taxpyr in U.S.	Educ Tuition and Fees	Child Disa bled Code	Not qual for child tax credit Or non U.S.***	

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2023

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED) and Social Security Number (689-83-1197)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Options for Taxpayer and Spouse with checkboxes. Note: Alabama and Louisiana restrictions.

Taxpayer/Spouse did not provide driver's license or state id information

- Options for Taxpayer and Spouse with checkboxes. Note: Alabama, New York, Ohio and Louisiana restrictions.

Check to confirm transferred driver's license or state id information (which appears in green) is correct [X]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, and NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, and NY Document number.

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
 - State issued identification card (complete detail above)
-
-

Electronic Filing Information Worksheet

2023

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED) and Social Security Number (689-83-1197)

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 222496

Table with 2 columns: ERO Name (GLOBAL TAXES LLC), ERO Address (245 ROONEY CT), City (E BRUNSWICK), State (NJ), ZIP Code (08816), ERO Electronic Filers Identification Number (EFIN) (222496), ERO Employer Identification Number (84-3171965), ERO Social Security Number or PTIN

Paid Preparer Information

Table with 2 columns: Firm Name (GLOBAL TAXES LLC), Name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Address (2530 Pebble Creek Ln), City (Cumming), State (GA), ZIP Code (30041), Social Security Number or PTIN (P02082703), Employer Identification Number (84-3171965), Phone Number (678)965-9522, Fax Number, E-mail Address (syam@gtaxfile.com)

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

Form with three rows: IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer, each with a checkbox.

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Form titled 'State/City *' with a list of states: Arkansas, California, Colorado, Georgia, See TB266, each with a checkbox.

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-02) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-02), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Deceased taxpayer(s):

Yes No

Is there a court certificate showing appointment of a personal representative for the deceased? If you have a refund and know you must complete Form 1310

NOTE: remember to attach a pdf of the court certificate to your electronically filed return or court certificate to the main form of your printed return.

Is this a Joint return with surviving spouse who is personal representative of deceased? Name of personal representative for the deceased

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es), Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, Form 8864.

Superseded Returns

A refund or payment from the original return may need to be applied to the superseded balance due. The amount entered here will flow to the balance due section of the information worksheet. Enter a negative number if the superseded return will generate a refund. Enter zero if the superseded return has an even balance. Amount you are paying with this superseded return

CAUTION: Important information about Superseded Return Payments

If you made a payment with your original return or scheduled a payment to be made at a later date, the payment will still be processed unless a call is made to cancel the payment. To cancel a scheduled payment, call the IRS at 1-888-353-4537. The cancellation request must be received no later than 11:59 p.m., Eastern Time at least two business days prior to the scheduled payment date. This change cannot be made online at this time.

► Keep for your records

Name(s) Shown on Return: SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED
 Social Security Number: 689-83-1197

Form W-2	Employer	SP	Wages	Federal Tax	State Wages	State Tax
	NECTAR INFO TEK LLC		106,968.	15,937.	106,968.	5,433.
	First Coast Security Services Inc	X	31,829.	2,720.	31,829.	1,275.
	WAL-MART ASSOCIATES, INC.	X	2,213.	123.	2,213.	72.
Totals			141,010.	18,780.	141,010.	6,780.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C			
b	W2 box 1 inmate or halfway house wages			
c	All other W2 box 1 wages	106,968.	34,042.	141,010.
d	Foreign wages included in total wages			
e	Unreported tips	0.	0.	0.
2	Total federal tax withheld	15,937.	2,843.	18,780.
3 & 7	Total social security wages/tips	106,968.	34,042.	141,010.
4	Total social security tax withheld	6,632.	2,110.	8,742.
5	Total Medicare wages and tips	106,968.	34,042.	141,010.
6	Total Medicare tax withheld	1,551.	494.	2,045.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d 1	Elective deferrals to government 457 plans			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14		652.	652.
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	106,968.	34,042.	141,010.
17	Total state tax withheld	5,433.	1,347.	6,780.
19	Total local tax withheld			

Keep for your records

Name as shown on return
SHRAVAN KISHORE CHADHINI

Social Security Number
689-83-1197

Employer EIN 86-2568657
Employer Name NECTAR INFO TEK LLC
Name (continued) .
Street Address or P. O. Box 11890 SUNRISE VALLEY DR SUITE 405
City . RESTON State VA ZIP . 20191
Foreign Province/County . . .
Foreign Postal Code
Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 106,968. 2 Federal income tax withheld 15,937.
3 Social security wages 106,968. 4 Social sec tax withheld 6,632.
5 Medicare wages and tips 106,968. 6 Medicare tax withheld 1,551.
7 Social security tips 8 Allocated tips
13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for Box 12 codes A, M, P, R, W, G, F, S.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

I confirm that the state withholding identification number(s) are accurate X

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 10 Dependent care benefits (Check if employer furnished care at work)
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)
Sect. 457 and nonqualified plans - State Allocation
Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SHRAVAN KISHORE CHADHINI	689-83-1197 Page 2
Employer Name NECTAR INFO TEK LLC	

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee B New for 2022: A Schedule C is mandatory. Proceed to line C. C Double-click to link to Schedule C	C	
--	----------	--

Part II – Clergy, church employees, members of recognized religious sects

Clergy only:

D Enter your designated housing or parsonage allowance E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value F If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance 4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361	D E	
--	----------------------	--

Non-Clergy:

G If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on this W-2 income 2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029		
--	--	--

Part III – Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer 2 Tips less than \$20 in a month which were not required to be reported 3 Value of non-cash tips, such as tickets or passes, not reported to employer 4 Actual amount of allocated tips if different than the amount in box 8 5 Tips paid out through a tip-sharing arrangement 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	H1 H2 H3 H4 H5	
--	---	--

Part IV – Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI – Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments

b Amount of wages from box 1 excludable as difficulty of care payments _____

c Excludable difficulty of care payments received from this payer and not in box 1 _____

Part VII – Additional Information for Electronic Filing and Certain States (See Help)

L a Third-party sick pay
 Non-standard W-2 (handwritten, typewritten, or altered in any way)
 Corrected W-2
 Income from Paid Family Leave
 Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 689-83-1197

First name SHRAVAN KISHORE M.I. Last name CHADHINI Suff. _____

Address 44790, ASHLAR TERRACE, Apt. 2 City ASHBURN St VA ZIP code 20147

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____



Keep for your records

Name as shown on return SYED SUMAIYA AHMED Social Security Number 044-25-5475

Employer EIN 59-3647971
Employer Name First Coast Security Services Inc
Street Address or P. O. Box 4875 Belfort Rd 1st FL Ste 110
City JACKSONVILLE State FL ZIP 32256

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 31,829. 2 Federal income tax withheld 2,720.
3 Social security wages 31,829. 4 Social sec tax withheld 1,973.
5 Medicare wages and tips 31,829. 6 Medicare tax withheld 462.
7 Social security tips
13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for Box 12 codes A, M, P, R, W, G, F, S.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

I confirm that the state withholding identification number(s) are accurate [X]

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 10 Dependent care benefits (Check if employer furnished care at work)
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)
Sect. 457 and nonqualified plans - State Allocation
Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SYED SUMAIYA AHMED 044-25-5475 Page 2
Employer Name . . . First Coast Security Services Inc

Part I - Statutory employees

A Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line C.
C Double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:

D Enter your designated housing or parsonage allowance
E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
F If no FICA was withheld, check the applicable box below
1 Pay self-employment tax on housing or parsonage allowance only
2 Pay self-employment tax on W-2 income only
3 Pay self-employment tax on W-2 income and housing allowance
4 Exempt from SE tax and have an approved exemption Form 4361

Non-Clergy:

G If no FICA was withheld, check the applicable box below
1 Pay self-employment tax on this W-2 income
2 Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer
2 Tips less than \$20 in a month which were not required to be reported
3 Value of non-cash tips, such as tickets or passes, not reported to employer
4 Actual amount of allocated tips if different than the amount in box 8
5 Tips paid out through a tip-sharing arrangement
6 Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV - Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI - Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments
b Amount of wages from box 1 excludable as difficulty of care payments
c Excludable difficulty of care payments received from this payer and not in box 1

Part VII - Additional Information for Electronic Filing and Certain States (See Help)

L a Third-party sick pay
Non-standard W-2 (handwritten, typewritten, or altered in any way)
Corrected W-2
Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN 044-25-5475
First name SYED SUMAIYA M.I. Last name AHMED Suff.
Address 44790, ASHLAR TERRACE, Apt. 2 City ASHBURN St VA ZIP code 20147
Foreign Province/County Foreign Postal Code
Foreign Country



Keep for your records

Name as shown on return SYED SUMAIYA AHMED Social Security Number 044-25-5475

Employer EIN 71-0794409 Employer Name WAL-MART ASSOCIATES, INC. Street Address or P. O. Box 702 SW 8TH STREET City BENTONVILLE State AR ZIP 72716

Spouse's W-2 Automatically calculate lines 3 through 6 and line 16. Do not transfer this W-2 to next year Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 2,213. 2 Federal income tax withheld 123. 3 Social security wages 2,213. 4 Social sec tax withheld 137. 5 Medicare wages and tips 2,213. 6 Medicare tax withheld 32. 7 Social security tips. 8 Allocated tips. 13 b Retirement plan Foreign source income eligible for exclusion on Form 2555 Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for Box 12 codes A, M, P, R, W, G, F, S.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

I confirm that the state withholding identification number(s) are accurate [X]

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 10 11 Dependent care benefits (Check if employer furnished care at work) Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) Sect. 457 and nonqualified plans - State Allocation Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SYED SUMAIYA AHMED 044-25-5475 Page 2
Employer Name WAL-MART ASSOCIATES, INC.

Part I - Statutory employees

A [] Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line C.
C Double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:
D Enter your designated housing or parsonage allowance D
E Enter the smallest of (a) your designated housing or parsonage allowance,
(b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from SE tax and have an approved exemption Form 4361
Non-Clergy:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer H1
2 Tips less than \$20 in a month which were not required to be reported H2
3 Value of non-cash tips, such as tickets or passes, not reported to employer H3
4 Actual amount of allocated tips if different than the amount in box 8 H4
5 Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV - Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI - Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments []
b Amount of wages from box 1 excludable as difficulty of care payments
c Excludable difficulty of care payments received from this payer and not in box 1

Part VII - Additional Information for Electronic Filing and Certain States (See Help)

L a [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN 044-25-5475
First name SYED SUMAIYA M.I. Last name AHMED Suff.
Address 44790, ASHLAR TERRACE, Apt. 2 City ASHBURN St VA ZIP code 20147
Foreign Province/County Foreign Postal Code
Foreign Country



Tax Payments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED	Social Security Number 689-83-1197
---	--

Estimated Tax Payments for 2023 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/23		04/18/23			04/18/23		
2	06/15/23		06/15/23			06/15/23		
3	09/15/23		09/15/23			09/15/23		
4	01/16/24		01/16/24			01/16/24		
5								
Tot Estimated Payments . . .								

	Federal	State	ID	Local	ID
Tax Payments Other Than Withholding (If multiple states, see Tax Help)					
6 Overpayments applied to 2023					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2023 extensions					

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	18,780.	6,780.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d			
	18,780.	6,780.	
20 Total Tax Payments for 2023	18,780.	6,780.	

	State	ID	Local	ID
Prior Year Taxes Paid In 2023 (If multiple states or localities, see Tax Help)				
21 Tax paid with 2022 extensions				
22 2022 estimated tax paid after 12/31/2022				
23 Balance due paid with 2022 return	465.	VA		
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED	Social Security Number 689-83-1197
--	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	106,968.	34,042.	141,010.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	106,968.	34,042.	141,010.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	106,968.	34,042.	141,010.
11 Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	106,968.	34,042.	141,010.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 a Wages, salaries, tips, etc	106,968.	34,042.	141,010.
b2 Amount of In. b1 for graduate/postgrad studies			
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	106,968.	34,042.	141,010.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	106,968.	34,042.	141,010.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	106,968.	34,042.	141,010.

Federal Carryover Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED	Social Security Number 689-83-1197
--	---------------------------------------

2022 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
VA			4,812.	465.		
Totals . .			4,812.	465.		

2022 State Extension Information

(a) State	(b) Paid With Extension

2022 Locality Extension Information

(a) Locality	(b) Paid With Extension

2022 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2022 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2022 State Taxes Due Information

(a) State	(e) Paid With Return
VA	465.

2022 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2022 State Refund Applied Information

(a) State	(g) Applied Amount

2022 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2022 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
VA	4,812.	

2022 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2022	2023
1	Filing status	1 <u>1</u> Single	2 <u>MFJ</u>
2	Number of exemptions for blind or over 65 (0 - 4).	2	
3	Itemized deductions	3 <u>4,812.</u>	<u>7,245.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5 <u>105,174.</u>	<u>141,010.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>15,970.</u>	<u>15,543.</u>
7	Alternative minimum tax.	7	
8	Federal overpayment applied to next year estimated tax.	8	

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2022	2023
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss.	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	a	2023.
		b	2022.
		c	2021.
		d	2020.
		e	2019.
		f	2018.
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2023.
		b	2022.
		c	2021.
		d	2020.
		e	2019.
		f	2018.

Credit Carryovers		2022	2023
18	General business credit	18	
19	Adoption credit from:	a	2023
		b	2022
		c	2021
		d	2020
		e	2019
		f	2018
20	Mortgage interest credit from:	a	2023
		b	2022
		c	2021
		d	2020
21	Credit for prior year minimum tax.	21	
22	District of Columbia first-time homebuyer credit.	22	
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23	

Two-Year Comparison

2023

Name(s) Shown on Return SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED	Social Security Number
--	------------------------

Income	2022	2023	Difference	%
Wages, salaries, tips, etc	105,174.	141,010.	35,836.	34.07
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	105,174.	141,010.	35,836.	34.07
Adjustments to Income				
Adjusted Gross Income	105,174.	141,010.	35,836.	34.07
Itemized Deductions				
Medical and dental				
Income or sales tax	4,812.	7,245.	2,433.	50.56
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	4,812.	7,245.	2,433.	50.56
Standard or Itemized Deduction	12,950.	27,700.	14,750.	113.90
Qualified Business Income Deduction				
Taxable Income	92,224.	113,310.	21,086.	22.86
Income tax	15,970.	15,543.	-427.	-2.67
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	15,970.	15,543.	-427.	-2.67
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	15,970.	15,543.	-427.	-2.67
Withholding	16,479.	18,780.	2,301.	13.96
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	16,479.	18,780.	2,301.	13.96
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	509.	3,237.	2,728.	535.95
Balance Due				

Current year effective tax rate 11.02 %

Tax History Report

2023

▶ Keep for your records

Name(s) Shown on Return

SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED

Five Year Tax History:					
	2019	2020	2021	2022	2023
Filing status				Single	MFJ
Total income				105,174.	141,010.
Adjustments to income					
Adjusted gross income				105,174.	141,010.
Tax expense				4,812.	7,245.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,950.	27,700.
QBI deduction					
Taxable income				92,224.	113,310.
Tax				15,970.	15,543.
Alternative min tax . .					
Total credits					
Other taxes					
Payments				16,479.	18,780.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund				509.	3,237.
Effective tax rate % . .				15.18	11.02
**Tax bracket %				24.0	22.0

**Tax bracket % is based on Taxable income.

Tax Summary Report

2023

Name(s) Shown on Return

SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

Wages and salaries	141,010.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	141,010.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 105,174. 141,010.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	7,245.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Total Itemized Deductions	7,245.
Standard deduction	27,700.

Taxable Income 113,310.

Income tax	15,543.
Alternative minimum tax	_____
Total Taxes before Credits	15,543.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 15,543.

Withholding	18,780.
Estimated tax payments	_____
Other payments	_____
Total Payments	18,780.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,237.

Refund 3,237.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	11.02 %

Preparer Electronic Filing Instructions
Federal

SHRAVAN KISHORE CHADHINI & SYED SUMAIYA AHMED 44790ASHLAR TERRACE APT 2 ASHBURN VA 20147 Accepted Date	689-83-1197 Client Phone (703)989-8780
---	--

This return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 8879

The taxpayer should review, sign and date Form 8879 and return to you prior to transmitting the tax return.

Refund Amount

There is a refund in the amount of \$3237.00.
Direct deposit has been selected.

After transmission of the return

This return has not been transmitted

Additional Information From 2023 Federal Tax Return

Electronic Filing Information Worksheet TB266

Continuation Statement

	Idaho
	Kentucky
	Maryland
	Massachusetts
	Michigan
	Montana
	New Jersey
	New Mexico
	New York
	North Carolina
	Oklahoma
	Pennsylvania
	South Carolina
	Vermont
	Wisconsin



SHRAVAN KISH CHADHINI
SYED SUMAIYA AHMED
44790, ASHLAR TERRACE APT 2

ASHBURN VA 20147

SSN - You	CHAD	689831197	Vendor ID	1555	XXXXXX
SSN - Spouse	AHME	044255475			
Fed Adj Gross Income (FAGI)	1.	141010.	Withholding (VA) - You	19A.	5433.
Additions	2.		Withholding (VA) - Spouse	19B.	1347.
Subtotal	3.	141010.	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.	6780.
Total VA Adj Gross Income (VAGI)	9.	141010.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	215.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	123150.	Sales and Use Tax	33.	
Amount of Tax	16.	6824.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.	34042.	Your Refund		215.
Net Amount of Tax	18.	6565.	Bank Routing #	C	021101108
			Bank Account #		7357340020





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 11021988

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse 11241990

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 107

Uninsured & Authorize DMAS

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents Blind - You

Total (A) 2 Blind - Spouse

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 7039898780

Signature - Spouse _____ Date _____ Phone - Spouse _____

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 013124 Phone - Preparer 6789659522

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

Preparer Information 7 P02082703

GLOBAL TAXES LLC

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

245 ROONEY CT
 E BRUNSWICK NJ 08816 Page 2 of 2

2023 Schedule INC/CG

689831197

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



SHRAVAN KISH CHADHINI

SYED SUMAIYA AHMED

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
689831197	W	5433.	862568657	30862568657F001	106968.
044255475	W	1275.	593647971	30593647971F001	31829.
044255475	W	72.	710794409	30710794409F001	2213.

Total VA Withholding	SSN	VA Withholding
You	689831197	5433.
Spouse	044255475	1347.

Total # of W-2s, 1099s & VK-1s 03

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

Part IV – Other Information (continued)

Farmers and Fishermen

- Self-employed in farming/fishing or a merchant seaman
Return will be filed and tax due will be paid by March 1, 2024

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2023 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food and personal hygiene products purchased
Enter total cost of general merchandise items purchased
Check this box if home is in Northern Virginia, Hampton Roads or Central Virginia regions affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)
Check this box if home is in the City of Danville or Charlotte, Gloucester, Halifax, Henry, Northampton, Patrick or Pittsylvania Counties affected by increase of Use Tax Rate to 6.3% (otherwise rate is 5.3%)
Check this box if home is in Historic Triangle region affected by increase of Use Tax Rate to 7% (otherwise rate is 5.3%)

Mandatory Electronic Payments

- You are required to make Virginia tax payments electronically
Force print all payment vouchers even if required to pay electronically

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Health Care Coverage Contact Information

If you are uninsured and would like to authorize the Department of Taxation to disclose certain information to the Department of Medical Assistance Services (DMAS) for purposes of enrolling in medical assistance, check this box and complete Schedule HCl
QuickZoom to Schedule HCl, Health Care Information Schedule

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and/or file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to Virginia Tax.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Date return was EFiled
Date return was accepted by the state
Enter the date Form 760-PMT or Form 760-PFF was given to client

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

Do you want to elect electronic funds withdrawal of state balance due (EF Only)?

Note: Electronic funds withdrawal occurs upon acceptance date

Do you want to pay the amount you owe by credit/debit card?

Note: Payment occurs upon acceptance date

International ACH Transactions:

Will the fund go to or originate from an account outside the U.S.?

Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) - WELLS FARGO

Check the appropriate box:

- Checking
Savings

Routing number - 021101108
Account number - 7357340020

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet - 01

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date _____

QuickZoom to Form 760-IP Automatic Extension Payment ▶

S CHADHINI & S AHMED

689-83-1197

Part IX – Amended Return

You are filing a Virginia amended return

____ Reason you are filing a Virginia amended return

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

QuickZoom to Form 760 ▶

QuickZoom to Form 760PY ▶

QuickZoom to Form 763 ▶

QuickZoom to Form 763S (Taxpayer) ▶

QuickZoom to Form 763S (Spouse) ▶

Tax Payments Worksheet

2023

▶ Keep for your records

Name S CHADHINI & S AHMED	Social Security Number 689-83-1197
------------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payment
1 First Payment	_____	_____
2 Second Payment	_____	_____
3 Third Payment	_____	_____
4 Fourth Payment	_____	_____
Additional Payments		
5 a Payment	_____	_____
b Payment	_____	_____
c Payment	_____	_____
d Payment	_____	_____
e Payment	_____	_____
6 Overpayment from previous year applied to 2023	_____	_____
7 Amount paid with current year extension	_____	_____
8 Total tax payments. Add lines 1 through 7	_____	_____

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2	1,347.	5,433.
10 State withholding on Forms W-2G	_____	_____
11 State withholding on Forms 1099-R	_____	_____
12 a State withholding on Forms 1099-MISC	_____	_____
b State withholding on Forms 1099-NEC	_____	_____
c State withholding on Forms 1099-G	_____	_____
d State withholding on Forms 1099-INT	_____	_____
e State withholding on Forms 1099-K	_____	_____
13 a Withholding from Schedule VK-1	_____	_____
b Other state tax withholding	_____	_____
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶	_____	_____
14 Total income tax withheld.	1,347.	5,433.
15 Date return will be filed and balance paid	_____	_____

Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

2023

▶ Keep for your records

Name S CHADHINI & S AHMED	Social Security Number 689-83-1197
------------------------------	---------------------------------------

Part 1 – Separate Income and Exemptions	Taxpayer	Spouse
1 Federal adjusted gross income	106,968.	34,042.
2 Additions:		
a Conformity additions		
b Interest and obligations of other states		
c Other additions		
d Total additions. Add lines 2a, 2b and 2c		
3 Subtotal. Add lines 1 and 2d	106,968.	34,042.
4 Age Deduction		
5 Social Security Act and Tier 1 Railroad Retirement Act Benefits		
6 State income tax refund or overpayment credit reported as income on your federal return		
7 Other subtractions:		
a Conformity subtractions		
b Income from obligations or securities of the United States		
c Disability income reported as wages		
d Other subtractions		
e Add lines 7a through 7d		
8 Total subtractions. Add lines 4, 5, 6 and 7e		
9 Virginia Adjusted Gross Income (VAGI) . Subtract line 8 from line 3. Enter here and Spouse amount on Form 760, line 17a	106,968.	34,042.
10 Personal exemptions:		
You \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = <u> 0 </u> x \$800 =	930.	
Spouse \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = <u> 0 </u> x \$800 =		930.
11 Subtract line 10 from line 9. If either amount is 0 or less, STOP; you do not qualify for this credit.	106,038.	33,112.

Part 2 – Virginia Taxable Income Allocation

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

12 Standard or itemized deduction amount	16,000.	
13 a Enter number of dependents to allocate to each spouse		
b Dependent exemptions: \$930 x number of dependents on line 13a		
14 Deductions from VAGI		
15 Virginia Taxable Income . Line 11 minus lines 12, 13b and 14	90,038.	33,112.

Part 3 – Spouse Tax Adjustment

16 Enter the taxable income from line 15 of Form 760	123,150.
17 Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit	33,112.
18 Subtract line 17 from line 16 (if \$0 or less, enter \$0)	
19 Divide the amount on line 16 by 2	
20 Enter the tax on the smaller of line 17 or line 19	
21 Enter the tax on the larger of line 18 or line 19	
22 Add lines 20 and 21	
23 Enter the tax from line 16 of Form 760	
24 Tax Adjustment: Subtract line 22 from line 23. <i>Also enter on Form 760, line 17</i>	259.

Taxpayer/Spouse Allocation Worksheet

2023

▶ Keep for your records

Name S CHADHINI & S AHMED	Social Security No. 689-83-1197
------------------------------	------------------------------------

Part 1 – Income and Adjustments	Column A Taxpayer	Column B Spouse
1 Wages, salaries, tips, etc	106,968.	34,042.
2 Taxable interest income		
3 Dividend income		
4 Taxable refunds, credits or offsets of state and local income taxes . .		
5 Alimony received		
6 Business income or (loss)		
7 Capital gain or (loss)		
8 Other gains or (losses)		
9 Taxable amount of IRA distributions		
10 Taxable amount of pensions and annuities		
11 Rents, royalties, partnerships, estates, trusts		
12 Farm income or (loss)		
13 Unemployment compensation		
14 Taxable social security benefits		
15 Other income		
16 Total income (add lines 1 through 15)	106,968.	34,042.
17 Educator expenses		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction		
20 Moving expenses		
21 Deductible part of self-employment tax		
22 Self-employed SEP, SIMPLE, and qualified plans		
23 Self-employed health insurance deduction		
24 Penalty on early withdrawal of savings		
25 Alimony paid		
26 IRA deduction		
27 Student loan interest deduction		
28 Other adjustments		
29 Total adjustments to income (add lines 17 through 29)		
30 Federal adjusted gross income (line 16 minus line 30)	106,968.	34,042.

Part 2 – Conformity Adjustments		
1 Other Conformity additions		
2 Conformity subtraction (above from depreciation adjustment plus any Other Additions Statement and Other Subtractions Statement manual entries)		

Preparer Electronic Filing Instructions
Virginia

S CHADHINI & S AHMED 44790,ASHLAR TERRACE Apt 2 ASHBURN, VA 20147 Accepted Date	689-83-1197 Client Phone (703)989-8780
---	---

Return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 760
Taxpayers should review Form 760 along with any accompanying schedules and statements.

Form 8879
Taxpayers should sign and date the Form 8879.
You used the Federal Practitioner PIN number.

Refund Amount
Refund is \$215.00.
Refund of \$215.00 via direct deposit.

After transmission of the return

Return has not been transmitted