Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	neverlue Service								
Submis	ssion Identification Number (SID)								
Taxpayer	or's name		Social securi	ty numb	er				
AMUL	LYA REDDY CHITTEDI	670-02-6044							
Spouse's	s name	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31,	2023 (Ente	r vear vou a	ire aut	horiz	rina)			
	whole dollars only on lines 1 through 5.	2025 (Ente	your your	ii C dat	110112	19./			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income			1 1		60,	441.		
	Total tax			2			554.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		6,	993.		
4	Amount you want refunded to you			4			439.		
5	Amount you owe			5					
Part I	Taxpayer Declaration and Signature Authorization (Be sure	you get and	keep a cop	y of y	our i	eturı	n)		
return (control to send for any control to send for any control to payment authorizing payment business taxes to personal	oviledge and belief, it is true, correct, and complete. I further declare that the amororiginal or amended) I am now authorizing. I consent to allow my intermediate service I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipedelay in processing the return or refund, and (c) the date of any refund. If applicable to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instinct of my federal taxes owed on this return and/or a payment of estimated tax, and the zation is to remain in full force and effect until I notify the U.S. Treasury Financial nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payments a days prior to the payment (settlement) date. I also authorize the financial institution receive confidential information necessary to answer inquiries and resolve issue all identification number (PIN) below is my signature for the income tax return (original or Index Withdray I Consent.	e provider, transmot or reason for reject, I authorize the Utution account indefinancial institution account to terminate t cancellation request involved in the person of the provider of the person of the provider of the p	itter, or electrication of the tale. S. Treasury a icated in the tale on to debit the ethe authorizates must be processing opayment. I fur	onic ret ransmis and its c ax prep e entry t ation. T e receive f the elector	urn or sion, lesign aratio o this o revoluted no sectron knowles	iginato (b) the ated F n softwaccou oke (ca o later ic pay-	or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only								
X		nter or generate	mv PIN 2	6 0	4	4	as my		
	Signature on the income tax return (original or amended) I am now author	· ·	r En	ter five on't ente		but	ao my		
Your si	I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Pract below. ignature ▶	itioner PIN meth) must					
Cmarra	olo DINI, cheek and hay ank								
Spous	e's PIN: check one box only		man a DINI						
	I authorize to e	nter or generate		ter five	digite		as my		
	signature on the income tax return (original or amended) I am now author	rizina.		n't ente					
	I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Pract below.	amended) I am r							
Spouse	e's signature ▶	Date ►							
	Practitioner PIN Method Returns Only—c	continue below							
Part I	III Certification and Authentication — Practitioner PIN Method	d Only							
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	d PIN. 2 2	2 4 9	6 0	8 2	2 7	1		
	LINE Enter your on aight Enter tollowed by your into aight our obligation	21114.	Don't ent	- -		- '			
authoriz	r that the above numeric entry is my PIN, which is my signature for the electronic in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e	m that I am subm	nitting this reti	urn in a	ccord	anće v			
ERO's	signature ▶	Date ►							
	ERO Must Retain This Form — See I								
	Don't Submit This Form to the IRS Unless R		Do So						

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



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate	instructions.		
Your first name	and m	iddle initial	Last nar	me							Your social security number				
AMULYA I	REDD	Y	CHIT	TEDI							670	02	6044		
		s first name and middle initial	Last nar										security number		
		er and street). If you have a P.O. box, see	instruction	ons.					pt. no.	- 1			ection Campaigr		
		BOROUGH COURT				04-	4-		12				ou, or your jointly, want \$3		
	ost om	ice. If you have a foreign address, also co	mpiete st	paces bei	ow.	Sta		ZIP c			•	_	nd. Checking a		
FAIRFAX Foreign countr	v namo			Foroign pr	ovince/state/	VA count		220	n postal c				not change		
r oreign country	y mame			oreigii pi	Ovirice/state/	Couri	y	i oreig	jii postai o	oue	your tax	Y			
Filing Status	s ×	Single					Head of he	useh	old (HOF	 1)					
Check only		Married filing jointly (even if only o	ne had ii	ncome)											
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)				
	If y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	u 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 depen	dent:											
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services)); or (b) sell,				
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	e instru	ction	s.)	☐ Ye	es 🗵 No		
Standard	Som	neone can claim: 🔲 You as a de	pendent	t 🔲	Your spous	e as	a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien									
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	re Janua	ary 2,	, 1959		s blind		
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	_{iip} (4) Check tl	he bo	x if quali	fies for ((see instructions):		
If more		First name Last name		, ,	number		to you	Child tax			edit	Credit fo	or other dependents		
than four									[
dependents, see instruction	c ——														
and check	- —														
here															
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		60,441.		
Attach Form(s)	b	Household employee wages not re	•								1b				
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)													
attach Forms W-2G and	d	Medicaid waiver payments not rep		,	,	nstru	ctions)				1d				
1099-R if tax	е	Taxable dependent care benefits f									1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f	_			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g				
W-2, see	h	Other earned income (see instruct	,					· ·			1h	-	0.		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>						60 441		
	Z	Add lines 1a through 1h									1z		60,441.		
Attach Sch. B	2a		2a				axable interest				2b				
if required.	<u>3a</u>		3a				rdinary divide				3b				
Standard	4a		4a				axable amoun				4b				
Deduction for—	5a	-	5a				axable amoun				5b				
Single or Married filing	6a	,	6a		-1:1 -1		axable amoun	t		٠ ـ	6b				
separately,	c	If you elect to use the lump-sum e		,		`	,								
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7				
jointly or Qualifying	8	Additional income from Schedule 1, line 10									8		CO 111		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		60,441.		
\$27,700 Head of	10	Adjustments to income from Sche									10	_	<u> </u>		
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		60,441.		
If you checked	12	Standard deduction or itemized				-					12		13,850.		
any box under Standard	13	Qualified business income deduct									13		12 050		
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850. 46 591		

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5,554.
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17						18	5,554.
	19	Child tax credit or credit for oth	er dependent	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8	3					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	5,554.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is you	ur total tax					24	5,554.
Payments	25	Federal income tax withheld fro	om:						
-	а	Form(s) W-2				25a	6,993	•	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	6,993.
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28			
	29	American opportunity credit fro	m Form 8863	, line 8 . .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1							
	32	Add lines 27, 28, 29, and 31. Th	32						
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	6,993.
Refund	34	If line 33 is more than line 24, s	34	1,439.					
	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	1,439.
Direct deposit?	b	Routing number 0 4 4 0			c Type: 🔀	Checking	Savings	;	
See instructions.	d	Account number 8 1 7 8	9 2 1	8 2					
	36	Amount of line 34 you want app	olied to your 2	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. The	his is the amo	unt you owe.					
You Owe		For details on how to pay, go to	37						
	38	Estimated tax penalty (see instr	ructions) .			38			
Third Party		you want to allow another pe				_			
Designee		structions					•		⊠ No
		signee's me		Phone no.		sonal ider nber (PIN)	tification		
Sign	Un	der penalties of perjury, I declare that	I have examined	this return and	accompanying sche	dules and stateme	nts, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and complet	ion of whi	ch prepar	er has any knowledge.				
Here	Yo	ur signature		Date	Your occupation			nt you an Identity	
							otection P e inst.)	IN, enter it here	
Joint return? See instructions.		avec's signature If a jaint vature hall	h may at airm	Dete	SOFTWARE E		`		mt
Keep a copy for your records.		ouse's signature. If a joint return, botl	n must sign.	Date	Spouse's occupati	on	Ide	ntity Prot	nt your spouse an ection PIN, enter it here
your records.			e inst.)						
		one no. (571)577-5369		Email address	AMULYCH209				Ob a all if
Paid		·	eparer's signat			Date 02/23/2024	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SY	32703	Self-employed					
Use Only		m's name GLOBAL TAXE	ne no. (678)965-9522						
	Fir	m's address 245 ROONEY	n's EIN	's EIN 84-3171965					

2023 VA760CG Page 1





AMULYA REDDY CHITTEDI

11107 GAINSBOROUGH COURT APT 02

FAIRFAX VA 22030

SSN - You CHIT	[670026044	Vendor ID	1555	XX	ххх
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	60441.	Withholding (VA) - Y	′ou	19A.	1499.
Additions	2.		Withholding (VA) - S	Spouse	19B.	
Subtotal	3.	60441.	Estimated Payments	s	20.	
Age Deduction - You	4A.		2022 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments	S	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	e or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	SC	24.	
Subtractions	7.		Credits - Schedule C	CR	25.	
Subtotal Subtractions	8.		Total Payments / Cr	edits	26.	1499.
Total VA Adj Gross Income (VAGI)	9.	60441.	Tax You Owe		27.	1205.
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	
Standard Deduction	11.	8000.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 /	ABLE	30.	
Deductions	13.		VAC - Other Contrib	utions	31.	
Subtotal (Deductions & Exemption	s) 14.	8930.	Addition to Tax, Pen	alty & Interest	32.	
VA Taxable Income	15.	51511.	Sales and Use Tax		33.	
Amount of Tax	16.	2704.	Amount You Owe	i Ocal NI		1205.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Deb Your Refund	it Card N	1	
VAGI - Spouse	17A.		Deal Death at #		_	
Net Amount of Tax	18.	2704.	Bank Routing #			
L			Bank Account #			

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2





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Filing Status, Age & License Information Additional Filing Information 059 1 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 06201998 DOB - You Name or Filing Status Change VA Driver's License ID - You Address Change VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (A) Exemptions (B) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse **Deceased Indicator** Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. Signature - You Date 5715775369 Phone - You Signature - Spouse ____ Date Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 022324 Phone - Preparer 6789659522

File by May 1, 2024

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

Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

Preparer Information

NJ 08816

7

Page 2 of 2

P02082703

2023 Schedule INC/CG

670026044

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

AMULYA REDDY

CHITTEDI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
670026044	W	404.	450525115	30450525115F001	9242.
670026044	W	1095.	262655720	30262655720F001	23199.

Total VA Withholding

You

670026044

1499.

Spouse

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

02

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!

You	Your Name B Your Social Security Number												ecurity Number					
AMU	AMULYA REDDY CHITTEDI											670-02-6044						
Spo	Spouse's Name										A Spouse's Social Security Number							
																	_	
Par				urn Info													A Spouse	B Yourself
1.			•			,									orm 763, Line	,		60441.
2.	V	'irginia	Adjust	ted Gross	Incom	ne (Fo	rm 760C	CG, Lir	ne 9; 760	PY, L	_ine 10,	column	ıs A & B;	; Fo	orm 763, Line	e 9)		60441.
3.	Т	axable	Incom	ne (Form	760CG	, Line	15; 760	OPY, L	ine 16, c	olumr	ns A & E	B; Form	763, Lir	ne 1	17)			51511.
4.	V	'irginia	Incom	e Tax (Fo	orm 76	OCG,	Line 18;	760P	Y, Line 1	7, col	lumns A	& B; F	orm 763	Lir	ne 18)			2704.
5.	٧	Vithhol	ding (F	orm 760	CG, Lir	ne 19a	a & 19b;	760P	Y, Lines	19a 8	. 19b; Fo	orm 76	3, Lines	19a	a & 19b)			1499.
6.	Α	mount	t you O	we (Forn	1760C	G, Lir	ne 35; Fo	orm 76	30PY, Lin	ne 35;	Form 7	63, Lin	e 35)					1205.
7.	R	Refund	(Form	760CG,	Line 36	3; 760	PY, Line	36; F	orm 763	, Line	36)							
Par	-			tion of														
Retunum filing liable Virgi refur of th sign:	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only																	
X							o enter n	ту е-г	IIE PIN [2 6			as my			y 2023 e-fil	ed Virginia individual ii	icome tax return.
	_	GLOI	BAL	TAXES)بابل	ز					E	RO Fir	m Name					
											ginia ind	dividual	income	tax	x return. Che Part III below.		only if you are entering	g your own e-File
You	Sig	ınature	·												Date			
Spo	use	's e-Fi	le PIN	: check o	ne bo	x onl	y		_				_					
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros																	
	ERO Firm Name																	
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																	
Spouse's Signature Date																		
Part III Certification and Authentication – Practitioner PIN Method Only																		
ERC	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.																	
indic Handa a sig	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Date																	
LIVE	30	ngi iatu	·· -													,		