

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 SNEHA Last name BORANCHA Your social security number 638 63 2077

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 111 MAIN WEST Apt. no. 10 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. WHITE SULPHUR SPRINGS State WV ZIP code 24986

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] 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)? [ ] Yes [X] 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. Total amount from Form(s) W-2, box 1: 35,919.

Table with columns 2a, 3a, 4a, 5a, 6a and b columns for interest, dividends, IRA distributions, pensions, and social security benefits.

Table with rows 7 through 15. Total income: 35,919. Adjusted gross income: 35,919. Standard deduction: 13,850. Taxable income: 22,069.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, and total other payments and refundable credits.

Refund table with rows 34-36. Includes amount overpaid, amount refunded to you (with routing and account numbers), and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section. Includes a declaration to allow another person to discuss the return with the IRS, with fields for name, phone, and PIN.

Sign Here section. Includes a declaration under penalties of perjury, and signature fields for the preparer and spouse, along with occupation and PIN information.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and EIN.



WV-8453 Rev. 09/2020

STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Table with 2 columns: Period beginning (MM/DD/YYYY) 01/01/2023, Period ending (MM/DD/YYYY) 12/31/2023

Table with 4 rows: Personal information including first name (SNEHA), last name (BORANCHA), social security number (638632077), joint return spouse info, home address (111 MAIN WEST APT 10), and city (WHITE SULPHUR SPRINGS WV 24986)

Part I Tax Return Information (whole dollars only)

Table with 4 rows: 1. Federal Adjusted Gross Income 35919.00, 2. West Virginia Income Tax 1024.00, 3. Balance Due .00, 4. Refund 196.00

Part II Direct Deposit or Electronic Funds Withdrawal

Form fields for routing transit number (051503174), depositor account number (008926747091), and type of account (checked: Checking)

Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the Financial Institution indicated above in Part II, to credit the same any amount(s) owed to me by the State of West Virginia.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amount described in Part I above agree with the amounts shown on the corresponding lines of my West Virginia income tax return.

Please Sign Here: Your signature, Date, Spouse's signature, Date

Part IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.)

Table with 4 columns: ERO's Signature, Date (02022024), Check if (Paid Preparer, Self-Employed), Your PTIN/SSN (E02082703). Includes firm name GLOBAL TAXES LLC and address 245 ROONEY CT, E BRUNSWICK, NJ.

ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Table with 4 columns: Paid Preparer's Use Only, Preparer's Signature (with signature), Date (02022024), Check if (Self-Employed), Your PTIN/SSN (E02082703). Includes firm name GLOBAL TAXES LLC and address E BRUNSWICK, NJ.

NOTE: Part IV of this form MUST be completed in full as required. ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

# WEST VIRGINIA PERSONAL INCOME TAX RETURN

SOCIAL SECURITY NUMBER	638632077	Deceased <input type="checkbox"/>	Date of Death*	**SPOUSE'S SOCIAL SECURITY NUMBER	Deceased <input type="checkbox"/>	Date of Death*
LAST NAME	BORANCHA	SUFFIX		YOUR FIRST NAME	SNEHA	MI
SPOUSE'S LAST NAME		SUFFIX		SPOUSE'S FIRST NAME		MI
FIRST LINE OF ADDRESS	111 MAIN WEST APT 10		SECOND LINE OF ADDRESS			
CITY	WHITE SULPHUR SPRINGS	STATE	WV	ZIP CODE	24986	
TELEPHONE NUMBER	3047410222	EMAIL	BORANCHASNEHA123@GMAIL.COM		EXTENDED DUE DATE	MM/DD/YYYY

\* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN  
  NONRESIDENT SPECIAL  
  NONRESIDENT/PART YEAR RESIDENT  
  FORM WV-8379 FILED AS AN INJURED SPOUSE

**FILING STATUS (CHECK ONE)**

1 SINGLE  
  2 HEAD OF HOUSEHOLD  
  3 MARRIED, FILING JOINT  
  4 MARRIED, FILING SEPARATE  
  5 WIDOW(ER) WITH DEPENDENT CHILD

\*\*Enter spouse's SS# and name in the boxes above

**EXEMPTIONS**

(a) **YOURSELF** To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank. (a) 1

(b) **SPOUSE** To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else. (b)   

(c) **DEPENDENTS** List your dependents. If over four dependents, continue on Schedule DP on page 49. Enter total number of dependents (c)   

Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MM DD YYYY)

(d) **SURVIVING SPOUSE** (See page 21) Decedents SSN:    Year Spouse Died:    (d)   

(e) **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) 1

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A	1	35919	.00
2. Additions to income (line 59 of Schedule M).....	2		.00
3. Subtractions from income (line 50 of Schedule M).....	3		.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	35919	.00
5. Low-Income Earned Income Exclusion (see worksheet on page 29).....	5		.00
6. Total Exemptions as shown above on Exemption Box (e) <u>1</u> x \$2,000 .....	6	2000	.00
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO .....	7	33919	.00
8. Income Tax Due (Check One) .....	8	1024	.00

Tax Table  
  Rate Schedule  
  Nonresident/Part-year resident calculation schedule

**TAX DEPT USE ONLY**

PAY PLAN   COR   SCTC   NRSR   HEPTC

**MUST INCLUDE WITHHOLDING  
FORMS WITH THIS RETURN  
(W-2s, 1099s, Etc.)**



\*T 0 4 0 2 0 2 3 0 1\*

9. Credits from Tax Credit Recap Schedule (see schedule on page 5 ) .....	9		.00				
10. Total Income Tax Due. Line 8 minus 9. If line 9 is greater than line 8, enter 0	10	1024	.00				
11. Overpayment previously refunded or credited (amended return only) .....	11		.00				
Penalty Due <input type="checkbox"/> <b>CHECK IF REQUESTING WAIVER OR QUALIFIED FARMER</b>							
12. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 44). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE .....	12		.00				
13. Add lines 10 through 12. This is your total amount due.....	13	1024	.00				
14. West Virginia Income Tax Withheld (See instructions page 23) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)	14	1220	.00				
15. Estimated Tax Payments and Payments with Schedule 4868 .....	15	0	.00				
16. Non-Family Adoption Tax Credit, if applicable (include Schedule WV NFA-1) .....	16		.00				
17. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A) .....	17		.00				
18. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class 2 receipt)	18		.00				
19. Build WV Property Value Adjustment Refundable Tax Credit .....	19		.00				
20. Amount paid with original return (amended return only) .....	20		.00				
21. Payments and Refundable Credits (add lines 14 through 20) .....	21	1220	.00				
<b>22. Balance Due</b> (line 13 minus line 21). If Line 21 is greater than line 13, complete line 23 ... <b>PAY THIS AMOUNT</b>	22		.00				
23. Line 21 minus line 13. This is your overpayment .....	23	196	.00				
24. Indicate donations from line 24. Enter below and enter the sum of columns 24A, 24B, and 24C on Line 24	24		.00				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center;"><small>24A.</small> CHILDREN'S TRUST FUND</td> <td style="width:25%; text-align:center;"><small>24B.</small> 4WV DEPT. OF VETERANS ASSISTANCE</td> <td style="width:25%; text-align:center;"><small>24C.</small> STATE VETERANS CEMETERY</td> <td style="width:25%;"></td> </tr> </table>	<small>24A.</small> CHILDREN'S TRUST FUND	<small>24B.</small> 4WV DEPT. OF VETERANS ASSISTANCE	<small>24C.</small> STATE VETERANS CEMETERY				
<small>24A.</small> CHILDREN'S TRUST FUND	<small>24B.</small> 4WV DEPT. OF VETERANS ASSISTANCE	<small>24C.</small> STATE VETERANS CEMETERY					
25. Amount of Overpayment to be credited to your 2024 estimated tax.....	25		.00				
<b>26. Refund due to you</b> (line 23 minus line 24 and line 25)..... <b>REFUND</b>	26	196	.00				

**Direct Deposit of Refund**  CHECKING  SAVINGS

051503174 <small>ROUTING NUMBER</small>	008926747091 <small>ACCOUNT NUMBER</small>
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**PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.**

I authorize the Tax Division to discuss my return with my preparer  YES  NO  
 Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

*Sheha*

Your Signature	Date	Spouse's Signature	Date	Telephone Number
<input type="checkbox"/> Preparer: Check HERE if client is requesting NOT to efile	843171965 SYAM PRIYA RAM SAGAR GUPTA	02022024	6789659522	
	<small>Preparer's EIN</small>	<small>Signature of preparer other than above</small>	<small>Date</small>	<small>Telephone Number</small>

SYAM PRIYA RAM SAGAR GUPTA TALLAM      GLOBAL TAXES LLC  
Preparer's Printed Name      Preparer's Firm

<b>FOR REFUND, MAIL TO THIS ADDRESS:</b> WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	<b>FOR BALANCE DUE, MAIL TO THIS ADDRESS:</b> WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694
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**Payment Options:** Returns filed with a balance of tax due may pay through any of the following methods:  
 • Check or Money Order payable to the WV Tax Division - Enclose check or money order with your return.  
 • Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".

