

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 PRAVEEN KUMAR AEPURI	Social security number 163-31-5515
Spouse's name	Spouse's social security number

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	63,043.
2	Total tax	2	6,126.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,779.
4	Amount you want refunded to you	4	3,653.
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

1	5	5	1	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 PRAVEEN KUMAR Last name AEPURI Your social security number 163 31 5515

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. 1131 OLIVE VILLAGE CT Apt. no. Presidential Election Campaign 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. [] You [] Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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 [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. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 72,299. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 72,299.

Table with rows 2a through 6a. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 63,043. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 63,043. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 49,193.

Tax and Credits table with rows 16-24. Includes Tax (6,126), Amount from Schedule 2, line 3, Add lines 16 and 17 (6,126), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (6,126), Other taxes (0), and Add lines 22 and 23 (6,126).

Payments table with rows 25-33. Includes Federal income tax withheld (9,779), 2023 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, and total other payments and refundable credits (9,779).

Refund table with rows 34-36. Includes amount overpaid (3,653), amount refunded (3,653), 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 with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for taxpayer and spouse, including occupation and PIN information.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone/EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRAVEEN KUMAR AEPURI

Your social security number
163-31-5515

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-9,256.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-9,256.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

PRAVEEN KUMAR AEPURI

Your social security number

163-31-5515

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A ROAD NO.1, BALAJI NAGAR NIZAMPET, HYDERABAD TELANGANA IN 500090

B _____
C _____

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
				A	B	A	B	A	B
A	3			345		0			<input type="checkbox"/>
B									<input type="checkbox"/>
C									<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		Properties:		
		A	B	C
3	Rents received	750.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	1,056.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	1,156.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs	2,986.		
15	Supplies	2,754.		
16	Taxes			
17	Utilities	2,054.		
18	Depreciation expense or depletion			
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	10,006.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-9,256.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(9,256.)		
23a	Total of all amounts reported on line 3 for all rental properties		750.	
b	Total of all amounts reported on line 4 for all royalty properties			
c	Total of all amounts reported on line 12 for all properties			
d	Total of all amounts reported on line 18 for all properties			
e	Total of all amounts reported on line 20 for all properties		10,006.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(9,256.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .			-9,256.

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
PRAVEEN KUMAR	AEPURI	163-31-5515
Present Home Address		A Spouse's Social Security Number
1131 OLIVE VILLAGE CT		
City, State and Zip Code		Online Filed Return
SAINT LOUIS MO 63132		<input type="checkbox"/>

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		63,043.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		63,043.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		49,946.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2,614.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2,897.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		283.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2023 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 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.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____ Your Signature	_____ Date	_____ Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	_____ Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's 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. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	01-27-24 Date	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	01-27-24 Date	843171965 EIN
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	P02082703 SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip		843171965 EIN

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name PRAVEEN KUMAR	MI	Last Name AEPURI	Suffix	Your Social Security Number 163-31-5515	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 1131 OLIVE VILLAGE CT				Your Birth Date (mm-dd-yyyy) 02 - 15 - 1984	
City, Town or Post Office SAINT LOUIS		State MO	ZIP Code 63132	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence MO	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. LOUDOUN				Locality Code 107
				<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County	

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	= <input type="text" value="1"/>	X \$930 = <input type="text" value="930"/>
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/> X \$800 = <input type="text"/>

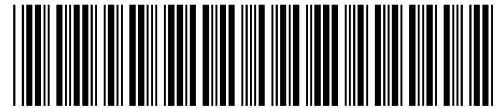
1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	63043	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	Add Lines 1 and 2	3	63043	00
4	Age Deduction (See instructions and the Age Deduction Worksheet)..... You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a			
	and Your Spouse's Age Deduction on Line 4b..... Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	Add Lines 4a, 4b, 5, 6, and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	63043	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.....	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.....	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	Add Lines 10, 11, 12 and 13	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	54113	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	92.3	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	49946	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	2614	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	2897	00

LTD

\$ _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

XXXXX



Your Name PRAVEEN KUMAR AEPURI	Your SSN 163-31-5515
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19b Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20 2023 Estimated Tax Payments.	20		00
21 2022 overpayment credited to 2023 estimated tax.	21		00
22 Extension Payment - submitted using Form 7601P.	22		00
23 Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24 Total credits from Schedule OSC.	24		00
25 Credits from Schedule CR, Section 5, Line 1A.	25		00
26 Total payments and credits. Add Lines 19a through 25.	26	2897	00
27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.	27		00
28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.	28	283	00
29 Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30 Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32 Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here. <input type="checkbox"/>	32		00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	33		00
34 Add Lines 29 through 33.	34		00
35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE. Enclose payment or pay at www.tax.virginia.gov. Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35		00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU.	36	283	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT Domestic Accounts Only No International Deposits	Your Bank Routing Transit Number 1 0 3 0 0 0 6 4 8	Your Bank Account Number 5 3 0 9 8 5 8 7 1	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
---	--	--	--	----------------------------------

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	72299	00	58180	00
2. Interest income.	2		00		00
3. Dividends.	3		00		00
4. Alimony received.	4		00		00
5. Business income or loss.	5		00		00
6. Capital gain or loss/capital gain distributions.	6		00		00
7. Other gains or losses.	7		00		00
8. Taxable pensions, annuities and IRA distributions.	8		00		00
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	-9256	00	0	00
10. Farm income or loss.	10		00		00
11. Other income.	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		00
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	63043	00	58180	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16.	15			92.3%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature	Your Phone Number (979) 326-0126	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7
			ID Theft PIN

2023 Schedule INC/CG

163315515

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

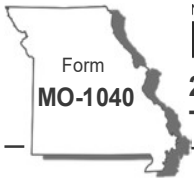


PRAVEEN KUMA AEPURI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
163315515	W	2897.	010828231	30010828231F001	58180.

Total VA Withholding	SSN	VA Withholding
You	163315515	2897.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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



MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2023

Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Department of Social Services Application of Eligibility form attached. Federal return attached.

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)		Fiscal Year Ending (MM/DD/YY)		Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse

Name

Social Security Number: 163 - 31 - 5515 Deceased in 2023

Spouse's Social Security Number: - - Deceased in 2023

First Name: PRAVEEN KUMAR M.I.: Last Name: AEPURI Suffix:

Spouse's First Name: M.I.: Spouse's Last Name: Suffix:

In Care Of Name (Attorney, Executor, Personal Representative, etc.):

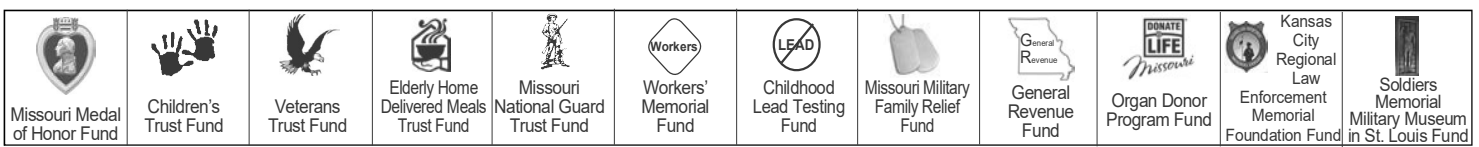
Address

Present Address (Include Apartment Number or Rural Route): 1131 OLIVE VILLAGE CT

City, Town, or Post Office: SAINT LOUIS State: MO ZIP Code: 63132 -

County of Residence: STCO

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)	Spouse (S)
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y 63043 .00	1S .00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y .00	2S .00
3. Total income - Add Lines 1 and 2.	3Y 63043 .00	3S .00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y .00	4S .00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y 63043 .00	5S .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6 63043 .00	
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y 100 %	7S .00 %

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8 .00
9. Tax from federal return	9 6126 .00
10. Other tax from federal return.	10 .00
11. Total tax from federal return. Do not enter federal income tax withheld.	11 6126 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12 15.00 %

Missouri Adjusted Gross Income Range, Line 6:	Federal Tax Percentage:
\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%




13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13 919 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$13,850 • Head of Household-\$20,800 • Married Filing Combined or Qualifying Widow(er)-\$27,700	14 13850 .00
15. Additional Exemption for Head of Household and Qualifying Widow(er)	15 .00
16. Long-term care insurance deduction	16 .00
17. Health care sharing ministry deduction.	17 .00
18. Active Duty Military income deduction	18 .00
19. Inactive Duty Military income deduction	19 .00
20. Bring jobs home deduction	20 .00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21	21 .00

21A. Sold \$.00	21B. Rented/Leased \$.00	21C. Crop-Share \$.00
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Deductions Continued

22. First time home buyers deduction. A. <input style="width: 80px;" type="text"/> B. <input style="width: 80px;" type="text"/>	22	<input style="width: 100px;" type="text"/>	.00
23. Long term dignity savings account deduction	23	<input style="width: 100px;" type="text"/>	.00
24. Foster parent tax deduction	24	<input style="width: 100px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24	25	14769	.00
26. Subtotal - Subtract Line 25 from Line 6	26	48274	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	48274	.00
	27S	<input style="width: 100px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification	28Y	<input style="width: 100px;" type="text"/>	.00
	28S	<input style="width: 100px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27.	29Y	48274	.00	29S	<input style="width: 100px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions).	30Y	2205	.00	30S	<input style="width: 100px;" type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s).	31Y	2029	.00	31S	<input style="width: 100px;" type="text"/>	.00
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable.	32Y	100	%	32S	<input style="width: 100px;" type="text"/>	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	176	<input style="width: 20px;" type="text"/>	33S	<input style="width: 100px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.	 23322031555					
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34Y	<input style="width: 100px;" type="text"/>	.00	34S	<input style="width: 100px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34	35Y	176	.00	35S	<input style="width: 100px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S.	36	176	.00			

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099.	37	439	.00
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023	38	<input style="width: 100px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input style="width: 100px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input style="width: 100px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60).	41	<input style="width: 100px;" type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input style="width: 100px;" type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS	43	<input style="width: 100px;" type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return).	44	<input style="width: 100px;" type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44.	45	439	.00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return 46 .00

47. Overpayment as shown (or adjusted) on original return 47 .00

Indicate Reason for Amending

A. Federal audit Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.
 Enter on Line 48. 48 .00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.
 Amount of OVERPAYMENT 49 263 .00

50. Amount of Line 49 to be applied to your 2024 estimated tax 50 .00

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

51a. Children's Trust Fund .00 51b. Veterans Trust Fund .00 51c. Elderly Home Delivered Meals Trust Fund .00 51d. Missouri National Guard Trust Fund .00

51e. Workers' Memorial Fund .00 51f. Childhood Lead Testing Fund .00 51g. Missouri Military Family Relief Fund .00 51h. General Revenue Fund .00

51i. Organ Donor Program Fund .00 51j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 51k. Soldiers Memorial Military Museum in St. Louis Fund .00 51l. Missouri Medal of Honor Fund .00

51m. Additional Fund Code Additional Fund Amount .00 51n. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 51a through 51n and enter here 51 .00

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. 52 .00

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53 263 .00

Amended Return

Refund



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT 54 . 00

55. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here . . . 55 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

56. AMOUNT DUE - Add Lines 54 and 55. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 56 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of Section 135.805, RSMo, and the penalty provisions of Section 135.810, RSMo.

Signature

Signature Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) [Signature Box] [Date Box] [Date Box] [Date Box]

E-mail Address Daytime Telephone SYAM@GTAXFILE.COM 9793260126

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA TALLAM 01 27 24

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 84-3171965 6789659522

Preparer's Address State ZIP Code 245 ROONEY CT E BRUNSWICK NJ 08816

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



23322051555

Department Use Only

A FA E10 DE F [] . []

Mail to: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505

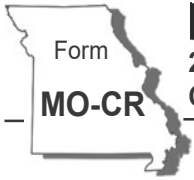
Fax: (573) 522-1762 Email: incometaxprocessing@dor.mo.gov Submission of Individual Income Tax Returns Email: income@dor.mo.gov Inquiry and correspondence

Form MO-1040 (Revised 12-2023)

Ever served on active duty in the United States Armed Forces? If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



IN REV 01/22/24 PRO MO-1040 Page 5



MISSOURI DEPARTMENT OF
REVENUE
 2023 Credit for Income Taxes Paid to
 Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision. Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
<input type="text" value="PRAVEEN KUMAR AEPURI"/>	<input type="text" value="163"/> - <input type="text" value="31"/> - <input type="text" value="5515"/>
Spouse's Name	Spouse's Social Security Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	<input type="text" value="63043"/> .00	1S	<input type="text"/> .00
2. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below.		State of: <input type="text" value="VA"/>	State of: <input type="text"/>	
_____	2Y	<input type="text" value="2205"/> .00	2S	<input type="text"/> .00
3. Wages and commissions	3Y	<input type="text" value="58180"/> .00	3S	<input type="text"/> .00
4. Other income (Describe nature _____)	4Y	<input type="text" value="0"/> .00	4S	<input type="text"/> .00
5. Total - Add Lines 3 and 4	5Y	<input type="text" value="58180"/> .00	5S	<input type="text"/> .00
6. Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10)	6Y	<input type="text"/> .00	6S	<input type="text"/> .00
7. Net amounts - Subtract Line 6 from Line 5	7Y	<input type="text" value="58180"/> .00	7S	<input type="text" value="0"/> .00
8. Percentage of your income taxed - Divide Line 7 by Line 1 . . .	8Y	<input type="text" value="92.00"/> %	8S	<input type="text" value="0.00"/> %
9. Maximum credit - Multiply Line 2 by percentage on Line 8 . . .	9Y	<input type="text" value="2029"/> .00	9S	<input type="text"/> .00
10. Income tax imposed by another state or political subdivision. This is not income tax withheld. The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.)	10Y	<input type="text" value="2614"/> .00	10S	<input type="text" value="0"/> .00
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S.	11Y	<input type="text" value="2029"/> .00	11S	<input type="text" value="0"/> .00

Form MO-CR

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR and the amounts on Line 5, from each Form MO-CR, Schedule 1, before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.