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

Subm	ission Identification Number (SID)								
Taxpay	er's name	Social security number							
NAV	EEN REDDY KUNAREDDY	777-54-9118							
Spouse	o's name	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing.)					
Enter	whole dollars only on lines 1 through 5.			<u> </u>					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	47 , 157.					
2	Total tax		2	3,779.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,410.					
4	Amount you want refunded to you		4	2,631.					
5	Amount you owe		5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our return)					
to send for any Agent payme author payme busine taxes in person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particular to receive confidential information necessary to answer inquiries and resolve issues related to the particular forms of the payment (PIN) below is my signature for the income tax return (original or amended) I an applie Funds Withdrawal Consent.	ction of the t S. Treasury a cated in the t in to debit the the authoriz ests must be processing of ayment. I fur	ransmis and its of ax preperently in ation. The ereceing f the el ther ac	ssion, (b) the reason designated Financial paration software for to this account. This revoke (cancel) a ved no later than 2 ectronic payment of thousands the					
-	ayer's PIN: check one box only	4 A	9 1	L 1 8					
×	I authorize GLOBAL TAXES LLC to enter or generate r ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methologies.								
Yours	signature ▶ Date ▶								
Spau	se's PIN: check one box only								
Spous	_	av DIN							
	I authorize to enter or generate r	_	ter five	digits, but					
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		_	-					
Spous	se's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	III Certification and Authentication — Practitioner PIN Method Only								
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all ze	8 2 7 1 eros					
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income taxized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Income.	tting this reti	urn in a	accordance with the					
ERO's	s signature ► Date ►								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To D	o So							

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

20**23** OMB No. 1545-0074

						01112 1101 1010		J, 30	,o	ito or otapio in tino opacor
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	Se	e sep	arate instructions.
Your first name	and m	iddle initial	Last na	ame	Yo	Your social security number				
NAVEEN I	REDD'	Y	KUNZ	AREDDY				7	177	54 9118
If joint return, s	pouse's	s first name and middle initial	Last na	ame				Sp	ouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Pro	esiden	ntial Election Campaign
		DAWN DR								ere if you, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code			f filing jointly, want \$3 this fund. Checking a
HERNDON					VA		20171	bo	x belo	w will not change
Foreign countr	y name			Foreign province/state/	count	у	Foreign postal co	ode yo	ur tax	or refund.
		ار م								You Spouse
Filing Status	SK	Single					ousehold (HOF	1)		
Check only		Married filing jointly (even if only or	ne had	income)		□ 0 "" :		(00	\O \	
one box.	L.	Married filing separately (MFS)		_f			surviving spot			-11 :: 41
		you checked the MFS box, enter the lalifying person is a child but not you			u cne	cked the HOF	or QSS box, e	enter th	ie cnii	a's name if the
Digital		ny time during 2023, did you: (a) rec	•				•	. ,		
Assets		nange, or otherwise dispose of a digi					et)? (See instruc	ctions.)		☐ Yes ⊠ No
Standard	_	neone can claim: You as a de	•			a dependent				
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	u were a dual-status	allen					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	Was bor	n before Janua	ary 2, 19	959	☐ Is blind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check th	ne box if	qualif	ies for (see instructions):
If more	(1) F	irst name Last name		number		to you	Child to	ax credit	t (Credit for other dependents
than four										
dependents, see instruction	s									
and check	, —						L			
here L									\perp	
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	47,157.
Attach Form(s)		Household employee wages not re	-						1b	
W-2 here. Also attach Forms	C C	Tip income not reported on line 1a	1c							
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f	1d							
1099-R if tax was withheld.	f	Employer-provided adoption bene	1e							
If you did not				—						
get a Form	g h	Other earned income (see instructi	 ions)						1g 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i			•	3.
	z	Add lines 1a through 1h				· · <u> </u>			1z	47,157.
Attach Sch. B			2a		b Ta	axable interest	t		2b	
if required.	3a	· –	3a		b 0	rdinary divide	nds		3b	
	4a	IRA distributions	4a			axable amoun			4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t		5b	
Single or	6a	Social security benefits	6a		b Ta	axable amoun	t		6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see i	instructions)		. 🗆		
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired,	check here			7	
Married filing jointly or	8	Additional income from Schedule	1, line ¹	10					8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is your total inc	come				9	47,157.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26					10	
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	me				11	47,157.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				12	13,850.
any box under Standard	13	Qualified business income deduct	ion fror	m Form 8995 or Form	899	5-A			13	
Deduction,	14	Add lines 12 and 13							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ne		15	33,307.

Form 1040 (2023	3)					Page 2		
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 □ 4972 3 □ .	. 16	3,779.		
Credits	17	Amount from Schedule 2, line 3	. 17	<u> </u>				
	18	Add lines 16 and 17			. 18	3 , 779.		
	19	Child tax credit or credit for other dependent	. 19	<u> </u>				
	20	Amount from Schedule 3, line 8			. 20			
	21	Add lines 19 and 20			. 21			
	22	Subtract line 21 from line 18. If zero or less,			. 22	3,779.		
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21	. 23	0.		
	24	Add lines 22 and 23. This is your total tax				3,779.		
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2		25a 6,4	10.			
	b	Form(s) 1099						
	С	Other forms (see instructions)						
	d	Add lines 25a through 25c			. 25d	6,410.		
If you have a	26	2023 estimated tax payments and amount a				 -		
qualifying child,	27	Earned income credit (EIC)						
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812						
	29	American opportunity credit from Form 8863						
	30	Reserved for future use						
	31	Amount from Schedule 3, line 15						
	32	Add lines 27, 28, 29, and 31. These are your	. 32					
	33	Add lines 25d, 26, and 32. These are your to	. 33	6,410.				
Refund	34	If line 33 is more than line 24, subtract line 2			. 34	2,631.		
	35a	Amount of line 34 you want refunded to you		•	□ 35a	2,631.		
Direct deposit?	b	Routing number 0 2 1 2 0 0 3	3 9	c Type: X Checking Sav	ings			
See instructions.	d	Account number 3 8 1 0 6 7						
	36	Amount of line 34 you want applied to your						
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to www.irs.gou	. 37					
	38	Estimated tax penalty (see instructions) .						
Third Party Designee		you want to allow another person to disc structions	olete below.	⊠ No				
	De: nar	signee's me	Phone no.	Personal number (identification PIN)			
Sign Here		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
11616	You	ur signature	Protection PIN	you an Identity I, enter it here				
Joint return?			5.	SOFTWARE ENGINEER	(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		e IRS sent your spouse an ntity Protection PIN, enter it here		

Paid Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2024 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 Firm's address Firm's EIN Form **1040** (2023) Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 01/21/24 PRO

Email address

Preparer's signature

(564) 200-7496

Keep a copy for your records.

Phone no.

Preparer's name

NAVEEN.KUNAREDDY@GMAIL.COM

Date

(see inst.)

Check if:

PTIN

2023 VA760CG Page 1





NAVEEN REDDY KUNAREDDY

13317 MISTY DAWN DR

HERNDON VA 20171

SSN - You KUNA		777549118	Vendor ID	1555		ххххх
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	47157.	Withholding (VA) - Yo	DU	19A.	2263.
Additions	2.		Withholding (VA) - Sp	oouse	19B.	
Subtotal	3.	47157.	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 OS	С	24.	
Subtractions	7.		Credits - Schedule CF	3	25.	
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	2263.
Total VA Adj Gross Income (VAGI)	9.	47157.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	322.
Standard Deduction	11.	8000.	Overpayment Credite	d to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	tions	31.	
Subtotal (Deductions & Exemptions)	14.	8930.	Addition to Tax, Pena	Ity & Interest	32.	
VA Taxable Income	15.	38227.	Sales and Use Tax		33.	
Amount of Tax	16.	1941.	Amount You Owe	Ol N		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	1	322.
VAGI - Spouse	17A.		Donk Douting #		_	021200339
Net Amount of Tax	18.	1941.	Bank Routing # Bank Account #		C 3810	67646090

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





Г								
Filing Status, Age	& License Inf	formation				Additional F	Filing Info	rmation
Filing Status				1		Locality		600
Federal Head of H	Household					Uninsured & Authorize DMAS		
DOB - You		0806	5199	5		Name or Filing Status Change		
VA Driver's Licens	se ID - You					Address Change		
VA Driver's Licens	se - Iss. Date - `	You				VA Return Not Filed Last Year		
Spouse Name (Fi	iling Status 3 O	nly)				Dependent on Another's Return	rn	
						Farmer / Fisherman / Merchan	nt Seaman	
DOB - Spouse	ID 0					Amended		
VA Driver's Licens	·	•				Reason Code		
VA Driver's Licens						Overseas on Due Date		
You You	1	Exemptions (B) 65 & Over - You				Federal EIC & Amount		
Spouse		65 & Over - Spouse				Deceased Indicator		
Dependents		Blind - You				Form 760C or 760F		
Total (A)	1	Blind - Spouse				No Sales & Use Tax Due India	cator	X
		Total (B)				Obtain Electronic 1099G		
	(Contact Information				ID Theft PIN		
						(our) knowledge, it is a true, correct vided is for a domestic account within		
Signature - You			Date		Pho	one - You		5642007496
Signature - Spouse			Date		Pho	one - Spouse		
Signature - Preparer S	SYAM PRIYA RA	M SAGAR GUPTA TALLAM	Date	020124	Pho	one - Preparer		6789659522
The Tax Department n	nay discuss my	our return with my/our pre	eparer.		Pre	parer Information	7	P02082703

GLOBAL TAXES LLC

NJ 08816

Page 2 of 2

245 ROONEY CT

E BRUNSWICK

File by May 1, 2024 Include Page 1, Page 2 and all

supporting 760CG documents.

2023 Schedule INC/CG

777549118

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

NAVEEN REDDY

KUNAREDDY



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					⊣
777549118	W	2263.	010828231	30010828231F001	47157.

Total VA Withholding

You

777549118

2263.

Spouse

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

01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

		ame																		\neg			rity Number	
	AVEEN REDDY KUNAREDDY pouse's Name													777-54-9118 A Spouse's Social Security Number										
Spo	use	e's Nam	e																	A S	oouse's S	Social S	Security Nur	nber
Par	tΙ	Tax	Retu	ırn Inf	orma	tion														Α	Spouse	е	B Yours	elf
1.	F	ederal A	djust	ed Gros	s Incor	me (Fo	orm 76	60CC	G, Line	1; 76	0PY,	Line	1, col	umn	s A & E	3; F	orm 763,	, Line 1)				47	157.
2.	0 V : : A I + I O I (5 70000 I : 0 7000V I : 40 I A 0 D 5 700 I : 0)												157.											
3.	3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)											38	227.											
4.	٧	/irginia Ir	ncome	e Tax (F	orm 76	60CG,	Line 1	18; 7	'60PY,	Line 1	7, co	lumn	ns A &	B; F	orm 76	3 Li	ine 18)						1	941.
5.	V	Vithholdi	ng (F	orm 760	CG, Li	ine 19	a & 19	b; 7	60PY,	Lines	19a 8	k 19b	o; Forr	n 763	3, Line	s 19	9a & 19b))						263.
6.	A	Amount y	ou O	we (Forr	n 7600	CG, Li	ne 35;	For	m 760	PY, Lin	e 35;	; For	m 763	, Line	e 35)									
7.	F	Refund (F	orm	760CG,	Line 3	6; 760	PY, L	ine 3	36; For	m 763	Line	36)												322.
Par	t II	Dec	larat	ion of	Taxp	oayer	and	Siç	gnatu	ire Au	ıtho	riza	ation											
filing liable Virging refund of the sign	Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only												emain turn to my utside											
		authoriz GLOB2					io onto	,, ,,,,	y 0 1 110	, L	4 1	<u>9 1 -</u>			nter a		-	O11 111y 2	-020 C III	ou viigiii	ia marviaa	1001	me tax return.	
	-	CLODI											ER) Fir	m Nan	ne								
																	ax return. Part III be		this box	only if y	ou are ent	tering yo	our own e-File	Э
You	r Sig	gnature																Date						_
Spo	use	's e-File	PIN:	check	one bo	ox onl	ly																	
	I	authoriz	e the	ERO na	med b	elow t	to ente	er my	y e-File	PIN [Do not	ente	as m er all z		-	on my 2	2023 e-fil	ed Virgin	ia individu	ıal incor	me tax return.	
													a indiv	idual		e ta	ax return. Part III be		this box	only if y	ou are ent	tering yo	our own e-File	
Spo		s Signat				Ü									·			Date						
		l Cert		tion a	nd A	uthe	ntica	tior	ı – Pı	ractiti	one	r Pl	N M	tho	d On	lv								-
																<u>ر.</u>		4 0			7 1			
I cer indic Handa a sig	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Do not enter all zeros 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 02-01-24																							
		-																						