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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructio	ns.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity num	ber
ASHA LA	ГНА		SURA	MPALL	I						112	57	6726	
		s first name and middle initial	Last nar										security n	number
VENKATA	RAM	ANA	BAND	Т							031	85	5866	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Can	npaign
5412 MA	CALP	INE CIR						1	L317		Check h	nere if y	ou, or you	ur
		ice. If you have a foreign address, also co	mplete s	paces belo	DW.	Sta	te	ZIP c	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
GLEN AL	LEN					VA	7	230	159		•		not chang	•
Foreign countr	y name	l.	F	oreign pro	ovince/state/	count	У	Foreig	n postal c					
Filing Status	s [Single					Head of h	ouseh	old (HOI	 ∃)				
Check only	_	Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked 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	award or	navr	nent for prope	rtv or	services). or (h) sell			
Assets		nange, or otherwise dispose of a digi										□ Ye	es 🗵 N	٥V
Standard	Som	neone can claim: You as a de	pendent	: 🗆 `	Your spous	e as	a dependent				-			
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959 F	Are bli	nd Sno	ouse	: Was bor	n hefa	ore Janu	arv 2	1959		s blind	
Dependent	-			Ī	ocial security		(3) Relationsh	- 1					see instruc	ctions):
-		First name Last name			number		to you	iib I,	Child t				r other dep	
If more than four														
dependents,														
see instruction and check	s —													
here \square														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .						1a		91,6	16.
	b	Household employee wages not reported on Form(s) W-2												
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)												
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see ii	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction	ions) .					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h	. , .								1z		91,6	16.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest				2b			
if required.	3a_	Qualified dividends	3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b	_		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	eparately, 13,850 To Capital gain or (loss). Attach Schedule D if required. If not required, check here													
\$13,850 Married filing											<u>7</u> 8			<u></u>
jointly or Qualifying	8	Additional income from Schedule 1, line 10										+	-13,1	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9	+	78,4	<u>51.</u>
\$27,700 • Head of	10	Adjustments to income from Sche									10			F 1
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		78,4	
If you checked	12	Standard deduction or itemized									12		27,7	υυ.
any box under Standard	13	Qualified business income deducti									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 7	
	75	SUDTRACT LING 1/1 from ling 11 It zon	O Or lece	- antar I			TOVODIA INCOM							~ I

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	1	16 5,	653.
Credits	17	Amount from Schedule 2, lin	e3				1	17	
	18	Add lines 16 and 17					1	l 8 5,	653.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e 8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22 5,	653.
	23	Other taxes, including self-e	2	23	0.				
	24	Add lines 22 and 23. This is	your total tax				2	24 5,	653.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 7	,425.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					25	5d 7,	425.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return		2	26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	з	32					
	33	Add lines 25d, 26, and 32. T	-		425.				
Refund	34	If line 33 is more than line 24							772.
riciana	35a	Amount of line 34 you want			772.				
Direct deposit?	b	Routing number 0 1 1	Savings	,					
See instructions.	d	Account number 4 6 6	Jargo						
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	31	For details on how to pay, g	з	37					
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		structions	•				mplete belo	ow. 🔀 No	
	De	signee's		Phone		Perso	nal identificati	ion	
	naı			no.			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		•	piete. Deciaration (1	1	ised on all illiornatio			_
	Yo	ur signature		Date	Your occupation			S sent you an Ident on PIN, enter it her	,
Joint return?					SOFTWARE E	ENGINEER	(see inst.		C
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati		If the IRS	S sent your spouse	 an
Keep a copy for		,			-		Identity F	Protection PIN, ent	
your records.					HOME MAKER	₹	(see inst.)	
	Ph	one no. (508) 654-960		Email address	ASHA.SURAMPA	ALLI@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	P0208270	3 Self-emp	ployed	
Use Only	Fir	m's name GLOBAL TAX	Phone no	Phone no. (678) 965-9522					
	Fin	m's address 245 ROONE	Firm's El	Firm's EIN					
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO		Form 10)40 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ASHA LATHA SURAMPALLI & VENKATA RAMANA BANDI 112-57-6726 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . -13,165. 5 5 6 6 7 7 8 Other income: а 8a 8b 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8q 8i Activity not engaged in for profit income 8i 8k 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 . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8a Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t Wages earned while incarcerated 8u **z** Other income. List type and amount: 9 9

10

-13,165.

10

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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				
С	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:				
а	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		-	
С	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			
е	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	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

SCHEDULE E (Form 1040)

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.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

ASHA	A LATHA SURAMI	PALI	LI & VEN	IKATA RA	MANA BANI	DI					112-57	-6726		
Part	Income or Note: If you a rental income	Los re in t or los	s From R he business ss from Form	ental Rea of renting p n 4835 on pa	Il Estate an ersonal proper age 2, line 40.	nd Roy	yalties Schedule	c . See	e instru	ctions. If you	are an indivi	dual, repo	ort farm	
Α [Did you make any p													,
	f "Yes," did you or													
1a	Physical address													
	-			* :								~~~~~		
_ <u>A</u>	H.NO 4-47, C	/O S	URAMPALI	ıl PULLA	RAO, PALLII	PADU (V) KON.	LUERLA	A KHA	AMMAM DIS'	r, TELAN	GANA I	N 50/16	35
B														
C		_							_					
1b	Type of Property (from list below)	2			estate prope imber of fair				Fa	ir Rental	Persona Day	QJV		
		-			Check the Q			_		Days	Day	0		
_ <u>A</u>	3	-			irements to			A		365				
B		-			re. See instru			В						
C								С						
	of Property:		0.14	(01	5				_	0 1/ 0				
	Single Family Resid				ort-Term Ren	ital	5 Lanc	-		Self-Rental				
2	Multi-Family Reside	ence	4 Co	ommercial			6 Roya	alties	8	Other (desc	ribe)			
										Propert	ies:		-	
Incom	ne:							Α		В			С	
3	Rents received .					3		6	04.					
4	Royalties received					4								
Exper														
5	Advertising					5								
6	Auto and travel (se					6								
7	Cleaning and mai					7		2.3	52.					
8	Commissions .					8		_, _						
9	Insurance					9								
10	Legal and other p					10								
11	Management fees					11		2 7	45.					
12	Mortgage interest					12		2, 1	10.					
13	Other interest .				-	13								
14	Repairs					14		3 6	52.					
15	Supplies					15			51.					
16	Taxes					16		۷,٦	J I •					
17	Utilities					17		2 5	69.					
18	Depreciation expe					18		2,5						
19		1156	or depletion			19								
20	Other (list) Total expenses. A					20		13,7	60					
	•			•		20		13,7	09.					
21	Subtract line 20 fr result is a (loss), s													
	file Form 6198 .				•	21		-13,1	65					
00						21		10,1						
22	Deductible rental on Form 8582 (se					00	,	10 17	S	(١
00-						22		13,16		l	604.			
23a	Total of all amoun								23a		004.			
b	Total of all amoun								23b					
C	Total of all amoun								23c					
d	Total of all amoun								23d	4.4	7.60			
е	Total of all amoun	its rei	ported on I	ine 20 for a	III properties				23e	1.	3,769.			

24

25

13,165.

-13,165.

Income. Add positive amounts shown on line 21. Do not include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

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

24

25

26

2023 VA760CG Page 1





ASHA LATHA VENKATA RAMA SURAMPALLI

BANDI

5412 MACALPINE CIR APT 1317

~T T T T T	71 T T T 71
GLEN	ALLEN
	ALILICIN

VA 23059

SSN - You	SURA	112576726	Vendor ID 1555	XX	XXXX
SSN - Spouse	BAND	031855866			
Fed Adj Gross Income (FA	AGI) 1.	78451.	Withholding (VA) - You	19A.	4491.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	78451.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	j 5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpa	yment 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4491.
Total VA Adj Gross Incom	e (VAGI) 9.	78451.	Tax You Owe	27.	
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	1265.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & E	xemptions) 14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	60591.	Sales and Use Tax	33.	
Amount of Tax	16.	3226.	Amount You Owe		
Spouse Tax Adjustment (S	STA) 17.		Will Pay by Credit/Debit Card N Your Refund	1	1265.
VAGI - Spouse	17A.		Dank Davidson #		011000138
Net Amount of Tax	18.	3226.	Bank Routing #	C 4660033	
	L		Bank Account #	4660033	020404

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





Filing Status, Age & License Information Additional Filing Information

087 2 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS DOB - You 06121986 Name or Filing Status Change VA Driver's License ID - You B67111600 Address Change VA Driver's License - Iss. Date - You 08182022 VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman 08041982 DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date

Exemptions (A) You	1	Exemptions (B) 65 & Over - You	Federal EIC & Amount	
Spouse	1	65 & Over - Spouse	Deceased Indicator	
Dependents		Blind - You	Form 760C or 760F	
Total (A)	2	Blind - Spouse	No Sales & Use Tax Due Indicator	X
		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		Phone - You		5086549600
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA	Date	032024	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pre	eparer.	GLOBAI	Preparer Information TAXES LLC	7	P02082703

File by May 1, 2024

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

245 ROONEY CT E BRUNSWICK

2023 Schedule INC/CG

112576726

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



ASHA LATHA SURAMPALLI

VENKATA RAMA BANDI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					┐
112576726	M	4491.	463079537	30463079537F001	91616.

 Total VA Withholding
 SSN
 VA Withholding

 You
 112576726
 4491.

 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!

														_					
You	ır N	ame								_							B Your Soci	al Secu	ırity Number
ASH	SHA LATHA SURAMPALLI 112-57-6726											6							
Spo	use	's Na	me														A Spouse's	Social S	Security Number
VEN	KA	TA 1	RAMA	NA BA	NDI												031-85	-586	
Par	tΙ	Ta	x Ret	urn Info	ormat	tion											A Spous	е	B Yourself
1.	F	edera	l Adjus	ted Gross	Incon	ne (Fo	rm 760C	G, Lir	ne 1; 76	0PY,	Line 1,	column	ns A & B	; Fo	orm 763, Line) 1)			78451.
2.	\	/irginia	Adjus	ted Gross	Incom	ne (Fo	m 760C	G, Lir	ne 9; 760	PY, L	ine 10,	columr	ns A & E	3; F	orm 763, Line	e 9)			78451.
3.	00331.																		
4.																			
5.	٧	Vithho	lding (F	orm 7600	CG, Lir	ne 19a	a & 19b;	760P	Y, Lines	19a &	19b; F	orm 76	3, Lines	19	a & 19b)				4491.
6.	P	Amoun	t you C	we (Form	760C	G, Lin	ie 35; Fo	rm 76	60PY, Lir	ne 35;	Form 7	63, Lin	ne 35)						
7.	F			760CG, I															1265.
Par				tion of															for the year ending
Retunum filing liable Virging refunding films	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 I authorize the ERO named below to enter my e-File PIN 7 6 7 2 6 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros																			
	_	СПО	BAL_	TAXES	<u> </u>	ز					E	RO Fir	rm Nam	e					
											ginia ind	dividua	l income	e tax	x return. Che Part III below.		only if you are er	itering ye	our own e-File
ļ .	-														Date				
Spo	use	's e-F	ile PIN	: check o	ne bo	x only	/		_				_						
X	I	autho	rize the	e ERO nar	med be	elow to	enter m	ny e-F	ile PIN	5 5			as my ter all ze			y 2023 e-fil	ed Virginia individ	ual incor	me tax return.
	_	GLO	BAL	TAXES	LL	<u> </u>						20 Fi-	m Name						
											ginia ind	dividua	l income	e tax	x return. Che Part III below		only if you are er	itering yo	our own e-File
Spo	use'	s Sign	ature												Da	ate			
Par	t II	l Ce	rtifica	ation ar	ıd Au	ther	ticatio	n – l	Practiti	ione	r PIN I	Metho	od Onl	y					
ERC)'s l	EFIN/F	IN: Er	nter your s	six-digi	t EFIN	I followe	d by y	our five	digit s	elf-sele	cted PI	IN. [2	2	2 2 4	9 6 0	8 2 7 1		
indic Handa a sig	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 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 03-20-24																		
EKC	183	วเราเลโโ	ле <u> </u>												Date	= _05-2	0-24		