## 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

Social security number   Social security num	Submission Identification Number (SID)						
Spouse's some   Spouse's social security number	Taxpayer's name	Social security	Social security number				
Part II 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	ROHAN KATARIA	683-56-9810					
Enter whole dollars only on lines 1 through 5.  Note: Form 100-NS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 118, 207. 2 Total tax 2 18, 445. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 23, 231, 244. 4 Amount you want refunded to you 4 4, 845. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded the you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount 9	Spouse's name	Spouse's soci	al secur	ity number			
Enter whole dollars only on lines 1 through 5.  Note: Form 100-NS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 118, 207. 2 Total tax 2 18, 445. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 23, 231, 244. 4 Amount you want refunded to you 4 4, 845. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded the you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount 9	Part I Tax Return Information — Tax Year Ending December 31, 2023 (	 Enter year you ai	re auth	norizing.)	)		
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099					<u>'</u>		
2 10.8   4.8   4.6   3   2.3   2.91   4   Amount you want refunded to you	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
A Amount you want refunded to you	1 Adjusted gross income		1				
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perlipy, 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 refunding and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts 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 (e) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason of the responsibility of the responsibility of the reason of the responsibility of the responsibility of the reason of the responsibili			2	18	,446.		
S Amount you owe 5    Part III							
Date   Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of porjury, 1 lecales 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 hellef, it is fine, 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, and to the best of 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 return, 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 deceal taxes owned on this return and/or a payment of estimated tax, and the financial institution is 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, must contact the U.S. Treasury Financial Agent to accompany to the electronic payment of the contract of the payment (estitement) 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 (Pit) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funda Withdrawal Consent.  **Taxpayer's PiN: check one box only**  I authorize GLOBAL TAXES LLC  Terminate the processing the payment of 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				4	,845.		
Under penalties of perjun; 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 bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are an entire in the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (EFO) to send my return to the IIS and to receive from the IIS (a) an acknowledgement of receive to 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 delay) entry to the financial institution account indication on 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 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 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 in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of the provention of 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 (PIIII) below is my signature for 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 piln: check one box only    I authorize   Date   Practitioner PIN Method Returns Only—continue below   Practition	Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy	_	our retui	rn)		
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 original or amended) In processing the return or refund, and (c) the date of any return (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 referral taxes owed on this return and/or a payment of setmated tax, and the financial institution account indicated in the tax preparation software for payment of the financial institution account indicated in the tax preparation software for payment of my referral tax, and the financial institution account indicated in the tax preparation software for payment of my referral tax, and the financial institution account indicated in the tax preparation software for payment of the financial institution account indicated in the tax preparation software for payment of the financial resoluted tax, and the financial institution account indicated in the tax preparation software for the submitted tax preparation of the financial Agent to the financial institution account indicated in the tax preparation software for the submitted financial institution account indicated in the tax preparation software for the submitted financial institution account indicated in the tax preparation software for the submitted financial institution account indicated in the tax preparation of the submitted financial institution account indicated in the tax preparation of the submitted financial institution account in the submitted financial institution account in the submitted financial institution account indicated above in the submitted financial institution account in the submitted financial institution account in the submitted fi	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `						
Taxpayer's PIN: check one box only	for any delay in processing the return or refund, and <b>(c)</b> the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at <b>1-888-353-4537</b> . Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende	the U.S. Treasury ar nt indicated in the ta stitution to debit the minate the authoriza n requests must be in the processing of the payment. I furti	nd its de ex prepa entry to tion. To receive the ele- her ack	esignated I aration soft o this acco o revoke (ced no late ctronic pay nowledge	Financial tware for unt. This cancel) a r than 2 yment of that the		
I authorize GLOBAL TAXES LLC  to enter or generate my PIN							
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ 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 ▶  Spouse's PIN: check one box only □ I authorize □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. □ 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 ▶  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.  □ 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		erate my PIN	9 8	1 0	as my		
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 to enter or generate my PIN Enter five digits, but as my signature on the income tax return (original or amended) I am now authorizing. 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.  Lertify 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	ERO firm name	ř Ent			as my		
Spouse's PIN: check one box only  I authorize  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  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  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.  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  ERO Must Retain This Form — See Instructions	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN						
I authorize	Your signature ▶ Date	e▶					
I authorize	Snouse's PIN: check one hay only						
Spouse's signature ►  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.  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 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.  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.  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 ►		arate my PINI			as my		
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 ▶  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.  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		-	er five d	igits, but	asiny		
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 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 ▶	signature on the income tax return (original or amended) I am now authorizing.	dor	ı't enter	all zeros			
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.  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	if you are entering your own PIN and your return is filed using the Practitioner PIN						
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.  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	<u>- F</u>						
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		elow					
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	Part III Certification and Authentication — Practitioner PIN Method Only						
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	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9	5 0	8 2 7	1		
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions		Don't ente	r all zer	os			
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am	submitting this retu	rn in ac	cordance			
ERO Must Retain This Form — See Instructions	ERO's signature ▶ Date	e▶					
HANT SHAMIT IND LAWS TO THAT IDS HISTOR DAGGERS IN HA SA	ERO Must Retain This Form — See Instruction						

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



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
ROHAN			KATA	RIA							683	56	9810
	pouse's	s first name and middle initial	Last na										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				<i>A</i>	pt. no.		Preside	ntial Ele	ection Campaign
1855 ST	FRA	NCIS ST						2	209				ou, or your
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode		•	_	jointly, want \$3
RESTON						VA	4	201	90	- 1	•		nd. Checking a not change
Foreign country	y name		F	oreign pr	rovince/state/	count	У	Foreig	ın postal c	- 1	your tax		ınd.
Filing Status	s ×	Single					Head of he	ouseh	old (HOH	——∟ <del>1</del> )			
Check only		Married filing jointly (even if only o	ne had i	ncome)					·				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name c	of your sp	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ild's na	me if the
	qu	ialifying person is a child but not you	ır depen	ident:									
Digital		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig						t)? (Se	e instru	ction	s.)	Y	es 🗵 No
Standard	Son	neone can claim:   You as a de	pendent	t 🗌	Your spous	e as	a dependent						
Deduction	Ш:	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bor	n befo	re Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4	) Check t	he bo	x if quali	fies for (	see instructions):
If more		irst name Last name		`,	number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four									[				
dependents,									[				
see instruction and check	S								[				
here									[				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		138,879.
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instructions)								1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
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 8	839, 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 instruct	,					, .			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>						
	z	Add lines 1a through 1h			· · ;						1z		138,879.
Attach Sch. B	2a	· –	2a				axable interest				2b		
if required.	3a		3a				rdinary divider				3b		
Standard	4a	<del>-</del>	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t			6b		
separately,	C	If you elect to use the lump-sum e				•	,				]		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7	+	00 650
jointly or Qualifying	8	Additional income from Schedule									8	+	-20,672.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	+	118,207.
\$27,700 Head of	10	Adjustments to income from Sche									10	_	110 000
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		118,207.
If you checked	12	Standard deduction or itemized				-					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	18,446.
Credits	17	Amount from Schedule 2, lin	пе 3					17	
	18	Add lines 16 and 17						18	18,446.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	пе 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	18,446.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	18,446.
<b>Payments</b>	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 2	3,291.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	23,291.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
attacii Scii. Lio.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	23,291.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	4,845.
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	4,845.
Direct deposit?	b	Routing number 0 1 1 0 0 0 1 3 8 c Type: ▼ Checking Savings							
See instructions.	d	Account number 0 0 4	6 6 9 7	9 0 3 3	3   3				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_
Designee	ins	structions				LYes. C	complete	below.	<b>⋉</b> No
		esignee's me		Phone no.		sonal identi nber (PIN)	ification		
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sche			the best	of my knowledge and
Sign		lief, they are true, correct, and com							,
Here	Yo	our signature	1	Date Your occupation				e IRS se	nt you an Identity
		-			-		,		IN, enter it here
Joint return?						N TECHNOLO	G1 ,	inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion	Iden	he IRS sent your spouse an entity Protection PIN, enter it here e inst.)		
	Ph	one no. (617)319-952		Email address	IMROHANKATA	ARIA@GMAIL.C	OM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/19/2024	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	678)965-9522
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						ı's EIN	84-3171965

## 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

ROHAN KATARIA

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

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Your social security number 683-56-9810

Par	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. Att	ach Schedule E .	5	-20,672.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	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		
ı	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	4	
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m	4	
n	Section 951(a) inclusion (see instructions)	8n	4	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) 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	0- /	\	
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	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	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	here and on Form	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-20,672.
	1010, 1010 011, 01 1070 1111, 11110 0		10	20,012.

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				
	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				
	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:				
05	Tatal allows allow to some Add lines Ode thousands Ode	24z		-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I. 4 (F 1010) 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

#### **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,

Attachment

OMB No. 1545-0074

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

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

Sequence No. 13

Your social security number 683-56-9810 ROHAN KATARIA 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) FLAT NO-110VISHWAKARMA APT VASUNDHARA ENCLAVE DELHI IN 110096 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 670. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,215. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,718. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,571. 14 Repairs . . . . 14 15 Supplies 15 4,846. 16 16 Taxes 17 Utilities . . . . . . . 17 5,030. 18 2,962. 18 Depreciation expense or depletion . . . . . . 19 Other (list) 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 21,342. 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 . . . . . . . . . . . . . . . . . 21 -20,672. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 20,672.) 670. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c  $2,\overline{962}$ . 23d Total of all amounts reported on line 18 for all properties 21,342. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 20,672. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-20,672.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

## Form **8889**

#### **Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

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

ROHAN KATARIA

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 683-56-9810

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	lf-only
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,250.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Dowl	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	a separate Part II for each spouse.		HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ons b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA

REV 02/11/24 PRO

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

## Form **4562**

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023
Attachment
Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number ROHAN KATARIA Sch E FLAT NO-110VISHWAKARMA APT 683-56-9810 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 85,000. 2,962 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,962. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.







ROHAN

KATARIA

1855 ST FRANCIS ST APT 209

RESTON VA 20190

SSN - You KATA		683569810	Vendor ID	1555	XX	хххх ¬
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	118207.	Withholding (VA) - Yo	ou	19A.	7268.
Additions	2.		Withholding (VA) - S	pouse	19B.	
Subtotal	3.	118207.	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 Cl	R	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	7268.
Total VA Adj Gross Income (VAGI)	9.	118207.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	1242.
Standard Deduction	11.	8000.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	utions	31.	
Subtotal (Deductions & Exemptions)	) 14.	8930.	Addition to Tax, Pena	lty & Interest	32.	
VA Taxable Income	15.	109277.	Sales and Use Tax		33.	
Amount of Tax	16.	6026.	Amount You Owe Will Pay by Credit/Debit	t Cord N		
Spouse Tax Adjustment (STA)	17.		Your Refund	t Card N	1	1242.
VAGI - Spouse	17A.		Bank Routing #	(	<b>_</b>	011000138
Net Amount of Tax	18.	6026.	Bank Account #		004669	

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_

Page 1 of 2





I						
Filing Status, Age 8	& License Infor	mation		Additio	onal Filing Information	ı 🗆
Filing Status			1	Locality		059
Federal Head of H	lousehold			Uninsured & Authorize D	MAS	
DOB - You		0619	91995	Name or Filing Status Ch	nange	
VA Driver's Licens	se ID - You	В653	47305	Address Change		
VA Driver's Licens	se - Iss. Date - You	u 090'	72023	VA Return Not Filed Last	: Year	
Spouse Name (Fil	ling Status 3 Only	)		Dependent on Another's	Return	
DOD O				Farmer / Fisherman / Me	erchant Seaman	
DOB - Spouse  VA Driver's Licens	oo ID. Chouse			Amended		
	-			Reason Code		
VA Driver's Licens				Overseas on Due Date		
Exemptions (A) You	1	<b>kemptions (B)</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	e Indicator	X
		Total (B)		Obtain Electronic 10990	3	
	, declare under penal			ID Theft PIN best of my (our) knowledge, it is a true, on the provided is for a domestic accounting the state of the state		
Signature - You			Date	Phone - You	61	73199525
Signature - Spouse			Date	Phone - Spouse		
Signature - Preparer S	YAM PRIYA RAM :	SAGAR GUPTA TALLAM	Date 021924	Phone - Preparer	678	39659522
The Tax Department n	nay discuss my/ou	ır return with my/our pr	reparer.	Preparer Information	7 P(	02082703

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK

NJ 08816

Page 2 of 2

1555 REV 01/25/24 PRO

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

supporting 760CG documents.

#### 2023 Schedule INC/CG

683569810

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

ROHAN KATARIA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					┐
683569810	W	7268.	454683454	30454683454F001	138879.

 Total VA Withholding
 SSN
 VA Withholding

 You
 683569810
 7268.

 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!

Your	Name	B Your Social Sec	curity Number					
ROHA	N KATARIA	683-56-98	10					
Spous	se's Name	A Spouse's Socia	I Security Number					
Part		A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		118207.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		118207.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		109277.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6026.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		7268.					
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)		1242.					
Part	II Declaration of Taxpayer and Signature Authorization penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying							
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  I authorize the ERO named below to enter my e-File PIN 6 9 8 1 0 as my signature on my 2023 e-filed Virginia individual income tax return.								
	GLOBAL TAXES LLC							
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this b PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File					
Your S	Signature Date							
Spous	se's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e- Do not enter all zeros	filed Virginia individual inc	ome tax return.					
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this b PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File					
	e's Signature Date		<del></del>					
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.	0 8 2 7 1						
indicat Handb a signa	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	19-24						