Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### epartment 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.

Submission Identification Number (SID)

Taxpaye	er's name	Social security number
NIS	HANTH REDDY SAMALA	107-11-7716
Spouse	's name	Spouse's social security number
Dort	Tax Daturn Information Tax Year Ending December 21 2002 (Ente	
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	<b>1</b> 44,775.
2	Total tax	<b>2</b> 3,491.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 6,340.
4	Amount you want refunded to you	· · · · <b>4</b> 2,849.
5	Amount you owe	5

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN				EBO firm name	0 ,	E
	X	I authorize	GLOBAL TAXE	S LLC	to enter or generate my PIN	Ŀ

1	7	7	1	6	
Ent don	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.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 ►	Da	ate 🕨	•							
Practitioner PIN Method Returns Only—c	ontinue	bel	ow							
Part III Certification and Authentication – Practitioner PIN Method	I Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected	I PIN.	2	2	 	 	0 {	_	7	1	

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 Don't Submit This Form to the									
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)						

E <b>1040</b> Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return					202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	/rite or sta	aple in this space.
For the year Jan	. 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 r						Your so	cial sec	curity number	
NISHANTH	I REI	DDY	SAM	ALA						107	11	7716
-		s first name and middle initial	Last r							-		I security numbe
											1	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial El	ection Campaigr
2701 KEY	STO	NE LANE						1	.01			/ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		0	jointly, want \$3
VIENNA					VA	4	221	80			nd. Checking a not change	
Foreign country name Foreign province/state/county Foreign postal code y									0			
											<b>Y</b>	ou 🗌 Spouse
Filing Status	; 🛛	Single					Head of ho	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	l income)								
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's na	ime if the
	qu	ialifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d. award. or	pavr	ment for prope	rtv or	services): or	(b) sell.		
Assets		hange, or otherwise dispose of a dig									<b>Y</b>	es 🛛 No
Standard	Som	neone can claim: You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind Soc	ouse	: 🗌 Was bor	n befo	ore January	2 1959		s blind
Dependents	_				Social security		(3) Relationsh	14				(see instructions):
-		irst name Last name		(2)	number		to you	ib	Child tax c	•		or other dependents
lf more than four									$\Box$			
dependents,												
see instructions and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	44,775.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see i	nstructior	ıs)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	on Form(s) W-2 (see instructions)						I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, 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	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i					
	Z	Add lines 1a through 1h	• ;							. 1z	:	44,775.
Attach Sch. B	2a		2a				axable interest			. <b>2</b> b	)	
if required.	3a		3a				Ordinary divider			. <b>3</b> b	_	
Standard	4a		4a				axable amount			. 4b	-	
Deduction for –	5a		5a				axable amount			. <b>5</b> b	-	
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a				axable amount	t	· · ·	. 6b	•	
separately,	_c	If you elect to use the lump-sum e		-		•	,	• •	l	$\exists \vdash$		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							l		_	
jointly or <b>8</b> Additional income from Schedule 1, line 1										. 8		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 9		44,775.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche						• •		. 10		
household, [ \$20,800	11	Subtract line 10 from line 9. This is	-	-	-			• •		. 11		44,775.
If you checked	12	Standard deduction or itemized						• •		. 12		13,850.
any box under Standard	13 14	Qualified business income deduct Add lines 12 and 13			Sec In Lorw	099	ы-н	• •	· · ·	. 13		13,850.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	· ·		 -0- This is y		 taxahle incom			. <u>14</u> . 15		30,925.
	15				0 1115 15 y	Jui				. 10	<u> </u>	50,945.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	3,491.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	3,491.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8				[	20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	3,491.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	3,491.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 6	,340.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,340.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return		[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fror	n 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	e15			31			
	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					[	33	6,340.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	unt you <b>overpaid</b>		34	2,849.
	35a	Amount of line 34 you want			is attached, che	eck here	. 🗆 🗌	35a	2,849.
Direct deposit?	b	Routing number 0 5 1				Checking	Savings		
See instructions.	d	Account number 4 3 5	0 5 7 1	5 6 7 '	7 6				
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, ge	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See			_
Designee	ins	tructions					omplete be		X No
	De: nar	signee's		Phone no.			onal identific per (PIN)	ation	
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sch		( )	best of	my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS sent	you an Identity
		5							I, enter it here
Joint return?					SOFTWARE		(see in:	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion			your spouse an tion PIN, enter it here
your records.							(see in:		tion Fin, enter it here
	Ph	one no. (703)375-908	4	Email address	nighanthred	dys17@ gmail.c	10m		
		eparer's name	+ Preparer's signat		III DI AII CIII EU	Date	PTIN	(	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082		Self-employed
Preparer		n's name GLOBAL TAX		ITTU DAGAN	COLTA TADDAD	. 02/21/2021			578)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN			1 11115		Form <b>1040</b> (2023)
		noto for instructions and the late	st mornation.		BAA	REV 02/16/24 PRO			10m 10-TU (2023)

REV 02/16/24 PRO





NISHANTH RED S	SAMAL	Α				
2701 KEYSTONE LA	NE A	PT 101				
VIENNA		VA 22180				
SSN - You SAMA	ł	107117716	Vendor ID 1	.555	Σ	
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	44775.	Withholding (VA) - You		19A.	2216.
Additions	2.		Withholding (VA) - Spou	lse	19B.	
Subtotal	3.	44775.	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 OSC		24.	
Subtractions	7.		Credits - Schedule CR		25.	
Subtotal Subtractions	8.		Total Payments / Credit	s	26.	2216.
Total VA Adj Gross Income (VAGI)	9.	44775.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	412.
Standard Deduction	11.	8000.	Overpayment Credited t	o Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABI	E	30.	
Deductions	13.		VAC - Other Contributio	ns	31.	
Subtotal (Deductions & Exemption	s) 14.	8930.	Addition to Tax, Penalty	& Interest	32.	
VA Taxable Income	15.	35845.	Sales and Use Tax		33.	
Amount of Tax	16.	1804.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Ca Your Refund	ard N		412.
VAGI - Spouse	17A.					051000010
Net Amount of Tax	18.	1804.	Bank Routing #		C	051000017
L			Bank Account #		43505	156776

17

107117716





iling Status, Age a	& License	Information	Additional Filing Information	Additional Filing Information						
Filing Status			1	Locality	600					
Federal Head of H	lousehold			Uninsured & Authorize DMAS						
DOB - You		0417	2002	Name or Filing Status Change						
VA Driver's Licens	e ID - You			Address Change						
VA Driver's Licens	e - Iss. Date	e - You	VA Return Not Filed Last Year							
Spouse Name (Fil	ing Status 3	Only)	Dependent on Another's Return							
			Farmer / Fisherman / Merchant Seaman	Farmer / Fisherman / Merchant Seaman						
DOB - Spouse			Amended	Amended						
VA Driver's Licens				Reason Code	Reason Code					
VA Driver's Licens	e - Iss. Date			Overseas on Due Date						
<b>Cemptions (A)</b> 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 Indicator	Х					
		Total (B)		Obtain Electronic 1099G						
		Contact Information		ID Theft PIN						
		r penalty of law that I (we) have exa		the best of my (our) knowledge, it is a true, correct & complete return. If y formation provided is for a domestic account within the territorial jurisdict						

Signature - You	Date		Phone - You			
Signature - Spouse	Date		Phone - Spouse			
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	022424	Phone - Preparer		6789	659522
The Tax Department may discuss my/our return with my/our pre	eparer.	GLOBA	Preparer Information	7	P02	082703
File by May 1, 2024 Include Page 1, Page 2 and all supporting 760CG documents. 1555 REV 02/15/24 PRO		-	OONEY CT NSWICK	NJ	08816	Page 2 of 2

## **2023 Schedule INC/CG** 107117716

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

NISHANTH RED SAMALA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
107117716	W	1186.	464277270	304642772270F00	24775.
107117716	W	1030.	061672194	30061672194F001	20000.

Total VA Withholding	SSN	VA Withholding
You	107117716	2216.
Spouse		
Total # of W-2s,1099s & VK-1s	02	

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

# Virginia Individual Income Tax e-File Signature Authorization

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

Virginia Submission Identification Number (SID)			
Your Name	B Your Social Security Number		
NISHANTH REDDY SAMALA	107-11-7716		
Spouse's Name	A Spouse's Social Security Number		
Part I Tax Return Information	A Spouse B Yourself		
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, L	ine 1) 44775.		
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, L	.ine 9) 44775.		
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	35845.		
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	1804.		
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)	2216.		
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)	412.		
Part II Declaration of Taxpayer and Signature Authorization			
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 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. Thave 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 signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros <ul> <li>GLOBAL TAXES LLC</li> <li>ERO Firm Name</li> <li>I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. The ERO Firm Name</li> <li>I will enter my e-File PIN enter on PIN method. The ERO must complete Part III below.</li> </ul> <li>Your Signature         <ul> <li>I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros</li> <li>I authorize the ERO named below to enter my e-File PIN as my signature on m</li></ul></li>			
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 box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Spouse's Signature	Spouse's Signature Date		
Part III Certification and Authentication – Practitioner PIN Method Only			
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1			
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 D	ate 02-24-24		
1555 REV 02/15/24 PRO			