### 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

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
SURYA KIRAN MANGIPUDI	814-84-	-2246
Spouse's name	Spouse's soc	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2023	 (Enter year you a	re 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> 66,036.
2 Total tax		<b>2</b> 6,786.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 11,377.
4 Amount you want refunded to you		4 4,591.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellate 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 amendated to the content of the payment (PIN) below is my signature for the income tax return (original or amendated to the content of the payment (PIN) below is my signature for the income tax return (original or amendated to the content of the payment (PIN) below is my signature for the income tax return (original or amendated to the payment of the	n for rejection of the trace the U.S. Treasury are point indicated in the tainstitution to debit the erminate the authorization requests must be d in the processing of to the payment. I furt	ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This titon. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only  X I authorize GLOBAL TAXES LLC to enter or ge	navata my DINI	2 2 4 6
X I authorize GLOBAL TAXES LLC to enter or ge	ř Ent	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.		
Your signature ▶	nte ▶	
Spouse's PIN: check one box only		
I authorize to enter or ge	nerate my PINI	as my
ERO firm name	· -	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.		
Spouse's signature ▶ Da	ate ►	
Practitioner PIN Method Returns Only—continue	below	
Part III Certification and Authentication — Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9
	Don't ente	er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I at requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providence.	m submitting this retu	rn in accordance with the
	ate ▶	
ERO Must Retain This Form — See Instruction		

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

2023

OMB No. 1545-007

IBS Use Only—Do not write or stable in this space

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	OWID HOLD	20	See sep	arate instructions.
Your first name	and m	iddle initial	Last na	ame				Your soc	ial security number
SURYA K	TRAN		MANO	GIPUDI					84 2246
		s first name and middle initial	Last na					<del>                                     </del>	social security number
Home address	(numbe	er and street). If you have a P.O. box, see	l instruct	ions.			Apt. no.	Presiden	tial Election Campaign
1903 E I	MARS	HALL ST					424	1	ere if you, or your
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code	1 '	filing jointly, want \$3
RICHMON	D				VA	4	23223	_	his fund. Checking a www.will not change
Foreign countr				Foreign province/state/	count	ТУ	Foreign postal code	1	or refund.
									You Spouse
Filing Status	s 🗵	Single	-			Head of he	ousehold (HOH)	'	
Check only		] Married filing jointly (even if only o	ne had	income)					
one box.		] Married filing separately (MFS)					surviving spouse		
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	ı che	ecked the HOF	l or QSS box, ente	er the child	d's name if the
	qu	alifying person is a child but not you	ır depe	ndent:					
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	payn	ment for prope	rty or services); or	(b) sell,	
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a financial inter	est ir	n a digital asse	t)? (See instructio	ns.)	🗌 Yes 🛛 No
Standard	Som	neone can claim: 🔲 You as a de	pender	nt 🔲 Your spous	e as	a dependent			
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien				
Age/Blindnes	s You	: Were born before January 2, 1	959 l	Are blind Spo	ouse	:  Was bor	n before January	2, 1959	s blind
Dependent	-			(2) Social security		(3) Relationsh	(A) Chaali tha h	•	es for (see instructions):
If more		irst name Last name		number		to you	Child tax o	redit	Credit for other dependents
than four									
dependents,	_								
see instruction and check	s —								
here	]								
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions) .				. 1a	82,156.
Attach Form(s)	b	Household employee wages not re	•	• •				. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	•	•				. 1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ıctions)		. 1d	
1099-R if tax	е	Taxable dependent care benefits f		·				. <u>1e</u>	
was withheld.	f	Employer-provided adoption bene						. 1f	
If you did not get a Form	g	Wages from Form 8919, line 6 .						. 1g	0.
W-2, see	h	Other earned income (see instruct	,			1	· · · · ·	. 1h	· · ·
instructions.	<u> </u>	Nontaxable combat pay election (s	see insi	ructions)	•	<u>1i</u>		4-	82,156.
AU	<u>Z</u>	Add lines 1a through 1h	2a	· · · · · · · · · · · · · · · · · · ·	 h T	· · · ·	· · · · ·	. 1z . 2b	02,130.
Attach Sch. B if required.	2a 3a	· –	2a 3a			axable interest Ordinary divide		. 2b	
	<u>3a_</u> 4a	_	4a			axable amoun		. 4b	
Standard	5a	<del>-</del>	5a			axable amoun axable amoun		. 5b	
Deduction for— Single or	6a	<del>-</del>	6a			axable amoun		. 6b	
Married filing	C	If you elect to use the lump-sum e		method, check here					
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•		7	1
Married filing jointly or	8	Additional income from Schedule						. 8	-16,120.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	66,036.
surviving spouse, \$27,700	10	Adjustments to income from Sche		=				. 10	, , , , , , , , ,
Head of household,	11	Subtract line 10 from line 9. This is						. 11	66,036.
\$20,800	12	Standard deduction or itemized	•					. 12	13,850.
If you checked any box under	13	Qualified business income deduct		•	,	5-A		. 13	
Standard Deduction,	14	Add lines 12 and 13						. 14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our <b>t</b>	taxable incom	e	. 15	52,186.

Form 1040 (2023	3)							Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	6,786.	
Credits	17	Amount from Schedule 2, line 3				_	17		
	18	Add lines 16 and 17					18	6,786.	
	19	Child tax credit or credit for other dependen	ts from Sched	lule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	6,786.	
	23	Other taxes, including self-employment tax,	from Schedul	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	6,786.	
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			<b>  25a  </b> 1	1,377.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	11,377.	
If you have a	26	2023 estimated tax payments and amount a	pplied from 2	022 return			26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from 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, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are your	total other p	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	11,377.	
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33	. This is the amou	nt you <b>overpaid</b>		34	4,591.	
	35a	Amount of line 34 you want refunded to you	u. If Form 888	8 is attached, che	ck here	🗆	35a	4,591.	
Direct deposit?	b	Routing number 1 0 1 1 0 0 0			Checking	Savings			
See instructions.	d	Account number 5 1 8 0 0 7 6	0 9 7	5 0					
	36	Amount of line 34 you want applied to your	2024 estimat	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amo</b> For details on how to pay, go to www.irs.go	•				37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc structions				Complete	below.	⊠ No	
J		signee's me	Phone	•		sonal ident nber (PIN)	ification		
Sign	Un	der penalties of perjury, I declare that I have examine	d this return and		dules and stateme	nts, and to			
Here	bei	lief, they are true, correct, and complete. Declaration		. , ,				, ,	
	Yo	ur signature	Date	Your occupation		If th	e IRS se	nt you an Identity IN, enter it here	
Joint return?				SOFTWARE	ENGINEER		inst.)	in, enter it nere	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat		If th	e IRS se	nt your spouse an	
Keep a copy for your records.	96	5000 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		орошоо о осоцран		Ider		ection PIN, enter it here	
	Ph	one no. (660)238-3954	Email address	MANGIPUDISURY	AKIRAN@GMAIL.	COM			
Daid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI	PAVAN KUN	MAR DUDIPALLI		P0247	0833	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC						(678) 965-9522	
Use Only		· · · · OAE DOONEY CE E DDI	INICUIT CIZ N	T 00016					

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Firm's EIN

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. **01** 

Your social security number

SURY	A KIRAN MANGIPUDI			814-84	-22	246
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. Atta	ach Sc	hedule E	: . <u> </u>	5	-16,120.
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				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	Section 951(a) inclusion (see instructions)	8n				
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					
	1040, line 1a or 1d	8s (		)		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
		8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here a	and on F	orm		
	1040, 1040-SR, or 1040-NR, line 8				10	-16 <b>,</b> 120.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-l			
	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:			
a	, , , , , , , , , , , , , , , , , , ,	24a	-	
b	Deductible expenses related to income reported on line 8l from the	0.415		
		24b	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals	04.0		
ام	· · · · · · · · · · · · · · · · · · ·	24c 24d	-	
u	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	<del>-</del>	24f		
g		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			
		24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	- 114		
_	2 and adjustmental fact type and amount	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	Enter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

Your social security number

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

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

SURYA KIRAN MANGIPUDI 814-84-2246 **Income or Loss From Rental Real Estate and Royalties** Part I 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 . . . . . . В If "Yes," did you or will you file required Form(s) 1099? . . . . . . . . . . . . . . . . Physical address of each property (street, city, state, ZIP code) 1a BANDLAGUDA, NAGOLE RANGAREDDY HYDERABAD IN 500068 Α В C 1b Type of Property For each rental real estate property listed Fair Rental **Personal Use** QJV above, report the number of fair rental and Days (from list below) Days 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. C C Type of Property: 3 Vacation/Short-Term Rental 5 Land 1 Single Family Residence 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Income: Α В 600. 3 Rents received . 3 4 Royalties received . 4 **Expenses:** 5 Advertising . . . . . . . . . . . 5 6 6 Auto and travel (see instructions) . 7 Cleaning and maintenance . . . 7 1,960. 8 Commissions . . . . . . . . . 8 9 9 10 Legal and other professional fees . . . . . . . 10 11 11 950. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 . . . . . . . . . . 4,960. 14 Repairs . . . . . . 14 Supplies . . . . . . . . 15 15 4,730. 16 Taxes . . . . . . . . 16 17 4,120. 17 18 Depreciation expense or depletion . . . . . . 18 19 19 16,720. 20 Total expenses. Add lines 5 through 19 . . . . . 20 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 . . . . . . . . . . . . . . . . . . -16,120.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 16,120.) Total of all amounts reported on line 3 for all rental properties 600. 23a 23a Total of all amounts reported on line 4 for all royalty properties 23b 23c Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties 23d 16,720. Total of all amounts reported on line 20 for all properties 23e Income. Add positive amounts shown on line 21. Do not include any losses 24 24 . . . . . . . 16,120. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 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

-16,120.

26

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

Arizona Form AZ-8879

## E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** 814 | 84 | SURYA KIRAN MANGTPUDT your Spouse's Social Security No. Your Spouse's First Name and Initial (if filed joint) Last Name SSN(s) \*Do Not Truncate PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. **PART 2 – TAX RETURN INFORMATION** PART 3 – FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 1 Arizona Adjusted Gross Income 836 00 Foreign Account Deposit/Debit: See instructions below. 372 **00** TYPE OF ACCOUNT 2 Balance Of Tax ..... ROUTING NUMBER 0 1 1 0 0 0 4 5 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: |5|1|8|0|0|7|6|0|9|7| **4 REFUND**: Enter the amount of refund..... 500 DIRECT DEBIT REQUEST DATE **5** ■ **AMOUNT YOU OWE:** Enter the amount owed....... 00 DIRECT DEBIT PAYMENT AMOUNT Box 4 Checkbox – Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the account. If you are due a refund, we will send you a check instead. If you information provided on your tax return. You have elected to direct debit owe tax, you must mail a check to the Arizona Department of Revenue, for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return. whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return 6a X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending resolve issues related to the payment. December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

RETURN			Arizona Form 140NR	Nonreside	nt Personal In	come Ta	ax F	Return	for calendar year 2023		
찚	82F	·Ші	Check box 82F f filing under extension	OR FISCAL YEAR BEG		12,0,2,	<u>3</u> . a				66F
뽀	$\overline{}$		First Name and Middle Initial		Last Name			Enter	our Socia	al Security Num	
	1		YA KIRAN		MANGIPUDI			vour	814 <sub>L</sub>	84   2246	
<b>ANY ITEMS TO THE</b>	1	Spous	se's First Name and Middle I	nitial (if box 4 or 6 checked)	Last Name			SSN(s).	· 	Social Security	No.
囯			nt Home Address - number a	and street, rural route		Apt. No.		Daytime Ph	one (with	area code)	
<u></u>	2		3 E MARSHALL ST			424			238-3		
	$\overline{}$	-	Town or Post Office	State	ZIP Code		La	st Names Used in Last	Four Prior		
Щ	3	RIC	HMOND	VA	23223						97
DO NOT STAPLE	IG STATUS	4 5	_	nter name of qualifying child or			88F	EVENUE USE ONLY. D	O NOT MA	ARK IN THIS ARI	EA.
00	IS FILING	6 7	⊠ Single	return: Enter spouse's name imed. Do not put a check		per above.					
	EXEMPTIONS	8	Age 65 or over (you ar	nd/or spouse) If completing	lines 8 and 9, also comp ines 10a and 10b, compl		81F	PM	80R	RCVD	
	EM EM	9	Blind (you and/or spou	se)	nes iva and ivb, compi	ete iiile 59.	4				
	Ĭ	10a	Dependents: Under ag	e of 17. <b>10b</b> De	ependents: Age 17 and	over.	Ш				
		11-13	Residency Status (check	one): 11 X Nonresident 1	2 Nonresident Acti	ve Military	13 🗌	Composite Return	(see instru	ıctions - page 29	9)
				ndent Information. See inst					-		<u>.                                      </u>
	Dependents		(a FIRST AND I (Do not list your	I) LAST NAME	(b) SOCIAL SECURITY NUMBER	(c) RELATIONS	HIP N	(d) NO. OF MONTHS Depe LIVED IN YOUR	(e) ndent Age uded in: 2 a) (Box 10b)	(f)  if you did not c this person on yo federal return due educational cred	e to
	end	10-									
	Dep						-		╁∺	H	
نہ							$\neg$		1 7		
Ę		10e					-		╅		
nts after Form 140NR			Check box 14 if married and	t you are the shouse of an a	active duty military mer	nher		2023 FEDERAL	<u> </u>	023 ARIZONA	
٦ ٦		'-	who qualifies for relief under				Amo	ount from Federal Retu	ll l	urce Amount Only	y
0		15	Wages, salaries, tips, etc		=		15	82 <b>,</b> 156	00	18,836	00
느			Interest				16	i i	00		00
fte			Dividends				17		00		00
sa	ခ		Arizona income tax refunds.				18		00		00
ij	come		Business income or (loss) fr				19		00		00
E	a Inc		Gains or (losses) from feder				20		00		00
2	rizona		Rents, royalties, partnerships, e				21	-16,120	00		00
ð	Ā		Other income reported on yo		•		22		00	0	00
Jer			Total income: Add lines 15 th				23	66 <b>,</b> 036	00	18,836	00
<del></del>		24	Other federal adjustments:	Include your own schedule			24		00		00
ō		25	Federal adjusted gross inco	me: Subtract line 24 from line	23 in the FEDERAL colun	nn	25	66,036	00		
es		26	Arizona gross income: Subti	ract line 24 from line 23 in the A	RIZONA column				26	18,836	00
큔		27	Arizona income ratio: Divi	de line 26 by line 25, and enter	the result (not over 1.000	)			27	0.285	
þ		l	Small Business Income: 285								00
SC	s	l	Modified Arizona gross incor							18,836	
A	Additions		Total depreciation included in						I		00
p	\ddi		Partnership Income adjustm						I		00
<u>a</u>	٩		Other Additions to Income.					=			00
era	٥.		Subtotal: Add lines 29, 30,						33	18,836	00
ğ	ge 2		Total Arizona sourced net ca					1	00		
d T	ρa		Total net short-term capital g					1	00		
<u>ē</u>	t.		Total net long-term capital ga				36	1	00		
망	Son		Net long-term capital gain fr				37	*	00		00
<u>e</u>	S -		Multiply line 37 by 25% (.25)	•							00
Ę	tion		Net capital gain derived from							i	00
ace any required federal and AZ schedules or other docume	btraction		Recalculated Arizona depre								00
ည	ᅙ	41	Partnership Income adjustm	erit. See instructions					41		00

ı	Your	Name (as shown on page 1) Your	Social Security Nur	nber		
	SU	RYA KIRAN MANGIPUDI 81	4-84-2246			
-	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		43		00
ions	44	Agricultural crops contributed to Arizona charitable organizations		44		00
from	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule		45		00
Subtractions cont. from page 1	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference	· -	46	18,836	
٥	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00	10,000	00
<u>s</u>	48	Blind: Multiply the number in box 9 by \$1,500		00		
Exemptions	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300		00		
μ̈́	50	Add lines 47, 48, and 49. Enter the total		00		
ă	51	Multiply line 50 by the Arizona ratio on line 27		51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"		52	18,836	
	53	Deductions: Check box and enter amount. See instructions			3,947	
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instru		54		00
×	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		55	14,889	
Balance of Tax	56	Tax: Mulitply line 55 by 2.5% (.025). Enter the result		- 1	372	
e e	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				00
au	58	Subtotal of tax: Add lines 56 and 57. Enter the total		58	372	
Ba	59	Dependent Tax Credit. See instructions.		59		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62		60		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter		61	372	
5 Z	62	2023 AZ income tax withheld		62	377	
ts ar	63			63c		00
men Se C	64	2023 AZ extension payment (Form 204)		64		00
Pay ndak	65	Other refundable credits: Check the box(es) and enter the total amount		65		00
Total Payments and Refundable Credits	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total		66	377	
	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 6				00
٦	68	<b>OVERPAYMENT:</b> If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment		68		00
ue ol	69	Amount of line 68 to be applied to 2024 estimated tax		69		00
Tax Due or Overpayment	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference		70		00
اهٔ ۳	71	- 81 Voluntary Gifts to: Solutions Teams Assigned to Schools71 00 Arizona Wildlife7				
ts		Child Abuse Prevention73 00 Domestic Violence Services 74 00 Political Gift				
5		Neighbors Helping Neighbors <b>76</b> 00 Special Olympics <b>77</b> 00 Veterans' Donations Fund <b>7</b>				
			[8]   OO			
tary (		I Didn't Pay Enough Fund79  OD Sustainable State Parks and Fund 80  OD Spay/Neuter of Animals 8				
oluntary (	82	I Didn't Pay Enough Fund79 OO Sustainable State Parks and Road Fund80 OO Spay/Neuter of Animals 8  Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823	1 00			
Voluntary Gifts	82 83	I Didn't Pay Enough Fund79 00 Sustainable State Parks 80 00 Spay/Neuter of Animals 8 Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823	1 00 Republican	83		00
<u>\$</u>		I Didn't Pay Enough Fund <b>79</b> 00 Sustainable State Parks and Road Fund <b>80</b> 00 Spay/Neuter of Animals <b>8</b>	1 00 Republican	83		00
<u>\$</u>	83 84	Political Party (if amount is entered on line 75 - check only one): 821 Democratic B22 Libertarian B23 Estimated payment penalty  841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included	1 00 Republican	83		
	83	I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund80 00 Spay/Neuter of Animals 8 Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Estimated payment penalty	1 00 Republican	85		00
Penalty	83 84 85	Political Party (if amount is entered on line 75 - check only one): 821 Democratic Bestimated payment penalty  841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included  Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see institution in the standard process.	1 00	85		00
Penalty	83 84 85	Didn't Pay Enough Fund79	1 00	85		00
Penalty	83 84 85 86	Political Party (if amount is entered on line 75 - check only one): 821 Democratic Spay/Neuter of Animals 825 Estimated payment penalty  841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included  Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instance and savings  C Checking or Savings  C Checking or Savings  C Savings	Republican	85		00
Penalty	83 84 85	Political Party (if amount is entered on line 75 - check only one): 821 Democratic  Estimated payment penalty  842 Farmer or Fisherman 843 Form 221 included  Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instance of the savings of the savings and 85. Make check payable to Arizona Department of Revenue; write your SS	Republican  tructions. 86A  SN, 140NR on	85 86	5	00
<u>\$</u>	83 84 85 86	Political Party (if amount is entered on line 75 - check only one): 821 Democratic Spay/Neuter of Animals 825 Estimated payment penalty  841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included  Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instance and savings  C Checking or Savings  C Checking or Savings  C Savings	Republican  tructions. 86A  SN, 140NR on	85	5	00
Penalty	83 84 85 86	Didn't Pay Enough Fund79	Republican  tructions. 86A  SN, 140NR on	85 86 87	5	00 00
Penalty	83 84 85 86	Political Party (if amount is entered on line 75 - check only one): 821 Democratic  Estimated payment penalty  842 Farmer or Fisherman 843 Form 221 included  Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instance of the savings of the savings and 85. Make check payable to Arizona Department of Revenue; write your SS	Republican  tructions. 86A  SN, 140NR on	85 86 87	lge and belief, they	00 00
Penalty	83 84 85 86	Political Party (if amount is entered on line 75 - check only one): 821 Democratic  Estimated payment penalty  841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included  Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instance Savings  C Checking or Savings  AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your Sapayment.  Under penalties of perjury, I declare that I have read this return and any documents with it, and to the true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information.	Republican  tructions. 86A  SN, 140NR on  ne best of my kno of which prepare	85 86 87 owled	Ige and belief, they s any knowledge.	00 00
Refund or Amount Owed Penalty	83 84 85 86	Didn't Pay Enough Fund	Republican  tructions. 86A  SN, 140NR on  ne best of my kno of which prepare	85 86 87 owled	Ige and belief, they s any knowledge.	00 00
Refund or Amount Owed Penalty	83 84 85 86	Didn't Pay Enough Fund	Republican  tructions. 86A  SN, 140NR on  ne best of my kno of which prepare	85 86 87 owled	Ige and belief, they s any knowledge.	00 00
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Refund or Amount Owed Penalty	83 84 85 86	Didn't Pay Enough Fund79	Republican  Tructions. 86A  SN, 140NR on  The best of my known of which prepared TWARE ENGI JPATION  JSE'S OCCUPATION	85 86 87 owled	Ige and belief, they s any knowledge.	00 00
Refund or Amount Owed Penalty	83 84 85 86	Didn't Pay Enough Fund	Republican  Tructions. 86A  SN, 140NR on  The best of my known of which prepared TWARE ENGI JPATION  JSE'S OCCUPATION	85 86 87 owleder has	Ige and belief, they s any knowledge.	00 00
Refund or Amount Owed Penalty	83 84 85 86	Didn't Pay Enough Fund	Republican  Tructions. 86A  SN, 140NR on  TWARE ENGI JPATION  JSE'S OCCUPATION  ELF-EMPLOYED)	85 86 87 87 NEE	Ige and belief, they s any knowledge.	00 00
Refund or Amount Owed Penalty	83 84 85 86	Didn't Pay Enough Fund	Republican  Tructions. 86A  SN, 140NR on  The best of my known of which prepared TWARE ENGI JPATION  JSE'S OCCUPATION	85 86 87 Sowled with the second secon	Ige and belief, they s any knowledge.	00 00
REfund or Amount Owed Penalty	83 84 85 86 87	Didn't Pay Enough Fund79	Republican  Tructions. 86A  SN, 140NR on  TWARE ENGI UPATION  ELF-EMPLOYED)  88-214548  PAID PREPARERS	85 86 87 87 NEE.	lge and belief, they sany knowledge.	00 00
Refund or Amount Owed Penalty	83 84 85 86 87	Didn't Pay Enough Fund	Republican  Itructions. 86A  SN, 140NR on  The best of my known of which prepare  TWARE ENGINATION  JSE'S OCCUPATION  ELF-EMPLOYED)  88-214548	85 86 87 87 87 88 87 88 87 88 88 88 88 88 88	Ige and belief, they any knowledge.	00 00

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10177 (23)

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AZ Form 140NR (2023)

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VA-8453 Virginia Department of Taxation

# Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2023

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

Virginia Submission Identific	cation Number (SII	D)											
First Name & Middle Initial (if jo	int or combined retu	rn, enter both)	Last Nar	me						<b>B</b> Your So	ocial Secur	ity Number	
SURYA KIRAN			MANGI	IPUDI						814-	84-224	16	
Present Home Address		1								A Spouse	's Social S	ecurity Number	
1903 E MARSHALL S City, State and Zip Code	OT APT # 424	±									Online Fi	led Return	
RICHMOND	VA 23:	223											
Part I Tax Return Infor										A Spc	use	B Yourself	
1. Federal Adjusted Gross	s Income (Form 760	CG, Line 1; 760	OPY, Line 1	, columns	s A & B;	Form 76	3, Line	e 1)				66,036	
2. Virginia Adjusted Gross	s Income (Form 760	CG, Line 9; 760	PY, Line 10	, columns	s A & B;	Form 76	63, Line	e 9)				66,036	
3. Taxable Income (Form	760CG, Line 15; 76	0PY, Line 16, co	olumns A &	B;Form	763, Lin	ie 17)						0	
4. Virginia Income Tax (Fo	orm 760CG, Line 18	; 760PY, Line 1	7, columns	A & B; Fo	orm 763	Line 18	)					0	
<b>5.</b> Withholding (Form 760)	CG, Line 19a &19b;	760PY, Lines 1	9a & 19b; F	orm 763,	, Lines 1	9a & 19	b)						
6. Amount you Owe (Form	n 760CG, Line 35; F	orm 760PY, Lin	e 35; Form	763, Line	e 35)								
7. Refund (Form 760CG,	Line 36; 760PY, Line	e 36; Form 763,	Line 36)									0	
Part II Declaration of T	axpayer												
appointment of the territorial juris	sdiction of the United	an agent to rece I States at any p	ive the refu point in the	nd. I cert process.	tify that	the trans	saction	does r	not dire	ctly involve		s is an irrevocable I institution outside of	
	ect deposit of my ref rginia Department o		-									90-1	
the financial instite estimated tax. I an ecessary to ans	I above agree with t rn is true, correct an Service (IRS) by my	nancial institution solve issues related the United State in pared the information amounts should complete. I coelectronic returns	ns involved ated to the tes at any pomation on the consent that a originator of	I in the propagation payment. oint in the oint in the oint in the corresport my return (ERO) and	ocessing I certify per proces I with the I conding line I includi I no by the	g of the gray that the second informations of my and this control of the second in the	electrone trans tion I have 2023 'declara	nic pay action ave pro Virginia tion an a Tax.	ment of does nowided to a individual acco This do	of taxes to root directly in the complete of t	eceive con nvolve a fir conic return e tax return schedules a s to be reta	fidential information nancial institution  originator and that . To the best of my and statements be ined by the ERO or	
signature pen, or computer so	ftware program.												
Your Signature		Date		Spouse	e's Sign	ature (If	Filing S	tatus 2	or 4, BC	TH must sig	ın)	Date	_
Part III Declaration of E		Originator (E	RO) and F			,					•		
I declare that I have reviewed taxpayer's signature on Form of all forms and information to Individual Income Tax Returns that I have examined the abov and complete. Declaration of stamp, mechanical device, such	VA-8453 before sub be filed with the IRS (Tax Year 2023) ar e taxpayer's return a preparer is based o	mitting this retul and Virginia Ta d any requiremend and accompanyi n all information	rn to the Into ex and have ents specific ng schedule of which pr	ernal Revelonged followed ed by Virgues and stareparer ha	venue Se I all othe ginia Tax atement	ervice (II r require x. If I an s, and to	RS) an ments n also to the be	d Virgi as des the Pai est of n	nia Tax cribed d Prepa ny knov	x. I have pr in Handboo arer, under vledge and	ovided the ok for Electr pena <b>l</b> ties o belief, they	taxpayer with a copy ronic Filers of of perjury, I declare or are true, correct,	
ERO's Signature GLOBAL TAXES LLC				D	Date					SS	N/PTIN		
Firm's name (or yours if self-end 245 ROONEY CT		UNSWICK	N.T	08816			Paid	d Prepa		]Y □N 3821454		nployed? 🗆 Y 🔲 N	
Address, City, State and Zip	L DI	COLVENIATOR	110	<u> </u>							EIN		
Paid Preparer's Signature				D	Date				1		N/PTIN		
VENKATA SAI PAVAN Firm's name (or yours if self-ei		PALLI					Self	f-emplo	yed? [	⊐ Y □ N			
245 ROONEY CT	,	UNSWICK	NJ	08816				·	-	3821454	187		
Address, City, State and Zip											EIN		_
1555			RE'	V 01/25/24	PRO								

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# 2023 Virginia Nonresident Income Tax Return Due May 1, 2024

	Enclose a compl	ete copy of	your reder		I	- Cilei required		1						—
First N				MI	Last Name		Suffix		ocial Secu	•	mber		Check decease	
	YA KIRAN se's First Name (Filing	Status 2 Only	`	MI	MANGIPUDI		Suffix	+	84-22		/ Number	r		
Spous	se's First Name (Filing	Status 2 Only,	)	IVII	Last Name		Sumix	Spouse	's Social	Security	/ Numbe	r	Check deceas	
Prese	nt Home Address (Nui	mber and Stree	et or Rural Ro	oute)			You	r Birth Dat	e	· ·	1 2	<b>-</b> 1 9 9		
1903	B E MARSHALI	ST APT	424				(m	m-dd-yyyy	/)		1 3	_ 1 9 9		
1	own or Post Office				State	ZIP Code		Birth Dat		_		-		
_	HOND				VA	23223	· `	m-dd-yyyy						
State	of Residence		Important - I is located.	Name	e of Virginia City o	r County in which բ	orincipal pla	ice of busi	ness, em				Locality Cod	et
TX			HENRICO	)							City OR	X County	)87	
			ded Return Reason Cod	_ [		Name(s) or A			han		Overs	seas on Due	Date	
Ch	eck Applicable	,	Cason Cou	٠ L		SHOWN ON Z	JZZ VAIN	-tuiii						
	Boxes	☐ Depen	ndent on And	other	r's Return	Qualifying F		herman,	or	E	IC Clair	med on fede		
	Filing Status Ente	r Eiling Statu	a Codo in h	ov b	olow	- Welchall Se		antions /	V 44 600	\$.	and 2	Enter the su	00	12
	_	. Federal hea					Exem	Spc	ouse if			Enter the su	III OII LIIIE	12.
					:       LO     ∟ nust have Virgir	nia income	Yo	ou Filing	Status I or 3	Depender	nts		Total Section	on 1
_1	3 = Marrie	d, Spouse H	las No Incor	ne F	rom Any Source			1 + [	+		=	1 X \$930 :	93	0
		d, Filing Sep						⊥ ∟ 65 Spous		لــــا ا Spoi	use		Total Secti	ion ?
	g Status 3 or 4, ent	•		•		-	or c		1 [	1 [	nd 	¬		
box at	top of form and en	ter Spouse's	Name				L	+	_ +	]+ [	=	X \$800 :	=	
1	Adjusted Gross In	come from fe	ederal returr	1 - N	ot federal taxab	le income					1		66036	00
2	Additions from Scl	hedule 763 A	ADJ, Line 3.								2			00
3	Add Lines 1 and	2									3		66036	00
4	Age Deduction (Se									. You	4a			00
	Enter Birth Dates and Your Spouse's								Sp	ouse	4b			00
5	Social Security Ac	t and equival	lent Tier 1 F	Railro	oad Retirement /	Act benefits repo	orted on y	our feder	al returr	1	5			00
6	State income tax r	efund or ove	erpayment c	redit	reported as inc	ome on your fed	leral retur	n			6			00
7	Subtractions from	Schedule 76	33 ADJ, Line	7							7			00
8	Add Lines 4a, 4b	, 5, 6, and 7.									8			00
9	Virginia Adjusted	l Gross Inco	me (VAGI).	Sub	otract Line 8 fro	om Line 3					9		66036	00
10	Itemized Deductio	ns from Virgi	inia Schedu	le A,	if applicable. So	ee instructions		•••••			10			00
11	If you do not claim	itemized de	ductions on	Line	e 10, enter stand	dard deduction.	See instru	ıctions			11		8000	00
12	Exemption amoun	t. Enter the t	otal amount	fron	n the Exemption	Sections 1 and	2 above.				12		930	00
13	Deductions from S	Schedule 763	3 ADJ, Line	9				•••••			13			00
14	Add Lines 10, 11,	, 12 and 13.									14		8930	00
15	Virginia Taxable In	come compu	uted as a re	sider	nt. Subtract Line	e 14 from Line 9					15		57106	00
16	Percentage from N	Nonresident A	Allocation S	ectio	n on Page 2 (E	nter to one deci	mal place	only)			16		0.0	%
17	Nonresident Taxal	ole Income. (	Multiply Lin	e 15	by percentage	on Line 16)					17		0	00
18	Income Tax from 1	ax Table or ∃	Tax Rate Sc	hedu	ıle						18		0	00
19a	Your Virginia incor	ne tax withhe	eld. Enclose	For	ms W-2, W-2G,	1099, and VK-1					19a			00
	Dept. of Taxation F 1044 Rev. 02/23	or Local Use	LTD		\$							XXX	XXX	

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#### 2023 FORM 763 Page 2

	FORM 763 Page 2									_									
Your N	lame YA KIRAN MANGIPUDI			our SS 14 <del>-</del>	8 <b>n</b> 84-22	46													
19b	Spouse's Virginia income tax w	/ithheld.	Enclose I	orm	s W-2, V	V-2G, 10	)99, a	nd VK	ζ-1	 				19	b				00
20	2023 Estimated Tax Payments													2	o 📉				00
21	2022 overpayment credited to	2023 es	timated ta	ıx										2	1				00
22	Extension Payment - submitted	d using F	orm 760 <b>i</b>	P										2	2				00
23	Credit for Low-Income Individu	als or Vi	rginia Ear	ned	Income	Credit fro	om So	chedu	le 763	ADJ	, Line 1	7		2	3				00
24	Total credits from Schedule OS		_												4				00
25	Credits from Schedule CR, Sec	ction 5. I	_ine 1A											2	5				00
26	Total payments and credits.																		00
27	If Line 18 is larger than Line 26				_														00
28	If Line 26 is larger than Line 18														-				00
	Amount of overpayment on Line														·				00
29	• •																		+
30	Virginia529 and ABLE Contribu					•									·				00
31	Other Voluntary Contributions 1													3	1				00
32	Addition to Tax, Penalty, and In See instructions.		Enclose	7600	C or 760	F and cl	neck ł	nere				[		3	2				00
33	Sales and Use Tax is due on Interest See instructions.											[	Χ	3	3				00
34	Add Lines 29 through 33													3	4				00
35	If you owe tax on Line 27, add Line 34 is larger than Line 28,	enter the	e differenc	e. Al	MOUNT	YOU O	WE. I	Enclos	se pay	men	t or pay			3	5				00
	www.tax.virginia.govCh		. ,	, ,										_	_				
36 <b>If the</b> I	If Line 28 is larger than Line 34, Direct Deposit section below is n									FUN	DED IC	7100	•	<u>.</u>	6			(	00
	T BANK DEPOSIT Your E	Bank Ro	uting Tran	sit N	umber		Yo	our Ba	nk Acc	coun	t Numb	er	Che	cking		S	Savings	s [	
	stic Accounts Only ernational Deposits																		
																<u> </u>			
	resident Allocation Percen	_							. —		A - All S				В	- Virg	jinia S	Sources	1
	Wages, salaries, tips, etc								1			821	56	00				0	
	Interest income								2					00					00
3.	Dividends								3				$\dashv$	00					00
4.	Alimony received								<sup>4</sup>					00					00
5.	Business income or loss								5					00					00
6.	Capital gain or loss/capital gain								6 7					00					00
7. Ω	Other gains or losses  Taxable pensions, annuities and								8				$\dashv$	00					00
8. 9.	Rents, royalties, partnerships, e								9			-161	20	00				0	00
10.	Farm income or loss			•								101	20	00				0	00
11.	Other income													00					00
	Interest on obligations of other s								-				$\dashv$	00					100
	Lump-sum and accumulation di													00					00
	TOTAL - Add Lines 1 through 13								-			660	36	00				0	+
15.	Nonresident allocation percenta percentage to one decimal place	ge - Div	ide Line 1	4 B,	by Line	14 A. Co	mput	te				000	<u> </u>					0.0%	
_	We) authorize the Dept. of Taxation							[	_	gree	to obtair	n my F	orm	1099-	L G at <b>ww</b>	/w.tax	.virgii	nia.gov.	
	Ve), the undersigned, declare under per				• •			turn an		-		-					_	_	
Your S	gnature							Your Pho	one Num	ber				Date					
Speuc	e's Signature (If a joint return, <b>both</b> must si																		
		an)						(660			3954			Drene	rer'e DTIA	J	\/and	or Codo	
Opous	o o olgitatare (ii a joint retain, <b>both</b> mast si	gn)						(660	)) 23 s Phone						rer's PTIN		Vendo	or Code	

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

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	See sepa	arate instructions.	
Your first name	and m	iddle initial	Last n	ame				Your social security number		
SURYA KI	TRAN		MAN	GIPUDI					84 2246	
		s first name and middle initial	Last n					-	social security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Presiden	tial Election Campaign	
<u> 1903 E N</u>	MARS:	HALL ST					424		ere if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code		filing jointly, want \$3 his fund. Checking a	
_RICHMONI	)				VA	A	23223	_	w will not change	
Foreign country	y name			Foreign province/state/	count	:y	Foreign postal code	your tax		
									You Spouse	
Filing Status	s 🗵	Single				☐ Head of he	ousehold (HOH)			
Check only	Ļ	Married filing jointly (even if only or	ne had	income)						
one box.	L	Married filing separately (MFS)					surviving spouse			
		ou checked the MFS box, enter the			ı che	ecked the HOF	or QSS box, ente	er the child	d's name if the	
	qu	alifying person is a child but not you	ır aepe	endent:						
Digital		ny time during 2023, did you: (a) rece							_	
Assets		nange, or otherwise dispose of a digi					t)? (See instruction	ns.)	☐ Yes	
Standard		neone can claim:	'							
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien	l				
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	use	: Was bor	n before January 2	2, 1959	☐ Is blind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the b	ox if qualific	es for (see instructions):	
If more		irst name Last name		number		to you	Child tax c	redit C	Predit for other dependents	
than four										
dependents, see instructions										
and check	- —									
here										
Income	1a	Total amount from Form(s) W-2, be	•	,				. 1a	82,156.	
Attach Form(s)	b	Household employee wages not re						. 1b		
W-2 here. Also	С	Tip income not reported on line 1a		•				. <u>1c</u>		
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ictions)		. 1d		
1099-R if tax	е	Taxable dependent care benefits f						. <u>1e</u>		
was withheld.	f	Employer-provided adoption bene						. 1f		
If you did not get a Form	9	Wages from Form 8919, line 6 .						. 1g	0.	
W-2, see	h	Other earned income (see instructi	,				· · · · ·	. 1h	<u> </u>	
instructions.	<u>'</u>	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>		4-	82,156.	
A.I. 1 0 1 D	<u>z</u>	Add lines 1a through 1h	 20	· · · · · · i	 h T	· · · ·		. 1z	02,130.	
Attach Sch. B if required.	2a 3a	· —	2a   3a			axable interest Irdinary divider		. 2b . 3b		
	<u>5a_</u> 4a		4a			axable amount		. 4b		
Standard	<del>та</del> 5а		<del>та</del> 5а			axable amount		. 5b		
Deduction for— Single or	6a		6a			axable amount		. 6b		
Married filing	C	If you elect to use the lump-sum e		method check here						
separately, \$13,850	7	Capital gain or (loss). Attach Scheo				-		<u> </u>	1	
Married filing jointly or	8	Additional income from Schedule						. 8	-16,120.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						. 9	66,036.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•				. 10	,	
Head of household,	11	Subtract line 10 from line 9. This is						. 11	66,036.	
\$20,800	12	Standard deduction or itemized	•	•				. 12	13,850.	
If you checked any box under	13	Qualified business income deducti		,	•	5-A		. 13	,	
Standard Deduction,	14							. 14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -0 This is y	our <b>t</b>	axable incom	е	. 15	52,186.	

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any f	rom Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	6,786.
Credits	17	Amount from Schedule 2, line 3				•		17	
	18	Add lines 16 and 17						18	6,786.
	19	Child tax credit or credit for other d	ependen	ts from Sched	ule 8812			19	·
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero						22	6,786.
	23	Other taxes, including self-employr	nent tax.	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your to						24	6,786.
Payments	25	Federal income tax withheld from:							,
,	а	Form(s) W-2				<b>25a</b>   11	. <b>,</b> 377	· .	
	b	Form(s) 1099				25b	·		
	c	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	11,377.
<u></u>	26	2023 estimated tax payments and						26	,
If you have a 1 qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Sche			- · ·	28			
	29	American opportunity credit from F				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. These	32						
	33	Add lines 25d, 26, and 32. These at	-						11,377.
Refund	34	If line 33 is more than line 24, subtr						34	4,591.
Neiulia	35a	Amount of line 34 you want <b>refund</b>					_	_	4,591.
Direct deposit?	b	Routing number 1 0 1 1 0					Saving	_	
See instructions.	d	Account number 5 1 8 0 0					Caving	٠	
	36	Amount of line 34 you want applied				36			
Amount	37	Subtract line 33 from line 24. This is	-			00			
You Owe	31	For details on how to pay, go to w		•				37	
	38	Estimated tax penalty (see instructi		-		38		<u> </u>	
Third Party		you want to allow another perso				l			
Designee		structions					omplet	e below.	<b>⋈</b> No
<b>.</b>	De	signee's		Phone				ntification	
		me		no.			ber (PIN	,	
Sign		der penalties of perjury, I declare that I hav lief, they are true, correct, and complete. De			. , ,				,
Here									,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	NGINEER		ee inst.)	, σσ.
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> mu	st sign.	Date	Spouse's occupation		If	the IRS se	nt your spouse an
Keep a copy for your records.		,	· ·					,	ection PIN, enter it here
your records.								ee inst.)	
		one no. (660) 238-3954		Email address	MANGIPUDISURYA				
Paid		,	er's signat	ture		Date	PTIN		Check if:
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI VENKA	ATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Use Only	Fir	m's name GLOBAL TAXES 1	LLC			PI	Phone no. (678) 965-9522		
	Fir	m's address 245 ROONEY CT	E BRU	NSWICK N	J 08816		Fi	rm's EIN	88-2145487

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. **01** 

Your social security number

SURY	A KIRAN MANGIPUDI	814-84-2	246					
Part I Additional Income								
1	Taxable refunds, credits, or offsets of state and local income taxes		1					
2a	Alimony received							
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							
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		-16,120.					
6	Farm income or (loss). Attach Schedule F							
7	Unemployment compensation		7					
8	Other income:		,					
а	Net operating loss	8a (	)					
b	Gambling	8b						
C	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						
!	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 Olympic and Paralympic medals and USOC prize money (see	81						
m	instructions)	8m						
_	Section 951(a) inclusion (see instructions)	8n						
0	Section 951A(a) inclusion (see instructions)	80						
g	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							
3	1040, line 1a or 1d	8s (	)					
t	Pension or annuity from a nonqualifed deferred compensation plan or							
	a nongovernmental section 457 plan	8t						
u	Wages earned while incarcerated	8u						
Z	Other income. List type and amount:							
_	Tatal athonics are Add lines On thousands On	8z						
9	Total other income. Add lines 8a through 8z							
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on	ı Form	1				

1040, 1040-SR, or 1040-NR, line 8

10

-16,120.

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

Dor	Adjustments to Income					
Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	governm	ent		
	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	,	24a				
b	Deductible expenses related to income reported on line 8l from the					
	, , , , , , , , , , , , , , , , , , , ,	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	· · · · · · · · · · · · · · · · · · ·	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
		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					
	,	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					
		24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>	. Enter	here and	on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	

#### **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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SURYA KIRAN MANGIPUDI 814-84-2246 Part I Income or Loss From Rental Real Estate and Royalties

	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you	are an indiv	/idual, rep	ort farm	
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZII			• •	<u> </u>				.5 _ 110	
Α	BANDLAGUDA, NAGOLE RANGAREDDY HYDERABA		<u> </u>	58						
В	DIMPERIODE, MISSEL REMORKS DE MISSEL	10 1.	., 30000	,,,						
C										
1b	Type of Property 2 For each rental real estate prope	rtv lis	ted		Fa	ir Rental	Person	al Use	0.07	
	(from list below) above, report the number of fair	above, report the number of fair rental				Days		Pays QJV		
Α	personal use days. Check the Q	JV bo	x only	Α		365		0		
В	if you meet the requirements to find qualified joint venture. See instru			В						
С	qualified joint venture. See institu	ICTION.	s.	С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert				
Incom	ne:			Α		В			С	
3	Rents received	3		6	00.					
4	Royalties received	4								
Exper	ses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,9	60.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13		4 0	<i>C</i> 0					
14	Repairs	14			60. 30.					
15 16	Supplies	15 16		4,/	30.					
17	Utilities	17		1 1	20.					
18	Depreciation expense or depletion	18		4,1	20.					
19	· · · · · · · · · · · · · · · · · · ·	19								
20	Other (list)  Total expenses. Add lines 5 through 19	20		16,7	20.					
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		-16 <b>,</b> 1	20.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	16,12	0 1	(	1	_ <del></del>		
23a	Total of all amounts reported on line 3 for all rental prope		1,	,	23a	1	600.	\		
b	Total of all amounts reported on line 4 for all royalty prop				23b					
c	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	16	720.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any <b>l</b> o:	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	e loss	es from lin	e 22. E	nter to	tal losses hei	e <b>25</b>	(	16,120.	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at						on <b>26</b>		-16 <b>,</b> 120	