



GOWTAMI AISHWARYA PANGULURI

1903 E MARSHALL ST APT 424

RICHMOND VA 23223

SSN-You PANG		159753436	Vendor ID	1555	Σ	хххххх ¬
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	29833.	Withholding (VA) - Yo	DU	19A.	1142.
Additions	2.		Withholding (VA) - Sp	oouse	19B.	
Subtotal	3.	29833.	Estimated Payments		20.	
Age Deduction - You	4A.		2022 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule CF	3	25.	
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	1142.
Total VA Adj Gross Income (VAGI)	9.	29833.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	198.
Standard Deduction	11.	8000.	Overpayment Credite	d to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	itions	31.	
Subtotal (Deductions & Exemptions)	14.	8930.	Addition to Tax, Pena	Ity & Interest	32.	
VA Taxable Income	15.	20903.	Sales and Use Tax		33.	
Amount of Tax	16.	944.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	1	198.
VAGI - Spouse	17A.		D D " "			051400540
Net Amount of Tax	18.	944.	Bank Routing #		C = 40.53	051400549
L			Bank Account #		549532	<u> </u>

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2



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NJ 08816

P02470833

Page 2 of 2

Preparer Information

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK



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H			

Filing Status, Age & License Information Additional Filing Information 1 159 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 05011997 DOB - You Name or Filing Status Change VA Driver's License ID - You Address Change VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (A) Exemptions (B) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse Deceased Indicator Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. Signature - You Date Phone - You Signature - Spouse ____ Date Phone - Spouse Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u> Date 6789659522 Phone - Preparer

1555 REV 02/15/24 PRO

The Tax Department may discuss my/our return with my/our preparer.

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

supporting 760CG documents.

2023 Schedule INC/CG

159753436

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

GOWTAMI AISHWARYA

ng.

PANGULURI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
159753436	W	1142.	546001758	30546001758F001	32333.

Total VA Withholding

You

159753436

Spouse

VA Withholding

1142.

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!

	r Name TAMI AISHWARYA PANGULURI	B Your Social Sec 159-75-34	,				
	use's Name	A Spouse's Social Security Number					
Part	t 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, Line 1)		29833.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		29833.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		20903.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		944.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1142.				
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)		198.				
Part	t II Declaration of Taxpayer and Signature Authorization er penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanyin						
numb filing liable Virgin refun of the signa Taxp	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						
X	I authorize the ERO named below to enter my e-File PIN 5 3 4 3 6 as my signature on my 2023 e Do not enter all zeros	e-filed Virginia individual ind	come 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 below.	oox only if you are entering	your own e-File				
Your	Signature Date						
Spot	Spouse'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-filed Virginia individual income tax return. Do not enter all zeros						
	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.						
	use's Signature Date						
Part	t 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	6 1 9 8 9					
indica Hand a sign	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						

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



£1040		artment of the Treasury-Internal Revenue Servi		20	23	OMB No. 1545-	0074	IRS Use (Only—[Oo not w	rite or sta	aple in this space	÷.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 202	23, ending			, 20	S	see sep	oarate i	instructions.	
Your first name	and m	niddle initial	Last name	e					Y	our so	cial sec	urity number	_
GOWTAMI	AIS	HWARYA	PANGU	LURI						159	75	3436	
If joint return, s	pouse's	s first name and middle initial	Last name						-			security numl	bei
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ıs.			A	pt. no.	P	reside	ntial Ele	ection Campa	ian
1903 E I	MARS:	HALL ST					4	24	1			ou, or your	J
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete spa	aces below.	Sta	ate	ZIP cc	de		•	•	jointly, want \$	
RICHMONI)				V	A	232	23		•		nd. Checking not change	а
Foreign countr	y name		Fo	reign province/	state/coun	ty	Foreig	n postal co			or refu	ınd.	ıse
Filing Status Check only one box.	☐ ☐ If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name of	your spouse.	-	Head of ho	surviv or QS	ing spou SS box, e	se (Q enter t	he chi	ld's na	me if the	_
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig									Y€	es 🗵 No	
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•		•	a dependent							_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was borr						s blind	
Dependent	s (see	instructions):	(2) Social security (3) Re		(3) Relationshi	p (4)			1		see instruction		
If more	(1) F	First name Last name		number to you		to you		Child ta	x crec	lit	Credit fo	r other depende	nts:
than four dependents,								L	 			<u> </u>	
see instruction	s —							L	 			<u> </u>	
and check here [1								<u> </u> 			-	_
Income	 1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)			- -		<u></u>	1a		32,333	_
	b	Household employee wages not re	eported or	n Form(s) W-2	2					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see instr	ructions) .						1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2	(see instru	uctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29						1e					
was withheld.	f							1f					
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions) .							1h		0	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instrud	ctions)		1i							_
	z	Add lines 1a through 1h								1z		32,333	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest				2b			
if required.	3a		3a			Ordinary dividen				3b			
	4a	IRA distributions	4a		b T	axable amount				4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount				5b			
Single or	6a	Social security benefits	6a		b T	axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection me	ethod, check	_								
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if re	equired. If no	t required	, check here				7			
 Married filing jointly or 	8	Additional income from Schedule	1, line 10							8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. Th	his is your tot	tal incom	e				9		32,333	
\$27,700	10	Adjustments to income from Sche	dule 1, lin	e 26						10		2,500	_
Head of household,	11	Subtract line 10 from line 9. This is	s your adj i	usted gross	income					11		29,833	
\$20,800 If you checked	12	Standard deduction or itemized	deductio	ns (from Sch	edule A)					12		13,850	
any box under	13	Qualified business income deduct	ion from F	orm 8995 or	Form 899	95-A				13			
Standard Deduction,	14	Add lines 12 and 13								14		13,850	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	ontor O Th	io io vour	tavabla incom	_			15		15 983	

Form 1040 (202)	3)							Page 2	
Tax and	16	Tax (see instructions). Check if any from	n Form(s): 1 881	4 2 4972	3 🗌		16	1,697.	
Credits	17	Amount from Schedule 2, line 3 .					17		
	18	Add lines 16 and 17					18	1,697.	
	19	Child tax credit or credit for other dep	endents 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 o	r less, enter -0				22	1,697.	
	23	Other taxes, including self-employment	nt tax, from Schedul	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total	ltax				24	1,697.	
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a 2	2,697.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	2,697.	
If you have a	26	2023 estimated tax payments and am	ount applied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27				
allach Sch. ElC.	28	Additional child tax credit from Schedul	le 8812		28				
	29	American opportunity credit from Form	m 8863, 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 ar	re your total other p	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. These are	your total payments				33	2,697.	
Refund	34	If line 33 is more than line 24, subtract	t line 24 from line 33	. This is the amour	nt you overpaid		34	1,000.	
	35a	Amount of line 34 you want refunded		8 is attached, chec	k here		35a	1,000.	
Direct deposit?	b	Routing number 0 5 1 4 0		c Type:	Checking	Savings			
See instructions.	d	Account number 5 4 9 5 3	2 9 1 2 9						
	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 For details on how to pay, go to www					37		
	38	Estimated tax penalty (see instruction			38		J.		
Third Party Designee	Do	you want to allow another person structions	to discuss this retu	rn with the IRS?	See	omplete l	below.	⊠ No	
Doolgiloo	De	signee's	Phone			onal identi			
	na	me	no.		num	ber (PIN)			
Sign Here		der penalties of perjury, I declare that I have e ief, they are true, correct, and complete. Declared the structure of the complete of the com						,	
Here	Yo	ur signature	Date	Your occupation				nt you an Identity	
				DIID			ection P inst.)	IN, enter it here	
Joint return? See instructions.		ourse's signature. If a joint rature, both must	sign. Date	PHD Spouse's occupation				et vour enquee en	
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must :	sign. Date	Spouse's occupation	on	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (804)398-2336	Email address	GOWTAMIPHE	@GMAIL.COM	1			
Doid	Pre	eparer's name Preparer's	s signature		Date	PTIN		Check if:	
Paid	VENE	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247				P0247	0833	Self-employed	
Preparer	Fir						ne no. (678)965-9522	
Use Only	Fir	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm	's EIN	88-2145487	
<u> </u>	-/-	1010 ()						- 1040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

GOWTAMI AISHWARYA PANGULURI

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

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

_		Sequence No. 01
	Your soc	ial security number
	150_75	_3436

Par	t I 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	
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		
- 1	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:			
_				
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	

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

Par	t II Adjustments to Income		
11	Educator expenses	. 11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	. 12	
13	Health savings account deduction. Attach Form 8889	. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	. 14	
15	Deductible part of self-employment tax. Attach Schedule SE	. 15	
16	Self-employed SEP, SIMPLE, and qualified plans	. 16	
17	Self-employed health insurance deduction	. 17	
18	Penalty on early withdrawal of savings	. 18	
19a	Alimony paid	. 19a	3
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	. 20	
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
_	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,		
ı	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		
	Housing deduction from Form 2555	-	
ј k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
N.	1041)		
z	Other adjustments. List type and amount:		
_	04_		
25	Total other adjustments. Add lines 24a through 24z	. 25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and		
	Form 1040, 1040-SR, or 1040-NR, line 10		2,500.
	, , , , , , , , , , , , , , , , , , , ,		