# 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 security	y number		
GANESH SUDABATHULA	505-77-	5165		
Spouse's name	Spouse's soci	al security	number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	e autho	rizing.)	
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		1	121,4	<u>431.</u>
2 Total tax		2		219.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		904.
4 Amount you want refunded to you		4	8,6	<u> 685.</u>
5 Amount you owe		5	u uotiium	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionis to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	r rejection of the tra- ne U.S. Treasury are indicated in the ta- itution to debit the inate the authoriza requests must be the processing of he payment. I furth	ansmission of its design of its design of preparate of the electron of the electron of the electron of the ackno	n, (b) the gnated Fire tion softward socour evoke (ca no later conic paynowledge the	reason nancial vare for nt. This ncel) a than 2 nent of nat the
Taxpayer's PIN: check one box only  X I authorize GLOBAL TAXES LLC to enter or generated	oto my DIN	5 1 6	5   5	
ERO firm name	Ent	er five digit	s, but	as my
signature on the income tax return (original or amended) I am now authorizing.	doi	i t enter an	Zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Your signature ► Date I				
Spouse's PIN: check one box only				
☐ I authorize to enter or gener	ate my PIN			as my
ERO firm name	• —	er five digit		ao iiiy
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) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spouse's signature ▶ Date I	•			
Practitioner PIN Method Returns Only—continue be	low			
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	r all zeros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in acco	rdanće w	
ERO's signature ▶ Date I				
ERO Must Retain This Form — See Instructions  Don't Submit This Form to the IRS Unless Requested 1				

# 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 Jan	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	See s	eparate instructions.		
Your first name	and mi	ddle initial	Last n	ame				Your s	social security number		
GANESH			SUD	ABATHULA				505	5   77   5165		
	pouse's	first name and middle initial	Last n			e's social security number					
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Presid	lential Election Campaign		
7915 JON	IES E	BRANCH DRIVE					565		Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code		e if filing jointly, want \$3 to this fund. Checking a		
MC LEAN					V	A.	22102		elow will not change		
Foreign country	name			Foreign province/state/	count	ty	Foreign postal cod		ax or refund.		
									You Spouse		
Filing Status	$\mathbf{x}$	Single				☐ Head of he	ousehold (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)		_					
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spous	e (QSS)			
		ou checked the MFS box, enter the			u che	ecked the HOF	l or QSS box, en	ter the c	hild's name if the		
	qu	alifying person is a child but not you	ır depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, or	payr	ment for prope	rty or services);	or (b) sell	,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a financial inter	est ir	n a digital asse	t)? (See instructi	ons.)	☐ Yes		
Standard	Som	eone 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	You:	☐ Were born before January 2, 1	959	Are blind Spo	ouse	:  Was bor	n before January	, 2. 1959	☐ Is blind		
Dependents	-	·		(2) Social security		(3) Relationsh	(4) Chaalidha		alifies for (see instructions):		
=		irst name Last name		number		to you	Child tax	•	Credit for other dependents		
If more than four	• • •								<u> </u>		
dependents,									<del>                                     </del>		
see instructions and check	s —										
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instructions) .				. 1	a 145,531.		
	b	Household employee wages not re	eported	d on Form(s) W-2 .				. 1	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see iı	nstructions)				. 1	С		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see i	nstru	uctions)		. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26				. 1	е		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, <b>l</b> ine 29				. 1	lf		
If you did not	g	Wages from Form 8919, line 6 .						. 1	g		
get a Form W-2, see	h	Other earned income (see instruction	ions)					. 1	<b>h</b> 0.		
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		1i					
	z	Add lines 1a through 1h	. ;					. 1	z 145,531.		
Attach Sch. B	2a	· —	2a			axable interest			?b		
if required <b>.</b> 	<u>3a</u>	Qualified dividends	3a			Ordinary divider		. 3	Sb		
Standard	4a	<del>-</del>	4a			axable amoun			łb		
Deduction for—	5a		5a			axable amoun			ib		
Single or Married filing	6a	,	6a			axable amoun	t	6	Sb		
separately, \$13,850	_C	If you elect to use the lump-sum e			-	-		H F.			
Married filing	7	Capital gain or (loss). Attach Sche							7		
jointly or Qualifying	8	Additional income from Schedule							8 -24,100.		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9 121,431.		
Head of	10	Adjustments to income from Sche						_	1 1 21 4 21		
household, [ \$20,800	11	Subtract line 10 from line 9. This is	•					. 1	<i>'</i>		
If you checked any box under	12 13	Standard deduction or itemized  Qualified business income deduction		,	,				2 13,850. 3		
Standard	13 14	Add lines 12 and 13		m i omii osso or form	099				<b>4</b> 13,850.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		ss. enter -0 This is v	our t	taxable incom	e		<b>5</b> 107,581.		
				, y							

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	з 🗌		16	19,219.
Credits	17	Amount from Schedule 2, lin					_	17	
	18	Add lines 16 and 17						18	19,219.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	19,219.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	19,219.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				<b>25a</b> 2	7,904		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	27 <b>,</b> 904.
f you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	-					33	27,904.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	8,685.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							8,685.
Direct deposit?	b	Routing number 0 4 1	0 0 0 1	2 4	<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 4 1 4	9 5 4 7	0 5 3					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24		•					
You Owe		For details on how to pay, g	_	-		1 1		37	
	38	Estimated tax penalty (see i				38			
Third Party		you want to allow another	•						N.
Designee						<del></del>	•		⊠ No
		signee's me		Phone no.			sonal iden nber (PIN)	tification	
Sign	Un	der penalties of perjury, I declare t		d this return and		dules and statemer	nts, and to		
Here	bel	lief, they are true, correct, and com	•						
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	irv, citter it flore
See instructions.	———Sp	Spouse's signature. If a joint return, <b>both</b> must sign,		Date	Spouse's occupation		If th	ne IRS ser	nt your spouse an
Keep a copy for	·	, ,	9					,	ection PIN, enter it here
your records.							(se	e inst.)	
	_	one no. (513) 836-409		Email address	GANESH96AS		1		
Paid	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Hos Only	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. (	678) 965-9522

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Use Only

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

GANE	SH SUDABATHULA			505-7	7-51	. 65
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 So	chedule	E . [	5	-24,100.
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:					
		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	and on	Form		
	1040, 1040-SR, or 1040-NR, line 8				10	-24 <b>,</b> 100.

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-			
	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:	04-		
a	, , , ,	24a	-	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
_	Nontaxable amount of the value of Olympic and Paralympic medals	240	-	
С		24c		
А		24d	-	
e	Repayment of supplemental unemployment benefits under the Trade	240	-	
-		24e		
f	<b>=</b>	24f	-	
g g	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	24g		
_	Attorney fees and court costs for actions involving certain unlawful	5		
		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		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.)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

Your social security number

	3H SUDABATHULA						303-7	7-3163		
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule							
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?									☑ No ☐ No
	Physical address of each property (street, city, state, ZII			<u> </u>				<u> </u>		
	BHOOLAKSHMI NAGAR HYDERABAD TEALANGANA		<u> </u>							
A B	BHOOLANSHMI NAGAR HIDERABAD IEALANGANA	H IN	300070							
C										
1b	Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair				Fa	air Rental Days		sonal Use Days		QJV
Α	personal use days. Check the Q	JV box	only [	Α		365		0	+	П
В	if you meet the requirements to t			В						
С	qualified joint venture. See instru	actions.	•	С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
Incon	ne:			Α		В			С	
3	Rents received	3		6	00.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,4	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13			2.0					
14	Repairs	14		7,2						
15	Supplies	15		8,5	20.					
16	Taxes	16			ΓΛ.					
17	Utilities	17		5,2	50.					
18	Depreciation expense or depletion	18 19								
19 20	Other (list)  Total expenses. Add lines 5 through 19	20		24,7	00					
		20		24, /	00.					
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 <b>Form 6198</b>	21	_	-24,1	00.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		24,10		(	)	(		
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	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	24	1,700.			
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> includ	le any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	s from lin	e 22. Eı	nter to	otal losses he	e <b>25</b>	(	24,	100.
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>		-24	,100.

**2023 VA760CG** Page 1





GANESH SUDABATHULA

7915 JONES BRANCH DRIVE APT 565

MC LEAN VA 22102

-				
SSN - You S	UDA	505775165	Vendor ID 1555	xxxxxx
SSN - Spouse				
Fed Adj Gross Income (FAGI	) 1.	121431.	Withholding (VA) - You	19A. 7642.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	121431.	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 Overpayme	ent 6.		Credit - Schedule OSC	24.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26. 7642.
Total VA Adj Gross Income (V	/AGI) 9.	121431.	Tax You Owe	27.
Itemized Deductions - VA Sch	n A 10.		Tax Overpayment	28. 1431.
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exem	nptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15.	112501.	Sales and Use Tax	33.
Amount of Tax	16.	6211.	Amount You Owe Will Pay by Credit/Debit Card N	
Spouse Tax Adjustment (STA	) 17.		Will Pay by Credit/Debit Card N  Your Refund	1431.
VAGI - Spouse	17A.		Bank Routing #	C 041000124
Net Amount of Tax	18.	6211.	Bank Account #	4149547053

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

Page 1 of 2

505775165





Γ	-								
Fil	ing Status, Age & License I	nformation		Additional Filing Information					
	Filing Status	1		Locality	600				
	Federal Head of Household			Uninsured & Authorize DMAS					
	DOB - You	06071996		Name or Filing Status Change					
	VA Driver's License ID - You	E62477538		Address Change					
VA Driver's License - Iss. Date - You 07212023				VA Return Not Filed Last Year					
	Spouse Name (Filing Status 3	Only)		Dependent on Another's Return					
	DOD O			Farmer / Fisherman / Merchant Seaman					
	DOB - Spouse  VA Driver's License ID - Spous	۵		Amended					
	VA Driver's License - Iss. Date			Reason Code					
Ev		Exemptions (B)		Overseas on Due Date					
EX	emptions (A) You 1	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					
		Total (B)		Obtain Electronic 1099G					

#### **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.

ID Theft PIN

Signature - You \_\_\_\_\_ Date Phone - You 5138364094
Signature - Spouse \_\_\_\_\_ Date Phone - Spouse
Signature - Preparer VENKATA SAI PAVAN KUMAR DUDIPALLI Date Phone - Preparer 6789659522

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

Preparer Information
GLOBAL TAXES LLC

File by May 1, 2024
Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

1555 REV 02/23/24 PRO

NJ 08816

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Page 2 of 2

P02470833

### 2023 Schedule INC/CG

505775165

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

GANESH

SUDABATHULA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
505775165	W	7642.	208424306	30208424306F001	145531.

	Total VA Withholding	SSN	VA Withholding
	You	505775165	7642.
	Spouse		
ı	Total # of W-2s,1099s & VK-1s	01	

VA-8879 Virginia Department of Taxation

# 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!

Virgir	nia Submission Identification Number (SID)						
Your	Name	B Your Social Sec	curity Number				
	ESH SUDABATHULA	505-77-51					
	ise's Name	A Spouse's Socia					
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, Line 1)		121431.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		121431.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		112501.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6211.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		7642.				
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)		1431.				
	II Declaration of Taxpayer and Signature Authorization						
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending 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. 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.							
	ayer's e-File PIN: check one box only						
X	I authorize the ERO named below to enter my e-File PIN 7 5 1 6 5 as my signature on my 2023 e-f  Do not enter all zeros	iled 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 bo PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File				
Your	Signature Date						
Spou	se's e-File PIN: check one box only						
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-f  Do not enter all zeros	iled Virginia individual inc	come tax return.				
	ERO Firm Name						
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this bo PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File				
	se'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 6	5 1 9 8 9					
indica Handl 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.						
EKU's	s Signature Date						

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

20**23** OMB No. 1545-0074

For the year Jan	1-Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	OWID THOS TO TO		20	See se	parate inst	ructions.
Your first name	and m	iddle initial	Last n	ame						cial securit	
GANESH	ana m	idale ilitiai		ABATHULA						77   5	-
-	nouse's	s first name and middle initial	Last n								curity number
ii joint rotain, o	podoo	s mot hame and made initial	Laotin	arrio					Орошоо		arity riambor
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	Preside	ntial Election	on Campaign
7915 JON	JES I	BRANCH DRIVE						565	t	here if you,	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP	code			tly, want \$3
MC LEAN					VA	7	22	:102		this fund. ( ow will not	-
Foreign country	/ name			Foreign province/state/o	count	у	For	eign postal code	1	x or refund.	
										You	Spouse
Filing Status	; X	Single				☐ Head of h	ouse	ehold (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	sur	viving spouse	(QSS)		
		you checked the MFS box, enter the			ı che	ecked the HOF	l or	QSS box, ente	er the ch	ild's name	if the
	qu	alifying person is a child but not you	ur depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	s a reward, award, or	payn	nent for prope	rty c	or services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a financial intere	est ir	n a digital asse	et)? (	See instruction	ns.)	☐ Yes	⊠ No
Standard	Som	neone can claim: 🔲 You as a de	pender	nt 🔲 Your spouse	e as	a dependent					_
<b>Deduction</b>		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien						
Age/Blindness	S You	: Were born before January 2, 1	959	Are blind Spo	ouse	:   Was bor	rn be	efore January 2	2, 1959	☐ Is bli	ind
Dependents			<u> </u>	(2) Social security		(3) Relationsh		(4) Check the b	•	ifies for (see	instructions):
If more		irst name Last name		number		to you	P	Child tax c	redit	Credit for oth	ner dependents
than four											
dependents,	_										
see instructions and check	s										
here										[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions)					. 1a	14	15 <b>,</b> 531.
Attach Form(s)	b	Household employee wages not re	eportec	l on Form(s) W-2...					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	•	•					. 10	:	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f		·					. <u>1e</u>		
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8839, <b>l</b> ine 29	٠		•		. 1f	1	
If you did not get a Form	g	,					٠		. 1g		
W-2, see	h	Other earned income (see instruct	,				i		. 1h	1	0.
instructions.	İ	Nontaxable combat pay election (s	see ins	tructions)		<u>1i</u>				1 /	15,531.
	<u>z</u>	Add lines 1a through 1h	 	· · · · · i	 L T				. 1z		10,001.
Attach Sch. B if required.	2a 3a	•	2a 3a			axable interest Irdinary divide			. 2b		
<i>_</i>	<u>5a_</u> 4a		4a			axable amoun			. 4b		
Standard	<del>т</del> а 5а	<del>-</del>	<del>та</del> 5а			axable amoun			. 5b		
Deduction for— Single or	6a		6a			axable amoun			. 6b		
Married filing	C	If you elect to use the lump-sum e					٠.	г			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				· ·			<u> </u>		
Married filing jointly or	8	Additional income from Schedule									24,100.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	_	21,431.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•					. 10		
Head of household,	11	Subtract line 10 from line 9. This is							. 11		21,431.
\$20,800	12	Standard deduction or itemized	-						. 12		3,850.
If you checked any box under	13	Qualified business income deduct		•	,	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14	· <u> </u>	3,850.
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	ne		. 15		7,581.

26										Page <b>2</b>
Credits 17 18 19 20 21 22 23 24  Payments 25	; 1	Tax (see instructions). Check	if any from Form	(s): <b>1</b>	4 <b>2</b> 🗌 4972	з 🗌			16	19,219.
19 20 21 22 23 24 Payments 25		Amount from Schedule 2, lin							17	<u> </u>
20 21 22 23 24 Payments 25		Add lines 16 and 17							18	19,219.
21 22 23 24 Payments 25	) (	Child tax credit or credit for	other dependent	ts from Schedu	ule 8812				19	
22 23 24 Payments 25	) /	Amount from Schedule 3, lin	e8						20	
23 24 Payments 25	A	Add lines 19 and 20							21	
Payments 25		Subtract line 21 from line 18	. If zero or less,	enter -0					22	19,219.
Payments 25	. (	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21				23	0.
26	. /	Add lines 22 and 23. This is	your <b>total tax</b>						24	19,219.
26	F	ederal income tax withheld	from:							
26	a F	Form(s) W-2				25a	27,	904.		
26	<b>b</b> F	Form(s) 1099				25b				
26	c (	Other forms (see instructions	s)			25c				
26	d A	Add lines 25a through 25c							25d	27,904.
f you have a	2	2023 estimated tax payment	s and amount a	pplied from 20	22 return				26	
qualifying child, attach Sch. EIC.	. E	Earned income credit (EIC)			No .	27				
28	<i>F</i>	Additional child tax credit fror	n Schedule 8812			28				
29	) <i>F</i>	American opportunity credit	from Form 8863	s, line 8 .     .		29				
30	F	Reserved for future use .				30				
31	P	Amount from Schedule 3, lin	e 15			31				
32	: <i>F</i>	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and refu	ndable cre	dits		32	
33	<i>F</i>	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	27,904.
Refund 34	ŀ	f line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amoun	t you <b>over</b>	oaid		34	8,685.
35	ia /	Amount of line 34 you want i	refunded to you	ı. If Form 8888	is attached, chec	k here .			35a	8,685.
		Routing number $0 \ 4 \ 1$			<i>,</i>	Checking	☐ S	avings		
See instructions.	d A	Account number $4\ 1\ 4$	9 5 4 7	0 5 3						
36	<i> </i>	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount 37	' 5	Subtract line 33 from line 24	This is the amo	ount you owe.						
You Owe	F	For details on how to pay, go	o to www.irs.gov	//Payments or	see instructions .				37	
38	E	Estimated tax penalty (see in	structions) .			38				
		you want to allow another	•							
Designee						. UY		nplete b		⊠ No
	Desig name	gnee's		Phone no.			Persor numbe	nal identit er (PIN)	fication	
		r penalties of perjury, I declare th	nat I have examined		accompanying sched	lules and sta		, ,	he hest o	of my knowledge and
Oigii		they are true, correct, and com								
Here	Your signature		Date Your occupation			If the	IRS ser	nt you an Identity		
	Tour digitation			7 our occupation		Pro		Prote	ection Pl	N, enter it here
Joint return?				SOFIWARE ENGINEER .			(see			
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.								nt your spouse an ection PIN. enter it here	
your records.							(see	,	ection Film, enter it here	
	Phone no. (513)836-4094 Email address GANESH96AST@GMAIL.COM									
		arer's name	Preparer's signat		OAMEDIJOAD	Date		I PTIN		Check if:
Paid <sub>vi</sub>	•				AR DUDTPALLT			202470	า <sub>833</sub>	Self-employed
Preparer —	PINKAT	VENKATA SAI PAVAN KUMAR DUDIPALLI   VENKATA SAI PAVAN KUMAR DUDIPALLI   P024708  Firm's name GLOBAL TAXES LLC Phone					I			

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Use Only

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

GANE	SH SUDABATHULA	505-	7-51	. 63
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. Attach Sch		5	-24,100.
6	Farm income or (loss). Attach Schedule F		6	,
7	Unemployment compensation		7	
8	Other income:		-	
а	Net operating loss	)		
b	Gambling			
C	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555	)		
e	Income from Form 8853	,		
f	Income from Form 8889			
g	Alaska Permanent Fund dividends 8g			
ĥ	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
- 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			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n				
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan 8t		.	
u	Wages earned while incarcerated			
Z	Other income. List type and amount:			
•	Table the viscous Add Process Continues to Continue to			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here a			24 100
	1040, 1040-SR, or 1040-NR, line 8		10	-24 <b>,</b> 100.

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-			
	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				
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24c	-	
d		24d	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		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		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z				
		24z		
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 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.)

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

GANESH SUDABATHULA 505-77-5165 **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 BHOOLAKSHMI NAGAR HYDERABAD TEALANGANA IN 500070 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) . 2,450. 7 Cleaning and maintenance . . . 7 8 Commissions . . . . . . . . . 8 9 9 10 Legal and other professional fees . . . . . . . 10 11 11 1,250. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 . . . . . . . . . . 7,230. 14 Repairs . . . . . . . . 14 Supplies . . . . . . . . 15 15 8,520. 16 Taxes . . . . . . . . 16 17 5,250. 17 18 Depreciation expense or depletion . . . . . . 18 19 19 24,700. 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 . . . . . . . . . . . . . . . . . . -24,100.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 24,100.) 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 24,700. 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 . . . . . . . 24,100. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25

26

26

-24,100.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2