## 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

Submi	ission Identification Number (SID)					
Taxpaye	er's name	Sc	cial securit	y numbe	er	
VINA	AYA M CHINTI		355-97-	3883		
Spouse'	's name	Sp	ouse's soci	al secui	rity numbe	r
Part	Tax Return Information — Tax Year Ending December 31	, 2023 (Enter ye	ar voll a	tuc a	horizina	1
	whole dollars only on lines 1 through 5.	, 2023 (Linter ye	ai you ai	e auti	ionzing.	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			1	76	,656.
2	Total tax			2		,129.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		
4	Amount you want refunded to you			4	9	<b>,</b> 095.
5	Amount you owe			5		34.
Part		re you get and kee	n a con		our retu	<u> </u>
	penalties of perjury, I declare that I have examined a copy of the income tax return					
return ( to send for any Agent t paymer authoriz paymer busines taxes to persona	owledge and belief, it is true, correct, and complete. I further declare that the am (original or amended) I am now authorizing. I consent to allow my intermediate served my return to the IRS and to receive from the IRS (a) an acknowledgement of receive delay in processing the return or refund, and (c) the date of any refund. If applicate to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and exaction is to remain in full force and effect until I notify the U.S. Treasury Financiant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paymess days prior to the payment (settlement) date. I also authorize the financial institution receive confidential information necessary to answer inquiries and resolve issal identification number (PIN) below is my signature for the income tax return (original contents).	vice provider, transmitter pipt or reason for rejection ple, I authorize the U.S. stitution account indicate the financial institution to al Agent to terminate the ent cancellation request tions involved in the pro- ues related to the payn	or electron of the transury are din the table the debit the electric authorization of must be cessing of nent. I furtile	nic returnismissing its distance of the element of the element of the element acknowledges and the element acknowledges of the element of the el	urn origina sion, (b) the esignated aration sofo this according revoke (ed no late etronic paramourledge	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	onic Funds Withdrawal Consent.  Ayer's PIN: check one box only					
X		enter or generate my	PINI 7	3 8	8 3	as my
	ERO firm name signature on the income tax return (original or amended) I am now auth		Ent		ligits, but all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Pra below.	r amended) I am now				
Your s	signature ▶	Date ▶				
Snous	se's PIN: check one box only					
Spous	_	antar ar ganarata mu	DIN			
	ERO firm name	enter or generate my		or five d	ligits, but	as my
	signature on the income tax return (original or amended) I am now auth	orizina.			all zeros	
	I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Pra below.	r amended) I am now				
Spous	se's signature ▶	Date ►				
	Practitioner PIN Method Returns Only-	-continue below				
Part	III Certification and Authentication — Practitioner PIN Method	od Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-select	ed PIN. 2 2 2	4 9 0	6 6	1 9 8	9
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic ized to file for tax year indicated above for the taxpayer(s) indicated above. I contements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS	ifirm that I am submittin	eturn (origir g this retu	nal or a	mended) ccordance	
ERO's	s signature ►	Date ►				
	ERO Must Retain This Form — See					
	Don't Submit This Form to the IRS Unless	Requested To Do	So			

Form 1040-V (2022) 2023 Page **2** 

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2023** 

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2023

## Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment.		34.
REV 03/07/24 PRO	1555	

VINAYA M CHINTI

8370 GREENSBORO DRIVE 1005 MC LEAN VA 22102

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn G	20 <b>2</b> :	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ling			, 20		See se	parate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
VINAYA I	M		CHIN	TI							355	97	3883
If joint return, s	pouse's	s first name and middle initial	Last nai	me							Spouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.	+	Preside	ntial Ele	ection Campaign
_8370 GRI	EENS	BORO DRIVE						1	.005				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below	<b>'</b> .	Stat	te	ZIP c	ode				jointly, want \$3 nd. Checking a
Mc Lean						VA	Δ	221	02		U		not change
Foreign countr	y name		F	oreign provi	ince/state/o	count	у	Foreig	ın postal c	ode	your tax	or refu	
Filing Status Check only one box.	If y	Single  Married filing jointly (even if only or  Married filing separately (MFS)  Ou checked the MFS box, enter the lalifying person is a child but not you	name our depen	of your spou				surviv	ving spou	use (0 enter	the chi	ld's na	me if the
Digital Assets		ny time during 2023, did you: (a) reconnance, or otherwise dispose of a dig	ital asse	t (or a finar								□ Ye	es 🗵 No
Standard Deduction	_	neone can claim:	•				a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spo	use:	: Was bor	n befo	re Janu	ary 2	, 1959	l:	s blind
Dependent	<b>s</b> (see	(see instructions): (1) First name Last name		(2) Social security (3) Relationship to you		ip (4	(4) Check the bo		x if quali	fies for	(see instructions):		
If more	(1) F								edit	Credit fo	or other dependents		
than four													
dependents, see instruction	s												
and check here	· ] —												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructio	ns)						1a		76 <b>,</b> 656.
	b	Household employee wages not re	eported	on Form(s)	W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)							1c	:	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) V	V-2 (see ir	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	9, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									<b>1</b> g		
get a Form W-2, see	h	Other earned income (see instructi	ions) .								1h	- 1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			1i						
	z	Add lines 1a through 1h									1z		76 <b>,</b> 656.
Attach Sch. B	2a	Tax-exempt interest	2a			<b>b</b> Ta	axable interest	t.			2b		
if required.	3a	· -	3a			<b>b</b> 0	rdinary divider	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, ch	eck here (	(see i	instructions)						
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required. I	f not requ	ıired,	check here			. 🗆	7	$\perp$	
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10					8						
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is you	r total inc	ome					9		76 <b>,</b> 656.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26 .							10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	your <b>a</b> c	djusted gro	oss incon	ne					11		76 <b>,</b> 656.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i <b>ons</b> (from	Schedule	A)					12		13,850.
any box under	13	Qualified business income deducti					5-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 loca	ontor O	This is w	our t	avahla incom				15		62 806

Form 1040 (202	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	n Form(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	9,129.
Credits	17						17	
	18	Add lines 16 and 17					18	9,129.
	19	Child tax credit or credit for other dep	endents from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8 .					20	
	21	·					21	
	22	Subtract line 21 from line 18. If zero o					22	9,129.
	23	Other taxes, including self-employme	*				23	0.
	24	Add lines 22 and 23. This is your tota	•	•			24	9,129.
Payments	25	Federal income tax withheld from:						,
. aymome	а	Form(s) W-2			<b>25a</b> 9	,095.		
	b	Form(s) 1099			25b	,		
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	9,095.
16	26	2023 estimated tax payments and am					26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedu			28			
	29	American opportunity credit from Form			29			
	30	Reserved for future use						
	31	Amount from Schedule 3, line 15 .						
	32	Add lines 27, 28, 29, and 31. These ar			31   ndable credits		32	
	33	Add lines 25d, 26, and 32. These are					33	9,095.
Refund	34	If line 33 is more than line 24, subtrac					34	,
Retuna	35a	Amount of line 34 you want <b>refunded</b>			•	. 🗀	35a	
Direct deposit?	b	Routing number X X X X X				Savings		
See instructions		Account number X X X X X				9-		
	36	Amount of line 34 you want applied to			36			
Amount	37	Subtract line 33 from line 24. This is the	-					
You Owe	٠.	For details on how to pay, go to www					37	34.
	38	Estimated tax penalty (see instruction			38			
Third Party	Do	you want to allow another person			See			
Designee		structions				mplete b	elow.	<b>⋈</b> No
		signee's	Phone			nal identif	cation	
		me	no.			er (PIN)		<del></del>
Sign		der penalties of perjury, I declare that I have e ief, they are true, correct, and complete. Decl						
Here				, , , I				nt vou an Identity
	YO	Your signature		Date Your occupation				IN, enter it here
Joint return?				DATA ANALYST			ee inst.)	
See instructions.		ouse's signature. If a joint return, both must	sign. Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.						Ident (see i	•	ection PIN, enter it here
,				_				
		one no.	Email address	VINAYA.CHII				Ob It if
Paid		.   .	s signature		Date	PTIN		Check if:
Preparer			A SAI PAVAN KUM	AK DUDIPALLI		P02470		Self-employed
Use Only		m's name GLOBAL TAXES LL		- 00016				(678) 965-9522
		m's address 245 ROONEY CT E				Firm'	s EIN	88-2145487
GO TO WWW ITS O	ov/Forr	n1040 for instructions and the latest informat	ion.	DAA	DEV 02/07/24 DDO			Form <b>1040</b> (2023)





VINAYA M CHINTI

8370 GREENSBORO DRIVE APT 1005

MC LEAN VA 22102

SSN-You CHIN		355973883	Vendor ID	1555	X	xxxx 7
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	76656.	Withholding (VA) - Yo	DU	19A.	3682.
Additions	2.		Withholding (VA) - Sp	pouse	19B.	
Subtotal	3.	76656.	Estimated Payments		20.	
Age Deduction - You	4A.		2022 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule Cl	2	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	3682.
Total VA Adj Gross Income (VAGI)	9.	76656.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	45.
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	lty & Interest	32.	
VA Taxable Income	15.	67726.	Sales and Use Tax		33.	
Amount of Tax	16.	3637.	Amount You Owe	I O and a D I		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	t Card N	1	45.
VAGI - Spouse	17A.		David Davida v #		<b>_</b>	051400540
Net Amount of Tax	18.	3637.	Bank Routing # Bank Account #	C	831604	051400549 0156

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

Page 1 of 2





#### Filing Status, Age & License Information Additional Filing Information 1 600 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 03301995 DOB - You Name or Filing Status Change VA Driver's License ID - You E66004869 Address Change 04082023 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 (B) Exemptions (A) 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

File by May 1, 2024

Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u> Date

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

Include Page 1, Page 2 and all supporting 760CG documents.

REV 03/05/24 PRO

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

Phone - Preparer

Preparer Information

7

6789659522

P02470833

### 2023 Schedule INC/CG

355973883

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

VINAYA

M CHINTI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					٦
355973883	M	3682.	522168499	30522168499F001	76656.

 Total VA Withholding
 SSN
 VA Withholding

 You
 355973883
 3682.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

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

	r Name	B Your Social Sec	•							
	AYA M CHINTI Juse's Name	355-97-38 <b>A</b> Spouse's Socia								
Оро	doo o Haino	A opodoc o coold	rocounty rambor							
Par	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)		76656.							
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		76656.							
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		67726.							
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3637.							
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3682.							
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)		45.							
Par	t II Declaration of Taxpayer and Signature Authorization									
filing liable Virgi refur of th sign:	number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  Taxpayer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 7 3 8 8 8 3 as my signature on my 2023 e-filed Virginia individual income tax return.									
	GLOBAL TAXES LLC									
	ERO Firm Name	iki kanan katan								
Ш	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check to PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	this box only if you are entering	your own e-rile							
	-									
Spo	use'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 20 Do not enter all zeros	23 e-filed Virginia individual inc	ome tax return.							
	ERO Firm Name									
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this 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.									
Spor	use's Signature Date									
Par	Part III Certification and Authentication – Practitioner PIN Method Only									
ERC	D'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								
indic Hand a sig	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.									
EKC	Date Date									