

(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.

Submission Identification Number (SID)				
Taxpayer's name		Social secur	ity number	
ARUNA DAPATLA		892-99	-7804	
Spouse's name		Spouse's so	cial security num	ber
	ax Year Ending December 31, 2023 (Enter	year you a	are authorizin	<u>ig.)</u>
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Lea			I I .	
, ,				12,353.
			2	17,046.
3 Federal income tax withheld from Form	(s) W-2 and Form(s) 1099			18,178.
4 Amount you want refunded to you .			4	1,132.
			5	
Part II Taxpayer Declaration and Si	gnature Authorization (Be sure you get and k	eep a cop	by of your re	turn)
my knowledge and belief, it is true, correct, and c return (original or amended) I am now authorizing. I to send my return to the IRS and to receive from th for any delay in processing the return or refund, and Agent to initiate an ACH electronic funds withdrawa payment of my federal taxes owed on this return an authorization is to remain in full force and effect u payment, I must contact the U.S. Treasury Finan- business days prior to the payment (settlement) da taxes to receive confidential information necessar personal identification number (PIN) below is my sig Electronic Funds Withdrawal Consent.	nined a copy of the income tax return (original or amended) omplete. I further declare that the amounts in Part I above consent to allow my intermediate service provider, transmi e IRS (a) an acknowledgement of receipt or reason for reje d (c) the date of any refund. If applicable, I authorize the U. al (direct debit) entry to the financial institution account indic d/or a payment of estimated tax, and the financial institution ntil I notify the U.S. Treasury Financial Agent to terminate cial Agent at 1-888-353-4537 . Payment cancellation requ te. I also authorize the financial institutions involved in the y to answer inquiries and resolve issues related to the pa gnature for the income tax return (original or amended) I an	e are the am tter, or electr ction of the t S. Treasury a cated in the t n to debit the the authoriz ests must b processing o ayment. I fur	iounts from the onic return origi ransmission, (b) and its designate can preparation se e entry to this ac ation. To revoke e received no l of the electronic ther acknowled	income tax inator (ERO) the reason ed Financial software for ccount. This e (cancel) a later than 2 payment of lge that the
Taxpayer's PIN: check one box only		g	7 8 0 4	
	firm name riginal or amended) I am now authorizing.	í Er	nter five digits, bu on't enter all zeros	
	n the income tax return (original or amended) I am no d your return is filed using the Practitioner PIN metho			
Your signature D.Aruna	Date ►	31-03-2024		
Spouse's PIN: check one box only				-
I authorize	to enter or generate r			as my
	firm name	•	nter five digits, bu	
	riginal or amended) I am now authorizing.		on't enter all zero	
I will enter my PIN as my signature o	n the income tax return (original or amended) I am no your return is filed using the Practitioner PIN metho			

Spouse's signature ►	Da	ate 🕨	•										
Practitioner	PIN Method Returns Only—continue	bel	ow										
Part III Certification and Authentication	 Practitioner PIN Method Only 												
ERO's EFIN/PIN. Enter your six-digit EFIN followe	d by your five-digit self-selected PIN.	2	2	2	4	9	6	6	1	9	8	9	
					Don	ı't er	nter a	all ze	ros				

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►											
ERO Must Retain This F Don't Submit This Form to the I											
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/23/24 PRO	Form 8879 (Rev. 01-2021)								

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		urn	202	3	OMB No. 1545-	-0074	IRS Use Or	nly—Do r	not wri	te or sta	ple in this space.
For the year Jan	1-Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See	e sepa	arate i	nstructions.
Your first name	and m	iddle initial	Last na	ame						You	r soc	ial sec	urity number
ARUNA			DAP	ATLA						89	92	99	7804
	oouse's	s first name and middle initial	Last na							_			security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	Apt. no.	Pres	siden	tial Ele	ction Campaign
		E CLUB DR											ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	ow.	Sta	te	ZIP c	ode				ointly, want \$3 id. Checking a
TAMPA						FI		336	547	box	belo	w will r	not change
Foreign country	name			Foreign pr	rovince/state/o	count	y	Foreig	gn postal cod	e you	r tax	or refu	
		1										U Yo	u Spouse
Filing Status		Single					Head of ho	buseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)						(000			
one box.		Married filing separately (MFS)		of vour o	aauaa Ifuau		Qualifying		• •	•	·	d'a nav	ma if the
		/ou checked the MFS box, enter the alifying person is a child but not you											ne ii the
	qu	allying person is a child but not yet	il depe										
Digital		ny time during 2023, did you: (a) reco	•					•		• •	ell,		
Assets		ange, or otherwise dispose of a dig		<u> </u>				t)? (Se	ee instructi	ons.)		∐ Ye	es 🛛 No
Standard	_	eone can claim: 🗌 You as a de	•		-		a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien							
Age/Blindness	You	: 🗌 Were born before January 2, 1	959 [Are bl	ind Spc	ouse	: 🗌 Was bor	n befo	ore January	/ 2, 195	59	🗌 ls	blind
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationshi	ip (4	-		· .		see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax	credit	C	credit fo	r other dependents
than four													<u> </u>
dependents, see instructions	; ——												<u> </u>
and check													
here	10	Total amount from Form(s) W-2, b	ov 1 (or		tional						10		 112,353.
Income	1a b	Household employee wages not re			,					-	<u>1a</u> 1b		112,333.
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					-	1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		,					÷t	1d		
W-2G and	e	Taxable dependent care benefits f								. †	1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. [1f		
lf you did not	g	Wages from Form 8919, line 6								. [1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)				_. .			. [1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	<u>1</u> i						
	z	Add lines 1a through 1h	• ;			•				•	1z	ļ	112,353.
Attach Sch. B	2a	· -	2a				axable interest			·	2b	 	
if required.	<u>3a</u>		3a				rdinary divider				3b		
Standard	4a -		4a				axable amount			·	4b		
Deduction for—	5a		5a				axable amount			·	5b		
 Single or Married filing 	6a	, _	6a	mathad			axable amount	[i h	6b	-	
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Scher				•		• •		HI	7		
 Married filing jointly or 	8	Additional income from Schedule		•				• •			8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								; F	9	1	112,353.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						÷ŀ	10		,
 Head of household, 	11	Subtract line 10 from line 9. This is								. †	11	1	112,353.
\$20,800	12	Standard deduction or itemized	-	-	-					. †	12		13,850.
 If you checked any box under 	13	Qualified business income deduct	ion fron	n Form 8	995 or Form	899	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	ro or les	ss, enter -	-0 This is y	our t	axable incom	е.			15		98,503.

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

Form 1040 (2023)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3 🗌			16	17,046.
Credits	17	Amount from Schedule 2, lir	ie3						[17	
	18	Add lines 16 and 17 .								18	17,046.
	19	Child tax credit or credit for	other dependen	ts from Scheo	lule 8812				[19	
	20	Amount from Schedule 3, lir	ie8							20	
	21	Add lines 19 and 20							[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	17,046.
	23	Other taxes, including self-e	mployment tax,	from Schedul	e 2, line 2 ⁻	1.			[23	0.
	24	Add lines 22 and 23. This is	your total tax							24	17,046.
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2					25a	18,	178.		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	18,178.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 2	022 return				[26	
qualifying child,	27	Earned income credit (EIC)			No	а.	27				
attach Sch. EIC.	28	Additional child tax credit from					28				
	29	American opportunity credit	from Form 8863	8, line 8			29				
	30	Reserved for future use .					30				
	31	Amount from Schedule 3, lir	ie 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. T	-						[33	18,178.
Refund	34	If line 33 is more than line 24								34	1,132.
	35a	Amount of line 34 you want					-	-	. 🗆 [35a	1,132.
Direct deposit?	b	Routing number 3 2 2] Check		avings		
See instructions.	d	Account number 8 8 6						Ĭ	Ŭ		
	36	Amount of line 34 you want a			ed tax .		36				
Amount	37	Subtract line 33 from line 24									
You Owe	0.	For details on how to pay, g				uctions				37	
	38	Estimated tax penalty (see in					38		Ì		
Third Party	Do	you want to allow another					? See				
Designee		structions						Yes. Cor	nplete be	elow.	X No
U	De	signee's		Phone)				nal identific	ation	
	nar			no.				numbe	. ,		
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com									
Here		· · · · ·	piete. Deciaration			• /	2360 011 2	III III OITHAUOH			
	Yo	ur signature		Date	Your occ	upation					nt you an Identity IN, enter it here
Joint return?					SOFTW	IARE	ENGIN	EER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's				If the I	RS ser	nt your spouse an
Keep a copy for	•		Ũ			•					ection PIN, enter it here
your records.									(see in	st.)	
		one no. (669) 308-650		Email address	ARUNA	.DEV	-	AIL.COM			
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUI	1AR DUDI	PALLI		H	202470	833	Self-employed
Use Only	Fire	m's name GLOBAL TAX							Phone	no. ((678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 0881	6			Firm's	EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV 02/	23/24 PRO			Form 1040 (2023)



2023 Virginia Nonresident Income Tax Return Due May 1, 2024



fodoral to nd all ath Engl . roturn £

	Enclose a compl	lete copy o	r your teder	aita:	x return and al	i other required	i virginia	enciosur	es.					
First N				М	Last Name		Suffix		cial Secur		nber		Check	
ARUN		Status 2 Ort		MI	DAPATLA Last Name		Suffix	1	99–78 s Social S		Number	r		
Spous	e's First Name (Filing) Status z Onij	y)		Last Name		Sumx	Spouses	s Social S	security	Number	ſ	Check decea	
Prese	nt Home Address (Nu	mber and Stre	eet or Rural Ro	oute)	1		Your	Birth Date		1 -	0 8	- 1 9 8	7	
	7 BRIDLE CI	LUB DR			1	1	(mr	n-dd-yyyy)		1	0 0	1 9 0		
	own or Post Office				State	ZIP Code		Birth Date n-dd-yyyy)		-		-		
TAME State	of Residence		Important -	Name	FL of Virginia City o	33647 r County in which j				lovmen	t. or inco	ome source	Locality Cod	de
			is located.		i er i i ginner en j er					•			-	
FL			CAMPBEI	- L							_	X County (
			nded Return Reason Cod	e		Name(s) or A Shown on 2			an] Overs	seas on Due	Date	
Ch	eck Applicable Boxes				/					EI		nod on fodo	ral ratura	
			ndent on An	other	r's Return	Qualifying F Merchant Se		nerman, c	or	⊏ । \$	C Clair	ned on fede	.00	
	Filing Status Ente	er Filing Stat	us Code in b	ox be	elow.		Exem	ptions A	dd Secti		and 2.	Enter the su		12.
			ead of house				You	Spou Filing	Status De	ependen	ts			
1		-			nust have Virgir			20	or 3			_	Total Section	on 1
			⊣as No Incoi parate Retur		rom Any Source	9	1	+	+		=	1 X \$930 =	93	0
If Filin	g Status 3 or 4, ent	•			ise's Social Sec	urity Number	You or ov	65 Spouse er or ove		Spou: B l ine	se d		Total Sect	tion 2
box at	top of form and en	nter Spouse'	s Name			·		+	+	+]= [X \$800 =	=	
	-	-												
1	Adjusted Gross In	come from	federal returi	n - N	ot federal taxab	le income					1	-	112353	00
2	Additions from Sc	hedule 763	ADJ, Line 3.								2			00
3	Add Lines 1 and	2									3	-	112353	00
4	Age Deduction (S								•••••	You	4a			00
	Enter Birth Dates and Your Spouse'	above. Ente 's Age Dedu	er Your Age L ction on Line	edu 9 4b	ction on Line 4a	۱ 			Spc	ouse	4b			00
5	Social Security Ac	ct and equiva	alent Tier 1 F	Railro	ad Retirement	Act benefits repo	orted on yc	ur federa	ıl return.		5			00
6	State income tax	refund or ov	erpayment c	redit	reported as inc	ome on your fea	leral return	l			6			00
7	Subtractions from	Schedule 7	63 ADJ, Line	e 7							7			00
8	Add Lines 4a, 4b	o, 5, 6, and 7	7								8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI)	. Sub	otract Line 8 fro	om Line 3					9	-	112353	00
10	Itemized Deduction	ons from Virg	ginia Schedu	le A,	if applicable. Se	ee instructions					10			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter stand	dard deduction.	See instrue	ctions			11		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fron	n the Exemptior	n Sections 1 and	2 above.				12		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9							13			00
14	Add Lines 10, 11	, 12 and 13									14		8930	00
15	Virginia Taxable Ir	ncome comp	outed as a re	sider	nt. Subtract Line	e 14 from Line 9					15	-	103423	00
16	Percentage from I	Nonresident	Allocation S	ectio	n on Page 2 (E	nter to one deci	mal place o	only)			16		79.6	%
17	Nonresident Taxa	ble Income.	(Multiply Lin	e 15	by percentage	on Line 16)					17		82325	00
18	Income Tax from	Tax Table or	Tax Rate Sc	hedu	ule						18		4476	00
19a	Your Virginia inco	me tax with	neld. Enclose	e For	ms W-2, W-2G,	1099, and VK- ²					19a		4631	00
	Dept. of Taxation F 1044 Rev. 02/23 REV 02/23/24 P	For Local Use	LTD		\$							XXX	XXX	

2023 FORM 763 Page 2

2023	FORM 763 Page 2					
Your N ARUI	ame NA DAPATLA	Your SSN 892-99-7804				
19b	Spouse's Virginia income tax withheld. Enclose	se Forms W-2, W-2G, 1099, and VK-1		19b		00
20	2023 Estimated Tax Payments			20		00
21	2022 overpayment credited to 2023 estimated	d tax		21		00
22	Extension Payment - submitted using Form 7	60IP		22		00
23	Credit for Low-Income Individuals or Virginia	Earned Income Credit from Schedule 763 A	ADJ, Line 17	23		00
24	Total credits from Schedule OSC.			24		00
25	Credits from Schedule CR, Section 5, Line 14	۹		25		00
26	Total payments and credits. Add Lines 19	a through 25.		26	4631	00
27	If Line 18 is larger than Line 26, enter the diff	erence. This is the INCOME TAX YOU OW	E	27		00
28	If Line 26 is larger than Line 18, enter the diff	erence. This is the OVERPAYMENT AMOU	INT	28	155	00
29	Amount of overpayment on Line 28 to be CREE	DITED TO 2024 ESTIMATED INCOME TAX		29		00
30	Virginia529 and ABLE Contributions from Sch	nedule VAC, Part I, Line 6		30		00
31	Other Voluntary Contributions from Schedule	VAC, Section II, Line 14		31		00
32	Addition to Tax, Penalty, and Interest from en See instructions Enclo	,		32		00
33	Sales and Use Tax is due on Internet, mail ord See instructions	er, and out-of-state purchases (Consumer's k here if no sales and use tax is due	Use Tax).	33		00
34	Add Lines 29 through 33			34		00
35	If you owe tax on Line 27, add Lines 27 and 3 Line 34 is larger than Line 28, enter the differ www.tax.virginia.govCheck here if pa	ence. AMOUNT YOU OWE. Enclose paym	nent or pay at	35		00
36	If Line 28 is larger than Line 34, subtract Line 3	4 from Line 28. This is the amount to be REF	UNDED TO YOU.	36	155	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

		Y	our E	Bank	Rou	ting	Trans	it N	umb	er			Your	Bank	(Acc	coun	t Nur	nber	,	Che	cking	X	S	avin	gs		
	estic Accounts Only ternational Deposits	3	2	2	2	7	1	6	2	7]	8	8 8	6	0	8	8	3	7	3							
Nor	resident Allocation	n Per	cen	tage	e											/	۱ - A l	II So	urc	es		в-	Virg	inia	Sou	ces	
1.	Wages, salaries, tips,	etc												1				11	L23	53	00				894	37	00
2.	Interest income													2							00						00
3.	Dividends													3							00						00
4.	Alimony received													4							00						00
5.	Business income or lo	oss												5							00						00
6.	Capital gain or loss/ca	apital	gain	disti	ributi	ons								6							00						00
7.	Other gains or losses													7							00						00
8.	Taxable pensions, an	nuitie	s and	IR/	A dist	ributi	ons.							8							00						
9.	Rents, royalties, partr	ershi	ps, e	state	es, tr	usts,	S co	rpor	atior	ns, e	tc			9							00						00
10.	Farm income or loss.													10							00						00
11.	Other income													11							00						00
12.	Interest on obligations	s of o	ther s	state	s fro	m Sc	hedu	ıle 7	63 A	DJ,	Line 1			12							00						
13.	Lump-sum and accun	nulati	on di	strib	ution	s inc	ludeo	d on	Sch	. 763	3 ADJ,	Line	э3	13							00						00
14.	TOTAL - Add Lines 1	throu	gh 13	3 and	d ent	er ea	ch co	olum	nn to	tal h	ere			14				11	L23	53	00				894	37	00
15.	Nonresident allocation percentage to one de			0										15											79.	6%	,
	(We) authorize the Dept	of Ta	xatio	n to d	discu	ss thi	s retu	rn w	rith m	ıy (ol	ur) prep	bare			la	gree	to ob	tain r	ny F	orm	1099-	G at www	w.tax	.virç	ginia.g	jov.	
I (We), the undersigned, decla	re und	er per	halty	provid	ed by	law th	at I (we) h	ave e	examine	d this	s returr	and t	o the	best o	of my ((our)	know	ledge	e, it is a	a true, corr	ect, a	nd co	omplete	e retu	rn.

Your Signature		Your Phone Number	Date	<u>.</u>
		(669) 308-6503		
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN	Vendor Code
			P02470833	1555
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN
VENKATA SAI PAVAN KUMAR DUDIPALLI	GLOBAL TAXES LLC	(678) 965-9522	7	

1555 REV 02/23/24 PRO

2023 Schedule INC/CG

892997804

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

ARUNA DAPATLA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
892997804	W	4631.	770205035	30770205035F001	89437.

Total VA Withholding	SSN	VA Withholding
You	892997804	4631.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN. REV 02/23/24 PRO

1555

Tax Year

2023

Virgi	inia Submission Identification Number (SID)										
You	r Name	B Your Social Sec	curity Number								
	NA DAPATLA	892-99-78	-								
Spo	use's Name	A Spouse's Socia									
Par		A Spouse	B Yourself								
	1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 1123 2. Viscinia Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 1123										
	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 112										
	3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 8232										
	4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) 447										
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 4631										
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) 155. Part II Declaration of Taxpayer and Signature Authorization										
Dece Retu numl filing liable Virgi refur of the signa	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. Taxpayer's e-File PIN: check one box only Implicient Tax States LLC										
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	k only if you are entering	your own e-File								
	Your Signature Date										
Spor	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.										
Spou	use'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 4 9 6 6 1 9 8 9											
indic Hano	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	D's Signature Date										
1555		Form	/A-8879 (REV. 8/23)								

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do i	not wr	ite or stap l e	in this space.
For the year Jan	a 31, 2023, or other tax year beginning	, 2023, ending , 20					, 20	See separate instructions.					
Your first name	and m	d middle initial								You	ır soc	ial securi	ty number
ARUNA			DAP	ATLA						89	892 99 7804		
	oouse's	s first name and middle initial	Last na	ame						_			curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	Apt. no.	Pre	Presidential Election Campaign		
18277 BF	RIDLI	E CLUB DR										ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	e spaces below. State			te						ntly, want \$3
TAMPA				F			FL 33					w will not	Checking a change
Foreign country	name			Foreign province/state/county				Foreign postal code y				or refund.	0
												🗌 You	Spouse
Filing Status		Single Head of household (HOH)											
Check only		Married filing jointly (even if only one had income)											
one box.		Married filing separately (MFS) Qualifying surviving spouse (QS)								e (QSS	S)		
	lf y	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the									e chil	d's name	; if the
	qu	qualifying person is a child but not your dependent:											
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavr	ment for prope	rtv or	services):	or (b) s	ell.		
Assets		ange, or otherwise dispose of a dig						•		• •	,	🗌 Yes	🗙 No
Standard	Som	Someone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	You	: 🗌 Were born before January 2, 1	959 [Are bl	lind Spc	ouse	: 🗌 Was bor	m befo	ore Januar	v 2, 19	59	🗌 ls bl	lind
Dependents	s (see	(see instructions):		(2) Social security (3) Relationsh			ip (4) Check the box			qualif	es for (see	instructions):	
If more	(1) F	irst name Last name		number to you					Child tax cre			Credit for ot	her dependents
than four													
dependents, see instructions]			
and check	·												
here 🗌]			
Income	1a	Total amount from Form(s) W-2, b			•					H	1a	1	12,353.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)								-	1b	<u> </u>	
W-2 here. Also	C									·	<u>1c</u>	<u> </u>	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							<u>1d</u>	<u> </u>			
1099-R if tax	e								·	<u>1e</u>			
was withheld.	т				-					·	1f	+	
lf you did not get a Form	g L	Wages from Form 8919, line 6 .							•	1g		0.	
W-2, see	h i	Other earned income (see instruct	Other earned income (see instructions)								<u>1h</u>		
instructions.											1z	1 1	12,353.
Attach Sch. B	z 2a				· · · ·	. т	axable interest	 +		· }	2b	+	
if required.	3a	· · –	2a 3a				rdinary divide		• • •	•	<u>- 26</u> 3b	+	
	<u> </u>		4a				axable amoun			; ł	4b	1	
Standard	5a		5a				axable amoun			; ł	- 10 5b	1	
Deduction for— • Single or	6a		6a				axable amoun				6b	+	
Married filing	c	If you elect to use the lump-sum e		method.								<u> </u>	
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								Πľ	7	1	
 Married filing jointly or 	8	Additional income from Schedule 1, line 10								8	1		
Qualifying	9		ines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. †	9	1	12,353.
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26								. †	10	1	
 Head of household, 	dd - Outstand the do form the O. This is seen a directed success in some						. [11	1	12,353.			
\$20,800	12	Standard deduction or itemized	-	-	-					. [12		13,850.
 If you checked any box under 	13	Qualified business income deduct	ion fron	n Form 8	995 or Form	899	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	ro or les	s, enter -	-0 This is y	our I	taxable incom	ne .			15		98,503.

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

Form 1040 (2023)										Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3 🗌			16	17,046.	
Credits	17	Amount from Schedule 2, lir	ie3							17		
	18	Add lines 16 and 17 .								18	17,046.	
	19	Child tax credit or credit for	other dependen ⁻	ts from Scheo	lule 8812					19		
	20	Amount from Schedule 3, lin	ie8							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	17,046.	
	23	Other taxes, including self-e	mployment tax,	from Schedul	e 2, line 21	Ι.				23	0.	
	24	Add lines 22 and 23. This is	your total tax							24	17,046.	
Payments	25	Federal income tax withheld	from:									
-	а	Form(s) W-2					25a	18,	,178.			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	18,178.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 2	022 return					26		
qualifying child,	27	Earned income credit (EIC)			No	ь.	27					
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2			28					
	29	American opportunity credit	from Form 8863	8, line 8			29					
	30	Reserved for future use .					30					
	31	Amount from Schedule 3, lir	ie 15				31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other p	ayments a	and ref	undable	e credits		32		
	33	Add lines 25d, 26, and 32. These are your total payments								33	18,178.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33	. This is th	e amou	int you d	overpaid		34	1,132.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								35a	1,132.	
Direct deposit?	b	Routing number 3 2 2	2 7 1 6	2 7	с Тур	e: 🗙] Check	ing 🗌 S	Savings			
See instructions.	d											
	36	Amount of line 34 you want applied to your 2024 estimated tax 36										
Amount	37											
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instru	ictions				37		
	38	Estimated tax penalty (see in	nstructions) .				38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	ne IRS?	' See					
Designee	ins	tructions				• •		Yes. Co	mplete b	elow.	🗙 No	
	Designee's Phone Personal iden name no. number (PIN)								ication			
<u></u>				-					. ,			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi											
Here										nt vou an Identity		
	10	ur signature		Date		apation					IN, enter it here	
Joint return?					SOFTW	ARE	ENGIN	IEER	(see	inst.)		
See instructions	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation						the IRS sent your spouse an		
Keep a copy for your records.									dentity Protection PIN, enter it here see inst.)			
,									`			
		one no. (669) 308-650		Email address	ARUNA	.DEV		AIL.CON			Ob a shaife	
Paid		parer's name	Preparer's signat				Date		PTIN	0000	Check if:	
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUN	AR DUDI	PALLI			P0247(Self-employed	
Use Only		m's name GLOBAL TAX			- 0.001	~					(678)965-9522	
		m's address 245 ROONE		NSWICK N		6			Firm'	's EIN	88-2145487	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV 02	/23/24 PRO			Form 1040 (2023)	