

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

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
SINDHUPRIYA	AMGOTHU	207-97-9660
Present Home Address		A Spouse's Social Security Number
13455 SUNRISE VALLEY DR		
City, State and Zip Code		Online Filed Return <input type="checkbox"/>
HERNDON VA 20171		

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)		14,438.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		14,438.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		5,508.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		145.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		665.
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)		665.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2023 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____	_____	_____	_____
Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature	Date	SSN/PTIN
GLOBAL TAXES LLC		
Firm's name (or yours if self-employed)		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816		882145487
Address, City, State and Zip		EIN P02470833
Paid Preparer's Signature	Date	SSN/PTIN
VENKATA SAI PAVAN KUMAR DUDIPALLI		
Firm's name (or yours if self-employed)		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816		882145487
Address, City, State and Zip		EIN

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name SINDHUPRIYA	MI	Last Name AMGOTHU	Suffix	Your Social Security Number 207-97-9660	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 13455 SUNRISE VALLEY DR				Your Birth Date (mm-dd-yyyy) 08 - 02 - 1998	
City, Town or Post Office HERNDON		State VA	ZIP Code 20171	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence GA	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX COUNTY				Locality Code 059
					<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
1			X \$930 =	930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
			X \$800 =	

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	14438	00
2	Additions from Schedule 763 ADJ, Line 3.	2		00
3	Add Lines 1 and 2	3	14438	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	Add Lines 4a, 4b, 5, 6, and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	14438	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	Add Lines 10, 11, 12 and 13	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	5508	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	100.0	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	5508	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	145	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	665	00



Your Name SINDHUPRIYA AMGOTHU	Your SSN 207-97-9660
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19b	Spouse's Virginia income tax withheld. Enclose 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 tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23	145	00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	810	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .	28	665	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule 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 enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU .	36	665	00

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

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	1 1 1 0 0 0 6 1 4	7 6 1 5 7 2 3 9 2		

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	14438	00	14438	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9		00		00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	14438	00	14438	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			100.0%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

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

2023 Virginia Schedule 763 ADJ

Page 1



Your Name SINDHUPRIYA AMGOTHU	Your SSN 207-97-9660
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Additions to Adjusted Gross Income

1. Interest on obligations of other states, exempt from federal income tax, but not from state tax.	1		00
2. Other additions to adjusted gross income.			
2a. Conformity addition - See instructions.....	2a		00
2b - 2c. Refer to the Form 763 instructions for Other Addition Codes.			
		Code	
	2b	<input type="text"/>	00
	2c	<input type="text"/>	00
3. Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 763, Line 2.	3		00

Subtractions from Adjusted Gross Income

4. Income (interest, dividends or gains) from obligations or securities of the U.S. exempt from state income tax, but not from federal tax	4		00
5. Disability income reported as wages (or payments in lieu of wages) on your federal return. If claiming this subtraction you cannot also claim Age Deduction. Claim the one that benefits you most.			
5a. Enter YOUR disability subtraction on 5a.	5a		00
5b. Enter SPOUSE'S disability subtraction on 5b, if claiming Filing status 2	5b		00
6. Other Subtractions as provided in instructions			
6a. Conformity subtraction. See instructions	6a		00
6b - 6d. Refer to the Form 763 instructions for Other Subtraction Codes.			
		Certification Number	Code
	6b	<input type="text"/>	<input type="text"/>
	6c	<input type="text"/>	<input type="text"/>
	6d	<input type="text"/>	<input type="text"/>
7. Total Subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 763, Line 7.	7		00

Deductions from Virginia Adjusted Gross Income

8. Refer to the Form 763 instructions for Deduction Codes.			
		Code	
	8a	<input type="text"/>	00
	8b	<input type="text"/>	00
	8c	<input type="text"/>	00
9. Total Deductions. Add Lines 8a - 8c. Enter here and on Form 763, Line 13	9		00

Use Schedule ADJS if you are claiming more additions, subtractions or deductions than the Schedule 763 ADJ allows. Refer to the instructions for Other Codes.

Check this box



Your Name SINDHUPRIYA AMGOTHU	Your SSN 207-97-9660
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Tax Credit for Low-Income Individuals or Virginia Earned Income Credit - SEE INSTRUCTIONS

Family VAGI	Name	Social Security Number (SSN)	Guideline Income
Yourself	SINDHUPRIYA AMGOTHU	2 0 7 - 9 7 - 9 6 6 0	14438 00
Spouse		- -	00
Dependent		- -	00
Dependent		- -	00
10.	If more than 4 exemptions, enclose schedule listing the name, SSN & VAGI. Enter total Family Guideline Income here.	10	14438 00
11.	Enter the total number of exemptions reported in the table above. Next, go to the Poverty Guidelines Table shown in the Form 763 instruction book for this Line to see if you qualify for this credit	11	1
12.	If you qualify, enter the number of personal and dependent exemptions reported on your Form 763 (see instructions).	12	1
13.	Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14. If you do not qualify for the Tax Credit for Low-Income Individuals, but claimed an Earned Income Credit on your federal return, enter \$0 and proceed to Line 14	13	300 00
14.	Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim an Earned Income Credit on your federal return, enter \$0	14	0 00
15.	Multiply Line 14 by 20% (.20)	15	0 00
16.	Enter the greater of Line 13 or Line 15	16	300 00
17.	Compare the amount on Line 16 above to the amount of tax on Form 763, Line 18. Enter the lesser of the two amounts here and on Form 763, Line 23. This is your credit amount	17	145 00

Addition to Tax, Penalty and Interest

18.	Addition to tax	18	00
19.	Penalty..... <input type="checkbox"/> Late Filing Penalty <input type="checkbox"/> Extension Penalty	19	00
20.	Interest (accrued on the tax you owe)	20	00
21.	Total Addition to Tax, Penalty and Interest (add Lines 18 - 20). Enter here and on Form 763, Line 32	21	00

2023 Schedule INC/CG 207979660

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



SINDHUPRIYA AMGOTHU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
207979660	W	665.	881819517	30881819517F001	14438.

Total VA Withholding	SSN	VA Withholding
You	207979660	665.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SINDHUPRIYA Last name AMGOTHU Your social security number 207 97 9660

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State VA ZIP code 20171

Foreign country name Foreign province/state/county Foreign postal code

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and columns for amounts and taxable amounts.

Table with rows 2a through 6a and columns for taxable interest, ordinary dividends, and taxable amounts.

Table with rows 7 through 15 and columns for total income, adjusted gross income, standard deduction, and taxable income.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	59.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	59.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	59.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	59.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1,416.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,416.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,416.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,357.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,357.
Direct deposit? See instructions.	b	Routing number 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 7 6 1 5 7 2 3 9 2		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (512) 210-2624	Email address PRIYAAMGOTHU28@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return SINDHUPRIYA AMGOTHU	Taxpayer identification number 207-97-9660
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Dos and Don'ts Checklist for the Individual/Fiduciary (525-TV) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) gtc.dor.ga.gov/ .

Do:

- Use a payment voucher with a valid scanline.
- Only complete this voucher if you owe taxes.
- Complete the voucher in its entirety.
- Write your SSN or FEIN on your check or money order.
- Make your check or money order payable to: Georgia Department of Revenue
- Remember if the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- Mail your voucher and payment to the address listed below if your return was filed electronically.

**Processing Center
Georgia Department of Revenue
PO Box 740323
Atlanta, Georgia 30374-0323**


- Mail your return, payment voucher and payment to the address that appears on the return if filing a paper return.

Do not:

- Mail this entire page.
- Staple your payment and voucher together.
- Print on both sides of the paper.
- Handwrite any information.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

----- Cut along dotted line -----

525-TV (Rev. 06/05/23) Individual and Fiduciary Payment Voucher			Individual or Fiduciary Name and Address:	
2023		2452511513	SINDHUPRIYA AMGO THU 13455 SUNRISE VALLEY DR HERNDON VA 20171	
<input type="checkbox"/> Amended Return	<input type="checkbox"/> Paper Return	<input checked="" type="checkbox"/> Electronically Filed	TYPE OF RETURN: <input checked="" type="checkbox"/> 09-Individual <input type="checkbox"/> 10-Fiduciary	
Taxpayer's SSN or Fiduciary FEIN 207-97-9660	Spouse's SSN (if joint or combined return)	Tax Year 2023	Daytime Telephone Number	Vendor Code 115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740323
ATLANTA GA 30374-0323

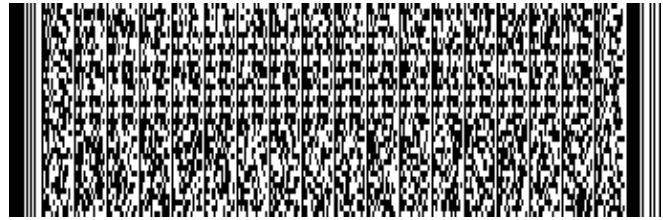
Amount Paid \$ 46.00

52500207979660723092120000000000000011500000046002

REV 01/29/24 PRO



2400411515



Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

Page 1

Fiscal Year Beginning

STATE VA ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

B60870989

YOUR FIRST NAME 1. SINDHUPRIYA

MI YOUR SOCIAL SECURITY NUMBER 207-97-9660

LAST NAME (For Name Change See IT-511 Tax Booklet) AMGOTHU

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 13455 SUNRISE VALLEY DR

CITY (Please insert a space if the city has multiple names) 3. HERNDON

STATE ZIP CODE VA 20171

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Qualified Dependents* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

REV 01/29/24 PRO



2400411525

YOUR SOCIAL SECURITY NUMBER
 207-97-9660

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	14438
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	14438
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	5400
(See IT-511 Tax Booklet)		
b. Self: 65 or over? Blind? Total x 1,300=.....	11b.	
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	5400
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	9038



2400411535

YOUR SOCIAL SECURITY NUMBER
207-97-9660

Page 3

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7c. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	6338
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	6338
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	197
17. Low Income Credit 17a. 1 17b. 8	17c.	8
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	145
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	153
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	44

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
 207-97-9660

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.		0
(Enter Tax Withheld Only and include W-2s and/or 1099s)			
24. Other Georgia Income Tax Withheld	24.		
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)			
25. Estimated Tax paid for 2023 and Form IT-560	25.		
26. Schedule 2B Refundable Tax Credits.....	26.		
(Cannot be claimed unless filed electronically)			
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.		0
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.		44
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.		
30. Amount to be credited to 2024 ESTIMATED TAX	30.		
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.		
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.		
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.		
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.		
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.		
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.		
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.		
38. Realizing Educational Achievement Can Happen (REACH) Program	38.		
(No gift of less than \$1.00)			



2400411555

YOUR SOCIAL SECURITY NUMBER
207-97-9660

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41. 2
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest 43.
- 44. (If you owe) Add Lines 28, 31 through 43 44. 46
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
 Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
 PO BOX 740399 ATLANTA, GA 30374-0399**

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29
THIS IS YOUR REFUND..... 45.
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
 PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

45a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number	Account Number
----------------	----------------

Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature	(Check box if deceased)	Spouse's Signature	(Check box if deceased)
----------------------	-------------------------	--------------------	-------------------------

Taxpayer's Date of Death	Spouse's Date of Death
--------------------------	------------------------

Taxpayer's Signature Date	Taxpayer's Phone Number	Spouse's Signature Date
---------------------------	-------------------------	-------------------------

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

VENKATA SAI PAVAN KUMAR DUDIPALLI

Signature of Preparer
Name of Preparer Other Than Taxpayer
VENKATA SAI PAVAN KUMAR D

Preparer's Phone Number
678-965-9522

Preparer's FEIN
88-2145487

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02470833



2120511516

Meets Exception 4 for an estate of a decedent or a testamentary trust

For tax years 2019 and later

(Attach this form to Form 500 or 501)

HOW TO FIGURE YOUR UNDERPAYMENT
 (Complete Lines 1 through 6)

YOUR FIRST NAME	SOCIAL SECURITY OR I.D. NUMBER
SINDHUPRIYA	207-97-9660
LAST NAME	
AMGOTHU	

1. Tax (from Form 500 Line 16 or Form 501 Line 8)	1.	197
2. Credits Used (from Form 500 Line 21 and Line 26 or Form 501 Line 9c and Line 11c)	2.	153
3. Balance Due (Line 1 less Line 2)	3.	44
4. Enter 100% of the Immediately Preceding Year's Tax (return must be for a 12-month period)	4.	
5. Enter 70% of the Amount Shown on Line 3	5.	31

		DUE DATE OF INSTALLMENTS			
See instructions for COVID-19 adjustments.					
6. Divide amount on Line 4 by the number of installments required for the year (See Instruction B), enter the results in appropriate columns	6.				
7. Divide amount on Line 5 by the number of installments required for the year (See Instruction B), enter the results in the appropriate column.....	7.	7	8	8	8
8. Enter the lesser of Line 6 or Line 7 for each period in the appropriate column	8.	7	8	8	8
9. Amounts paid on estimate for each period and tax withheld (withheld treated equally paid for each quarter)..	9.	0	0	0	0
10. Overpayment of previous installment (See Instruction E)	10.				
11. Total of Line 9 and Line 10	11.	0	0	0	0
12. Underpayment (Line 8 less Line 11) or Overpayment (Line 11 less Line 8)	12.	7	8	8	8

EXCEPTIONS WHICH AVOID THE PENALTY (See Instruction D)
 (Farmers and fishermen see Instruction G for special exception)

13. Total amount paid and withheld from Jan. 1, through the installment date indicated (withheld treated equally paid for each quarter)	13.	0	0	0	0
14. Exception 1. —Tax on prior years income using current year rates and exemptions	14.				
15. Exception 2. —Tax on annualized current year income	15.				Not
16. Exception 3. —Tax on current year's income over 3, 5, 8, month periods	16.				Applicable

HOW TO FIGURE THE PENALTY
 (Complete Lines 17 through 21 for installments not avoided by an exception)

17. Amount of underpayment (from Line 12)	17.	7	8	8	8
18. Date of payment or April 15, 20 <u>24</u> whichever is earlier (See Instruction F)	18.	04/15/2024	04/15/2024	04/15/2024	04/15/2024
19. Number of days from due date of installment to date shown on Line 18	19.	366	305	213	91
20. Penalty (9 percent a year on amount shown on Line 17 for the number of days shown on Line 19).....	20.	1	1	0	0
21. Penalty (Add amounts on Line 20) show this amount in the space provided on Form 500 / 501.....	21.				2

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name SINDHUPRIYA	MI	Last Name AMGOTHU	Suffix	Your Social Security Number 207-97-9660	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 13455 SUNRISE VALLEY DR				Your Birth Date (mm-dd-yyyy) 08 - 02 - 1998	
City, Town or Post Office HERNDON		State VA	ZIP Code 20171	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence GA	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX COUNTY				Locality Code 059
					<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
1			X \$930 =	930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
				X \$800 =

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	14438	00
2	Additions from Schedule 763 ADJ, Line 3.	2		00
3	Add Lines 1 and 2	3	14438	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.	7		00
8	Add Lines 4a, 4b, 5, 6, and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	14438	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.	13		00
14	Add Lines 10, 11, 12 and 13	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	5508	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	100.0	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	5508	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	145	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	665	00



Your Name SINDHUPRIYA AMGOTHU	Your SSN 207-97-9660
----------------------------------	-------------------------

19b	Spouse's Virginia income tax withheld. Enclose 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 tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23	145	00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	810	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .	28	665	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule 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 enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU .	36	665	00

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

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	1 1 1 0 0 0 6 1 4	7 6 1 5 7 2 3 9 2		

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	14438	00	14438	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9		00		00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	14438	00	14438	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			100.0%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

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

2023 Virginia Schedule 763 ADJ

Page 1



Your Name SINDHUPRIYA AMGOTHU	Your SSN 207-97-9660
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Additions to Adjusted Gross Income

1. Interest on obligations of other states, exempt from federal income tax, but not from state tax.	1		00
2. Other additions to adjusted gross income.			
2a. Conformity addition - See instructions.....	2a		00
2b - 2c. Refer to the Form 763 instructions for Other Addition Codes.			
		Code	
	2b	<input type="text"/>	00
	2c	<input type="text"/>	00
3. Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 763, Line 2.	3		00

Subtractions from Adjusted Gross Income

4. Income (interest, dividends or gains) from obligations or securities of the U.S. exempt from state income tax, but not from federal tax	4		00
5. Disability income reported as wages (or payments in lieu of wages) on your federal return. If claiming this subtraction you cannot also claim Age Deduction. Claim the one that benefits you most.			
5a. Enter YOUR disability subtraction on 5a.	5a		00
5b. Enter SPOUSE's disability subtraction on 5b, if claiming Filing status 2	5b		00
6. Other Subtractions as provided in instructions			
6a. Conformity subtraction. See instructions	6a		00
6b - 6d. Refer to the Form 763 instructions for Other Subtraction Codes.			
		Certification Number	Code
	6b	<input type="text"/>	<input type="text"/>
	6c	<input type="text"/>	<input type="text"/>
	6d	<input type="text"/>	<input type="text"/>
7. Total Subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 763, Line 7.	7		00

Deductions from Virginia Adjusted Gross Income

8. Refer to the Form 763 instructions for Deduction Codes.			
		Code	
	8a	<input type="text"/>	00
	8b	<input type="text"/>	00
	8c	<input type="text"/>	00
9. Total Deductions. Add Lines 8a - 8c. Enter here and on Form 763, Line 13	9		00

Use Schedule ADJS if you are claiming more additions, subtractions or deductions than the Schedule 763 ADJ allows. Refer to the instructions for Other Codes.

Check this box



Your Name SINDHUPRIYA AMGOTHU	Your SSN 207-97-9660
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Tax Credit for Low-Income Individuals or Virginia Earned Income Credit - SEE INSTRUCTIONS

Family VAGI	Name	Social Security Number (SSN)	Guideline Income
Yourself	SINDHUPRIYA AMGOTHU	2 0 7 - 9 7 - 9 6 6 0	14438 00
Spouse		- -	00
Dependent		- -	00
Dependent		- -	00
10.	If more than 4 exemptions, enclose schedule listing the name, SSN & VAGI. Enter total Family Guideline Income here.		10 14438 00
11.	Enter the total number of exemptions reported in the table above. Next, go to the Poverty Guidelines Table shown in the Form 763 instruction book for this Line to see if you qualify for this credit		11 1
12.	If you qualify, enter the number of personal and dependent exemptions reported on your Form 763 (see instructions).		12 1
13.	Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14. If you do not qualify for the Tax Credit for Low-Income Individuals, but claimed an Earned Income Credit on your federal return, enter \$0 and proceed to Line 14		13 300 00
14.	Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim an Earned Income Credit on your federal return, enter \$0		14 0 00
15.	Multiply Line 14 by 20% (.20)		15 0 00
16.	Enter the greater of Line 13 or Line 15		16 300 00
17.	Compare the amount on Line 16 above to the amount of tax on Form 763, Line 18. Enter the lesser of the two amounts here and on Form 763, Line 23. This is your credit amount		17 145 00

Addition to Tax, Penalty and Interest

18.	Addition to tax	18	00
19.	Penalty..... <input type="checkbox"/> Late Filing Penalty <input type="checkbox"/> Extension Penalty	19	00
20.	Interest (accrued on the tax you owe)	20	00
21.	Total Addition to Tax, Penalty and Interest (add Lines 18 - 20). Enter here and on Form 763, Line 32	21	00

2023 Schedule INC/CG 207979660

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



SINDHUPRIYA AMGOTHU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
207979660	W	665.	881819517	30881819517F001	14438.

Total VA Withholding	SSN	VA Withholding
You	207979660	665.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.