D-400 (50) 8-16-23 In < Staple All Pages of Your Return and W-2s Here	dividual Inco North Carol	me Tax Ret ina Department Amended Return		DOR Use Only	
For calendar year 2023, or fiscal year b	ZANENI HA Z 2. Married Filing . 5. Qualifying Wid e year? Yes ire year? Yes may contribute to the N e a contribution, enclose lesignation on Page 2, L jointly, your spouse wer	Spouse's SS Jointly 3. Marrie low(er) No X Re No X Re C. Education Endown Form NC-EDU and you ine 31. (See instruction e out of the country of	SUDANAGU N: 293975287 N: 330250063 Detring Separately Seturn for deceased to seturn for deceased syment Fund by making our payment of \$ Sons for information as an April 15, 2024, and	Year spouse died: Axpayer. Date of pouse. Date of g a contribution or de about the Fund.) To design a U.S. citizen or res	tomatic extension to file your creturn, e.g., Form 1040? No X death: death: esignating some or all of nate your overpayment
FS 2 PP Y	DT N OC	N TPRES	N SPRES	N VT	N SVT N
UMMA 9472 23116	DS N EA	N TD	S	SD	FDEXT N
RAMESH	UMMALANENI		293975287		
HARSHITA	SUDANAGUNTA		330250063	VA 2311	16
9472 SEAYFIELD LN			MECHANICS	SVILLE	
06 107863	16	0	26C		0
07 0	18 Y	0	26E		0
09 0	20A	3750	EU		1500 000
10A 2	20B	0	27		0
10B 2000	21A	0	29		0
11 S Y I N	21B	0	30		0
11 25500	21C	0	31		0
13 08242	21D	0	32		0
14 66235	26A	0	34	60)4
15 3146	26B	0			
TN 8046657813	PN 6	789659522	PP	P0208270)3
Sign Return Below X Refi			→ to discuss this return — to discuss	and attachments with t	ina Department of Revenue the paid preparer below. 6657813 tt Phone No. (Include area code)
•	son other than taxpayer, this cen				
SYAM PRIYA RAM SAGAR GUE Paid Preparer's Signature If REFUL If you ARE NOT due a refund, ma	Date Prepa ND, mail return to: N.C. D		r (Include area code) D. BOX R, RALEIGH, N	Prepare C 27634-0001	2082703 er's FEIN, SSN, or PTIN

Last Name (First 10 Characters) UMMALANENI 293975287 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 107863 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 107863 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 2 b. Enter the amount of the child deduction 10b. 2000 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 25500 11. 12. a. Add Lines 9, 10b, and 11 27500 12a. b. Subtract Line 12a from Line 8 12b. 80363 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.8242 14. N.C. Taxable Income 14. 66235 15. N.C. Income Tax 15. 3146 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 3146 17. 17. 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 3146 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 3750 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2023 estimated tax 21a. 0 21b. 0 Paid with extension 21b. 0 21c. Partnership 21c. S Corporation 21d. 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 3750 24. Previous Refunds 24. 0 25. Subtract Line 24 from Line 23 25. 3750 Tax Due 26a. 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. Ω 27. Pay this Amount 27. 0 604 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2024 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 0 31. N.C. Education Endowment Fund 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. \cap 33. Add Lines 29 through 32 34. 604 Amount to be Refunded 34

D-400 Sch PN (50)

Total Additions

8-16-23

2023 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

	DOR Use Only				
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If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last N	Name (First 10 Characters) UMMALANENI	You	ur Social Security Nui	mber 293975287
sources	that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident of another state during the tax year. You are a "nonresident" if Jmportant: Refer to the Instructions before com	id became you were i	a resident during the not a resident of N.C.	e tax year, or you moved out o
	important. Note: to the institutions before com	ipicarig and	, ioiiii.	
	NRT Y PYT N		22	90020
	NRS Y PYS N		23	109220
Part A	A. Residency Status			
	Taxpayer is: (Select applicable box)	Spor	JSE İS: (Select applicable I	oox)
│		ır Residen		
Date N	I.C. residency began Date N.C. residency ended Date N.C. re			Date N.C. residency ended
If vo	u and your spouse were both full-year residents of N.C., stop here ; do not complete F	Parts B an	d C. Do not attach So	chedule PN to Form D-400.
	3. Allocation of Income for Part-Year Residents and Nonresidents			
			COLUMN A	COLUMN B
Total	Income		Total Income	Amount of Column A
		1	from all Sources	Attributable to N.C.
1.	Wages, Salaries, Tips, Etc.	1.	90020	90020
2.	Taxable Interest	2.	0	0
3.	Taxable Dividends	3.	0	0
4.	Taxable Refunds, Credits, or Offsets	0.		
	of State and Local Income Taxes	4.	0	0
5.	Alimony Received	5.	0	0
6.	Business Income or (Loss)	6.	19200	0
7.	Capital Gain or (Loss)	7.	0	0
8.	Other Gains or (Losses)	8.	0	0
9.	Taxable Amount of IRA Distributions	9.	0	0
10.	Taxable Amount of Pensions			
	and Annuities	10.	0	0
11.	Rental Real Estate, Royalties, Partnerships,			
	S-Corps, Estates, Trusts, Etc.	11.	0	0
12.	Farm Income or (Loss)	12.	0	0
13.	Unemployment Compensation	13.	0	0
14.	Taxable Portion of Social Security	4.4	0	0
15	and Railroad Retirement Benefits	14. 15.	0	0
15. 16.	Other Income	15. 16.	109220	•
10.	Total Income	10.	109220	90020
			COLUMN A	COLUMN B
North	Carolina Adjustments	Α	mount from Form	Amount of Column A
			0-400 Schedule S	Attributable to N.C.
17.	Additions		_	_
	a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
	b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0
	c. Bonus Depreciation	17c.	0	0
	d. IRC Section 179 Expense Other Additions to Enderal Adjusted Gross Income That Relate to Gross Income	17d.	0	0

18.

Last Name (First 10 Characters) UMMALANENI Your Social Security Number 293975287

			COLUMN A	COLUMN B Amount of Column A
			00 Schedule S	Attributable to N.C.
19.	Deductions			7
	a. State or Local Income Tax Refund	19a.	0	0
	b. Interest Income From Obligations of the United States			
	or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security and			
	Railroad Retirement Benefits	19c.	0	0
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement			
	e. Bonus Asset Basis	19e.	0	0
	f. Bonus Depreciation	19f.	0	0
	g. IRC Section 179 Expense	19g.	0	0
	h. Other Deductions From Federal Adjusted Gross			
	Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	109220	90020
Part (C. Part-Year Residents and Nonresidents Taxable Percentage			
00	Fates the Assessed Force Onlines B. Line O4			90020
22.	Enter the Amount From Column B, Line 21		_	
23. 24.	Enter the Amount From Column A, Line 21 Part-Year Residents and Nonresident Taxable Percentage		_	23. 109220 24. 0.8242

REV 02/07/24 PRO

2023 VA760CG Page 1





RAMESH HARSHITA UMMALANENI SUDANAGUNTA

9472 SEAYFIELD LN

MECHANICSVI	LLE	VA 23116			
SSN - You	UMMA	293975287	Vendor ID 1555		xxxxxx
SSN - Spouse	SUDA	330250063			
Fed Adj Gross Income (F	FAGI) 1.	107863.	Withholding (VA) - You	19A.	
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	107863.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroa	nd 5.		Credit - Low-Income or EIC	23.	
State Income Tax Overp	ayment 6.		Credit - Schedule OSC	24.	3146.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	3146.
Total VA Adj Gross Incom	ne (VAGI) 9.	107863.	Tax You Owe	27.	1408.
Itemized Deductions - VA	A Sch A 10.		Tax Overpayment	28.	
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	3720.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & B	Exemptions) 14.	19720.	Addition to Tax, Penalty & Interest	32.	18.
VA Taxable Income	15.	88143.	Sales and Use Tax	33.	
Amount of Tax	16.	4811.	Amount You Owe		1426.
Spouse Tax Adjustment	(STA) 17.	257.	Will Pay by Credit/Debit Card N Your Refund		
VAGI - Spouse	17A.	17843.		_	
Net Amount of Tax	18.	4554.	Bank Routing #		

Bank Account #

Filing Status, Age & License Information



Additional Filing Information



Г

Filing Status	2	Locality	085
Federal Head of Household		Uninsured & Authorize DMAS	
DOB - You	12301986	Name or Filing Status Change	
VA Driver's License ID - You	в63637319	Address Change	
VA Driver's License - Iss. Date - You	05252023	VA Return Not Filed Last Year	
Spouse Name (Filing Status 3 Only)		Dependent on Another's Return	
202.0	00041000	Farmer / Fisherman / Merchant Seaman	
DOB - Spouse	09041989	Amended	
VA Driver's License ID - Spouse			

Reason Code

Overseas on Due Date

VA Driver's License - Iss. Date - Spouse

Exemptions (A) Exemptions

You You	1	Exemptions (B) 65 & Over - You	Federal EIC & Amount
Spouse	1	65 & Over - Spouse	Deceased Indicator
Dependents	2	Blind - You	Form 760C or 760F
Total (A)	4	Blind - Spouse	No Sales & Use Tax Due Indicator
		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		8046657813
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA	Date	041424	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pr	eparer.	GLOBAI	Preparer Information L TAXES LLC	7	P02082703

File by May 1, 2024

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

245 ROONEY CT E BRUNSWICK

NJ 08816

Page 2 of 2

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	igations (other state)	1.			Low-Income Credit or VA EIC (Total Exemptions	con't) 11.	
Other Additions Conformity Add		2A.			# of Personal Exemptions	12.	
	2B.				Total Exemptions Amount or \$0	13.	
	2C.				Federal EIC	14.	
Total Additions		3.			20% of Line 14	15.	
Subtractions					Greater of Line 13 or Line 15	16a.	
	oligations / securities)	4.			15% of Line 14	16b.	
	ne (wages) - You	5A.			Credit	17.	0.
	me (wages) - Spouse	5B.			Addition to Tax, Penalty & Inte	rest	
Other Subtract Conformity Sul		6A.			Addition to Tax	18.	18.
6B.	Code				Penalty	19.	
6C.	Code				Late Filing Penalty		
6D.	Code				Extension Penalty		
Total Subtraction	ons	7.			Interest	20.	
Deductions	8A.				Total Adjustments	21.	18.
	8B.				ŕ		
	8C.						
Total Deduction		9.					
	djustments - Schedule ADJS	.					
	credit or VA EIC						
Family	Name	SSN		VAGI			
You							
Spouse							
Dependent							
Dependent							
Total Family V	AGI		10.				

2023 Schedule FED/CG

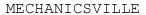
RAMESH UMMALANENI HARSHITA SUDANAGUNTA

9472 SEAYFIELD LN

293975287

330250063

085



VA 23116

	SCHEDULE C and/or SCHEDULE F INFORMATION								
1.	Schedule Name	First Schedule Info.	С	Second Schedule Info.					
	Г								
2.	Gross Receipts or Sales	19200.							
3.	Depreciation/Expense Deduction								
4.	Business Activity Code	518210							
5.	Business Locality Code	085							
6.	Car & truck expenses								
7.	Inventory at end of year								
8.	# of miles you used your vehicle for: Business	3750							
9.	# of miles you used your vehicle for: Commuting								
10.	# of miles you used your vehicle for: Other	1450							
		SCHEDULE 2106 INF	ORMATION						
11.	# of miles you used your vehicle for: Business								
10	# of miles viscous advisory which for Communities								

- 12. # of miles you used your vehicle for: Commuting
- 13. # of miles you used your vehicle for: Other
- 14. % of business use of vehicle: Vehicle 1
- 15. % of business use of vehicle: Vehicle 2

SCHEDULE 4562 INFORMATION

- 16. Property Used more than 50% in qualified business Type of Property
- 17. Date placed in service
- 18. Business/Investment Use %
- 19. Cost or other basis
- 20. Depreciation Deduction
- 21. Elected Section 179 Cost
- 22. Business Locality Code

2023 Schedule OSC/CG

Enclose other state tax returns when filing





293975287

Credit Computation State 1
If Claiming border state

1.	Filing Status - other state's return	2	6.	Other State Abbreviation	NC
2.	Person Claiming the Credit	3	7.	Virginia Income Tax	4554.
3.	Qualifying Taxable Income - other state	66235.	8.	Income percentage	75.1
4.	Virginia Taxable Income	88143.	9.	Virginia Ratio of Income Tax	3420.
5.	Qualifying Tax Liability - other state	3146.	10.	Credit Allowed	3146.

Credit Computation State 2

11. Filing Status - other state's return	10.	Other State Appreviation
12. Person Claiming the Credit	17.	Virginia Income Tax
13. Qualifying Taxable Income - other state	18.	Income percentage
14. Virginia Taxable Income	19.	Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20.	Credit Allowed

Credit Computation State 3		
21. Filing Status - other state's return	26.	Other State Abbreviation
22. Person Claiming the Credit	27.	Virginia Income Tax
23. Qualifying Taxable Income - other state	28.	Income percentage
24. Virginia Taxable Income	29.	Virginia Ratio of Income Tax
25. Qualifying Tax Liability - other state	30.	Credit Allowed
	31.	Total Credit Claimed

Enclose other state tax returns when filing your Virginia tax return.

3146.

760C 2023

Underpayment of Virginia Estimated Tax by Individuals, Estates, and Trusts



Attach this form to Form 760, 763, 760PY or 770.

Fiscal Year Filers : Enter beginning date 20 <u>99</u> , ending	date 20 99 , and check here \Box
First Name, Middle Initial, and Last Name (of Both If Joint) - OR - Name of Estate or Trust	Your Social Security Number or FEIN
R UMMALANENI & H SUDANAGUNTA	293-97-5287
If Estate or Trust, Name and Title of Fiduciary	Spouse's Social Security Number
	330-25-0063
	Office Use SC Office Use Payment

Part I - Compute Your Underpayment

2023 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits (If \$150 or less, you are not required to file Form 760C.)	1.	1,408.
2. Enter 90% of the Amount Shown on Line 1	2.	1,267.
3. 2022 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits	3.	270.
4. Enter the Amount From Line 2 or Line 3, Whichever Is Less	4.	270.
5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments	5.	4

Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line

				Α	В	С	D
6.	Due Dates of Installment Payments		May 1, 2023	June 15, 2023	Sept. 15, 2023	Jan. 15, 2024	
7.	7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns.)		67.	67.	68.	68.	
8.	Enter the Income Tax Withhe	eld for Each Insta	Ilment Period				
9.	Enter the Overpayment Cre Return	edit From Your 20	022 Income Tax				
10.	Enter the Amount of Any I Installment Period in the App (Do not enter any late paym	propriate Column	Made for Each				
	Underpayment or [Overpayment (Subtract Lines 8, 9 and 10 overpayment.)		instructions for	67.	67.	68.	68.
12.	Other Payments (Enter the payments from the below, beginning with the ea enter more than the under	arliest påyment re	ecorded. Do not				
		Date	Amount				
	a. First Payment						
	b. Second Payment						
	c. Third Payment						
	d. Fourth Payment						
13.	Enter the Total Timely Paym Due Date From Lines 8, 9, 1 (For ex., in Column Aenter al	0 and 12					
14.	Subtract Line 13 From Line (If the sum of all underpa OVERPAYMENTS) reported not subject to an addition to more than \$150, proceed to	ayments (do no is \$150 or less, st tax. If your unde	top here; you are	67.	67.	68.	68.

Continued on Back -

Late Payment/Overpayment Table (See Instructions for Lines 11 and 12.)

(
Date of Payment	Date of Payment	Date of Payment	Date of Payment			
Payment Amount \$	Payment Amount \$	Payment Amount \$	Payment Amount \$			

Р



Above OR Enter the Pull Standard Deduction in Each Column if You Did Not Claim Itemized Deductions c. Compute the Annualized Child and Dependent Care Expenses and other deductions for Each Period d. Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 18b, 18c, and 18d from Line 18a.) f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on line 18e above.) g. Multiply Line 18f by the Percentage Shown for Each Period 22.5% 45% 67.5% 19. Exception 4 Worksheet: Tax on 2023 Income Over a 4, 5, and 8 Month Period* (* 3, 4, and 7 months for estates and trusts) From January 1 to: April 30 May 31 August 31 a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction c. Enter the Child and Dependent Care Expenses and other deductions for Each Period d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)	D an. 15, 2024	C Sept. 15, 2023	B June 15, 2023	A May 1, 2023		Exceptions That Void the Addition to Tax	ırt II -		
(Multiply the 2022 tax by the percentage in each col.) Exception 2: Tax on Prior Year's Income Using the 2023 Rates and Exemptions (Multiply the 2022 tax by the percentage in each col.) Exception 3 Worksheet: Tax on Annualized 2023 Income (Use the formula below to compute the amount on lines 18a, b and c for Lines 18a, b and c: April 30 column: May 31 column: August					23 Through the		15.		
2023 Rates and Exemptions (Multiply the 2022 tax by the percentage in each col.) 216. 54. 108. 162. 18. Exception 3 Worksheet: Tax on Annualized 2023 Income (Use the formula below to compute the amount on lines 18a, b and c for Lines 18a, b and c: April 30 column: Multiply the actual amount for the period ended April 30, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31 column: Multiply the actual amount for the period ended August 31 column: Multiply the actual amount for the period ended August 31 column: Multiply the actual amount for the period ended Mught 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended Mught 31, 2023, by 2.5. From January 1 to: April 30 May 31 August 31 August 31 column: Multiply the actual amount for the period ended Mught 31, 2023, by 1.5. From January 1 to: April 30 May 31 August 31 August 31 column: Multiply the actual amount for the period ended Mught 31, 2023, by 1.5. From January 1 to: April 30 May 31 August 31 August 31 column: Multiply the actual amount for the period ended Mught 31, 2023, by 1.5. August 31 column: Multiply the actual amount for the period ended Mught 31, 2023, by 1.5. April	100% 270.			-			16.		
18. Exception 3 Worksheet: Tax on Annualized 2023 Income (Use the formula below to compute the amount on lines 18a, b and c for Lines 18a, b and c: April 30 column: Multiply the actual amount for the period ended April 30, 2023, by 3. May 31 column: August 31 column: April 30 May 31 August 31 column: April 30 May 31 August 31 column: April 30 May 31 August 31 column: April 30 May 31 August 31 column: August 31 column: August 31 column: Algust 31 column: Algust 31 column: April 30 May 31 August 31 column: Algust 31 column: Algust 31 column: Algust 31 column: Algust 31 column: Apri	100%						17.		
Lines 18a, b and c: April 30 column: Multiply the actual amount for the period ended April 30, 2023, by 3. May 31 column: Multiply the actual amount for the period ended May 31, 2023, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 1.5. August 31 column: Multiply the actual amount for the period ended August 31, 2023, by 1.5.	216.						40		
a. Annualized Virginia Adjusted Gross Income (VAGI) for Each Per b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column If You Did Not Claim Itemized Deductions c. Compute the Annualized Child and Dependent Care Expenses and other deductions for Each Period d. Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 18b, 18c, and 18d from Line 18a.) f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on line 18e above.) g. Multiply Line 18f by the Percentage Shown for Each Period 22.5% 45% 67.5% 19. Exception 4 Worksheet: Tax on 2023 Income Over a 4, 5, and 8 Month Period* (* 3, 4, and 7 months for estates and trusts) From January 1 to: April 30 May 31 August 31 a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction c. Enter the Child and Dependent Care Expenses and other deductions for Each Period d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)	or each col.)), 2023, by 3. , 2023, by 2.4.	iod ended April 30 iod ended May 31,	amount for the per amount for the per	Multiply the actual a	Lines 18a, b and c: April 30 column: May 31 column:	16.		
b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column If You Did Not Claim Itemized Deductions c. Compute the Annualized Child and Dependent Care Expenses and other deductions for Each Period d. Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 18b, 18c, and 18d from Line 18a.) f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on line 18e above.) g. Multiply Line 18f by the Percentage Shown for Each Period 22.5% 45% 67.5% 19. Exception 4 Worksheet: Tax on 2023 Income Over a 4, 5, and 8 Month Period* (* 3, 4, and 7 months for estates and trusts) From January 1 to: April 30 May 31 August 31 a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction c. Enter the Child and Dependent Care Expenses and other deductions for Each Period d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)		August 31	May 31	April 30	rom January 1 to:	F			
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(Enter the Va. income tax on the amount(s) shown on line 18e above.) g. Multiply Line 18f by the Percentage Shown for Each Period 22.5% 45% 67.5% 19. Exception 4 Worksheet: Tax on 2023 Income Over a 4, 5, and 8 Month Period* (* 3, 4, and 7 months for estates and trusts) From January 1 to: April 30 May 31 August 31 a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction c. Enter the Child and Dependent Care Expenses and other deductions for Each Period d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)	& July 31.								
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deductions for Each Period d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)	the fourth								
Return e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)	period.				nd other				
(Subtract Lines 19b, c and d from Line 19a.)					ned on Your				
f Virginia Tay									
(Enter the Va. income tax on the amount(s) shown on Line 19e above.)					n Line 19e above.)	f. Virginia Tax (Enter the Va. income tax on the amount(s) shown of			
g. Multiply Line 19f by 90% (.90) for Each Period						g. Multiply Line 19f by 90% (.90) for Each Period			

Part III - Compute the Addition to Tax

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

Hulli	number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.				
		Α	В	С	D
		May 1, 2023	June 15, 2023	Sept. 15, 2023	Jan. 15, 2024
20.	Amount of Underpayment From Line 14, Part I	67.	67.	68.	68.
21.	Date of Payment From Line 12, Part I (If no payments were entered on Line 12, enter the actual date of payment or May 1, 2024, whichever is earlier.)	05/01/2024	05/01/2024	05/01/2024	05/01/2024
22a.	Number of Days After Installment Due Date Through Date Paid or September 30, 2023, Whichever Is Earlier (if September 30, 2023, is earlier, enter 152, 107, and 15 respectively).	152	107	15	
b.	Number of Days After September 30, 2023 (January 15, 2024 for 4th installment), Through Date Paid or May 1, 2024, Whichever Is Earlier (if May 1, 2024, is earlier, enter 214, 214, 214 and 107 respectively).	214	214	214	107
23a.	Multiply the Number of Days in Each Column on Line 22a by the Daily Rate .00025 (9% Per Annum)	0.03800	0.02675	0.00375	
b.	Multiply the Number of Days in Each Column on Line 22b by the Daily Rate .00027 (10% Per Annum)	0.05778	0.05778	0.05778	0.02889
C.	Add Line 23a and Line 23b in Each Column.	0.09578	0.08453	0.06153	0.02889
24.	Multiply the Amount on Line 20 by Line 23c for Each Column	6.42	5.66	4.18	1.96
25.	Addition to Tax Total the amounts on Line 24. Enter here and on the "Addition to Tax" lir tax return.	ne on your income			18.

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

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

Virginia Submission Identification Number (SID)					
Your Name	B Your Social Sec	urity Number			
RAMESH UMMALANENI	293-97-528	•			
	A Spouse's Social				
HARSHITA SUDANAGUNTA	330-25-006	53			
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)		107863.			
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		107863.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		88143.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4554.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		1426.			
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)					
Part II Declaration of Taxpayer and Signature Authorization	·				
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
Taxpayer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 7 5 2 8 7 as my signature on my 2023 e-filed Do not enter all zeros	Virginia individual inco	ome tax return.			
GLOBAL TAXES LLC					
ERO Firm Name I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box or PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	nly if you are entering	your own e-File			
Your Signature Date					
Spouse's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 5 0 0 6 3 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros					
GLOBAL TAXES LLC					
ERO Firm Name		53-			
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.					
Spouse's Signature Date					
Part III Certification and Authentication – Practitioner PIN Method Only					
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1					
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
ERO's Signature Date	-24				