IRS e-file Signature Authorization

OMB No. 1545-0074

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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 security number BHANU PRAKASH SOMSETTY 444-53-8052 Spouse's social security number Spouse's name 777-36-8997 LAVANYA BASETTI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 86,689. 1 1 2 2 6,637. 3 3 17,349. 4 4 10,712. 5 5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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 further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| | | | | FBO firm name | | Ē | ſ |
|---|-------------|----------|-------|---------------|-----------------------------|-----|---|
| X | l authorize | GLOBAL 7 | TAXES | LLC | to enter or generate my PIN | | - |
| | | | - | | | 1.3 | Ś |

| 3 | 8 | 0 | 5 | 2 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent don | er fiv i't er | ve di nter a | gits, all ze | but ros | as my |

Enter five digits, but don't enter all zeros

6 8 9 9 7

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ► | ate 🕨 | • | | | | | | | | |
|---|---|-----|----|--|---|-------------|---|---|---|--|
| Practitio | ner PIN Method Returns Only—continue | bel | ow | | | | | | | |
| Part III Certification and Authentica | tion — Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN fol | lowed by your five-digit self-selected PIN. | 2 | 2 | | - | 0 all ze | 2 | 7 | 1 | |

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 🕨 | | | | | | | |
|---|---|------------------|---------------------------------|--|--|--|--|
| | ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | |
| For Paperwork Reduction Act Notice, see your tax return | rn instructions. | REV 01/21/24 PRO | Form 8879 (Rev. 01-2021) | | | | |

Date

to enter or generate my PIN

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use On | ly—Do not v | vrite or stap | le in this space. |
|---|---------------|--|-----------------|------------------|----------------------|--------------|-----------------|--------|---------------|--|---------------|-------------------------|
| For the year Jan | . 1–Dec | e. 31, 2023, or other tax year beginning | | | , 2023, end | ing | 1 | | , 20 | See se | parate in | structions. |
| Your first name | and mi | | Last na | me | | | | | | Your se | ocial secu | rity number |
| BHANU PF | AKAS | SH | SOMS | MSETTY | | | | | | | 53 | - |
| | | s first name and middle initial | Last na | | | | | | | | | ecurity number |
| LAVANYA | | | BASE | TTTT | | | | | | 777 | 36 | 8997 |
| | (numbe | er and street). If you have a P.O. box, see | | | | | | A | Apt. no. | | | tion Campaign |
| 2553 FAF | MCRE | EST DR | | | | | | c | 905 | | | u, or your |
| | - | ce. If you have a foreign address, also co | mplete s | paces bel | ow. | Sta | te | ZIP o | | | | ointly, want \$3 |
| HERNDON | | | | | | VA | A | 201 | .71 | | | d. Checking a ot change |
| Foreign country | name | | F | Foreign pr | ovince/state/ | | | Foreig | n postal code | | x or refun | • |
| | | | | | | | | | | | 🗌 You | I Spouse |
| Filing Status | ; | Single | | | | | Head of h | ouseh | old (HOH) | • | | |
| Check only | | Married filing jointly (even if only o | ne had i | ncome) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | Qualifying | surviv | ing spouse/ | (QSS) | | |
| | lf y | ou checked the MFS box, enter the | name c | of your sp | oouse. If you | ı che | ecked the HOH | l or Q | SS box, ent | er the ch | ild's nam | ne if the |
| | qu | alifying person is a child but not you | ır deper | ndent: | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (as | a reward | . award. or | pavr | nent for prope | rtv or | services): o | r (b) sell. | | |
| Assets | | ange, or otherwise dispose of a dig | • | | | | | • | , | ., | 🗌 Yes | s 🛛 No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | t 🗌 | Your spous | e as | a dependent | | | | | |
| Deduction | <u> </u> | Spouse itemizes on a separate retur | n or you | were a | dual-status | alien | 1 | | | | | |
| Age/Blindness | S You: | Were born before January 2, 1 | 959 | Are bl | ind Spo | ouse | : 🗌 Was bor | n befo | ore January | 2, 1959 | 🗌 Is | blind |
| Dependents | s (see | instructions): | | (2) S | Social security | | (3) Relationsh | ip (4 | - | box if qualifies for (see instructions): | | |
| If more | (1) Fi | irst name Last name | | | number | | to you | | Child tax | credit | Credit for | other dependents |
| than four dependents, | | | | | | | | | | | | |
| see instructions | s —— | | | | | | | | | | | |
| and check | | | | | | | | | | | | |
| here | 10 | Total amount from Form(a) W/ 2 h | av 1 (aa | a inatrus | tiono) | | | | | 4 | | <u> </u> |
| Income | 1a b | Total amount from Form(s) W-2, b | • | | , | | | | | · 18 | | 105,389. |
| Attach Form(s) | c | | | | | | | | | | | |
| W-2 here. Also attach Forms | d | Tip income not reported on line 1a (see instructions) | | | | | | | | · 10 | | |
| W-2G and | e | Taxable dependent care benefits f | | | | 10110 | | • • | | . 10 | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | ••• | | • • | | . 1 | | |
| If you did not | g | Wagaa from Form 2010 line 6 | | | | • | | • • | | . 10 | | |
| get a Form | h | Other earned income (see instruct | | | | | | | | . 11 | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | | | | 1i | | | - | - | |
| | z | Add lines 1a through 1h | | | | | | | | . 12 | 2 | 105,389. |
| Attach Sch. B | 2a | - | 2a | | | bТ | axable interes | t. | | . 21 | b | |
| if required. | 3a | Qualified dividends | 3a | | | b 0 | ordinary divide | nds . | | . 31 | b | |
| | 4a | IRA distributions | 4a | | | b T | axable amoun | t | | . 41 | b | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b T | axable amoun | t | | . 51 | b | |
| Single or | 6a | Social security benefits | 6a | | | bТ | axable amoun | t | | . 61 | b | |
| Married filing separately, | с | If you elect to use the lump-sum e | lection r | nethod, | check here | (see | instructions) | | | | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | dule D if | f required | d. If not requ | ired | , check here | | | 7 | | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line 1 | 0 | | | | | | . 8 | - | -18,700. |
| Qualifying spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is y | our total inc | ome | e | | | . 9 | | 86,689. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, l | ine 26 | | | | | | . 10 |) | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your a | djusted | gross incor | ne | | | | . 11 | | 86,689. |
| \$20,800 If you checked T | 12 | Standard deduction or itemized | deduct | ions (fro | m Schedule | A) | | | | . 12 | 2 | 27,700. |
| any box under Standard | 13 | Qualified business income deduct | ion from | Form 8 | 995 or Form | 899 | 5-A | | | . 1: | 3 | |
| Deduction, 14 Add lines 12 and 13 | | | | | | | | . 14 | + | 27,700. | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter · | -0 This is y | our f | taxable incom | ie . | | . 1 | 5 | 58,989. |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|------------------------------------|---------|---|-----------------------|---------------------|------------------------|-----------------------|----------------|---------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 6,637. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 6,637. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | [| 22 | 6,637. |
| | 23 | Other taxes, including self-e | | | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | [| 24 | 6,637. |
| Payments | 25 | Federal income tax withheld | | | | | | | , |
| . aj monto | а | Form(s) W-2 | | | | 25a 17 | ,349. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | | | | 25c | | | |
| | d | Add lines 25a through 25c | , | | | | | 25d | 17,349. |
| | 26 | 2023 estimated tax payment | | | | | | 26 | , |
| If you have a l qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use . | | - | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | - | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | , | - | | | | 33 | 17,349. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 10,712. |
| neiuliu | 35a | Amount of line 34 you want | - | | | , . | | 35a | 10,712. |
| Direct deposit? | b | Routing number 0 5 2 | | | | | Savings | 554 | 1077121 |
| See instructions. | d | Account number 4 4 6 | Cavings | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount | | | | | | 50 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | 51 | |
| Third Dorts | | | | | | | | | |
| Third Party Designee | | you want to allow another | | | | | omplete be | elow | × No |
| Designee | | signee's | | Phone | | | onal identific | | |
| | nai | | | no. | | | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare th | | | | | | | |
| Here | bel | ief, they are true, correct, and com | plete. Declaration of | of preparer (othe | r than taxpayer) is ba | ased on all informati | on of which | prepare | er has any knowledge. |
| | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity |
| | | | | | SOFTWARE 1 | | (see in | | IN, enter it here |
| Joint return? See instructions. | Sn | ouse's signature. If a joint return, I | ooth must sign | Date | SOFTWARE 1 | | ` | , | nt your spouse an |
| Keep a copy for | op | | our must sign. | Date | opouse s occupat | 1011 | | | ection PIN, enter it here |
| your records. | | | | | SOFTWARE I | ENGINEER | (see in | ist.) | |
| | Ph | one no. (240) 342-146 | 1 | Email address | BHANUSOMSE' | TTY@GMAIL.C | M | | |
| Deid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Paid | SYAM | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/27/2024 | P02082 | 703 | Self-employed |
| Preparer | Fir | m's name GLOBAL TAX | XES LLC | | | | | | (678) 965-9522 |
| Use Only | Fir | | Y CT E BRU | NSWICK N | J 08816 | | Firm's | | 84-3171965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BAA | REV 01/21/24 PRO | | | Form 1040 (2023) |
| - | | | | | | | | | |

REV 01/21/24 PRO

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 202 23

Attachment Sequence No. **01** Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number BHANU PRAKASH SOMSETTY & LAVANYA BASETTI 444-53-8052 Part I Additional Income Taxable refunds credits or offsets of state and local income taxes 4 4

| | raxable refunds, credits, or onsets of state and local income taxes | | | |
|-------|--|-----------------|--------|----------------------|
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | -616. |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E . | 5 | -18,084. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| с | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I. | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | , , , , , , , , , , , , , , , , , , , | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| ο | Section 951A(a) inclusion (see instructions) | 80 | - | |
| р | Section 461(I) excess business loss adjustment | 8p | _ | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | - | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | <u>8s</u> (| 2 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u | Wages earned while incarcerated | <u>8u</u> | - | |
| z | Other income. List type and amount: | | | |
| • | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter | | | _10 700 |
| D | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -18,700. |
| or Pa | Derwork Requiction act Notice see Volir tay return instructions | | Schodu | a 1 (Form 1040) 2023 |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

| Part | Adjustments to Income | | | | |
|----------|--|------------|------------|--------|----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | | | | |
| | officials. Attach Form 2106 | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| - | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | • • | | |
| a | | 24a | | | |
| - | Deductible expenses related to income reported on line 81 from the | 2.10 | | | |
| N | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | - 10 | | - | |
| Ŭ | and USOC prize money reported on line 8m | 24c | | | |
| d | Reforestation amortization and expenses | 24d | | - | |
| e | Repayment of supplemental unemployment benefits under the Trade | 2.10 | | - | |
| C | Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | - | |
| q | Contributions by certain chaplains to section 403(b) plans | 24g | | - | |
| | Attorney fees and court costs for actions involving certain unlawful | 2-TY | | - | |
| | discrimination claims (see instructions) | 24h | | | |
| : | | 2411 | | - | |
| | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect | | | | |
| | tax law violations | 24i | | | |
| : | Housing deduction from Form 2555 | 24i 24j | | | |
| ן ר | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24j | | | |
| ĸ | | 24k | | | |
| - | Other adjustments. List type and amount: | 24N | | - | |
| z | Other aujustitients. List type and antount. | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | 23 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |
| | BAA | | 01/21/24 P | | le 1 (Form 1040) 202 |

| | EDULE C m 1040) | | - 1040 | Profit or Loss (Sole P | ropriet | orship) | Farm 40 | 2 | No. 1545-0074 | | |
|----------|--------------------------------|--|-----------|------------------------------|-----------|---|--------------|-----------------------------|-----------------------------|--|--|
| | ment of the Treasury | | | | | 041; partnerships must generally file actions and the latest information | | Attaci | nment ence No. 09 | | |
| | of proprietor | | | | | | | Social security number (SSN | | | |
| | ANYA BASETTI | | | | | | | 36-8997 | | | |
| A | | | n. inclu | iding product or service (se | e instri | uctions) | 1 | r code from i | | | |
| | RIDE SHARE | | | | o mour | | | 8 5 3 | | | |
| С | | | | ess name, leave blank. | | | - | | er (EIN) (see ins | | |
| E | Business address | (including su | iite or r | oom no.) 2553 FAF | MCRE | IST DR, Apt. 905 | | | | | |
| | City, town or post | | | | | | | | | | |
| F | Accounting metho | ccounting method: (1) 🛛 Cash (2) 🗌 Accrual (3) 🗌 Other (specify) | | | | | | | | | |
| G | Did you "materially | y participate' | in the | operation of this business | during | 2023? If "No," see instructions for I | imit on lo | sses . 🔀 | Yes 🗌 N | | |
| н | | • • • | | • | - | | | | _ | | |
| I | | | | - | | n(s) 1099? See instructions | | | | | |
| J | | | | | | | | | | | |
| Par | | · | | | | | | | | | |
| 1 | | | | | | this income was reported to you of | | | 2,103 | | |
| 2 | | , | | | | | | | , | | |
| 3 | Subtract line 2 from | | | | | | . 3 | | 2,103 | | |
| 4 | | | | | | | . 4 | | 2,200 | | |
| 5 | 0 | | , | | | | | | 2,103 | | |
| 6 | | | | | | refund (see instructions) | | | 2,200 | | |
| 7 | | - | | • | | | . 7 | | 2,103 | | |
| Part | | | | s for business use of yo | | | | | 2/200 | | |
| 8 | Advertising | i | 8 | | 18 | Office expense (see instructions) | . 18 | | | | |
| 9 | Car and truck | | | | 19 | Pension and profit-sharing plans | | | | | |
| 9 | (see instructions) | | 9 | | 20 | Rent or lease (see instructions): | . 10 | | | | |
| 10 | Commissions and | t i i i i i i i i i i i i i i i i i i i | 10 | 319. | a | Vehicles, machinery, and equipmen | t 20a | | | | |
| 11 | Contract labor (see in | | 11 | | b | Other business property | | | | | |
| 12 | Depletion | · · · | 12 | | 21 | Repairs and maintenance | | | | | |
| 13 | Depreciation and s | | | | 22 | Supplies (not included in Part III) | | | | | |
| | expense deduct | | | | 23 | Taxes and licenses | . 23 | | | | |
| | included in Part instructions) | III) (see | 13 | | 24 | Travel and meals: | | | | | |
| 14 | Employee benefit | 1 | | | a | Travel | . 24a | | | | |
| 14 | (other than on line | | 14 | | b | Deductible meals (see instructions | | | | | |
| 15 | Insurance (other th | í l | 15 | | 25 | Utilities | | | 2,400 | | |
| 16 | Interest (see instru | | | | 26 | Wages (less employment credits) | 26 | | , | | |
| a | Mortgage (paid to b | | 16a | | 27a | Other expenses (from line 48). | | | | | |
| b | Other | | 16b | | | , | | | | | |
| 17 | Legal and profession | | 17 | | b | Energy efficient commercial bldg deduction (attach Form 7205). | | | | | |
| 28 | v , | | | business use of home. Add | l lines f | B through 27b | | | 2,719 | | |
| 29 | • | • | | | | · · · · · · · · · · · · | . 29 | | -616 | | |
| | • | · · · | | | | | | | 010 | | |
| 30 | unless using the s | | | | expe | nses elsewhere. Attach Form 882 | | | | | |
| | Simplified metho | d filers only: | : Enter | the total square footage of | (a) you | r home: | | | | | |
| | and (b) the part of | vour home i | ised fo | r business: | | . Use the Simplified | - | | | | |

| | bld | gs | | |
|-----|-----|----|-----|------------------------------|
|)5 |). | | 27b | |
| | | | 28 | 2,719. |
| | | | 29 | -616. |
| n | 88 | 29 | | |
| | | | | |
| | | | | |
| lif | ied | | | |
| | | | 30 | |
| | 、 | | | |
| | | | | |
| | } | | 31 | -616. |
| | | | | |
| | Ś | | | |
| | | | | |
| | ł | | 32a | X All investment is at risk. |

| 32b | Some investment is n | ot |
|-----|----------------------|----|
| | at risk. | |

 If you checked 32b, you must attach Form 6198. Your loss may be limited. For Paperwork Reduction Act Notice, see the separate instructions.

Net profit or (loss). Subtract line 30 from line 29.

• If a loss, you **must** go to line 32.

Form 1041, line 3.

31

32

Method Worksheet in the instructions to figure the amount to enter on line 30 .

• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.

If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule

SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on

REV 01/21/24 PRO

Schedule C (Form 1040) 2023

| | le C (Form 1040) 2023 | | | Page 2 |
|------|--|---------|-------------|---------------|
| Part | Cost of Goods Sold (see instructions) | | | |
| 33 | Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att | ach ex | planation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation | | . 🗌 Yes | 🗌 No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | | |
| 38 | Materials and supplies | 38 | | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | |
| 41 | Inventory at end of year | 41 | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | | |
| Part | Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562. | | | |
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) | | | |
| 44 | Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your | vehicle | e for: | |
| а | Business b Commuting (see instructions) c (| Other | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | 🗌 Yes | 🗌 No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | 🗌 Yes | No No |
| 47a | Do you have evidence to support your deduction? | | 🗌 Yes | No No |
| - | If "Yes," is the evidence written? | | 🗌 Yes | No |
| Part | V Other Expenses. List below business expenses not included on lines 8–26, line | 27b, | or line 30. | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | 1 | | |
| 48 | Total other expenses. Enter here and on line 27a | 48 | | |

| SCHE (Form | DULE E | (From re | (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | o. 1545-0074 |
|---------------|-----------------------------------|---|---|----------|------------|----------|----------|--------------------|-----------|---------------|------------------|
| • | ent of the Treasury | (i romre | Attach to Form 1040, | 1040- | SR, 1040- | NR, or | 1041. | | 010.) | 20 Attachm | |
| | Revenue Service | | Go to www.irs.gov/ScheduleE for | r instru | uctions an | d the la | atest in | | | Sequen | ce No. 13 |
| . , | shown on return | | | | | | | | | al security | |
| | | | Y & LAVANYA BASETTI | | | | | 4 | 44-5 | 3-8052 | |
| Part | Note: If yo | ou are in the | From Rental Real Estate an e business of renting personal proper from Form 4835 on page 2, line 40. | | | e C. See | e instru | ctions. If you are | an indiv | vidual, rep | ort farm |
| A D | | | ts in 2023 that would require you | to file | Form(s) 1 | 099? 5 | See ins | structions | | . 🗌 Ye | s 🛛 No |
| | | | u file required Form(s) 1099? | | | | | | | | |
| 1a | Physical addr | ess of ea | ch property (street, city, state, ZIF | code | e) | | | | | | |
| Α | 3-34 GOP | ULAPURA | M WANAPARTHY TELANAGA | ANA 1 | IN 5091 | 20 | | | | | |
| B | | | | | | | | | | | |
| <u>C</u> | | | | | | | | | | | |
| 1b | Type of Prope (from list below | | For each rental real estate prope above, report the number of fair | | | | Fa | | | al Use | QJV |
| A | 3 | <i>N</i>) | personal use days. Check the Q | | | Α | | Days 365 | Da | 0 | |
| B | 5 | | if you meet the requirements to f | ile as | a | B | | 305 | | 0 | |
| | | | qualified joint venture. See instru | ictions | S. | C | | | | | |
| | of Property: | 1 | | | | • | 1 | | | | |
| | Single Family R | esidence | 3 Vacation/Short-Term Ren | tal | 5 Land | 1 | 7 | Self-Rental | | | |
| 2 | Multi-Family Re | sidence | 4 Commercial | | 6 Roya | alties | 8 | Other (describe | e) | | |
| | | | | | | | | Properties | | | |
| Incom | e: | | | | | Α | | B | | | С |
| 3 | | 4 | | 3 | | | 21. | | | | • |
| 4 | | | | 4 | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | Advertising . | | | 5 | | | | | | | |
| 6 | Auto and trave | el (see inst | ructions) | 6 | | | | | | | |
| 7 | • | | ce | 7 | | 2,4 | 51. | | | | |
| 8 | | | | 8 | | | | | | | |
| 9 | | | | 9 | | | | | | | |
| 10 | 0 | | onal fees | 10 | | | 0.4 | | | | |
| 11 12 | - | | | 11 12 | | 2,8 | 84. | | | | |
| 12 | | | o banks, etc. (see instructions) | 12 | | | | | | | |
| 14 | | | | 14 | | 3.6 | 25. | | | | |
| 15 | | | | 15 | | | 51. | | | | |
| 16 | | | | 16 | | | | | | | |
| 17 | | | | 17 | | 3,2 | 14. | | | | |
| 18 | Depreciation e | xpense o | depletion | 18 | | 3,1 | 80. | | | | |
| 19 | Other (list) | | | 19 | | | | | | | |
| 20 | • | | es 5 through 19 | 20 | | 18,8 | 05. | | | | |
| 21 | | | e 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | file Form 6198 | | tructions to find out if you must | 0.1 | | -18,0 | ол | | | | |
| 22 | | | state loss after limitation, if any, | 21 | | -10,0 | 04. | | | | |
| 22 | | | | 22 | (| 18,08 | 84 | (|) | (| Ŋ |
| 23a | | - | orted on line 3 for all rental prope | | | <u> </u> | 23a | | , 721. | \ |) |
| b | | - | orted on line 4 for all royalty prop | | | | 23b | ` | - | | |
| с | | - | orted on line 12 for all properties | | | | 23c | | | | |
| d | Total of all am | ounts rep | orted on line 18 for all properties | | | | 23d | | L80. | | |
| е | | nounts reported on line 20 for all properties | | | | | | | | | |
| 24 | | | mounts shown on line 21. Do not | | 2 | | | | 24 | | |
| 25 | | | es from line 21 and rental real estate | | | | | | 25 | (| 18,084.) |
| 26 | | | and royalty income or (loss). | | | | | | | | |
| | | | IV, and line 40 on page 2 do no , line 5. Otherwise, include this ar | | | | | | | | -18,084. |
| For Pa | | , | tice, see the separate instructions. | | NE | | 14 51 | -18,084. | 26 | | -18,084. |

Schedule E (Form 1040) 2023

Additional Information From 2023 Federal Tax Return

Schedule C (RIDE SHARE SERVICES): Profit or Loss from Business Line 25

| Line 25 | Itemization Statement |
|---------------------------|-----------------------|
| Description | Amount |
| PHONE BILLS (80PM*12M) | 960. |
| INTERNET BILLS (120PM*12M | 1,440. |
| Total | 2,400. |



| BHANU | J PRAKAS | SON | ASETI | ΓY |
|-------|-----------|-----|-------|-----|
| LAVAI | JYA | BAS | SETTI | [|
| 2553 | FARMCREST | DR | APT | 905 |
| | | | | |

VA 20171

HERNDON

| _ | | | | _ | |
|--------------------------|-----------------|-----------|---|-------------------|---|
| SSN - You | SOMS | 444538052 | Vendor ID 1555 | XXXXX | l |
| SSN - Spouse | BASE | 777368997 | | | |
| Fed Adj Gross Income (| FAGI) 1. | 86689. | Withholding (VA) - You | 19A. 5177. | |
| Additions | 2. | | Withholding (VA) - Spouse | 19B. 19. | |
| Subtotal | 3. | 86689. | Estimated Payments | 20. | |
| Age Deduction - You | 4A. | | 2022 Overpayment | 21. | |
| Age Deduction - Spouse | e 4B. | | Extension Payments | 22. | |
| Soc Sec & Tier 1 Railroa | ad 5. | | Credit - Low-Income or EIC | 23. | |
| State Income Tax Overp | bayment 6. | | Credit - Schedule OSC | 24. | |
| Subtractions | 7. | | Credits - Schedule CR | 25. | |
| Subtotal Subtractions | 8. | | Total Payments / Credits | 26 . 5196. | |
| Total VA Adj Gross Inco | me (VAGI) 9. | 86689. | Tax You Owe | 27. | |
| Itemized Deductions - V | A Sch A 10. | | Tax Overpayment | 28. 1496. | |
| Standard Deduction | 11. | 16000. | Overpayment Credited to Next Year | 29. | |
| Exemptions | 12. | 1860. | VAC - Virginia 529 / ABLE | 30. | |
| Deductions | 13. | | VAC - Other Contributions | 31. | |
| Subtotal (Deductions & | Exemptions) 14. | 17860. | Addition to Tax, Penalty & Interest | 32. | |
| VA Taxable Income | 15. | 68829. | Sales and Use Tax | 33. | |
| Amount of Tax | 16. | 3700. | Amount You Owe | | |
| Spouse Tax Adjustment | (STA) 17. | | Will Pay by Credit/Debit Card N Your Refund | 1496. | |
| VAGI - Spouse | 17A. | | | | |
| Net Amount of Tax | 18. | 3700. | Bank Routing # | C 052001633 | |
| | L | | Bank Account # | 446041015579 | |

Г

444538052





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| lling Status, Age & License Information | | | Additional Filing Informati | on | | |
|---|--------------|-----------------------------------|--------------------------------------|-----|--|--|
| Filing Status | | 2 | Locality | 059 | | |
| Federal Head of Ho | ousehold | | Uninsured & Authorize DMAS | | | |
| DOB - You | | 09241989 | Name or Filing Status Change | | | |
| VA Driver's License | e ID - You | T68303754 | Address Change | | | |
| VA Driver's License | e - Iss. Dat | e-You 09012023 | VA Return Not Filed Last Year | | | |
| Spouse Name (Filin | ng Status 3 | 3 Only) | Dependent on Another's Return | | | |
| DOB - Spouse09091990VA Driver's License ID - Spouse | | 00001000 | Farmer / Fisherman / Merchant Seaman | | | |
| | | | Amended | | | |
| | | | Reason Code | | | |
| VA Driver's License | e - Iss. Dat | e - Spouse | Overseas on Due Date | | | |
| emptions (A) You | 1 | Exemptions (B) 65 & Over - You | Federal EIC & Amount | | | |
| Spouse | 1 | 65 & Over - Spouse | Deceased Indicator | | | |
| Dependents | | Blind - You | Form 760C or 760F | | | |
| Total (A) | 2 | Blind - Spouse | No Sales & Use Tax Due Indicator | | | |
| | | Total (B) | Obtain Electronic 1099G | | | |
| | | | ID Theft PIN | | | |

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 | | 2403 | 421461 |
|--|----------|--------|-------------------------------------|----|-------|-------------|
| Signature - Spouse | Date | | Phone - Spouse | | | |
| Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date | 012724 | Phone - Preparer | | 6789 | 659522 |
| The Tax Department may discuss my/our return with my/our pr | reparer. | GLOBA | Preparer Information L TAXES LLC | 7 | P02 | 082703 |
| File by May 1, 2024 Include Page 1, Page 2 and all supporting 760CG documents. 1555 REV 01/11/24 PRO | | - | OONEY CT NSWICK | NJ | 08816 | Page 2 of 2 |

2023 Schedule INC/CG 444538052

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

BHANU PRAKAS SOMSETTY

LAVANYA BASETTI

|--|--|--|

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| Г | | | | | Г |
| 444538052 | W | 5177. | 261222517 | 30261222517F001 | 104261. |
| 777368997 | W | 19. | 832898085 | 30832898085F001 | 1128. |

| Total VA Withholding | SSN | VA Withholding |
|-------------------------------|-----------|----------------|
| You | 444538052 | 5177. |
| Spouse | 777368997 | 19. |
| Total # of W-2s,1099s & VK-1s | 02 | |

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

2023 Schedule FED/CG

| BHANU | J PRAKAS | SOI | MSETT | Y |
|-------|-----------|-----|-------|-----|
| LAVAN | IYA | BAS | SETTI | |
| 2553 | FARMCREST | DR | APT | 905 |



HERNDON

VA 20171 444538052 777368997

059

SCHEDULE C and/or SCHEDULE F INFORMATION

| 1. | Schedule Name | First Schedule Info. | С | Second Schedule Info. | |
|-----|--|----------------------|-----------|-----------------------|--|
| | Г | | | | |
| 2. | Gross Receipts or Sales | 2103. | | | |
| 3. | Depreciation/Expense Deduction | | | | |
| 4. | Business Activity Code | 485300 | | | |
| 5. | Business Locality Code | 059 | | | |
| 6. | Car & truck expenses | | | | |
| 7. | Inventory at end of year | | | | |
| 8. | # of miles you used your vehicle for: Business | | | | |
| 9. | # of miles you used your vehicle for: Commuting | | | | |
| 10. | # of miles you used your vehicle for: Other | | | | |
| | | SCHEDULE 2106 IN | FORMATION | | |
| 11. | # of miles you used your vehicle for: Business | | | | |
| | # 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 INI | ORMATION | | |
| 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
- 1555 REV 01/11/24 PRO

Virginia Individual Income Tax e-File Signature Authorization

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

| Your Name B Your Social Security Number BIA3U_PERKASH_SOMSETTY A Spouse Social Security Number Spouse Name A Spouse Social Security Number VXPATA_BASETTI 777-36-897 Part I Tax Return Information A Spouse Social Security Number V rignia Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 10, culums A & B; Form 763, Line 9) 86689. 3. Tasable Income (Form 760CG, Line 17, 760PY, Line 10, culums A & B; Form 763, Line 9) 86689. 3. Tasable Income (Form 760CG, Line 17, 760PY, Line 10, culums A & B; Form 763, Line 19) 86689. 3. Trasable Income (Form 760CG, Line 17, 760PY, Line 10, culums A & B; Form 763, Line 19) 1.1 96682. 4. Virginia Income Tax (Form 760CG, Line 19, 760PY, Line 13, 50PY, T63, Line 30) 1.1 9261. 7. Refund (Form 760CG, Line 38, Form 763, Line 30) 1.1 926. 7. Refund (Form 760CG, Line 38, Form 763, Line 30) 1.1 9261. 7. Refund (Form 760CG, Line 38, Form 763, Line 30) 1.1 9261. 7. Refund (Form 760CG, Line 39, Form 763, Line 30) 1.1 9261. 7. Refund (Form 760CG, Line 39, Form 763, Line 30) 1.1 9261. 7. Refund (Form 760CG, Line 39, Form 763, Line 30) 1.1 9261. 7. Refund (Form 760CG, Line 39, Form 763, Line 100) | Virginia Submission Identification Number (SID) | | | | | | |
|--|--|-------------------|--------------|--|--|--|--|
| BHAND PRAKASH SOUSETY 444-53-8052 SOUSES Stand A Spouse Social Security Number TAVANYA, BASETTI 777-36-8997 Parti Tax Return Information A Spouse B Yourself 1. Federal Adjusted Grass income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 9) 96689. 2. Virginia Adjusted Grass income (Form 760CG, Line 1; 760PY, Line 10, columns A & B; Form 763, Line 19) 96689. 3. Taxable Income Tax (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 19) 37100. 5. Withholding (Form 760CG, Line 163, 760PY, Line 17, columns A & B; Form 763, Line 19) 37100. 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 30, Form 763, Line 30) 1496. Part II Declaration of Taxpeyer and Signature Authorization 1496. Part II Declaration of Taxpeyer and Signature Authorization 1496. Return Originator (ERO), Transmiter, or Intermediate Service Provider (including mr) mane, address and social security mortion and mount show in Part and table infers totar, particle and annotist bow in Part and table infers totar, particle and the information and annotist bow in Part and table infers totar, particle and the information and annotist bow in Part and the information and annotist bow in Part and table infers totar, particle and annotistow in Part and blevid, is totar and annotistow in Part and the V | | P. Vour Coold Coo | urity Number | | | | |
| Stouse is Name A Spouse is Social Security Number TAVANYA BASETTI 777-36-6997 Part I Tax Return Information 777-36-6997 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 86689. 2. Virgina Adjusted Gross Income (Form 760CG, Line 5; 760PY, Line 10, columns A & B; Form 763, Line 1) 86689. 3. Taxable Income Form 760CG, Line 15; 760PY, Line 10, columns A & B; Form 763, Line 19) 86689. 3. Taxable Income Form 760CG, Line 15; 760PY, Line 16; columns A & B; Form 763, Line 19) 86689. 4. Witpina Income Tax (Form 760CG, Line 35; 760P7 761PY, Line 36 & 150; Form 763, Line 30) 37000. 5. Withholding (Form 760CG, Line 35; Form 763, Line 30) 1496. Part II Declaration of Taxapayer and Signature Authorization 1496. Under pentites expention (FOR), Tomortific pentities and submerities 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. Horther declare that the information nor under a distributies and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. Horther declare that the information period more tax return. It data at identification norme tax return. It data tax identification norme tax return. It data distributies and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. It with ear int distributies into that the | | | | | | | |
| LAVANYA: BASETTI 777-36-6997 Part I Tax Return Information A Spouse B Yourself 1. Federal Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 19) 3.668.9. 3. Taxable Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 19) 3.668.9. 3. Taxable Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 19) 3.668.9. 3. Taxable Income (Form 760CG, Line 9; 760PY, Line 13, Columns A & B; Form 763, Line 19) 3.700. 3. Withholding (Form 760CG, Line 9; 760PY, Line 13, Colums A & B; Form 763, Line 19) 3.700. 5. Mithholding (Form 760CG, Line 3; Form 7674, Line 3; Form 763, Line 39) 1.496. Part II Declaration of Taxpayer and Signature Author/zation 1.496. Under granting (FRO), Transmitter, or Intermediate Service Provide (including my mane, address and social security number of indvidual income tax return. If an filing a balance due return, Lunderstand frat file Vignia Department of Taxation (Vignia Tax) does not receive ful and file my perment of my tax likelikity. I return in the information and amounts hown in Park inducing a mount shown in Park inducing a mount shown in Park inducing my mane, address and social security number of indvidual income tax return. If an filing balance due return, Lunderstand frat file Vignia individual income tax return and institution or dividual file my eaching properind my bacicoti of my tax lisability. I returin individua | | | | | | | |
| 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) 86.6639. 2. Virginia Adjusted Gross Income (Form 760CG, Line 3; 760PY, Line 10, columns A & B; Form 763, Line 13) 86.6639. 3. Taxable Income (Form 760CG, Line 13; 760PY, Line 110, columns A & B; Form 763, Line 13) 86.6639. 3. Taxable Income Tax (Form 760CG, Line 35; F00PY, Line 117, columns A & B; Form 763, Line 13) 37.001. 5. Withholding (Form 760CG, Line 35; Form 760, Line 30, Form 763, Line 30) 37.001. 7. Refund (Form 760CG, Line 35; Form 769. Line 30, Eorm 763, Line 30) 14.961. Part II Declaration of Taxpayer and Signature Authorization 14.961. Under penalties of perjury, Idecities of any involvable and basis. This thue, correst and complex. If uthref declare that the information i provided to my Electronic income tax return. If ang infinita balance decision and anounts shown on the corresponding lines of my electronic income tax return. If ang ablance detunt. Understand that the Virginia Declaret and track does not redecise line addition on the state and redox of my and tax does not redecise line addition on the state and redox prime in tax does not redecise. Under the state and redox of my and tax does not redecise. Under the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider tarsmit my complete return to fing ablance ditert addition on th | | | | | | | |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 8 6 6 8 9. 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 8 6 6 8 9. 3. Taxable Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 17) 6 8 8 2.9. 4. Virginia Income Tax (Form 760CG, Line 15; 760PY, Line 10, columns A & B; Form 763, Line 19) 3 7 0.0. 5. Withholding (Form 760CG, Line 35; 760PY, Line 35; Form 760, Line 35; 60P, Tice 35; 700 763, Line 35) 1 4 9 6. Part II Declaration of Taxpayer and Signature Authorization 1 4 9 6. Under paniliss of perjury, I declare that I have examined a cory of my individual income tax return and accompanying schedules and statements for the year ending the endorus hown in Part I above career and complete. Ilutther declares that the information provide to my Electonic Income tax terture in the information income tax terture in the information provide to my Electonic Income tax terture in the information income tax tereture in the information incomplete terture terture de | | 1 | | | | | |
| 2. Virginia Adjusted Gross Income (Form 780CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 0.66639. 3. Taxable Income (Form 780CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 9) 0.66639. 4. Virginia Income Tax (Form 780CG, Line 18; 760PY, Line 19, columns A & B; Form 763, Line 19) 0.7664529. 5. Withholding (Form 780CG, Line 18; 760PY, Line 19, columns A & B; Form 763, Line 30) 0.7664529. 6. Amount you Owe (Form 780CG, Line 36; Form 760, VI, Line 35; Form 763, Line 30) 1.916. 7. Retund (Form 780CG, Line 36; Form 760, Line 36; Form 763, Line 30) 1.496. Part II Dectarition of Taxyaper and Signature Authorization 1.496. Under paralles of parjury, I declare that I have examined a corp of my individual income tax return and accompanying schedules and statements for the year ending. Return Oginator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security numeric and the virginia Department of Taxation (Virginia Tax) desa not necive full and time information income tax return and accounts hown on the corresponding lines of the view liability, I remain line on parallels of the view with the information remote tax return and accounts hown on the corresponding lines of the view liability, I remain line in choosing atter withe view decide choil (1 or Virginia Tax), have selected a persone identification number (PN) as my signature for my selectoric income tax return. If an distributer of the view of the order decide topic of Virginia tax) does not recervicy for the sine decide selectoric of the view of the individual tax deposit of my travited a persone identification number (PN) as my signature or my 2023 e-filed Virginia individual income tax return. If an distra distributer of the view of the order decide decide time of the | | | | | | | |
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| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18) 37.00. 5. Witholding (Form 760CG, Line 38; A 19b; 760PY, Line 17, columns A & B; Form 763, Lines 39 & 19b; Form 763, Lines 35) 51.96. 6. Amount you Owe (Form 760CG, Line 38; Form 760PY, Line 35; Form 763, Line 35) 14.96. Part II Declaration of Taxpayer and Signature Authorization Under genatives of perjuny, 1 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 beard of my konkedge and beild, it is the, correct and compilet. I further declare that the information 1 provided to my Decirconic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual axi dentification number (PN) as my signature for my electronic income tax return. If I and Tax is the around show in the corrective SUI does not receive SUI and inely payment of my tax liability, and all applicable interest and penatities. Lativity that the transaction does not directly invoke a finandia institution outside of the tax indification number (PIN) as my signature for my electronic income tax return. If an individual income tax return originator (ERO), Transmitter or Intermediate Service Provider (individue) and mounts show in the correst and direct depsil or othes and interphy payment of my tax itability, remensi liability of all applicable, the advant and penatities. Lativity that the transaction does not direct depkil or now decircle direct depays for the service Provider (individue) intonive a finandia institution outside of the tax novice a finandi anthistution outside of the convi | 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | | | | | |
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| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) 1496. Part II Declaration of Taxpayer and Signature Authorization Index penalties of perjuy, 1 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 1 provided to my Electronic Control Transmitter, or Intermediate Service Provider (Including my name, address and social security number or individual tax identification number) and the amount shown in Part 1 above agree with the information and announts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, 1 understand that if the Virginia Department of Taxation (Virginia Tax, loase not receive fidal and timely payment of my ka kibility, 1 remain table for the user and and penalties. Law electronic income tax return and, if applicable, the direct deposit of right fast the transaction does not direct divide to 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 direct deposit of direct deposit of my term of direct dipt my tax due to corresponding lines of the uncental service. Taxpayer's SHIP PIN: check one box only I authorize the ERO named below to enter my e-File PIN I al o 1 5 2 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros GLOBAL TAXES LLC ERO Firm Name I authorize the ERO named below to enter my e-File PIN | 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | | | | | |
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| Inder peralties of perjury. I declare that 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 member 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information and the amount's 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, Understand that if the Virginia Decartment of Taxation (Virginia TaX) does not receive full and timely payment of my tax liability. Internain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermodiate Service Provider to transmit my complete return to Virginia TaX. The ave selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the dired deposit of my return dor 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 tertify and virgina TaX advare program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 3 a 0 5 2 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 I viril 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. You | 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) | | 1496. | | | | |
| December 31, 2023, and to the best of my knowledge and belief, it is frue, correct and complete. If further declare that the information I provided to my Electronic Return Orginator (ERO), Transmitter, or International 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, and ana policable interest and penatice. Income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct direobit of my detectionic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct direobit of my detectionic income tax return and if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct direobit of my detectionic income tax return and if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct direobit of my detection in commer and direction involve a financial individual income tax return. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN <u>3 8 0 5 2</u> as my signature on my 2023 e-filed Virginia individual income tax return. CaLOBAL TAXES LLC ERO Firm Name Diverterm is filed using the Practitioner PIN method. The ERO must complete Part III below. Your Signature <u>Depuised in the Practitioner PIN method. The ERO must complete Part III below.</u> Spouse's e-File PIN: check one box only A lauthorize the ERO named below to enter my e-File PIN <u>6 8 9 9 7</u> as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros <u>GLOBAL TAXES LLC</u> ERO Firm Name PIN and you | | | | | | | |
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| 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. | | | | | | | |
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| ERO's Signature Date 01-27-24 | 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. | | | | | | |
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