## **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 <b>8879</b> (Rev. 01-2021)				

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		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):		( <b>2</b> ) S	Social security		(3) Relationsh	ip (4	-	box if qualifies for (see instructions):		
If more	<b>(1)</b> 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>b</b>	
if required.	3a	Qualified dividends	3a			<b>b</b> 0	ordinary divide	nds .		. 31	<b>b</b>	
	4a	IRA distributions	4a			b T	axable amoun	t		. 41	<b>b</b>	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t		. 51	<b>b</b>	
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bТ	axable amoun	t		. 61	<b>b</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		
<ul> <li>Married filing jointly or</li> </ul>	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 <b>total inc</b>	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 <b>a</b>	djusted	gross incor	ne				. 11		86,689.
\$20,800 If you checked T	12	Standard deduction or itemized	deduct	<b>ions</b> (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 <b>f</b>	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 <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 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				<b>25a</b> 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 <b>1040</b> (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 <b>additional income</b> . 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 <b>adjustments to income</b>			 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. <b>09</b>		
	of proprietor							Social security number (SSN			
	ANYA BASETTI							36-8997			
<b>A</b>			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 <b>20a</b>				
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	<b>v</b> ,			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 <b>2</b>
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> 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.	
		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. <b>13</b>
. ,	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		<b>Days</b> 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	<b>26</b> . 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	

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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			
<b>emptions (A)</b> 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							
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)   4. Virgina Income Tax (Form 760CG, Line 15; 760PY, Line 17, columns A & B; Form 763, Line 18)   5. Withholding (Form 760CG, Line 13; 760PY, Line 17, columns A & B; Form 763, Line 19)   6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 32; Form 763, Line 39)   7. Refund (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 30)   7. Refund (Form 760CG, Line 35; Form 763, Line 36)   9 Part II Declaration of Taxpayer and Signature Authorization   Under penalties of peipyi, Idealers that I have exame and accound prividual income tax return and accompanying schedules and statements for the year ending   December 31, 2023, and to the best of my knowledge and beleft, it is true, correct and complete. Hurther declare that the exame schedules and scale socurity number or individual is x determore that the schedules and penaltication in umber [PRI) rais and exame the corresponding lines of my electronic income tax return. If I am filing a balance due return, Understand that if the Virginia Department or I past is deposited for the tax liability and all apolicable interest and penalties. I authorize the FRO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Department or I past is deposited for the schedule aposite of my electronic income tax return. All and filing balance deposite of direct deposit or direct deposited for the tax liability and under specification the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature penet or computer software program.   1 authorize the ERO named below to enter my e-File PIN 3 @ 0 5 9 9 7 as my signature on my 2023 e-filed Virginia individual income tax re							
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)						
S. Withholding (Fram 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b; 100 (Section 2000) (Secti	4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)						
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)						
Part II       Declaration of Taxpayer and Signature Authorization         Under penalties of perjuny. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending becember 31, 2023, and to the best of my knowledge and belicit, its true, correct and complete. I further declare that the information 1 provider (including my name, address and social security number or individual tax identification number) and the amount 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 for wider (including my name, address and social security number or individual tax identification number (PRN) as my signature for my electronic income tax return and, if applicable, 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 for vicider to transmit my complete return to Virgina Tax. Have selected a personal identification number (PRN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my return dor direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax due. In choosing either direct debit of my tax suppress may sign the form using a nubber stamp, mechanical device, such as a signature pen. or computer software program.         Taxapyer's e-File PIN: check one box only       I authorize the ERO name delow to e	6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
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