

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name KRISHNA CHAITANYA VALLAPURI | Social security number 320-69-3926 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

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.

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 42,500. |
| 2 | Total tax | 2 | 3,221. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 7,006. |
| 4 | Amount you want refunded to you | 4 | 3,785. |
| 5 | Amount you owe | 5 | |

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

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 3 | 9 | 2 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and middle initial KRISHNA CHAITANYA Last name VALLAPURI Your social security number 320 69 3926

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 11700 LUNA ROAD 2201 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State TX ZIP code 75234 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

FARMERS BRANCH Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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

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

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

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

Income table with columns 1a-1z and 1a-1z. Rows include: Total amount from Form(s) W-2, box 1 (56,763); Household employee wages; Tip income; Medicaid waiver payments; Taxable dependent care benefits; Employer-provided adoption benefits; Wages from Form 8919, line 6; Other earned income (0); Nontaxable combat pay election (1i); Add lines 1a through 1h (56,763).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Taxable interest; Ordinary dividends; Taxable amount.

Table with columns 7-15. Rows include: Capital gain or (loss) (-14,263); Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (42,500); Adjustments to income from Schedule 1, line 26; Subtract line 10 from line 9. This is your adjusted gross income (42,500); Standard deduction or itemized deductions (from Schedule A) (13,850); Qualified business income deduction from Form 8995 or Form 8995-A; Add lines 12 and 13 (13,850); Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (28,650).

| | | | | |
|------------------------|--|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 3,221. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 3,221. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,221. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 3,221. | |

| | | | | |
|-----------------|---|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 7,006. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 7,006. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 7,006. | |

| | | | | |
|---------------|--|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,785. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,785. |
| | b | Routing number 031101279 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 389135817390 | | |
| 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | | |

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

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

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

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

| | | | |
|---|---|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (870) 949-3130 | Email address CHAITUVALLAPURI@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 01/31/2024 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**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

2023
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
KRISHNA CHAITANYA VALLAPURI

Your social security number
320-69-3926

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -14,263. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLÉ 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 | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| 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 here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,263. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | | | |
| c | 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 | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | 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 | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

KRISHNA CHAITANYA VALLAPURI

Your social security number

320-69-3926

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 5-58 VARIDHARI ANNAVARAM VIJAYAWADA ANDHRA PRADESH IN 502355

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 625. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 3,748. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 2,820. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 2,869. | | |
| 15 Supplies | 15 2,870. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,581. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 14,888. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -14,263. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (14,263.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 625. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 14,888. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (14,263.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -14,263. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -14,263.

Schedule E (Form 1040) 2023

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



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

| | | | | | |
|---|--|------------------------|-------------------|--|--|
| First Name KRISHNA CHAITANYA | MI | Last Name VALLAPURI | Suffix | Your Social Security Number 320-69-3926 | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only) | MI | Last Name | Suffix | Spouse's Social Security Number | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route) 11700 LUNA ROAD APT 2201 | | | | Your Birth Date (mm-dd-yyyy) 08 - 09 - 1992 | Spouse's Birth Date (mm-dd-yyyy) - - |
| City, Town or Post Office FARMERS BRANCH | | State TX | ZIP Code 75234 | | |
| State of Residence TX | Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX | | | | Locality Code 600 |
| | | | | <input checked="" type="checkbox"/> City OR <input type="checkbox"/> County | |

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

Filing Status Enter Filing Status Code in box below.

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

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

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

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

| | | | | |
|-----|--|-----|-------|----|
| 1 | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> | 1 | 42500 | 00 |
| 2 | Additions from Schedule 763 ADJ, Line 3. | 2 | | 00 |
| 3 | Add Lines 1 and 2 | 3 | 42500 | 00 |
| 4 | Age Deduction (See instructions and the Age Deduction Worksheet) You | 4a | | 00 |
| | Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. Spouse | 4b | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. | 5 | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return. | 6 | | 00 |
| 7 | Subtractions from Schedule 763 ADJ, Line 7..... | 7 | | 00 |
| 8 | Add Lines 4a, 4b, 5, 6, and 7 | 8 | | 00 |
| 9 | Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3 | 9 | 42500 | 00 |
| 10 | Itemized Deductions from Virginia Schedule A, if applicable. See instructions..... | 10 | | 00 |
| 11 | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. | 11 | 8000 | 00 |
| 12 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. | 12 | 930 | 00 |
| 13 | Deductions from Schedule 763 ADJ, Line 9..... | 13 | | 00 |
| 14 | Add Lines 10, 11, 12 and 13 | 14 | 8930 | 00 |
| 15 | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9..... | 15 | 33570 | 00 |
| 16 | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)..... | 16 | 100.0 | % |
| 17 | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)..... | 17 | 33570 | 00 |
| 18 | Income Tax from Tax Table or Tax Rate Schedule..... | 18 | 1673 | 00 |
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1..... | 19a | 2718 | 00 |

LTD

\$ _____

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

XXXXXX



| | |
|--|-------------------------|
| Your Name KRISHNA CHAITANYA VALLAPURI | Your SSN 320-69-3926 |
|--|-------------------------|

| | | | | |
|-----|--|-----|------|----|
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1. | 19b | | 00 |
| 20 | 2023 Estimated Tax Payments. | 20 | | 00 |
| 21 | 2022 overpayment credited to 2023 estimated tax. | 21 | | 00 |
| 22 | Extension Payment - submitted using Form 760IP. | 22 | | 00 |
| 23 | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17. | 23 | | 00 |
| 24 | Total credits from Schedule OSC. | 24 | | 00 |
| 25 | Credits from Schedule CR, Section 5, Line 1A. | 25 | | 00 |
| 26 | Total payments and credits. Add Lines 19a through 25. | 26 | 2718 | 00 |
| 27 | If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE . | 27 | | 00 |
| 28 | If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT . | 28 | 1045 | 00 |
| 29 | Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX. | 29 | | 00 |
| 30 | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6. | 30 | | 00 |
| 31 | Other Voluntary Contributions from Schedule VAC, Section II, Line 14. | 31 | | 00 |
| 32 | Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here. | 32 | | 00 |
| 33 | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. | 33 | | 00 |
| 34 | Add Lines 29 through 33. | 34 | | 00 |
| 35 | If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions. | 35 | | 00 |
| 36 | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU . | 36 | 1045 | 00 |

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

| | | | | |
|---|----------------------------------|--------------------------|--|----------------------------------|
| DIRECT BANK DEPOSIT | Your Bank Routing Transit Number | Your Bank Account Number | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only No International Deposits | 0 3 1 1 0 1 2 7 9 | 3 8 9 1 3 5 8 1 7 3 9 0 | | |

Nonresident Allocation Percentage

| | | A - All Sources | | B - Virginia Sources | |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc. | 1 | 56763 | 00 | 56763 | 00 |
| 2. Interest income | 2 | | 00 | | 00 |
| 3. Dividends | 3 | | 00 | | 00 |
| 4. Alimony received | 4 | | 00 | | 00 |
| 5. Business income or loss | 5 | | 00 | | 00 |
| 6. Capital gain or loss/capital gain distributions | 6 | | 00 | | 00 |
| 7. Other gains or losses | 7 | | 00 | | 00 |
| 8. Taxable pensions, annuities and IRA distributions | 8 | | 00 | | 00 |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc. | 9 | -14263 | 00 | 0 | 00 |
| 10. Farm income or loss | 10 | | 00 | | 00 |
| 11. Other income | 11 | | 00 | | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1. | 12 | | 00 | | 00 |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3. | 13 | | 00 | | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here. | 14 | 42500 | 00 | 56763 | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 | | | 100.0% | |

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

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

| | | | |
|---|---|---|---------------------------|
| Your Signature | Your Phone Number (870) 949-3130 | Date | |
| Spouse's Signature (If a joint return, both must sign) | Spouse's Phone Number | Preparer's PTIN P02082703 | Vendor Code 1555 |
| Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC | Preparer's Phone Number (678) 965-9522 | Filing Election Code 7 |
| | | | ID Theft PIN |

2023 Schedule INC/CG

320693926

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



KRISHNA CHAI VALLAPURI

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 320693926 | W | 2718. | 010828231 | 30010828231F001 | 56763. |

| Total VA Withholding | SSN | VA Withholding |
|--------------------------------|-----------|----------------|
| You | 320693926 | 2718. |
| Spouse | | |
| Total # of W-2s, 1099s & VK-1s | 01 | |

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

