(Rev. January 2021)

Department of the Treasury Internal Revenue Service

**EROssignature** 

## IRS effle Signature Authorization

▶ EROmust obtain and retain completed Form 8879.

▶ Go towww.irs.gov/Farm8879for the latest information

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security num	nber
SAGAR ASHOK DHAMECHA	728-38-239	0
Spouse's name	Spouse's social sea	curitynumber
KOMAL VIJAY AUTKAR	977-98-409	9
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter	ryæryouarea	uthorizing)
Enterwhole addlars only on lines 1 through 5		
Note: Fam 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank	1	
1 Adjusted grass income	1	82,358.
2 Total tax		· ·
3 Federal income tax withheld from Fam(s)W-2and Fam(s) 1099	3	13,989.
4 Amountyouwantrefunded toyou	4	7,586.
5 Amountyauave		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Underpendities of perjuy, I declare that I have examined a copy of the income tax return (original or amended)		
return (original oramended) I am now authorizing I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an advinowledgment of receiption reason for rejection or report of the processing the return or refund, and (c) the date of any refund. I flapplicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct datify entry to the financial institution account inclipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-333-4537. Payment cancellation requipuliness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the proposonal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withorawal Consent.	ection of the transmood. S. Treasury and its cated in the tax proon to debit the entry at the authorization uests must be receiprocessing of the earyment. I further a	nission, (b) the reason designated Financial aparation software for to this account This To revoke (cancel) a sived no later than 2 electronic payment of admowledge that the
Taxpayer's PINI check one box only  X   Lauthorize GLOBAL TAXES LLC   to enter or generater	mvPIN 8 2	3 9 0 asmy
ERO firm name  signature on the income tax return (criginal or amended) I am now authorizing	Enterfive	edigits, but terall zeros
I will entermy PIN as my signature on the income tax return (ariginal or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.		
Your signature▶		
Spause's PIN: check are box anly		
▼ I authorize GLOBAL TAXES LLC to enter or generater	myPIN   8   4	0 9 9 asmy
ERO firm name	9	edigits, but
signature on the income tax return (original or amended) I am now authorizing	danten	ter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN metholedow.		
Spouse's signature ▶ Date ▶		
Practitioner PINMethod Returns Only—continue below	,	
Part III Certification and Authentication— Practitioner PIN Method Only		
ERO'S EFIN/PIN Enteryoursix-digit EFIN followed by your five-digit self-selected PIN 5 8	7 2 7 8 6 Don'tenterall z	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	itting this return in	accordance with the

EROMust Retain This Form — See Instructions Dan't Submit This Form to the IRS Unless Requested To Do So

Date >

£ 104		ertmentoftheTreesury-Internal RevenueServ S. Indvidual Income Ta		etun	201	21	OMB No 1545	50074	IRS Use Only	y—Donotv	writeorstaple	inthisspace.
Filing Status Checkonly one box	lfyc	Singe X Married filingjointly [ ouchecked the MFS box, enter the r son is a child but not your dependen	med									
Yourfirstname	eandm	iddeirital	Læsti	name						Yours	ocial securi	tyrumber
SAGAR AS	SHOK		DHA	AMECHA						728-38-2390		
Ifjaintretum s	pouæs	sfirstnameandmiddeinitial	Læsti	name						Spouse's social security number		
KOMAL V	IJAY		LUA	TKAR						977-	98-409	9
Homeaddress (number and street). If you have a P.O. box, see i				ctions				Δ	ipt na	Preside	ential Electi	on Campaigr
2030 PEACH ORCHARD DRIVE,								2	21		hereifyay	-
City, town, or post office. If you have a foreign address, also or				espacesbel	low.	Sta	nte	ZIPα	nde		0,	nty, want\$3 Checkinga
FALLS CHURCH						V	A	220	43		lowwill no	
Fareignaountryname				Fareignpr	ovince/state	e/coun	ity	Fareig	n postal code	yourta	xorrefund	Ī
										You	Spouse	
Atany timed.	ring 2	021, didyoureceive, sell, exchange	; arot	herwisedis	sposeofa	ny fina	ancial interesti	inany	virtual curre	ncy?	Yes	$\mathbf{X}$ No
Standard Deduction		necne candaim: 🔲 Youæsade Spouæ i temizes on a separate retu					a dependent 1					
Age/Blindness	s You	Were born before January 2, 1	1957	Arebi	ind Sp		: Wasbo	mbefo	reJanuary	2 1957	☐ lsb	lind
Dependent	s (see	instructions):		(2) 5	Social securi	ty	(3) Relationsh	qir	) (4) <b>√</b> ifq.		µalifies for (see instructions):	
lfmare	(1) F	irstname Lastname			rumber	toyau			Child tax a		redit Oreditforotherdeper	
thanfour												
dependents, see instruction	s											
anddreck												
here \											<u> </u>	
	_1_	Wages, salaries, tips, etc Attach I	Fam(s	s)W-2 .						. 1		91,358.
Attach Sch Bif	2a	Tax-exemptinterest	2a			b T	axable interes	št .		. 2	)	
required.	<u>:a</u>	Qualified dividends	3a			bC	Ordnarydivida	nds.		. 3	)	
	4a	IRAdistributions	4a			b T	axable amour	nt		. 4	)	
	5a	Pensions and annuities	5a			bΤ	axable amour	nt		. 5	)	
Standard	69	Social security benefits	6a			bΤ	axable amour	nt		. ds	D	
Deduction for— • Single or	7	Capital gain or (loss). Attach Sche	:dUe[	Difrequired	d Ifnotred	pireo	dheck here		▶[	]   7	7	
Married filing	8	Other income from Schedule 1, lin	ne 10							. 8		-9,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8	3 Thisisyo	urtotal in	come				<b>&gt;</b> 9	9	82,358.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Scho	edule 1	I, line26						. 10	)   C	
Qualifying	11	Subtractline 10 from line 9. This is									1	82,358.

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

12a Standard deduction or itemized deductions (from Schedule A) . . .

13 Qualified business income deduction from Form 8995 or Form 8995 A.

b Charitable contributions if you take the standard deduction (see instructions) 12b

Taxable income. Subtractline 14 from line 11. If zero or less, enter -0....

widow(er), \$25,100

 Head of household,

\$18,800 • If you checked any box under

Standard Deduction

see instructions

Fam 1040(2021)

25,700.

25,700.

56,658.

25,100.

600.

12c

13

14

15

12a

-am 1040(2021	)			Page 2
	16	Tax (see instructions). Check if any from Farm(s): 1 🗌 8814 2 📗 4972 3 🗍	16	6,403.
	17	Amount from Schedule 2 line 3	17	
	18	Add lines 16 and 17	18	6,403.
	19	Namefundable child tax aedit araedit for other dependents from Schedule 2812	19	
	20	Amount from Schedule 3 line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtractline 21 from line 18 Ifzeroanless, enter-O	22	6,403.
	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	6,403.
	25	Federal income tax withheld from:		
	а	Fam(s)W-2		
	b	Fam(s) 1099		
	С	Otherfams (see instructions)		
	d	Add lines Za through Zic	25d	13,989.
6!	26	2021 estimated tax payments and amount applied from 2020 return	26	
fyouhavea <sup>L</sup> qualifyingdhild,	27a	Earned income credit (EIC)		
attach Sch EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18 to daim the EIC. See instructions ▶ □		
		Nontaxable combat payelection		
		Prioryear (2019) earned income		
	28	Refundable child tax areal transactificans of the same		
	29 ~	American apparturity aredit from Farm 8863 line 8		
	30	Recoveryrebate arealt. See instructions		
	31	Amount from Schedule 3 line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	12 000
	33	Add lines 25d, 26, and 32 These are your total payments	33	13,989.
Refund	34	Iffline 33 is more than line 24 subtract line 24 from line 33 This is the amount you overpaid	34	7,586.
Direct deposit?	35a	Amount of line 34 you want refunded to you If Form 8888 is attached, check here ▶ □ Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type ▼ Checking □ Savings	35a	7,586.
Seeinstructions	▶b	Routing number 0 4 4 0 0 0 0 3 7 ► c Type X Checking Savings  Account number 6 1 9 4 7 2 9 4 4		
	▶d ~			
A	36	Amount of line 34 you want applied to your 2022 estimated tax	<b>A</b>	
Amount You Owe	37	Amount you owe Subtract line 33 from line 24 For details on how to pay, see instructions .	37	
	38_	Estimated tax penalty (see instructions)		
Third Party Designee		) you want to allow another person to discuss this return with the IRS? See structions $\dots\dots$ $lacksquare$ Yes. Complete b	elow.	X No
		signeds Phane Personal identifi		
		ne Prumber (PIN) Preparentities of Costi, as I blood on the title on a comparent title on the cost of costi, as I blood on the title on a comparent title on the cost of costi, as I blood on the title on the cost of the cost of cost of the cost of		tofan daga dagan
Sign		der penalties of perjury, I dedare that I have examined this return and accompanying schedules and statements, and to List that one true connect conformation. Dedaration of common (attend these three party is broad on all information of which		

	name ▶			ra ▶	ber (F	<b>d</b> (NF						
Under penalties of perjuy, I dedare that I have examined this return and accompanying schedules and statements, belief, they are true, correct, and complete. Dedaration of preparer (other than taxpayer) is based on all information of the statements. Your signature    Date	Yoursignature			Date	Yaracupation			If the IRS sentyou an Identity Protection PIN, enter it here			′	
					ELECTRICAL D	ER	(sæinst)▶					
	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it								
		(sæinst)▶										
	Phanero.	(919)946-619	7	Email address	SDHAMEC@NC	SU.EDU						
Doial	Preparer's nan	ne	Preparer's signat	ture	Date	PIIN		Ch	eck if:			
	SYAM PRIYA RAM	SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	02/03/2022	P02	2082703		Self-	emplo	yed	
	Firm′s name ▶	GLOBAL TA	XES LLC					Phone no. (678) 965-9522			522	
	Firm/c address	► 2530 Dehh	la Craak I.	n Cummin	~ CA 30041			Dm/c□NI 20 1017106				

### SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go towww.irs.gov/Form1040for instructions and the latest information. Sequence No. Ol

OMB No. 1545-0074

Name(s) shown on Farm 1040, 1040-SR, or 1040-NR Your social security number SAGAR ASHOK DHAMECHA & KOMAL VIJAY AUTKAR 728-38-2390 Part I Additional Income

га	Additional interne			
1	Taxable refunds, credits, croffsets of state and local income taxe	S	1	0.
<b>2</b> a	Alimany received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	<u> </u>
4	Othergains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-9,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Otherincome			
а	Netoperating loss	&a (		
b	Gambling income	8b		
С	Cancellation of debt	80		
d	Fareigneamed income exclusion from Farm 2555	81 (	}	
е	Taxable Health Savings Account distribution	&e		
f	Alaska Permanent Fund dividends	8		
g	Jurydutypay	<b>8</b> g		
h	Prizesandawards	8h		
i	Activity not engaged in for profit income	8		
j	Stack aptions	8		
k	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	8x		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	8		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	81		
0	Section 461() excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	80		
Z	Other income. List type and amount •	82		
9	Total other income. Add lines & through &		9	
10	Cambine lines 1 through 7 and 9. Enter here and an Farm 10. 1040NR, line 8	040, 1040SR, ar	10	-9.000.

Page 2

Par	tll 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 Atlach Form 8889	13	
14	Moving expenses for members of the Armed Forces Attach Form 3908	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	Penaltyon early with drawal of savings	18	
19a	Alimany paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Studentloan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Otheradjustments		
а	Jurydutypay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Cantributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaptains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful disarimination daims (see instructions)		
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 vidations		
j	Housing deduction from Farm 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Farm 1041)		
Z	Otheradjustments List type and amount		
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 or 1040 SR, line 10, or Form 1040 NR, line 10a	26	

#### SCHEDULE E (Form 1040)

#### Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

► Atlact to Form 1040 10455K, 10451K, of 1041.

► Go towww.irsgov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treesury Internal Revenue Service (99) Name(s) shown on return

Yoursocial security number 728-38-2390

SAGAI	GAR ASHOK DHAMECHA & KOMAL VIJAY AUTKAR							728-38-2390		
Part				-						
	Schedule C. See instructions I fyou are an individual, repo	ortfan	m rental	income	arlæs:	from Form 48	335an	oage 2 line 4	40	
A Dio	lyoumake any payments in 2021 that would require you to	fileF	:am(s) 1	10999? S	èeins	ructions .		🗆	Yes 🛛 No	
B If"	Yes," did you ar will you file required Farm(s) 1099?							🗆	Yes 🗌 No	
1a	Physical address of each property (street, city, state, ZIF							•		
Α	FILM NAGAR HYDERABAD TELANGANA IN 5000	45								
В										
С										
1b	Type of Property 2 For each rental real estate prop	ærtyl	isted		Fai	r Rental	Pers	onal Use	QJV	
	l (from list helav) l above report the number of fail	rreint	al and	,		Days	[	Days	₩.	
Α	2   if voumeet the requirements to	personal use days Check the QJV box only if you meet the requirements to file as a A 365						0		
В	qualified joint venture. See inst	ructio	ns	В						
С				С						
Турес	of Property.									
1 Sing	Je Family Residence 3 Vacation/Short-Term Rental	5 La	nd		7 Sdf	-Rental				
		6 Rc	yalties		8 Oth	er (describe)	)			
Incom	e: Properties			Α		E	3		С	
3	Rents received	3			600.					
4	Royalties received	4								
Expen	<del>S</del> ES									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Clearing and maintenance	7		1,	000.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,	100.					
12	Martgage interest paid to banks, etc. (see instructions)	12								
	Other interest	13								
14	Repairs	14			000.					
15	Supplies	15		2,	000.					
	Taxes	16								
	Utilities	17		3,	500.					
	Depreciation expense or depletion	18								
	Other (list) >	19								
20	Total expenses Add lines 5 through 19	20		9,	600.					
	Subtract line 20 from line 3 (rents) and/or 4 (royal ties). If									
	result is a (loss), see instructions to find out if you must			•						
	fileForm 6198	21		-9,	000.					
	Deductible rental real estate loss after limitation, if any,									
	an Form 8582 (see instructions)	22	(	9,0		(		)(	)	
	Total of all amounts reported on line 3 for all rental proper				23a		60	0.		
	Total of all amounts reported on line 4 for all royal ty proported on line 4 for all				23b					
	Total of all amounts reported on line 12 for all properties				230					
	Total of all amounts reported on line 18 for all properties				233		0 66			
	Total of all amounts reported on line 20 for all properties				23e		9,60			
	Income. Add positive amounts shown on line 21. Do no		_					24	0.000	
	Losses. Add royalty losses from line 21 and rental real estate							25 (	9,000.)	
	Total rental real estate and royalty income or (loss).						I .			
	here. If Parts II, III, IV, and line 40 on page 2 do not a		_				I .	$\sim$	-9,000.	
	Schedule 1 (Farm 1040), line 5 Otherwise, include this an	ıwı	נווו עו 🖰	wa U	IIII <b>C</b> 4	iuipaytz		26	٠,٥٥٥.	

2021 VA760CG Page 1





SAGAR ASHOK DHAMECHA KOMAL VIJAY AUTKAR 2030 PEACH ORCHARD DRIVE APT 21

FALLS CHURCH VA 22043

SSN - You	DHAM	728382390	Vendor ID 1555		xxxxx ¬
SSN - Spouse	AUTK	977984099	voluer is 1999		
·			Med In Am	404	4650
Fed Adj Gross Income (FA	AGI) 1.	82358.	Withholding (VA) - You	19A.	4652.
\$GGLWRQV	2.		Withholding (VA) - Spouse	19B.	
6XEVRVD0	3.	82358.	Estimated Payments	20.	
Age Deduction - You	4A.		2020 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpa	yment 6.		Credit - Schedule OSC	24.	
6XEWDFWRQV	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4652.
Total VA Adj Gross Income	e (VAGI) 9.	82358.	Tax You Owe	27.	
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	798.
Standard Deduction	11.	9000.	Overpayment Credited to Next Yo	ear 29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Ex	cemptions) 14.	10860.	Addition to Tax, Penalty & Interes	st 32.	
VA Taxable Income	15.	71498.	Sales and Use Tax	33.	
Amount of Tax	16.	3854.	Amount You Owe	<b>T</b>	
Spouse Tax Adjustment (S	STA) 17.		Will Pay by Credit/Debit Card  Your Refund	N	798.
VAGI - Spouse	17A.		Dools Doution #		044000027
Net Amount of Tax	18.	3854.	Bank Routing #	С	044000037
	L		Bank Account #	6194'	72944

**AMENDED** REV 01/24/22 PRO \_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_





Γ							
Filing Status, Age & License Info	ormation		Additional F	Filing Inforn	nation		
Filing Status	2	2	Locality		600		
Federal Head of Household			Uninsured & Authorize DMAS	;			
DOB - You	06101993	3	Name or Filing Status Change	e			
VA Driver's License ID - You	E62438978	3	Address Change				
VA Driver's License - Iss. Date - Y	ou 04022021	L	VA Return Not Filed Last Year	r			
Spouse Name (Filing Status 3 On	ly)		Dependent on Another's Retu	rn			
DOB - Spouse	12031993	2	Farmer / Fisherman / Merchan	nt Seaman			
VA Driver's License ID - Spouse	T69440281		\$PHQGHG				
VA Driver's License - Iss. Date - S			Reason Code				
	'	-	Overseas on Due Date				
You 1	Exemptions (B) 65 & Over - You		Federal EIC & Amount				
6SRXVH 1	65 & Over - Spouse		Deceased Indicator				
Dependents	Blind - You		No Sales & Use Tax Due Indic	cator	X		
Total (A) 2	Blind - Spouse		Obtain Electronic 1099G				
	Total (B)		ID Theft PIN				
I (We), the undersigned, declare under per deposit of your refund by providing bank in	• • • • • • • • • • • • • • • • • • • •		* * * *				
Signature - You	Date		Phone - You		9199466197		
Signature - Spouse	Date		Phone - Spouse				
Signature - Preparer <u>SYAM PRIYA RAI</u>	M SAGAR GUPTA TALLAM Date	020322	Phone - Preparer		6789659522		
The Tax Department may discuss my/	our return with my/our preparer.		Preparer Information	7	P02082703		

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

### 2021 Schedule INC/CG

728382390

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

SAGAR ASHOK

DHAMECHA

KOMAL VIJAY

AUTKAR



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer ) (,1	VA Account Number	VA Wages, tips, other comp.
Γ					⊣
728382390	W	4652.	540831614	0011024440	91358.

Total VA Withholding

661

**VA Withholding** 

You

728382390

4652.

6SRXVH

Total # of W-2s,1099s & VK-1s

01

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

**Tax Year 20**21

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

Virginia Submission Identification Number (SID)							
Your Name	<b>B</b> Your Social Sec	curity Number					
SAGAR ASHOK DHAMECHA	728-38-23	90					
Spouse's Name	A Spouse's Socia	l Security Number					
KOMAL VIJAY AUTKAR	977-98-40	99					
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)		82358.					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		82358.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		71498.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3854.					
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4652.					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		798.					
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying:							
December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
Taxpayer's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 8 2 3 9 0 as my signature on my 2021 e-fi	led Virginia individual inc	ome tax return.					
GLOBAL TAXES LLC							
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this bo and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File PIN					
Your Signature Date							
Spouse's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 8 4 0 9 9 as my signature on my 2021 e-fi	led Virginia individual inc	ome tax return.					
GLOBAL TAXES LLC							
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box 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							
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. 5 8 7 2 7 8 6	5 1 9 8 9						
Do not enter all I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, med pen, or computer software program.  ERO's Signature Date	tax return for the taxpay I Virginia's publication Ha Chanical device, such as	andbook for					

#### SCHEDULE E (Form 1040)

#### Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

► Atlact to Form 1040 10455K, 10451K, of 1041.

► Go towww.irsgov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treesury Internal Revenue Service (99) Name(s) shown on return

Yoursocial security number 728-38-2390

SAGAI	GAR ASHOK DHAMECHA & KOMAL VIJAY AUTKAR							728-38-2390		
Part				-						
	Schedule C. See instructions I fyou are an individual, repo	ortfan	m rental	income	arlæs:	from Form 48	335an	oage 2 line 4	40	
A Dio	lyoumake any payments in 2021 that would require you to	fileF	:am(s) 1	10999? S	èeins	ructions .		🗆	Yes 🛛 No	
B If"	Yes," did you ar will you file required Farm(s) 1099?							🗆	Yes 🗌 No	
1a	Physical address of each property (street, city, state, ZIF							•		
Α	FILM NAGAR HYDERABAD TELANGANA IN 5000	45								
В										
С										
1b	Type of Property 2 For each rental real estate prop	ærtyl	isted		Fai	r Rental	Pers	onal Use	QJV	
	l (from list helav) l above report the number of fail	rreint	al and	,		Days	[	Days	₩.	
Α	2   if voumeet the requirements to	personal use days Check the QJV box only if you meet the requirements to file as a A 365						0		
В	qualified joint venture. See inst	ructio	ns	В						
С				С						
Турес	of Property.									
1 Sing	Je Family Residence 3 Vacation/Short-Term Rental	5 La	nd		7 Sdf	-Rental				
		6 Rc	yalties		8 Oth	er (describe)	)			
Incom	e: Properties			Α		E	3		С	
3	Rents received	3			600.					
4	Royalties received	4								
Expen	<del>8</del> 85									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Clearing and maintenance	7		1,	000.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,	100.					
12	Martgage interest paid to banks, etc. (see instructions)	12								
	Other interest	13								
14	Repairs	14			000.					
15	Supplies	15		2,	000.					
	Taxes	16								
	Utilities	17		3,	500.					
	Depreciation expense or depletion	18								
	Other (list) >	19								
20	Total expenses Add lines 5 through 19	20		9,	600.					
	Subtract line 20 from line 3 (rents) and/or 4 (royal ties). If									
	result is a (loss), see instructions to find out if you must			•						
	fileForm 6198	21		-9,	000.					
	Deductible rental real estate loss after limitation, if any,									
	an Form 8582 (see instructions)	22	(	9,0		(		)(	)	
	Total of all amounts reported on line 3 for all rental proper				23a		60	0.		
	Total of all amounts reported on line 4 for all royal ty proported on line 4 for all				23b					
	Total of all amounts reported on line 12 for all properties				230					
	Total of all amounts reported on line 18 for all properties				233		0 66			
	Total of all amounts reported on line 20 for all properties				23e		9,60			
	Income. Add positive amounts shown on line 21. Do no		_					24	0.000	
	Losses. Add royalty losses from line 21 and rental real estate							25 (	9,000.)	
	Total rental real estate and royalty income or (loss).						I .			
	here. If Parts II, III, IV, and line 40 on page 2 do not a		_				I .	$\sim$	-9,000.	
	Schedule 1 (Farm 1040), line 5 Otherwise, include this an	ıwı	נווו עו 🖰	wa U	IIII <b>C</b> 4	iuipaytz		26	٠,٥٥٥.	