## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)							
Taxpay	er's name		Social se	ecurity i	numbe	r		
ARE	EJ FATIMA		026-	-97-6	5973			
Spouse	s's name		Spouse's	s social	securi	ty numbe	er	
Pari	Tax Return Information — Tax Year Ending December 31, 2021	(Enter	vear vo	ou are	auth	orizina	1.)	
	whole dollars only on lines 1 through 5.	(=:::0:	<i>y</i> • • • · <i>y</i> •		0,0,1	· · · · · · · · ·	1-)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income				1	18	3,84	4.
2	Total tax			_	2		62	8.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	3	3,02	4.
4	Amount you want refunded to you				4		3,79	
5	Amount you owe				5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get	t and ke	еер а	сору	of yo	ur retu	ırn)	
to send for any Agent payme author payme busine taxes appears on	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the text of the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related that it is a support of the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related that it is the payment (settlement) below is my signature for the income tax return (original or amentation withdrawal Consent.	n for reject the U.S count indictionstitution reminated in the part of the part of the part of the U.S. of the U.S	etion of to S. Treasurated in to to debithe authests must processingment.	the trandury and the tax if the ending the ending of the ending e	nsmiss I its de prepa ntry to on. To receive ne elecer acki	ion, <b>(b)</b> the signated ration so this according revoke and no late the control of the control o	he read Finare ount. (cance the aymer e that	ason ncial e for This el) a an 2 nt of the
	onic Funds Withdrawal Consent.							
· -	ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or ge		DINI	7   0	6 9	7 3		
×	I authorize GLOBAL TAXES LLC to enter or ge	nerate m	іу Рііч			gits, but	as	my
	signature on the income tax return (original or amended) I am now authorizing.			don't	enter	all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.							
Yours	signature ▶ Da	ate ▶						
Spou	se's PIN: check one box only							
L	I authorize to enter or ge	nerate m	ny PIN				as	my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.					gits, but all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended)	\ Lam no	w outh	orizina	Cho	ok thic	hov c	nhv
L	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.							
Spous	se's signature ▶ Da	ate 🕨						
	Practitioner PIN Method Returns Only—continue	below						
Part	III Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8	7 2	7 8	6	1 9 8	9	
	-		Don'	t enter	all zero	s		-
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual in ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practition of the Prac	m submit	ting this	return	in ac	cordanc		
ERO's	s signature ▶ Da	ate ▶						
	ERO Must Retain This Form — See Instructi	ons						
	Don't Submit This Form to the IRS Unless Requeste	d To D	o So					

## **£1040**

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** 

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [ bu checked the MFS box, enter the reson is a child but not your depender	— name of	ied filing separately your spouse. If you	` ′	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
AREEJ			FAT	IMA					026-9	97-697	3
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
		er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.			on Campaigr
		STER BROOK LN			1		T			ere if you if filing ioir	, or your ntly, want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete :	spaces below.	Sta		ZIP (	031	to go to	0,	Checking a
Foreign countr	y name			Foreign province/stat	e/coun	ty	+	ign postal code		or refund	
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim:	•								
Age/Blindness	s You	: Were born before January 2, 1	1957 [	Are blind S	pouse	: Was bo	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relations	ship	<b>(4)  ✓</b> if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit for of	ther dependents
than four											
dependents, see instruction	s										
and check	·										
here ▶											
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		18,844.
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	st		. 2b		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> 0	Ordinary divide	ends		. 3b		
	4a	IRA distributions	4a		<b>b</b> T	axable amou	nt .		. 4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amou	nt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	nt .		. 6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D	if required. If not re	quired	, check here		▶[	7		
Married filing	8	Other income from Schedule 1, lir	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				▶ 9		18,844.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						▶ 11		18,844.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	ıle A)	12	2a	12,55	0.		
Head of	b	Charitable contributions if you take				ructions) 12	2b				
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,550.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,550.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er -0			. 15		6,294.

17   Amount from Schedule 2, line 3   17   18   6.28.     18   Add lines 15 and 17   18   6.28.     19   Nonrefundable child tax credit or 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, lif zero or less, enter -0-   22   6.28.     23   Other traves, including self-employment tax, from Schedule 2, line 21   23   30   0.     24   Add lines 22 and 23. This is your total tax		16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	628.
19   Novertundable child tax credit for other dependents from Schedule 8812   19   20   20   21   20   21   20   21   21		17	Amount from Schedule 2, line 3						17	
20 Amount from Schedule 3, line 8 20   21   22   32   32   32   32   32   33   32   34   34		18	Add lines 16 and 17						18	628.
20 Amount from Schedule 3, line 8 20 21 21 22 3 23 20 22 628.  21 Add line 31 pand 20 22 5 22 628.  22 Other taxes, including self-employment tax, from Schedule 2, line 21 22 52 30 0.  24 Add line 32 and 23. This is your total tax.  25 Federal income tax withheld from:  26 Formig 1099 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	e 8812			19	
21		20	Amount from Schedule 3, line 8						20	
23 Other taxes, including self-employment tax, from Schedule 2, line 21		21							21	
24		22	Subtract line 21 from line 18. If zero or less,	enter -0					22	628.
24		23	Other taxes, including self-employment tax,	from Schedule	2, line 21 .				23	0.
25   Federal income tax withheld from:   25   a   Form(s) W-2		24						. ▶	24	
b Form(s) 1099		25								
b Form(s) 1099		а	Form(s) W-2			25a	3	,024.		
d Add lines 25a through 25c		b				25b				
thyou have a count of the control of the country o		С	Other forms (see instructions)			25c				
272   273   274   275   276   276   277   277   278   277   278   278   279		d	,						25d	3,024.
The distance of the policy of		26	_						26	-
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 claim the EIC. See instructions ▶ □  b Nontaxable combat pay election			. ,		No	27a				
January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ □  b Nontaxable combat pay election	attach Sch. EIC.		` ,							
b Nontaxable combat pay election			January 2, 2004, and you satisfy all the	e other requi	rements for					
c Prior year (2019) earned income				1 1	structions ► ∐					
28 Refundable child tax credit or additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8		b				_				
29 American opportunity credit from Form 8863, line 8										
30 Recovery rebate credit. See instructions 30 1,400. 31 Amount from Schedule 3, line 15 31 32 1,400. 32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶ 32 1,400. 33 Add lines 25d, 26, and 32. These are your total payments . ▶ 33 4,424.  Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35 35 3,796.  Direct deposit? See instructions ▶ A Account number 0 5 5 0 0 2 7 0 7 7									-	
31 Amount from Schedule 3, line 15			,	*			1	400	-	
Add lines 27a and 28 through 31. These are your total other payments and refundable credits								,400.	-	
Refund  33			•				<u> </u>			1 400
Refund   34			_							
Sign   Here   Do you want to allow another person to discuss this return with the IRS? See instructions   Designee   Do you want to allow another person to discuss this return with the IRS? See instructions   Designee   Do you want to allow another person to discuss this return with the IRS? See instructions   Designee   Do you want to allow another person to discuss 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.   Phone no. (571) 278-8621   Email address   FATIMAREEJ 9 0@GMAIL. COM   Preparer's name   GLOBAL TAXES LLC   Phone no. (678) 965-9522   Phone no. (678) 965								. •		
Direct deposit? See instructions. See instructions.  ▶ b Routing number 0 5 5 5 0 0 2 2 7 0 7 ▶ c Type: ★ Checking Savings Account number 1 0 0 0 0 2 1 1 1 2 2 5 7 1 8 ■  Amount 36 Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36  Amount out owe. Subtract line 33 from line 24. For details on how to pay, see instructions . ▶ 37  Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions	Refund					-	-		$\vdash$	
See instructions.  ▶ d Account number	D: 1.1 '10								35a	3,796.
Amount You Owe  37					,, <u> </u>	Cnec	King ∐ S	avings		
Amount You Owe  37										
Third Party Designee    Do you want to allow another person to discuss this return with the IRS? See instructions   Designee's name   Des	A		-						07	
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions			_			1	tructions		31	
Designee's name ► Phone no. (571) 278-8621 Email address FATIMAREEJ90@GMAIL.COM  Preparer's name Form's name Form's name Form's name Form's address FATIMAREEJ90@GMAIL.COM  Preparer's name Form's name Form's address FATIMAREEJ90@GMAIL.COM  Prim's address FATIMAREEJ90@GMAIL.COM  Preparer's name Form's name Form's address FATIMAREEJ90@GMAIL.COM  Prim's address FATIMAREEJ90@GMAIL.COM  Preparer's name Form's name F										
Designee's name     Designee's name   Personal identification number (PIN)			•				Yes. Co	mplete h	elow	X No
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  If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶	Designee									
Here    Your signature			9							
Here    Your signature	Sian									
Joint return? See instructions. Keep a copy for your records.  Phone no. (571)278-8621  Preparer's name  Syam PRIYA RAM SAGAR GUPTA TALLAM  Preparer's signature  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Proparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Firm's name ▶ GLOBAL TAXES LLC  Signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  SYAM PRIYA RAM SAGAR		bel	ief, they are true, correct, and complete. Declaration o			ased on	all information			,
Joint return? See instructions. Keep a copy for your records.  Phone no. (571)278-8621  Preparer's name  Preparer's signature  Preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2022 P02082703 Self-employed  Firm's name ▶ GLOBAL TAXES LLC  Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041  Firm's EIN ▶ 30-1017196	11010	You	ur signature	Date	Your occupation					, ,
Spouse's signature. If a joint return, both must sign.    Spouse's signature   Family address   Spouse's occupation   Spouse's signature   Spouse's signature   Spouse's occupation   If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶	loint roturn?				DEVODS EN	TNE	E.B.	1		IN, enter it fiere
Reep a copy for your records. Phone no. (571)278-8621 Email address FATIMAREEJ90@GMAIL.COM   Paid Preparer's name Preparer's signature Date PTIN Check if:   SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2022 P02082703 Self-employed   Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522   Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Spe	ouse's signature. If a joint return, <b>both</b> must sign.	Date			LIC	If the	IRS ser	nt vour spouse an
Phone no. (571)278-8621 Email address FATIMAREEJ90@GMAIL.COM  Preparer's name Preparer's signature Date PTIN Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2022 P02082703 ☐ Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522  Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196			, , ,						,	ection PIN, enter it here
Preparer's name   Preparer's signature   Date   PTIN   Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA RAM SAGAR GUPTA TALLAM   04/16/2022   P0 20 8 27 0 3	your records.							(see	inst.) 🕨	
Paid       SYAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM       04/16/2022       P02082703       □ Self-employed         Firm's name ►       GLOBAL TAXES LLC       Phone no. (678)965-9522         Firm's address ►       2530 Pebble Creek Ln Cumming GA 30041       Firm's EIN ►       30-1017196				l .	FATIMAREEJ		MAIL.CO			
Preparer Use Only    SYAM PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA RAM SAGAR GUPTA TALLAM   04/16/2022   P02082703   Self-employed	Paid	Pre	parer's name Preparer's signat	ure		Date		PTIN		
Use Only Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522  Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/	16/2022	P02082	2703	Self-employed
Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196	•							Phon	e no. (	678)965-9522
Go to www.irs.gov/Form1040 for instructions and the latest information.  BAA  REV 04/09/22 PRO  Form 1040 (2021)		Firr	m's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041			Firm'	s EIN 🕨	30-1017196
	Go to www.irs.g	ov/Forn	a1040 for instructions and the latest information.		BAA	REV 0	4/09/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

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#### 2022 FORM 760ES - Voucher 1 Doc ID 762

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-02-22

☐ Check if this is a new address.

☑ Check here if this is your first payment for this taxable year.

	REV 03/22/22 PRO 1555
LOCALITY NO.	FOR OFFICE USE
059	

DEV 00/00/00 DDO 4555

#### 0269769734 7621555 122051 059

Your Social Security Number (SSN)

Spouses SSN (if filing a joint return)

026976973 AREEJ FATIMA

3136 COLCHESTER BROOK LN

FAIRFAX VA 22031

Daytime Phone Number 571-278-8621

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment** 

136.00

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#### 2022 FORM 760ES - Voucher 2 Doc ID 762

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-22

	Check	if	this	is	а	new	address.
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 $\square$  Check here if this is your first payment for this taxable year.

	REV 03/22/22 PRO 1555
LOCALITY NO.	FOR OFFICE USE
059	

DEV 00/00/00 DDO 4555

#### 0269769734 7621555 122068 059

Your Social Security Number (SSN)

Spouses SSN (if filing a joint return)

026976973 AREEJ FATIMA

3136 COLCHESTER BROOK LN

**Amount of payment** 

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see

pages 7-8 and use the address listed for the city or county

If you file with the Department, make your check payable to

the Department of Taxation. If you file locally, make your check

where you intend to file.

payable to your local Treasurer.

136.00

FAIRFAX VA 22031

Daytime Phone Number 571-278-8621

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## **2022 FORM 760ES - Voucher** 3 Doc ID 762

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-22

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☐ Check here if this is your first payment for this taxable year.

	REV 03/22/22 PRO 1555
LOCALITY NO.	FOR OFFICE USE
059	

DEV 00/00/00 DDO 4555

#### 0269769734 7621555 122092 059

Your Social Security Number (SSN)

Spouses SSN (if filing a joint return)

026976973 AREEJ FATIMA

FAIRFAX

3136 COLCHESTER BROOK LN

VA 22031

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If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

#### **Amount of payment**

136.00

Daytime Phone Number 571-278-8621

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## 2022 FORM 760ES - Voucher 4 Doc ID 762

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-17-23

☐ Check if this is a new address.

☐ Check here if this is your first payment for this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO. FOR OFFICE USE

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#### 0269769734 7621555 123013 059

Your Social Security Number (SSN)

Spouses SSN (if filing a joint return)

026976973 AREEJ FATIMA

3136 COLCHESTER BROOK LN

FAIRFAX VA 22031

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

#### **Amount of payment**

136.00

Daytime Phone Number 571-278-8621

Your Social Security Number

Form 760-PMT 2021 Payment Coupon Please do not staple (DOC ID 761)

026976973

Spouse's Social Security Number

To Be Used For Payments On Previously Filed 2021 Individual Income Tax Returns Only

0269769734 7611555 121002

Name(s) and Address

AREEJ FATIMA

3136 COLCHESTER BROOK LN

FAIRFAX VA 22031 If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment

541.00

**Daytime Phone Number:** 571-278-8621

REV 03/22/22 PRO

# 2021 VA760CG Page 1



AREEJ

FATIMA

#### 3136 COLCHESTER BROOK LN

FAIRFAX VA 22031

SSN-You FATI	Ι	026976973	Vendor ID	1555		XXXXX	
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	18844.	Withholding (VA) - Y	You	19A.		
Additions	2.		Withholding (VA) - S	Spouse	19B.		
Subtotal	3.	18844.	Estimated Payment	ts	20.		
Age Deduction - You	4A.		2020 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payment	S	22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	e or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	SC	24.		
Subtractions	7.		Credits - Schedule C	CR	25.		
Subtotal Subtractions	8.		Total Payments / Cr	redits	26.		
Total VA Adj Gross Income (VAGI)	9.	18844.	Tax You Owe		27.		541.
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		
Standard Deduction	11.	4500.	Overpayment Credit	ted to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 /	ABLE	30.		
Deductions	13.		VAC - Other Contrib	outions	31.		
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pen	alty & Interest	32.		
VA Taxable Income	15.	13414.	Sales and Use Tax		33.		
Amount of Tax	16.	541.	Amount You Owe	oit Card N			541.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund		1		
VAGI - Spouse	17A.		Bank Routing #		_		
Net Amount of Tax	18.	541.	Bank Account #				
L			Dalik Account #				

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_

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Filing Status, Age & License Information			Additional Filing Information	Additional Filing Information			
Filing Status	Filing Status 1		1 Locality	059			
Federal Head	of Household		Uninsured & Authorize DMAS				
DOB - You		1011199	Name or Filing Status Change				
VA Driver's License ID - You			Address Change	Address Change			
VA Driver's License - Iss. Date - You			VA Return Not Filed Last Year	VA Return Not Filed Last Year			
Spouse Name (Filing Status 3 Only)			Dependent on Another's Return	Dependent on Another's Return			
DOD O			Farmer / Fisherman / Merchant Seaman				
VA Driver's License ID - Spouse			Amended	Amended			
			Reason Code	Reason Code			
VA Driver's License - Iss. Date - Spouse			Overseas on Due Date				
You 1		Exemptions (B) 65 & Over - You	Federal EIC & Amount				
Spouse		65 & Over - Spouse	Deceased Indicator				
Dependents		Blind - You	No Sales & Use Tax Due Indicator	X			
Total (A)	1	Blind - Spouse	Obtain Electronic 1099G				
		Total (B)	ID Theft PIN				
		Contact Information					

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

041622

Signature - You \_\_\_

Phone - You

5712788621

Signature - Spouse \_\_\_\_

Phone - Spouse

6789659522

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information

7

P02082703

File by May 1, 2022

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

2530 PEBBLE CREEK LN CUMMING

GLOBAL TAXES LLC

GA 30041

Page 2 of 2

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

## 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					
	J FATIMA	026-97-6973					
Spou	se's Name	A Spouse's Socia	l Security Number				
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)	•	18844.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		18844.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		13414.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		541.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		011.				
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		541.				
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		311.				
Part	,						
Retur numb filing a liable Virgin refund of the signa	Do not enter all zeros  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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Your	Your Signature Date						
Spou	se's e-File PIN: check one box only						
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return.  Do not enter all zeros						
	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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spouse's Signature Date							
Part	III Certification and Authentication – Practitioner PIN Method Only						
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9							
Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
ERO's Signature Date							