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.

Submission Identification Number (SID)

Taxpay	er's name		Socia	al securit	ty numb	ber
VEN	KATA S G PONNALURI		87	2-31-	-0228	3
Spouse	's name		Spou	ise's soc	ial secu	irity number
Par	Tax Return Information – Tax Year Ending December 31, 2021 (E	Inter	vear	. von a	re aut	thorizing.)
	whole dollars only on lines 1 through 5.		<i>y</i> e e	<i>j</i> e e. e.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income				1	67,408.
2	Total tax				2	7,755.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	10,338.
4	Amount you want refunded to you				4	3,983.
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 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

		-		EBO firm name	• •	E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

	1	0	2	2	8	as				
Enter five digits, but don't enter all zeros										

my

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 s	ignature 🕨 🛛 🖸	ate								
Practitioner PIN Method Returns Only—continue below										
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a	all zero	os		

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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 02/16/22 PRO	Form 8879 (Rev. 01-2021)

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	45-007	4 IRS U	se Only	—Do not v	vrite or staple	in this space.
Filing Statu Check only			_	-	separately	. ,				,		, ,	low(er) (QW)
one box.	,	u checked the MFS box, enter the n son is a child but not your dependent		your spo	ouse. If you	cneci	ked the HOH	I or QV	v box, en	ter th	e child's	s name if ti	ne qualitying
Your first name	e and mi	iddle initial	Last na	ame							Your so	ocial securi	ty number
VENKATA	S G		PONI	NALURI	C						872-	31-022	8
lf joint return, s	spouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address	`	er and street). If you have a P.O. box, see A DR	instruct	ions.					Apt. no.			ential Electi here if you,	on Campaign
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP	code				ntly, want \$3
VIRGINI						V	A	23	464			o this fund. Iow will not	Checking a
Foreign countr				Foreian p	rovince/state			-	eign postal	code		x or refund	0
· · · · · g.· · · · · ·	,										·	Vou	Spouse
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	erwise di	spose of a	ny fina	ancial interes	st in an	y virtual	curre	ncy?	Yes	X No
Standard Deduction		eone can claim: 🗌 You as a de	•		•		a dependen	t					
		Spouse itemizes on a separate retur		u were a	dual-status	saller	1 						
		Were born before January 2, 1	957	Are bl	lind S r	ouse			fore Jan		-	ls b	
Dependent				(2) S	Social securi number	ty	(3) Relation to you					or (see instru	
If more	(1) F	irst name Last name			папьсі				Child tax o		realt	Credit for ot	ther dependents
than four dependents,													
see instruction	s —												
and check here ►													
	1	Wages, salaries, tips, etc. Attach F	Form(s)	W-2							. 1	<u> </u>	<u> </u>
Attach	2a		2a		· · ·	 ьт	axable intere	· ·		•	. <u>1</u> 2t		/1,500.
Sch. B if	3a	· ·	3a				Ordinary divid			·	. <u></u> 3k		
required.	√ 4a		4a				axable amo			·	. <u>4</u> k		
	5a		5a				axable amou				. 5k		
Standard	6a		6a				axable amou			÷	. 6k		
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not red	quired	l, check here] 7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10			· 					. 8		-7,160.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yo	our total in	come					▶ 9		67,408.
 Married filing 	10	Adjustments to income from Sche									. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	ome					► <u>1</u> 1		67,408.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (fro	m Schedul	e A)	1	l2a	12	,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e insti	ructions) 1	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
 If you checked 	13	Qualified business income deduct	ion fron	n Form 8	995 or For	n 899	95-A				. 13		
any box under Standard	14										. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0				. 15	5	54,558.

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

Form **1040** (2021)

Form 1040 (2021	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		7,755.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18		7,755.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e 8812		19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		7,755.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		7,755.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2				25a 10	,338.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,			25c				
	d	Add lines 25a through 25c						25d	1	0,338.
If you have a	26	2021 estimated tax payment		• •	37			26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a				
		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	с	Prior year (2019) earned inco				-				
	28	Refundable child tax credit or		L	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29		1		
	30	Recovery rebate credit. See				30 1	,400.	1		
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32		1,400.
	33	Add lines 25d, 26, and 32. T						33	1	1,738.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		3,983.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	ck here		35a		3,983.
Direct deposit?	►b	Routing number 2 5 4	0 7 0 1	1 6	► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 6 7 8	8 0 2 7	0 9 9						
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete b	elow.	X No	
		signee's		Phone			onal identif			
<u>.</u>		ne 🕨		no. 🕨			ber (PIN) ▶			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an lo	dentitv
							Prote	ction Pl	N, enter it	
Joint return?					SOFTWARE	ENGINEER	`	nst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	tion			nt your spo	ouse an , enter it here
your records.	,							nst.) ►		
	Ph	one no. (240)521-548	0	Email address	ΩΛΥΛΤΉΡΤΟΩΝΝΛ	LURI87@GMAIL.CC				
		parer's name	O Preparer's signat		UNITE ON INCLUDING	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	2703		-employed
Preparer		n's name GLOBAL TAX								55-9522
Use Only		n's address > 2530 Pebb		n Cummin	a GA 30041			s EIN ►		L017196
Go to www.irc.co		1040 for instructions and the late		Committi	-	REV 02/16/02 DDC	1			1040 (2021
GO 10 WWW.IIS.9	0011 0111	noto initiatuolions and the late	sciniornation.		BAA	REV 02/16/22 PRO			FUIII	10-10 (202)

SCHEDULE	1
(Form 1040)	

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 20 Attachment

the latest information.		Sequence No. 01
	Your soc	ial security number
	872-31	-0228

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENK	ATA S G PONNALURI	872-3	1-02	28	
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	3		1	
2 a	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, tru Schedule E			5	-7,160.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
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	8k			
Ι	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
ο	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
Z	Other income. List type and amount ►	8z			
9	Total other income. Add lines 8a through 8z	I		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8			10	-7,160.
For Pa	perwork Reduction Act Notice, see your tax return instructions.				e 1 (Form 1040) 2021

Par	t 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		
С	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:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
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)		
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 violations24i		
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 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

BAA

REV 02/16/22 PRO

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. **13**

2

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

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

Name(s)	shown on return							You	r social securi	ty number
VENK	ATA S G PONNALU	JRI						87	2-31-022	28
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•				• ·	
A Dic	l you make any payme	nts in 2021 that would require you to	o file F	orm(s) 1	099? 5	See inst	ructions .		🗆	Yes 🔀 No
		ou file required Form(s) 1099?								Yes 🗌 No
1a		each property (street, city, state, ZI								
Α	- ·	D TELANGANA IN 500039		,						
В										
С										
1b	Type of Property	2 For each rental real estate pro	pertv l	isted		Fair	^r Rental	Pers	sonal Use	0.11/
	(from list below)	above, report the number of fa	air rent	al and		C	Days		Days	QJV
Α	3	personal use days. Check the if you meet the requirements to	o file a	s a	Α		365		0	
В		qualified joint venture. See ins	tructio	ns.	В					
С					С					
Туре с	of Property:									
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental			
2 Mult	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	er (describe)		
Incom	e:	Properties:			Α		E	3		С
3	Rents received		3			450.				
4			4							
Expen										
5	Advertising		5							
6	Auto and travel (see i	nstructions)	6							
7	Cleaning and mainter	nance	7		1,	150.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other profe	essional fees	10							
11	Management fees .		11		1,	300.				
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14		1,	150.				
15	Supplies		15		2,	100.				
16	Taxes		16							
17	Utilities		17		1,	910.				
18		e or depletion	18							
19	Other (list)		19							
20	Total expenses. Add	lines 5 through 19	20		7,	610.				
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must			-7,	160.				
22	Deductible rental real on Form 8582 (see in	l estate loss after limitation, if any, structions)	22	(7,1	160.)	()()
23a		eported on line 3 for all rental prope	erties			23a		45	50.	· · · · ·
b		eported on line 4 for all royalty prop				23b				
с		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		7,61	LO.	
24	Income. Add positiv	e amounts shown on line 21. Do no	ot inclu	ide any	losses				24	
25		sses from line 21 and rental real estate		-			al losses hei	re.	25 (7,160.)
26	Total rental real est	ate and royalty income or (loss). V, and line 40 on page 2 do not	Comb	ine lines	s 24 ar	nd 25. E	Enter the re	sult		,
		40), line 5. Otherwise, include this a							26	-7,160.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021





T 7 TO D TT 7 D TO D	~	~	
VENKATA	S	G	PONNALURI

1009 RIVIERA DR

VIRGINIA	BEACH	VA	23464

SSN - You PONN		872310228	Vendor ID	1555	XX	xxx ヿ
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	67408.	Withholding (VA) - Yo	JU	19A.	3718.
Additions	2.		Withholding (VA) - S	oouse	19B.	
Subtotal	3.	67408.	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 Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule Cl	२	25.	
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	3718.
Total VA Adj Gross Income (VAGI)	9.	67408.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	412.
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	\BLE	30.	
Deductions	13.		VAC - Other Contribu	itions	31.	
Subtotal (Deductions & Exemptions)) 14.	5430.	Addition to Tax, Pena	Ity & Interest	32.	
VA Taxable Income	15.	61978.	Sales and Use Tax		33.	
Amount of Tax	16.	3306.	Amount You Owe Will Pay by Credit/Debit	t Card N		
Spouse Tax Adjustment (STA)	17.		Your Refund		1	412.
VAGI - Spouse	17A.		Bank Routing #		C	254070116
Net Amount of Tax	18.	3306.	Bank Account #		6788027	
L					0700027	

____LAR ____DLAR ____DTD ____LTD \$_____

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872310228





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ling Status, Age	& License	Information	Additional Filing Information	on
Filing Status		1	Locality	15
Federal Head of H	lousehold		Uninsured & Authorize DMAS	
DOB - You		05181987	Name or Filing Status Change	
VA Driver's Licens	se ID - You	T75400755	Address Change	
VA Driver's Licens	se - Iss. Dat	te - You 08102021	VA Return Not Filed Last Year	
Spouse Name (Fi	ling Status	3 Only)	Dependent on Another's Return	
			Farmer / Fisherman / Merchant Seaman	
DOB - Spouse			Amended	
VA Driver's Licens			Reason Code	
VA Driver's Licens	se - 188. Dai		Overseas on Due Date	
cemptions (A) 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	:
Total (A)	1	Blind - Spouse	Obtain Electronic 1099G	
		Total (B)	ID Theft PIN	
		Contact Information		

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		2405215480
Signature - Spouse	Date	Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date 02192	2 Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pro	eparer.	Preparer Information	7	P02082703
File by May 1, 2022	GLO:	BAL TAXES LLC		I
Include Page 1, Page 2 and all supporting 760CG documents.	253 CUM) PEBBLE CREEK LI MING		0041 Page 2 of 2

2021 Schedule INC/CG 872310228

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

VENKATA S G PONNALURI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
872310228	W	3718.	800100877	30800100877F001	74568.

Total VA Withholding	SSN	VA Withholding
You	872310228	3718.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

.

1555

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!

Virginia Submission Identification Number (SID)		
Your Name	B Your Social Sec	urity Number
VENKATA S G PONNALURI	872-31-022	5
Spouse's Name	A Spouse's Social	
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)		67408.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		67408.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		61978.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3306.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3718.
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)		412.
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 so	chadulas and statement	c for the year onding
December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding line filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full an liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber signature pen, or computer software program.	number or individual tax es of my electronic incor d timely payment of my ce Provider to transmit n and, if applicable, the di directly involve a finance stamp, mechanical devi	t identification ne tax return. If I am tax liability, I remain ny complete return to rect deposit of my tial institution outside ce, such as a
I authorize the ERO named below to enter my e-File PIN 1 0 2 2 8 as my signature on my 2021 e-file Do not enter all zeros GLOBAL TAXES LLC	ea virginia individual inc	ome tax return.
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.	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 I authorize the ERO named below to enter my e-File PIN Do not enter all zeros	ed Virginia individual inc	ome tax return.
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.	only if you are entering	your own e-File PIN
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		
Do not enter all a line of the solution of the	tax return for the taxpay Virginia's publication Ha nanical device, such as a	ndbook for
ERO's Signature Date 02-1	5-22	

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. **13**

2

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

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

Name(s) shown on return								You	Your social security number		
VENKATA S G PONNALURI								872-31-0228			
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•				• ·		
A Dic	l you make any payme	nts in 2021 that would require you to	o file F	orm(s) 1	099? 5	See inst	ructions .		🗆	Yes 🔀 No	
		ou file required Form(s) 1099?								Yes 🗌 No	
1a		each property (street, city, state, ZI									
Α	UPPAL HYDERABAD TELANGANA IN 500039										
В											
С											
1b	Type of Property	pertv l	perty listed			Fair Rental		sonal Use	QJV		
	(from list below)	(from list below) above, report the number of fa				Days		Days			
Α	3	personal use days. Check the if you meet the requirements to	o file a	o file as a 👘 🗛			365		0		
В		qualified joint venture. See ins	tructio	ns.	В						
С					С						
Туре с	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mult	ti-Family Residence	6 Ro	yalties	8 Other (describe))				
Incom	e:	Properties:			Α		E	3		С	
3	Rents received		3			450.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see i	nstructions)	6								
7	Cleaning and mainter	nance	7		1,	150.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	essional fees	10								
11	Management fees .		11		1,	300.					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,	150.					
15	Supplies		15		2,	100.					
16	Taxes		16								
17	Utilities		17		1,	910.					
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20		7,	610.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must			-7,	160.					
22	Deductible rental real on Form 8582 (see in	l estate loss after limitation, if any, structions)	22	(7,1	L60.)	()()	
23a		eported on line 3 for all rental prope	erties			23a		45	50.		
b		eported on line 4 for all royalty prop				23b					
с		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		7,61	0.		
24	Income. Add positiv	e amounts shown on line 21. Do no	ot inclu	ide any	losses			.	24		
25		sses from line 21 and rental real estate		-		Inter tot	al losses her	re.	25 (7,160.)	
26	Total rental real est	ate and royalty income or (loss). V, and line 40 on page 2 do not	Comb	ine lines	s 24 ar	nd 25. E	Enter the re	sult			
		40), line 5. Otherwise, include this a							26	-7,160.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021