IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Internal Revenue Service

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer's hame	Social Security number				
RAVALI SIDDAM	832-95-3797				
Spouse's name	Spouse's social security number				
Part I Tax Return Information – Tax Year Ending December 31, 2021 (En	iter 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 79,413.				
2 Total tax	2 10,395.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 8,187.				
4 Amount you want refunded to you	4				
5 Amount you owe					
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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

5	3	7	9	7	
Ent don	as 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 signature ►	Date ►	
Practitioner PIN Method	Returns Only—continue below	
Part III Certification and Authentication – Practitic	ner 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 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 I Don't Submit This Form to the				
For Donomwork Poduction Act	Notion convour tax roturn instructions		REV 02/12/22 RRO	Form 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/12/22 PRO

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.' ► Write your social security number (SSN) on your check or money order.

(99)

Enter the amount of your payment.

REV 03/12/22 PRO

RAVALI SIDDAM

15143 EDNA LN FRISCO TX 75035 1555

5-061.

INTERNAL REVENUE SERVICE P.O. BOX 1214

CHARLOTTE, NC 28201-1214

Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Qualitying widow(er) (QM) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying widow(er) (QM) Pour social security number Present is a child but not your dependent EBIGTRATH_ADDAPALI Your social security number RAVALI Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Spouse's social security number 15134 EDNA LN Check here if you, or your to pool office. If you have a forsign address, also complete spaces below. State TX 750.35 box below will not change Freign country name Forsign province/state county QP code to below will not change Participae Spouse if the province/state county Forsign province/state county Forsign province/state county QP code to change Participae Spouse if the province/state county Forsign province/state county Forsign province/state county QP code to change	1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 1	1545-0	074 IRS Use Onl	y—Do not	t write or staple	e in this space.
PAVALI SIDDAM 832-95-3797 If join tertum, spouse's first name and middle initial Last name Spouse's social security number 396-51-4127 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 15143 City, tow, or post office. If you have a foreign address, also complete spaces below. State ZP code To Check here if you, or your spouse as a post office. If ling jointly, want S3 to go to this fund. Checking a box below. Will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent You repouse as a dependent You 'You Spouse Dependents (e) instructions): (I) First name Last name Spouse: Was bom before January 2, 1957 Is blind Dependents (e) instructions): (I) First name (I) First name Is dependent Image: Spouse iterustructions): If more (I) First name Last name Image: Spouse iterustructions): Image: Spouse iterustructio	Check only	lf yo	u checked the MFS box, enter the n	ame of	your spou	use. If you o	heck	ed the HC		· · · ·		, 0	
If joint return, spouse's first name and middle initial Last name Spouse's social security number $896 - 51 - 4127$ Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your Strengther and street). If you have a foreign address, also complete spaces below. State ZIP code Spouse's social security number at presidential Election Campaign Check here if you, or your Strengther and street). If you have a foreign address, also complete spaces below. TX 75035 box below will not checking a strengther and street. You Spouse's social security number at presidential Election Campaign Check here if you, or your strengther and street. Foreign country name Foreign province/state/county Foreign postal code TX 75035 box below will not change your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Poul Spouse Beg/Blindness You: Were born before January 2, 1957 Are blind Spouse: (All Pl / if quillies for gee instructions): (1) First name Last name umber Imber Imber </td <td>Your first name</td> <td>e and mi</td> <td>iddle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yours</td> <td>social secur</td> <td>rity number</td>	Your first name	e and mi	iddle initial	Last na	me						Yours	social secur	rity number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Electron Campaign Check here If you, or your spouse if fling jointly, want S3 FIS 143 EDNA LN Check here If you, or your spouse if fling jointly, want S3 State TX ZIP code TX Presidential Electron Campaign Check here If you, or your spouse if fling jointly, want S3 FRISCO Foreign country name Foreign province/state/county Foreign postal code you is for this fund. Checking a box below will not change your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Your is pouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (2) Social security number (3) Relationship (4) V' it qualifies for (see instructions): Chief tax credit Cheif tax dependent dependents, see instructions	RAVALI			SIDE	MAG						832	-95-379	€7
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your stoget filling jointly, want S3 to go to this tund. Checking a PrI ISCO Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code TX 75 0 35 Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code You Spouse You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You galance Dependents (see instructions): (in ore tunno before January 2, 1957 Is blind Mere born before January 2, 1957 Are blind Spouse: Was bon before January 2, 1957 Is blind Mere born before January 2, 1957 Is blind Spouse: (i) first name Check there for before fore (see instructions): (i) first name I 92, 343. Attach 2a Tax-exempt interest 2a b Taxable amount 4b 5b Standard Des foreins and annuities 5a b <td>If joint return, s</td> <td>spouse's</td> <td>s first name and middle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spous</td> <td>e's social se</td> <td>ecurity number</td>	If joint return, s	spouse's	s first name and middle initial	Last na	me						Spous	e's social se	ecurity number
15143 EDNA LN Check here if you, or you City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code spouse if filing jointly, wart \$3 is go to this full. Checking a box below will not change if you are spouse if filing jointly, wart \$3 is go to this full. Checking a box below will not change if you are spouse at a dependent Foreign country name Foreign province/state/county Foreign postal code you tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent your its or refund. Decluction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Is blind Dependents, see instructions): (1) First name Las name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Las name Demoder Demoder Demoder 4 at ch 2a Xa name Demoder Demoder Demoder Demoder 4 at ch and check 2a Tax-exempt interest 2a Demoder Demoder											896	-51-412	27
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household, \$18,800 c Add lines 12a and 12b 12c 12c 12,850. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12c and 13 14 12,850. 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 66					`		,						
\$18,800 C Add lines 12a and 12b 12 12,850 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12c and 13 14 12,850 14 12,850 Deduction, Deduction, 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 66,563		b						<i>,</i> ,					
any box under Standard 14 Add lines 12c and 13 14 12,850 Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 66 563	\$18,800												12,850.
Standard 14 Add lines 12c and 13 14 12,850 Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 66.563													10 0
	Standard												
		15	I axable income. Subtract line 14	trom lin	e 11. lf ze	ero or less,	enter	r-0			. [1	15	66,563.

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

Form **1040** (2021)

-	-	1040 for instructions and the late	et information		BAA	REV 03/12/22			Form 1040 (202
	Firr	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041	-		Firm's EIN	
Use Only		n's name 🕨 GLOBAL TAX						Phone no	(678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 03/23/2	022 PO	208270	
Paid		parer's name	Preparer's signat			Date	PTI		Check if:
		one no. (419)450-920		Email address	RAVALI128				Observe 1
Keep a copy for your records.									otection PIN, enter it her
Joint return? See instructions.	Spo	ouse's signature. If a joint return, t	ooth must sign.	Date	SOFTWARE Spouse's occupa		R	(see inst.) If the IRS	sent your spouse an
	You	ır signature		Date	Your occupation			Protection	sent you an Identity PIN, enter it here
Sign Here	bel	der penalties of perjury, I declare t ef, they are true, correct, and com		of preparer (othe	r than taxpayer) is	based on all inf		which prep	arer has any knowledge.
		signee's ne ▶		no.			number (F		
Third Party Designee	ins	you want to allow another tructions	•				es. Comp	lete belov	
		Estimated tax penalty (see in						21.	
Amount You Owe	37 38	Amount you owe. Subtract						► 37	2,061.
A	36	Amount of line 34 you want a							2 0 0 1
	►d	Account number X X X							
Direct deposit? See instructions.	►b	Routing number X X X			▶ с Туре:		🗌 Savi	ngs	
	35a	Amount of line 34 you want						35	a
Refund	34	If line 33 is more than line 24				•	-		
	33	Add lines 25d, 26, and 32. T							-
	32	Add lines 27a and 28 throug		•					
	31	Amount from Schedule 3, lin				31			
	30	Recovery rebate credit. See	instructions .			30	10	68.	
	29	American opportunity credit		,		29			
	28	Refundable child tax credit or				28			
	С	Prior year (2019) earned inco	ome	. 27c					
	b	Nontaxable combat pay elec	tion	. 27b					
		Check here if you were b January 2, 2004, and you taxpayers who are at least a	a satisfy all the	e other requi he EIC. See in	rements for				
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
f you have a	26	2021 estimated tax payment						. 26	5
	d	Add lines 25a through 25c							d 8,187.
	с	Other forms (see instructions	,						
	b	Form(s) 1099				25b			
	а	Form(s) W-2				25a	8,18	87.	
	25	Federal income tax withheld	from:						
	24	Add lines 22 and 23. This is	your total tax					▶ 24	10,395.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	10,395.
	21	Add lines 19 and 20						. 21	
	20	Amount from Schedule 3, lin	e8					. 20)
	19	Nonrefundable child tax cred	dit or credit for c	other depender	nts from Schedu	le 8812 .		. 19	
	18								
,	, 16								Page 10,395.
Form 1040 (2021	16 17	Amount from Schedul	e 2, lin	e 2, line 3	e 2, line 3	e 2, line 3	e 2, line 3	e 2, line 3	Check if any from Form(s): 1 8814 2 4972 3 . 16 e 2, line 3 17 17

SCHEDULE	1
(Form 1040)	

Department of the Treasury

RAVALI SIDDAM

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to . OMB No. 1545-0074 2 1 Attachment

01

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Γ

	Sequence No. UI
Your soc	ial security number
832-95	-3797

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
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	-11,430.
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		
ī	Olympic and Paralympic medals and USOC prize money (see	OK		
•	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8р		
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. Enter here and on Form 10 1040-NR, line 8		10	-11,430.
				, 100.

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

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	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) \blacktriangleright			
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)			
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 Paralympic medals 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) 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			
j	Housing deduction from Form 2555			
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 in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2**

REV 03/12/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

Your social security number

RAVALI SIDDAM

832-95-3797

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	0.	3,000.			-3,000.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	ny, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-3,000.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -3,000.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	\square No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (1,500.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
RAVALI SIDDAM	832-95-3797

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MOHAN MOGER - bad debt statement attached	04/22/21	12/15/21	0.	3,000.			-3,000.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	0.	3,000.			-3,000.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

				Supplementa				033				
(Form	1040)	(From	renta	al real estate, royalties, partnersl	nips, S	corpora	ations,	estates,	trusts, REN	IICs, etc.)	9	1
Departme	ent of the Treasury			Attach to Form 1040	, 1040	-SR, 104	40-NR,	or 1041.				hment
	Revenue Service (99)			Go to www.irs.gov/ScheduleE for	or inst	ructions	and th	e latest	information		Sequ	ence No. 13
Name(s)	shown on return									Your soci	al securit	ty number
RAVA	LI SIDDAM									832-9	5-379	7
Part	Income of	or Loss	Fro	m Rental Real Estate and Ro	yaltie	s Note	e: If you	are in th	ie business c	f renting pe	rsonal p	roperty, use
	Schedule	C. See i	nstru	ctions. If you are an individual, rep	ort farı	m rental i	income	or loss f	rom Form 48	35 on page	2, line 4	40.
A Dic	l you make any	payme	nts in	2021 that would require you to	file F	orm(s) 1	099? 3	See inst	ructions .		. 🗆 '	Yes 🔀 No
B If "	Yes," did you o	r will yc	ou file	e required Form(s) 1099?							. 🗆 `	Yes 🗌 No
1a				property (street, city, state, ZIF								
Α	FLAT NO 5	01,PA	LAN'	TI SREE BAGAMBERPET H	IYDEI	RABAD	,TELA	NGANA	IN 500	013		
В												
С												
1b	Type of Prop	oerty	2	For each rental real estate prop	oerty l	isted		Fair	Rental	Persona	l Use	QJV
	(from list be	low)		above, report the number of fa personal use days. Check the	ir rent	al and		1	Days	Day	S	QUI
Α	3			if you meet the requirements to	o file a	sa	Α		365		0	
В				qualified joint venture. See inst	ructio	ns.	В					
С							С					
Туре о	of Property:											
1 Sing	le Family Resid	dence	3	Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental			
2 Mult	i-Family Reside	ence	4	Commercial	6 Ro	yalties		8 Othe	er (describe)			
Incom	e:			Properties:			Α		E	}		С
3	Rents received	1			3			570.				
4	Royalties recei	ived .			4							
Expen	ses:											
5	Advertising .				5							
6	Auto and trave	el (see ir	nstruo	ctions)	6			250.				
7	Cleaning and r	nainten	ance		7			600.				

4	Royalties received	4					
Exper	ISES:						
5	Advertising	5					
6	Auto and travel (see instructions)	6	2	50.			
7	Cleaning and maintenance	7	6	00.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,2	50.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	4,5	00.			
15	Supplies	15	2,9	00.			
16	Taxes	16					
17	Utilities	17	2,5	00.			
18	Depreciation expense or depletion	18					
19	Other (list) ►	19					
20	Total expenses. Add lines 5 through 19	20	12,0	00.			
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	-11,4	30.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	(11,43)	()
23a	Total of all amounts reported on line 3 for all rental proper			23a	5	70.	
b	Total of all amounts reported on line 4 for all royalty prope			23b			
С	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			
е	Total of all amounts reported on line 20 for all properties			23e	12,0		
24	Income. Add positive amounts shown on line 21. Do not		•			24	· · · · · · · · · · · · · · · · · · ·
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from line 22. Ent	er tota	al losses here .	25	(11,430.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, IV, and line 40 on page 2 do not a						11 400
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount	in the total on li	ne 41	on page 2 .	26	-11,430.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Nonbusiness Bad Debt Explanation Statement

Name(s) RAVALI SIDDAM	4	Social Security Number 832-95-3797
Form/Line: <u>F</u> Explanation of:	Form 8949 Nonbusiness Bad Debt	Line 1
Description Amount: \$3,	n of debt: LOAN TO MOHAN MOGER ,000	
i .	Decame due: 10/05/2021	
Name of deb	otor: MOHAN MOGER	
Relationshi	ip to debtor: FRIEND	
Efforts to	collect:	
EFFORTS MAD	DE TO COLLECT THE DEBTS	
Why decided	d debt was worthless:	
MOHAN MOGER	R DECLARED HE IS UNAVLE TO PAY THE DEBTS	

2021

Form 760PY Virginia Pa		021 ident Income ⁻	Tax R	leturn				
Page 1		ay 1, 2022						
See instructions before comp Enclose a complete copy of you	leting line items	S.	uired Vi	irginia en	closures.		Dates of VA Residence (mm-dd-yyyy)	
YOUR First Name	MI Your Last Name		Suffix	-	cial Security Number	Y	ou - From You - To	
	CIDAM			832-95	2 2 7 0 7	01-	01-202106-29-2	021
RAVALI SPOUSE'S First Name (filing status 2 or 4)	SIDDAM MI Spouse's Last N	ame Check if deceased	Suffix		s Social Security Number	Spo	ouse - From Spouse - T	
					4100			
Present Home Address (Number and Street, or	Rural Route)			896-51	1	r's Lice	ense Information	
	Rula Route)				VA DIVG		tomer ID	
15143 EDNA LN City, Town or Post Office					You			-
City, Town of Post Office					Spouse			-
FRISCO	715.0				lss	ue Date	e (mm-dd-yyyy)	
State	ZIP Code		Locality	Code	You			-
TX	75035		059		Spouse			
Check Amended Ret		Qualifying Far	mer, Fish	erman or M	oronant oounnun		ed Social Security for You ar reported as taxable income	
Applicable	n Another's Return	Earned Income C	Credit Cla	imed on fed	Fe		Return	
Boxes Overseas on		\$.00	\$.00	
		•	orm 76(door) with
I/we are uninsured and authorize the Department of Medical Assis								
Filing Status Enter Filing Statu		, , ,	,				exemptions being claime	
□ 1 = Single (Column A) -					You. Spous		ependents 65 or Over Bl	lind
3 2 = Married, Filing Joint	return (Column A)				A - You	л Л		
3 = Married, Filing Sepa				and Spo	numbers for both You buse if Filing Status 2		0	
4 = Married, Filing Sepa	•	,	A and B		3 - Spouse	 ר		_
If Filing Status 3, enter spouse's S box at top of form and, enter Spou					ng Status 4 Only			
DATE OF BIRTH	156 5 Naille DIIACI			<u> </u>]				
Your Birth Date (m Spouse's Birth Da		06-09-	19	90	B Filing Status 4 ONLY		A Include Spouse if Filing Status 2	
Complete the Schedule of In 1 FEDERAL ADJUSTED G Line 7. Column 1.	ROSS INCOME	from Schedule of Inco				00	79413	00
2 Additions from Schedule 76				. 2		00	77113	00
3 Add Lines 1 and 2				. 3		00	79413	00
4 Qualifying Age Deduction.							19113	
Worksheet in instructions.	Enter Spouse's Ag	ge Deduction on Line	4b, Coli	umn ^{4a}				00
B when using Filing Status Line 4a, Column A and Spo						00		00
5 Social Security Act and e								
reported as taxable income residence in Virginia	e on federal return	and attributable to yo	ur perio	d of _		00		00
6 State income tax refund of federal return and received you reported adjusted gros	d while a Virginia re	esident. Claim in the sa	ame coli	umn		00		00
 7 Income attributable to your Income, Part 1, Line 9, Col 	period of residence	e outside Virginia from	Schedu	le of		00	-12930	00
8 Subtractions from Schedule						00		00
9 Add Lines 4a, 4b, 5, 6, 7,				-		00	-12930	00
10 Virginia Adjusted Gross I	Income (VAGI). Su	ıbtract Line 9 from Li	ne 3	. 10		00	92343	00
11 Itemized Deductions from	Virginia Schedule	A paid while a Virgin	ia resid	ent. 11		00	, , , , , , , , , , , , , , , , , , , ,	00
See Instructions 12 If you do not claim itemize from Standard Deductions	ed deductions on I	_ine 11, enter standar	d deduc	tion 10		00	4500	
Va. Dept. of Taxation 2601039 Rev. 06/21 For Local Use	worksneet in inst	1 \$		· Ľ			XXXXX	
1555 REV 03/10/22 PRO		Ψ						

2021	Form 760PY Page 2						
Your N		Your SSN					
RAV	ALI SIDDAM	832-95-3797				You Include Spo	
				B Spor		A Filing Status	
13	Prorated exemption amount from Sched See instructions				00	458	00
14	Deductions from Schedule 760PY ADJ,	Line 9	14		00		00
15	Add Lines 11, 12, 13 and 14				00	4958	00
16	Virginia Taxable Income. Subtract Lin	e 15 from Line 10.			00	87385	00
17	Tax amount from Tax Table or Tax Rate	Schedule			00	4767	00
18	Total Tax. Add Line 17, Column A and	Line 17, Column B.			18	4767	00
19a	Your Virginia income tax withheld. Enclo	se copies of Forms W-2, W-2G,	1099 and VK-	1	19a	4793	00
19b	Spouse's Virginia income tax withheld. E	Enclose copies of Forms W-2, W	-2G, 1099 and	VK-1	19b		00
20	Combined 2021 Estimated Tax Payment	s			20		00
21	2020 overpayment credited to 2021 estin	mated taxes			21		00
22	Extension Payment - Enter amount paid	on Form 760IP			22		00
23	Tax Credit for Low-Income Individuals or	Virginia Earned Income Credit	from Schedule	760PY ADJ, Line 1	7 23		00
24	Total credit for taxes paid to another stat	e from Schedule OSC			24		00
25	Credits from Schedule CR, Section 5, Li	ne 1A			25		00
26	Total payments and credits. Add Line	es 19a through 25			26	4793	00
27	If Line 18 is larger than Line 26, enter the	e difference. This is the INCOMI	Ε ΤΑΧ ΥΟυ Ο\	NE	27		00
28	If Line 26 is larger than Line 18, enter the	e difference. This is the OVERP	AYMENT AMO	OUNT	28	26	00
29	Amount of overpayment on Line 28 to be C	CREDITED TO 2022 ESTIMATE		x	29		00
30	Virginia529 and ABLE Contributions from	n Schedule VAC, Section I, Line	96		30		00
31	Other Voluntary Contributions from Sche	edule VAC, Section II, Line 14			31		00
32	Addition to Tax, Penalty and Interest from	m enclosed Schedule 760PY A	DJ, Line 21		32		00
33	Sales and Use Tax is due on Internet, ma See instructionsC	il order, and out-of-state purchas heck here if no sales and use ta	es (Consumer x is due	's Use Tax).	X 33		00
34	Add Lines 29 through 33.				34		00
35	If you owe tax on Line 27, add Lines 27 Line 28, enter the difference. Enclose pa Check here if paying by credit or de	ayment or pay at www.tax.virgi	nia.govAM	OUNT YOU OWE.			00
36	If Line 28 is larger than Line 34, subtract L	ine 34 from Line 28.		YOUR REFUND	36	26	00
	If the Direct Deposit section below is not co	mpleted, your refund will be issued	by check.		L		
	T BANK DEPOSIT Your Bank Rout	ing Transit Number	Your Bank Ac	count Number	Checking	X Savings [
	ernational Deposits. 1 2 2 1	0 1 7 0 6 4	£ 5 7 0	2 3 4 9	5 1 6	4	
l (We	Ve) authorize the Department of Taxation to o), the undersigned, declare under penalty complete return.		•	•		-G at www.tax.virginia /ledge, it is a true, cor	-
	ignature		Your Phone Num	hber	Date		
Spous	s's Signature (If a joint return, both must sign)		Spouse's Phone	Number	Date		
Prepar	er's Name		Preparer's Phone	e Number	Date		
SYA	M PRIYA RAM SAGAR GUPTA T	TALLAM	(678) 96	5-9522	03-23	-2022	

Preparer's PTIN

P02082703 1555

Vendor Code

Filing Election Code ID Theft PIN

7

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SIAM	PRIIA	RAM	SAGAR	GUPIA	а тагг	AМ
Firm's Na	me (or Yours	if Self-En	^{nployed)} GL	OBAL	TAXES	LLC

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2530 PEBBLE CREEK LN CUMMING GA 30041

2021 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 1

Your Name	Your SSN
RAVALI SIDDAM	832-95-3797
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PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A		Y	ou (In	clude Spouse if Fi	ling S	tatus 2)		
	SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident	
1.	Wages, salaries, tips, etc	1	92343	.00	92343	.00	0	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income	3	-12930	.00	0	.00	-12930	.00
4.	Gross income (add Lines 1, 2 and 3)	4	79413	.00	92343	.00	-12930	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	79413	.00	92343	.00	-12930	.00
8.	Net fixed date conformity modifications	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	79413	.00	92343	.00	-12930	.00
	*Enter the amount from Line 7,	Colu	umn A1 on Form	760P	Y, Page 1, Line 1,	Colu	mn A.	

	SECTION B		Enter Spous	se's	Income When Filing	Sta	tus 4 ls Claimed	
_	SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status 4 -	_	Column B1 Federal Return		Column B2 While VA Residen	t	Column B3 While NOT VA Resid	dent
1.	Wages, salaries, tips, etc	1		.00		00		.00
2.	Interest and dividends	2		.00		00		.00
3.	Pension and other income	3		.00		00		.00
4.	Gross income (add Lines 1, 2 and 3)	4		.00		00		.00
5.	Adjustments to income: moving expenses	5		.00		00		.00
6.	Other income adjustments (enclose explanation)	6		.00		00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7		.00		00		.00
8.	Net fixed date conformity modifications	8		.00		00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9		.00		00		.00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.



2021 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 2

Your Name	Your SSN
RAVALI SIDDAM	832-95-3797

PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

			Column B Spouse	Column A You
1.	Your exemption	1		1
2.	Dependents	2		0
3.	Add Lines 1 and 2	3		1
4.	Multiply Line 3 by \$930	4		930
5.	65 or over	5		
6.	Blind	6		
7.	Add Lines 5 and 6	7		
8.	Multiply Line 7 by \$800	8		
9.	Add Lines 4 and 8	9		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10		0.493
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		458

PART 3

Moving Information

ТΧ

1a. If YOU moved into Virginia in 2021, prior state of residence

1b. If YOU moved out of Virginia in 2021, state moved to

2a. If SPOUSE moved into Virginia in 2021, prior state of residence

2b. If SPOUSE moved out of Virginia in 2021, state moved to

1555



2021 Schedule INC/CG 832953797

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

RAVALI SIDDAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
832953797	W	4793.	260323337	30260323337F001	92343.

Total VA Withholding	SSN	VA Withholding
You	832953797	4793.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

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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				
RAVALI SIDDAM	832-95-37	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)		79413.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		92343.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		87385.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4767.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4793.				
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)		26.				
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	CI 1.1 C					
I authorize the ERO named below to enter my e-File PIN 5 3 7 9 7 as my signature on my 2021 e- Do not enter all zeros	filed 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 b and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. 	ox 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 as my signature on my 2021 e- Do not enter all zeros	filed 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 b and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox 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	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 03-	23-22					