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

	515.135 55.135				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social secur	ity numl	per	
CHAI	THANYA REDDY PANDIRLAPALLI	001-99	-612	3	
Spouse's	name	Spouse's so	cial sec	urity numbe	r
Dout	Toy Datum Information Toy Voca Ending December 24				<u> </u>
Part	, ,	year you a	are au	tnorizing.	.)
	hole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1 1	160	, 753.
	Total tax		2		,308.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,710.
	Amount you want refunded to you		4		,402.
	Amount you owe		5	7	, 102.
Part		eep a cor	y of y	our retu	rn)
my know return (of to send for any of Agent to paymen authoriz paymen business taxes to persona Electron	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) will dege and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transminy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions are considered information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I are its Funds Withdrawal Consent.	e are the am tter, or electication of the to S. Treasury a cated in the the authorization must be processing of ayment. I fur	ronic recansing and its of ax preparation. The receipt the electron are receipt the raceipt and receipt the raceipt and receipt the raceipt and receipt the raceipt and receipt and receip	from the incurrence transfer of the transfer o	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
Taxpay	/er's PIN: check one box only	9	6	1 2 3	
×	l authorize GLOBAL TAXES LLC to enter or generate	mv PIN └─		digits, but	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Your si	gnature ▶ Date ▶				
Snous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	nter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am nor if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9 8	9
		Don't en	cer dii Ze	5103	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this ret	urn in a	accordance	
FRO'∘	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

Filing Status	\mathbf{X}	Single Married filing jointly	Marrie	ed filing separately (I	MFS)	☐ Head of	house	hold (HO	H) [lifying survi	ving	
Check only one box.		u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you c	heck	ed the HOH or	r QSS	box, ent	er the		use (QSS) name if the	e qualifying	
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial security	number	
CHAITHAN	IYA E	REDDY	PAND	PANDIRLAPALLI							001-99-6123		
If joint return, sp	oouse's	first name and middle initial	Last nar	me					s	pouse's	s social sec	urity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			-	Apt. no.	F	resider	ntial Electio	n Campaign	
_520 BRIS	A CO	DURT									nere if you,	,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP c	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
LIBERTY	HILI	_		TX 7				78642 bo			ow will not o	0	
Foreign country	name		F	Foreign province/state/	/coun	ty	Forei	ın postal c	ode y	our tax	or refund.	Spouse	
Digital		ny time during 2022, did you: (a) rece	,				•		, ,	,			
Assets		ange, gift, or otherwise dispose of a					asset)	? (See ir	struct	ions.)	Yes	⊠ No	
Standard Deduction	_	eone can claim:											
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	rn befo	ore Janu	ary 2,	1958	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social security	y	(3) Relationsh	nip (4) Check t	he box	if qualif	fies for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child t	ax cred	dit	Credit for oth	er dependents	
than four]	
dependents, see instructions	;]	
and check]	
here												<u>] </u>	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .						1a	17	4,253.	
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not rep		` ,	instru	ıctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi	,				 . i			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>					17	4 050	
	<u>z</u>	Add lines 1a through 1h								1z		4,253.	
Attach Sch. B if required.	2a		2a			axable interest				2b			
	3a		3a			ordinary divide				3b			
Standard	4a 5a		4a 5a			axable amoun axable amoun				4b 5b			
Standard Deduction for—	6a		6a			axable amoun				6b			
Single or Married filing	C	If you elect to use the lump-sum el	_	method, check here					. \square	0.5			
separately,	7	Capital gain or (loss). Attach Scheo		·	`	,				7	_	3,000.	
\$12,950 Married filing	8	Other income from Schedule 1, line							. –	8		0,500.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		0,753.	
surviving spouse,	10	Adjustments to income from Schee		-						10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-							11		0,753.	
household, \$19,400	12	Standard deduction or itemized								12		2,950.	
If you checked	13	Qualified business income deducti		`	,	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15		7,803.	
330 1101140110113.													

Form 1040 (202	2)						Page 2
Tax and	16	Tax (see instructions). Check if any f	rom Form(s): 1 881	4 2 4972	3	16	29,308.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	29,308.
	19	Child tax credit or credit for other c	ependents from Sched	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero	or less, enter -0			22	29,308.
	23	Other taxes, including self-employr	nent tax, from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your to	tal tax			24	29,308.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 33,	710.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions) .			25c		
	d	Add lines 25a through 25c				25d	33,710.
If you have a	26	2022 estimated tax payments and	amount applied from 20	21 return		26	
qualifying child,	27	Earned income credit (EIC)		No .	27		
attach Sch. EIC.	28	Additional child tax credit from Sche	dule 8812		28		
	29	American opportunity credit from F	orm 8863, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These	are your total other pa	ayments and refu	undable credits	32	
	33	Add lines 25d, 26, and 32. These a	re your total payments			33	33,710.
Refund	34	If line 33 is more than line 24, subtr	act line 24 from line 33.	This is the amou	nt you overpaid	34	4,402.
	35a	Amount of line 34 you want refund		is attached, che	ck here	. 35a	4,402.
Direct deposit?	b	Routing number 0 7 4 0 0	avings				
See instructions.	d	Account number 1 3 2 7 3					
	36	Amount of line 34 you want applied	l to your 2023 estimate	ed tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is For details on how to pay, go to www.				37	
	38	Estimated tax penalty (see instructi	ons)		38		
Third Party Designee		you want to allow another persostructions				nplete below.	X No
		signee's	Phone			al identification	
		me	no.		numbe	· /	
Sign Here		der penalties of perjury, I declare that I haief, they are true, correct, and complete. D		than taxpayer) is ba		of which prepa	rer has any knowledge.
	Yo	ur signature	Date	Your occupation			ent you an Identity PIN, enter it here
loint roturn?				 SOFTWARE	INCINEER	(see inst.)	I I I I I
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both mu	st sign. Date	Spouse's occupat			ent your spouse an tection PIN, enter it here
	Ph	one no. (667) 802-0306	Email address	REDDYCP190	GMAIL.COM		
Doid	Pre		er's signature			PTIN	Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA RAM SAGAR	GUPTA TALLAM	03/22/2023 E	02082703	Self-employed
Preparer		m's name GLOBAL TAXES					(678) 965-9522
Use Only	Fir		E BRUNSWICK N	J 08816		Firm's EIN	84-3171965
Co to ununu iro o	/F	a 10.40 few instructions and the latest inform	- ation				F 1040 (0000)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR CHAITHANYA REDDY PANDIRLAPALLI

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
001-99	-6123

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	or 1040-NR line 8	10	-10.500

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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)	ła	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	łe		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	łq		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	₽h		
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	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:	_		
	24			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Your social security number

CH.	AITHANYA REDDY PANDIRLAPALLI			001-	-99-	6123
	you dispose of any investment(s) in a qualified opportunity	•	•			
If "Y	es," attach Form 8949 and see its instructions for additiona	al requirements for	r reporting your ga	ain or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		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	00.50				45 605
2	Box A checked	28,627.	70,835.	24,5	83.	-17,625.
_	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
	Short-term gain from Form 6252 and short-term gain or (le	-			4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, 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		. ,	e any long-	7	- 17 , 625.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H			(see i	
See	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	te	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	from Part II,	from column (d) and combine the result 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	
	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	ions, estates, and	trusts from Scheo	dule(s) K-1	12 13	
	Long-term capital loss carryover. Enter the amount, if any	, from line 13 of y	our Capital Loss	Carryover		/
15	Worksheet in the instructions				14	(
	on the back	•	. ,		15	

BAA

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -17,625. • 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 • 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? ☐ **Yes.** Go to line 18. 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 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 you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

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. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Part I

Social security number or taxpayer identification number

001-99-6123

CHAITHANYA REDDY PANDIRLAPALLI

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.

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. X (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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions APEX CLEARING 01/01/22 12/31/22 28,627. 70,835. W 24,583. -17,625.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

28,627.

24,583.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

70,835.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

CHA:	ITHANYA REDDY PANDIRLAPALLI						001-99	9-6123		
Par	Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line	operty, use 40.	Schedul							
	Did you make any payments in 2022 that would require								es 🗵 No	
В	If "Yes," did you or will you file required Form(s) 1099?							. <u> </u>	es 🗌 No	
1a	Physical address of each property (street, city, state	, ZIP code	e)							
Α	4-8-116, TEACHERS COLONY, PULIVENDUL	A, CUDDA	APAH A	NDHRA	PRAI	ESH IN	516390			_
В		·								_
С										
1b	(from list below) above, report the number of	fair rental	and		_	r Rental Days	Person Da		QJV	
Α	personal use days. Check the			y A 365				0		
В	if you meet the requirements qualified joint venture. See in			В						
C	qualified joint volitare. See in	1011 40110110	·	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Multi-Family Residence 4 Commercial	Rental	5 Land			Self-Rental Other (desc				
						Propert	ies:			_
Incor				Α		В			С	_
3	Rents received			6	50.					_
4	Royalties received	. 4								_
-	nses:									
5	Advertising									_
6	Auto and travel (see instructions)				ΕΛ					_
7	Cleaning and maintenance			9	50.					_
8 9	Commissions									_
10	Insurance									_
11	Management fees			1 5	50.					_
12	Mortgage interest paid to banks, etc. (see instruction			1,3	50.					_
13	Other interest	,								_
14	Repairs			3 8	50.					_
15	Supplies	-			50.					_
16	Taxes			2,0	30.					_
17	Utilities	-		2,1	50.					_
18	Depreciation expense or depletion									_
19	Other (list)	19								_
20	Total expenses. Add lines 5 through 19			11,1	50.					_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties)									_
	result is a (loss), see instructions to find out if you m file Form 6198	ust		-10, 5	00.					
22	Deductible rental real estate loss after limitation, if a on Form 8582 (see instructions)	ny,	(10,50)	(
23a	Total of all amounts reported on line 3 for all rental pr				23a		650.			Í
b		•			23b					
С	Total of all amounts reported on line 12 for all proper				23c					
d	Total of all amounts reported on line 18 for all proper				23d					
е	Total of all amounts reported on line 20 for all proper				23e	1:	1,150.			
24	Income. Add positive amounts shown on line 21. Do		ide any l	osses			. 24			
25	Losses. Add royalty losses from line 21 and rental real	estate loss	es from l	ine 22. E	nter to	tal losses he	ere 25	(10,500.	_)
26	Total rental real estate and royalty income or (los here. If Parts II, III, IV, and line 40 on page 2 do it	not apply	to you,	also er	nter thi	s amount				
	Schedule 1 (Form 1040), line 5. Otherwise, include the	is amount	in the to	otal on li	ne 41 a	on page 2	. 26		-10.500	

763Page 1



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

	Enclose a comp	icte copy o	i your react	ui tu	x return an	u an	other require	u v II ;	giilia c	moiosai							
First N	lame ITHANYA REDI)V		МІ	Last Name	ר א ד	\ T T T	Suf	fix	Your Soc		•	umber			Check decea	
	e's First Name (Filing		y)	MI	PANDIRI Last Name	LAPF	<u> </u>	Suf	fix				ity Numbe	er		Check	
																L decea	sed
	nt Home Address (Nu L SOUTH INTE			,	2					Birth Date n-dd-yyyy)	1 (1	5	- 0 1	-	1 9 9	3	
	own or Post Office	TRSIAIL	JJ AFI	422	State		ZIP Code	Sp	ouse's	Birth Date			_				
AUST	TIN		Γ		TX		78744	ı .		n-dd-yyyy)				_			
State	of Residence		Important - is located.	Name	e of Virginia C	City or (County in which	princi	pal plac	e of busin	ess, en	nploym	ent, or ind	come	source	Locality Cod	de
TX													City OR	· 🗆	County		
			nded Return Reason Cod	e			Name(s) or Shown on 2				an	[Ove	rseas	s on Due	Date	
Ch	eck Applicable Boxes			L	. 5 .		_							ام م ما	l an fada	ral ratura	
	2000	Дере	ndent on An	othe	r's Return	L	Qualifying F Merchant S			ierman, c	or		\$	imea	i on lede	ral return .00	
	Filing Status Ente	r Filing Stat	us Code in b	ox b	elow.				Exem	ptions A	dd Sed			. Ente	er the su	m on Line	12.
			ead of house						You	Spou Filing S	Status	Depend	ents			Total Section	on 1
1			int Return - b Has No Incoi				a income			20	T .				V ¢020.		
	_		parate Retur		Tom 7 any Co	Jui oc] † [+		= _	1	X \$930 :	93	0
If Filin	g Status 3 or 4, en	ter spouse's	SSN in the	Spou	ıse's Social	Secu	rity Number		or ove	S5 Spouse er or ove	65 You er Blin	u Sp id B □ ⊏	ouse lind			Total Sect	ion 2
box at	top of form and en	iter Spouse'	s Name							+	+	+	=		X \$800 =	=	
1	Adjusted Gross In	come from	federal returi	า - N	ot federal ta	axable	e income						1	Τ		160753	00
2	Additions from Sc	hedule 763	ADJ, Line 3.										. 2				00
3	Add Lines 1 and															160753	00
4	Age Deduction (S	ee instructio	ons and the A	\ae [Deduction W	/orksł	neet)					You	4a				00
	Enter Birth Dates and Your Spouse's	above. Ente	er Your Age D)edu	ction on Line	e 4a							4b				00
_													_				00
5 6	Social Security Ac								-				•	\vdash			00
	Subtractions from		, ,				,										1
7														\vdash			00
8	Add Lines 4a, 4b													\vdash		1.60750	00
9	Virginia Adjusted		, ,												-	160753	00
10	Itemized Deduction	·															00
11	If you do not claim													\vdash		8000	00
12	Exemption amour													L		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9									13				00
14	Add Lines 10, 11	, 12 and 13	•										14			8930	00
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract	Line	14 from Line 9)					15		-	151823	00
16	Percentage from I	Nonresident	Allocation S	ectic	on on Page 2	2 (Ent	ter to one deci	mal p	olace o	nly)			. 16			26.0	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	e 15	by percenta	age o	n Line 16)						17			39474	00
18	Income Tax from	Гах Table or	Tax Rate So	hedi	ule								18			2012	00
19a	Your Virginia incor	me tax withh	neld. Enclose	For	ms W-2, W-	-2G, 1	1099, and VK-	1					. 19a			2229	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		□ \$										YYX	/VV	



2022 FORM 763 Page 2

2022	FORM 763 Page 2						
Your N	lame Your SSN ITHANYA REDDY PANDIRLAPALLI 001-99-6123						
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G,	1099. and VK-1		19b			00
20	2022 Estimated Tax Payments						00
21	2021 overpayment credited to 2022 estimated tax						00
22	Extension Payment - submitted using Form 760IP						00
	Credit for Low-Income Individuals or Virginia Earned Income Credit						
23	y						00
24	Total credits from Schedule OSC.						00
25	Credits from Schedule CR, Section 5, Line 1A						00
26	Total payments and credits. Add Lines 19a through 25			26		2229	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INC	OME TAX YOU OV	NE	27			00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVI	ERPAYMENT AMO	UNT	28		217	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIM	ATED INCOME TA	X	29			00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line	∋ 6		30			00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 1	4		31			00
32	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 A	ADJ, Line 21.		32			00
	See instructions Enclose 760C or 760F and			32			00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state pur See instructions			33			00
34	Add Lines 29 through 33.			34			00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have at Line 34 is larger than Line 28, enter the difference. AMOUNT YOU www.tax.virginia.govCheck here if paying by credit or debit of	OWE . Enclose pay	ment or pay at	35			00
26	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the			36		017	00
36	TI LINE 26 IS larger than Line 34, Subtract Line 34 from Line 26. This is the	ne amount to be REI	FUNDED TO TOU.	30		217	00
	Direct Deposit section below is not completed, your refund will be issu	ued by check.					
	T BANK DEPOSIT Your Bank Routing Transit Number stic Accounts Only	Your Bank Acc	count Number Che	cking	X S	avings	
							_
	emational Deposits 0 7 4 0 0 0 0 1 0	1 3 2 7	3 9 0 9 2				
	resident Allocation Percentage		3 9 0 9 2 A - All Sources		B - Virg	inia Sources	<u> </u>
				00	B - Virg	inia Sources	6 00
1.	resident Allocation Percentage	1	A - All Sources		B - Virg		
1. 2. 3.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources	00	B - Virg		00
1. 2. 3.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources	00	B - Virg		00
1. 2. 3. 4. 5.	resident Allocation Percentage Wages, salaries, tips, etc. Interest income. Dividends		A - All Sources	00 00 00	B - Virg		00 00 00
1. 2. 3. 4. 5.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources	00 00 00 00 00 00	B - Virg		00 00 00 00 00
1. 2. 3. 4. 5. 6.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253	00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00
1. 2. 3. 4. 5. 6.	resident Allocation Percentage Wages, salaries, tips, etc	1 2 3 4 5 6 7 8	A - All Sources 174253 -3000	00 00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253	00 00 00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253 -3000	00 00 00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	resident Allocation Percentage Wages, salaries, tips, etc	1 2 3 4 5 6 7 7 8 9 10 11	A - All Sources 174253 -3000	00 00 00 00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253 -3000	00 00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253 -3000 -10500	00 00 00 00 00 00 00 00 00 00 00	B - Virg	0	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	resident Allocation Percentage Wages, salaries, tips, etc	1 2 3 4 5 6 7 7 8 9 10 11 12 Line 3. 13 14	A - All Sources 174253 -3000	00 00 00 00 00 00 00 00	B - Virg	41753	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253 -3000 -10500 160753	00 00 00 00 00 00 00 00 00 00 00 00		41753	00 00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	1 2 3 4 5 6 7 7 8 8 9 10 11 12 12 14 Compute 16 15 parer.	A - All Sources 174253 -3000 -10500 160753 gree to obtain my Form	00 00 00 00 00 00 00 00	at www.tax	41753 0 0 41753 26.0%	00 00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources	00	at www.tax	41753 0 0 41753 26.0%	00 00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources	00 00 00 00 00 00 00 00	at www.tax	41753 0 0 41753 26.0%	00 00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253 -3000 -10500 160753 gree to obtain my Form best of my (our) knowledgenber 02-0306	00	at www.tax ue, correct, a	41753 0 0 41753 26.0%	00 00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. ☐ I (V Your Si	resident Allocation Percentage Wages, salaries, tips, etc		A - All Sources 174253 -3000 -10500 160753 gree to obtain my Form best of my (our) knowledge not be recommended to the commendation of the co	00 00 00 00 00 00 00 00	at www.tax ue, correct, a	41753 0 0 41753 41753 26.0% E.virginia.gov. nd complete retu	00 00 00 00 00 00 00 00 00 00

2022 Schedule INC/CG

001996123

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

CHAITHANYA R

PANDIRLAPALLI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
001996123	M	2229.	541923680	30541923680F001	41753.

 Total VA Withholding
 SSN
 VA Withholding

 You
 001996123
 2229.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01