IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury 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)

Taxpaye	er's name	Social secur	ity numb	er
PRA	JNA MENDON	195-59	-6558	}
Spouse'	's name	Spouse's so	cial secu	rity number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you a	are aut	horizing.)
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	84,908.
2	Total tax		2	11,452.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,538.
4	Amount you want refunded to you		4	2,086.
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.

Тахрау	er's PIN: che	eck one box only						C	-]
X	I authorize	GLOBAL TAXES	LLC		to enter or generate	e my PIN	9		-	5 8	as my
			ERO firm name		-					its, but Il zeros	
	signature or	n the income tax retu	ırn (original or ameno	ded) I am now	authorizing.		401		tor ai	. 20.00	
					nal or amended) I am Practitioner PIN met						
	below.	a ico						-			
Your sig	nature 🕨	Prod			Date ►	16/01/2	202.	3			
Spouse	's PIN: chec	k one box only									1
	l authorize				to enter or generate	e my PIN					as my
			ERO firm name		-	-				its, but	
	signature or	n the income tax retu	irn (original or amend	ded) I am now	authorizing.		doı	n't en	ter al	II zeros	
					nal or amended) I am Practitioner PIN met						
0											

Spouse s s	oouse s signature F												
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.	2	2	2	4	9	6	6	1	9	8	9	
					Don	ı't er	nter a	all ze	ros				

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 🕨			
	st Retain This Form — Se is Form to the IRS Unless		
For Department Reduction Act Nation and your tax re		REV 01/00/22 RRO	Earm 8879 (Payr 01 2021)

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		_{rn} 202	2	OMB No. 1545	-0074	IRS Use (Dnly—D	o not wi	ite or staple in this sp	ace.
Check only		Single Married filing jointly	_	d filing separately (N	,					spou	ifying surviving se (QSS)	
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	our spouse. If you cl	neck	ed the HOH or	QSS	box, ente	r the o	child's	name if the quali	ifying
Your first name	and mi	ddle initial	Last nam	e					Y	our so	cial security numb	ber
PRAJNA			MENDC	N					1	95-5	59-6558	
lf joint return, sj	oouse's	first name and middle initial	Last nam	e					S	pouse's	s social security nu	umber
	•	er and street). If you have a P.O. box, see	instructior	IS.				Apt. no.			ntial Election Cam ere if you, or your	
-		R RIDGE LANE		b-l	0	t-	2				f filing jointly, war	
		ce. If you have a foreign address, also co	mplete spa	aces below.	Sta		ZIP c		to	o go to	this fund. Checki	ing a
CINCINNATI Foreign country name			E	preign province/state/o			452	n postal co			ow will not change or refund.	Э
Foreign country	name			reign province/state/c	Journ	.y	Foreig	jii postai co		Jui tax		pouse
Digital		ny time during 2022, did you: (a) rece									Yes X N	
Assets		ange, gift, or otherwise dispose of a eone can claim: You as a de	-	Your spouse		_	asselj		structi	ons.)		<u> </u>
Standard Deduction	_	Spouse itemizes on a separate retur										
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	use	: 🗌 Was bor	n befo	ore Janua	ry 2, 1	958	Is blind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	e box	if qualif	ies for (see instruct	tions):
If more	(1) Fi	irst name Last name		number		to you		Child ta	x cred	it	Credit for other depe	endents
than four												
dependents, see instructions												
and check												
here											<u> </u>	
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	•	,					•	1a 1b	94,40	08.
Attach Form(s)	c	Tip income not reported on line 1a					• •		•	10		
W-2 here. Also	d	Medicaid waiver payments not rep	•	,			• •		•	1d		
attach Forms W-2G and	e	Taxable dependent care benefits f			10110		• •		•	1e		
1099-R if tax	f	Employer-provided adoption bene								1f		
was withheld. If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see	i	Nontaxable combat pay election (s	see instru	ctions)		1i						
instructions.	z	Add lines 1a through 1h								1z	94,40	08.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	: .			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
 Deduction for — Single or 	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if r	equired. If not requ	ired	, check here				7		
 Married filing jointly or 	8	Other income from Schedule 1, lin	e10 .		•				•	8	-9,50	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	ome	θ			•	9	84,90	08.
surviving spouse, \$25,900	10	Adjustments to income from Sche							•	10		
Head of household,	11	Subtract line 10 from line 9. This is								11	84,90	
\$19,400	12	Standard deduction or itemized								12	12,95	50.
 If you checked any box under 	13	Qualified business income deducti			899	5-A	• •		-	13	+	
Standard Deduction,	14	Add lines 12 and 13					• •			14	12,95	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -u This is y	our 1	axable incom	e.		•	15	71,95	58.

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

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 881	4 2 4972	3 🗌		16	11,452.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	11,452.
	19	Child tax credit or credit for other depende	nts 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	11,452.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	11,452.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 13	,538.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	13,538.
If you have a	26	2022 estimated tax payments and amount	applied from 20	21 return .			26	
If you have a ¹ qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28			
	29	American opportunity credit from Form 886	63, 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 you	ur total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	total payments				33	13,538.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the amou	nt you overpaid		34	2,086.
neiuliu	35a	Amount of line 34 you want refunded to yo	5u . If Form 8888	3 is attached, che	ck here	. 🗆	35a	2,086.
Direct deposit?	b	Routing number 0 3 1 1 7 6 1				Savings		
See instructions.	d	Account number 3 6 0 8 9 4 9		1		-		
	36	Amount of line 34 you want applied to you	r 2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the an	nount vou owe					
You Owe	•	For details on how to pay, go to www.irs.go					37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to dis			' See			
Designee		tructions				omplete b	elow.	X No
-		signee's	Phone			onal identif	ication	
	na		no.			per (PIN)		
Sign		der penalties of perjury, I declare that I have examined, they are true, correct, and complete. Declaration		1 2 0		,		, ,
Here		\sim		1			· ·	
	YO	ir signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?		12-2	16/01/2023	SOFTWARE 1	ENGINEER	(see i		
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.								ection PIN, enter it here
your records.						(see i	nst.)	
		one no. (304)972-9454	Email address	MENDON.PRA	JNA@GMAIL.CC			
Paid		parer's name Preparer's sign			Date	PTIN		Check if:
Preparer	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/13/2023	P02082		Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phon	e no. (678)965-9522
	Fir	n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm'	s EIN	88-2145487
Go to www.irs.g	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/09/23 PRO			Form 1040 (2022)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number PRAJNA MENDON 195-59-6558

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. Atta	ach Schedule E .	5	-9,500.
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		
I	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	0
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-9,500.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		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	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	ВАА	REV	01/09/23 P	RO	Schedul	e 1 (Form 1040) 20

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074

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

20 22
Attachment Sequence No. 13

	Revenue Service	Go to www.irs.gov/ScheduleE for	r instru	uctions ar	nd the la	ntest ir	formation.		Attachn Sequen	nent ice No. 13
Name(s)) shown on return							Your socia	al security	number
PRAJ	NA MENDON							195-59	9-6558	
Part		Loss From Rental Real Estate and								
	Note: If you a	re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	ty, use	Schedul	e C. See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm
Α		ayments in 2022 that would require you	to filo	Form(c)	10002 0	Soo in	structions			
		will you file required Form(s) 1099?								
									·	
1a	-	s of each property (street, city, state, ZIF		,						
Α	DOMBIVLI EAS	ST DOMBIVLI EAST MAHARASHTR	RA II	1 42120)2					
В										
С						1		1		1
1b	Type of Property	2 For each rental real estate proper				Fa	ir Rental	Person		QJV
	(from list below)	above, report the number of fair in personal use days. Check the QJ					Days	Da		
<u>A</u>	3	if you meet the requirements to fi			A		365		0	
B C		qualified joint venture. See instru			B C					
-	of Property:				C					
	Single Family Resid	dence 3 Vacation/Short-Term Rent	tal	5 Lano	4	7	Self-Rental			
	Multi-Family Reside		lai	6 Roya				ribo)		
2	wull-ramily nesid				antes	0	Other (desc	nbe)		
							Propert	ies:		
ncom					Α		В			С
3			3		6	00.				
4			4							
Exper			_							
5	0		5							
6		ee instructions)	6							
7	•	ntenance	7		1,3	50.				
8			8							
9			9							
10		rofessional fees	10			F 0				
11			11		8	50.				
12		paid to banks, etc. (see instructions)	12 13							
13			14		2 5	50.				
14 15			14			50.				
16	Tawaa		16		د, ۲	50.				
17			17		3 0	00.				
18		ense or depletion	18		5,0	50.				
19			19							
20		dd lines 5 through 19	20		10,1	00.				
21	•	rom line 3 (rents) and/or 4 (royalties). If			- , -					
		see instructions to find out if you must								
	file Form 6198 [°] .		21		-9,5	00.				
22	Deductible rental	real estate loss after limitation, if any,								
	on Form 8582 (se	e instructions)	22	(9,50)0.)	()	()
23a		ts reported on line 3 for all rental prope				23a		600.		
b		ts reported on line 4 for all royalty prope	erties			23b				
С		ts reported on line 12 for all properties				23c				
d		ts reported on line 18 for all properties				23d				
е		ts reported on line 20 for all properties				23e	10),100.		
24		sitive amounts shown on line 21. Do no t		-				. 24		
25	-	Ity losses from line 21 and rental real estat							(9,500.)
26		estate and royalty income or (loss).								
	here. If Parts II, I	III, IV, and line 40 on page 2 do not a	apply	to you,	also er	nter th	nis amount o	on		

26

-9,500.



PRAJNA ME	ENDON		
11629 TIMBER RIDO	GE LANE APT 2		
CINCINNATI	OH 45241		
SSN - You MEND	195596558	Vendor ID 1555	xxxxx 7
•	192290228		
SSN - Spouse Fed Adj Gross Income (FAGI)	1. 84908.	Withhalding (1/A) Var	19A. 4870 .
		Withholding (VA) - You	
Additions	2.	Withholding (VA) - Spouse	19B.
Subtotal	3. 84908.	Estimated Payments	20.
C C	4A.	2021 Overpayment	21.
	4B.	Extension Payments	22.
Soc Sec & Tier 1 Railroad	5.	Credit - Low-Income or EIC	23.
State Income Tax Overpayment	6.	Credit - Schedule OSC	24.
Subtractions	7.	Credits - Schedule CR	25.
Subtotal Subtractions	8.	Total Payments / Credits	26. 4870 .
Total VA Adj Gross Income (VAGI)	9. 84908.	Tax You Owe	27.
Itemized Deductions - VA Sch A	10.	Tax Overpayment	28. 759.
Standard Deduction	11. 8000.	Overpayment Credited to Next Year	29.
Exemptions	12. 930.	VAC - Virginia 529 / ABLE	30.
Deductions	13.	VAC - Other Contributions	31.
Subtotal (Deductions & Exemptions)	i) 14. 8930.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15. 75978.	Sales and Use Tax	33.
Amount of Tax	16. 4111.	Amount You Owe	
Spouse Tax Adjustment (STA)	17.	Will Pay by Credit/Debit Card N Your Refund N	759.
VAGI - Spouse	17A.		
Net Amount of Tax	18. 4111.	Bank Routing #	C 031176110
L		Bank Account #	36089492681

195596558





Г		
Filing Status, Age & License Inform	ation	Additional Filing Information
Filing Status	1	Locality 600
Federal Head of Household		Uninsured & Authorize DMAS
DOB - You	01251992	Name or Filing Status Change
VA Driver's License ID - You	E28605009	Address Change
VA Driver's License - Iss. Date - You	06242022	VA Return Not Filed Last Year
Spouse Name (Filing Status 3 Only)		Dependent on Another's Return
		Farmer / Fisherman / Merchant Seaman
DOB - Spouse		Amended
VA Driver's License ID - Spouse		Reason Code
VA Driver's License - Iss. Date - Spou		Overseas on Due Date
	mptions (B) 65 & Over - You	Federal EIC & Amount
Spouse	65 & Over - Spouse	Deceased Indicator
Dependents	Blind - You	Form 760C or 760F
Total (A) 1 B	Blind - Spouse	No Sales & Use Tax Due Indicator X
-	Fotal (B)	Obtain Electronic 1099G
		ID Theft PIN
I (We), the undersigned, declare under penalty of		& to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct he information provided is for a domestic account within the territorial jurisdiction of the United States.
Signature - You Produce	Date 16/01/	2023 Phone - You 3049729454
Signature - Spouse	Date	Phone - Spouse
Signature - Preparer <u>SYAM PRIYA RAM SA</u>	011 <u>GAR GUPTA TALLAM</u> Date	.323 6789659522 Phone - Preparer
The Tax Department may discuss my/our r		7 P02082703 Preparer Information
File by May 1, 2023		LOBAL TAXES LLC

E BRUNSWICK

supporting 760CG documents. 1555 REV 01/10/23 PRO

NJ 08816

2022 Schedule INC/CG 195596558

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

PRAJNA MENDON



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
195596558	W	4870.	260518877	30260518877F001	94408.

Total VA Withholding	SSN	VA Withholding
You	195596558	4870.
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)		
	D. Veur Cesial Ce	unit i Number
Your Name	B Your Social Sec	•
PRAJNA MENDON Spouse's Name	195-59-65 A Spouse's Socia	
opouse s maine		
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)		84908.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		84908.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		75978.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4111.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4870.
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)		759.
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 s		
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 lir filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full a liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Serv 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.	tes of my electronic inco nd timely payment of my ice Provider to transmit r n and, if applicable, the d ot directly involve a finan	ne tax return. If I am tax liability, I remain ny complete return to irect deposit of my cial institution outside
Taxpayer's e-File PIN: check one box only		
I authorize the ERO named below to enter my e-File PIN 9 6 5 5 8 as my signature on my 2022 e-fi	led Virginia individual inc	ome tax return.
GLOBAL TAXES LLC		
ERO Firm Name		
I will enter my e-File PIN as my signature on my 2022 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.		vour own e-File PIN
Your Signature Protection Date	1/2023	
Your Signature Date Date Date Date		
Your Signature Date Date		·
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 2022 e-file		
Your Signature Date Spouse's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN Do not enter all zeros	led Virginia individual inc	ome tax return.
Your Signature Date Spouse's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN Do not enter all zeros ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's Signature Date	led Virginia individual inc	ome tax return.
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 as my signature on my 2022 e-file Do not enter all zeros ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	led Virginia individual inc	ome tax return.
Your Signature Date Spouse's e-File PIN: check one box only as my signature on my 2022 e-file I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-file Do not enter all zeros ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's Signature Date Part III Certification and Authentication – Practitioner PIN Method Only	led Virginia individual inc	ome tax return.
Your Signature Date Spouse's e-File PIN: check one box only as my signature on my 2022 e-file I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-file Do not enter all zeros ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's Signature Date Part III Certification and Authentication – Practitioner PIN Method Only	led Virginia individual inc x only if you are entering 1 9 8 9 zeros tax return for the taxpay ethod and Virginia's publ	ome tax return. your own e-File