

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name NIHANTH REDDY GONGULLA	Social security number 147-53-0961
Spouse's name SAI YASWITHA REDDY MERUVA	Spouse's social security number 819-27-5053

## Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter 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	126,507.
2 Total tax . . . . .	2	13,368.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	16,702.
4 Amount you want refunded to you . . . . .	4	3,334.
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 perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	0	9	6	1
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

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 GLOBAL TAXES LLC to enter or generate my PIN 

7	5	0	5	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

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 — 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 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 Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: NIHANTH REDDY; Last name: GONGULLA; Your social security number: 147-53-0961
If joint return, spouse's first name and middle initial: SAI YASWITHA REDDY; Last name: MERUVA; Spouse's social security number: 819-27-5053
Home address (number and street): 3600 ALMA RD; Apt. no.: 2725; City, town, or post office: RICHARDSON; State: TX; ZIP code: 75080
Foreign country name: ; Foreign province/state/county: ; Foreign postal code: ; Presidential Election Campaign: [ ] You [ ] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with columns for line numbers and amounts. Includes sub-sections for Attach Form(s) W-2 here, Attach Sch. B, and Standard Deduction for. Total taxable income: 100,607.

Tax and Credits table with rows 16-24. Total tax calculated as 13,368.

Payments table with rows 25-33. Total payments calculated as 16,702.

Refund table with rows 34-36. Amount of refund calculated as 3,334.

Amount You Owe table with rows 37-38. Amount you owe calculated as 13,368.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and PIN entry boxes.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **NIHANTH REDDY GONGULLA & SAI YASWITHA REDDY MERUVA**  
Your social security number: **147-53-0961**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-10,134.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-10,134.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

NIHANTH REDDY GONGULLA & SAI YASWITHA REDDY MERUVA

Your social security number

147-53-0961

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 2-2-3/A/2 C-64 APURUPA APT SHIVAM ROAD, HYDERABAD TELANGANA IN 500007

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		192		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	620.		
<b>4</b> Royalties received . . . . .			
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .			
<b>6</b> Auto and travel (see instructions) . . . . .			
<b>7</b> Cleaning and maintenance . . . . .	1,159.		
<b>8</b> Commissions . . . . .			
<b>9</b> Insurance . . . . .			
<b>10</b> Legal and other professional fees . . . . .			
<b>11</b> Management fees . . . . .	1,263.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b> Other interest . . . . .			
<b>14</b> Repairs . . . . .	3,154.		
<b>15</b> Supplies . . . . .	2,910.		
<b>16</b> Taxes . . . . .			
<b>17</b> Utilities . . . . .	2,268.		
<b>18</b> Depreciation expense or depletion . . . . .			
<b>19</b> Other (list) _____			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	10,754.		
<b>21</b> 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 <b>Form 6198</b> . . . . .	-10,134.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 10,134. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .		620.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .		10,754.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	( 10,134. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .			-10,134.



221010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

NIHANTH REDDY GONGULLA 147530961
First Name MI Last Name SSN/Taxpayer Identification Number
SAI YASWITHA REDDY MERUVA 819275053
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax . . . . . 1. .00
2. Amount of overpayment to be refunded to you . . . . . REFUND 2. 1556 .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) . . . . . 3. .00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 30961 as my signature on my tax year 2022 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 75053 as my signature on my tax year 2022 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner PIN Method Returns Only

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. 22249661989

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature \_\_\_\_\_ Date 01272023

DO NOT MAIL



225050013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

147530961 Social Security Number 819275053 Spouse's Social Security Number

NIHANTH REDDY First Name MI

GONGULLA Last Name

SAI YASWITHA REDDY Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

MERUVA Spouse's Last Name

3600 ALMA RD Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

HOWARD Maryland County

2725 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

RICHARDSON TX 75080 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse's SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. TX
If PA resident, enter both County and City, Borough or Township
Were you a resident of another state for the entire year of 2022? If no, attach explanation.
Are you or your spouse a member of the military?
Did you file a Maryland income tax return for 2021? Yes No If "Yes," was it a Resident or a Nonresident return?
Dates you resided in Maryland for 2022. If none, enter "NONE": FROM None TO None (MMDDYYYY).
Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 6400.00
B. 65 or over Blind Enter number checked X \$1,000 B. \$ .00
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ .00
D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ 6400.00





225050113

Name NIHANTH REDDY GONGULLA & SAI YASWITHA REDDY MERUVA SSN 147530961

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

Table with 4 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses) (from federal Form 4797); Taxable amount of pensions, IRA distributions, and annuities; Rents, royalties, partnerships, estates, trusts, etc.; Farm income or (loss); Unemployment compensation (insurance); Taxable amount of Social Security and Tier 1 Railroad Retirement benefits; Other income (including lottery or other gambling winnings); Total income (Add lines 1 through 14.); Total adjustments to income from federal return (IRA, alimony, etc.); Adjusted gross income (Subtract line 16 from line 15.)

ADDITIONS TO INCOME (See Instruction 12.)

Table with 2 columns: Description, Amount. Rows include Non-Maryland loss and adjustments; Other (Enter code letter(s) from Instruction 12.); Total additions (Add lines 18 and 19. See instructions.); Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 2 columns: Description, Amount. Rows include Taxable Military Income of Nonresident; Other (Enter code letter(s) from Instruction 13.); Total subtractions (Add lines 22 and 23. See instructions.); Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 2 columns: Description, Amount. Rows include a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) [X] 26a. 4850.00; ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) [ ] b. Total federal itemized deductions (from line 17, federal Schedule A) 26b. .00; c. State and local income taxes (See Instruction 16.) 26c. .00; d. Net itemized deductions (Subtract line 26c from line 26b.) 26d. .00; e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. 1.000000 (from worksheet in Instruction 14) 26e. 4850.00; 27. Net income (Subtract line 26 from line 25.) 27. 131791.00; 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28. 6400.00; 29. Enter your AGI factor (from worksheet in Instruction 14) 29. 1.000000; 30. Maryland exemption allowance (Multiply line 28 by line 29.) 30. 6400.00; 31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31. 125391.00

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 2 columns: Description, Amount. Rows include a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a. 4450.00; b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b. 2126.00; c. Total Maryland tax (Add lines 32a and 32b.) 32c. 6576.00; 33. Poverty level credit from worksheet in Instruction 20. 33. .00



225050213

Name NIHANTH REDDY GONGULLA & SAI YASWITHA REDDY MERUVA SSN 147530961

Table with 2 columns: Line number and Amount. Rows include 34-53 with various tax credits, contributions, and total amounts.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- Check here if this refund will go to an account outside of the United States.
Check here if you authorize the State of Maryland to issue your refund by direct deposit.

54a. Type of account: [X] Checking [ ] Savings
54b. Routing Number (9-digits) 021000322
54c. Account Number 483052536152
54d. Name(s) as it appears on the bank account

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25).

Your signature Date Spouse's signature Date
5854138848 Taxpayer(s) daytime phone number
245 ROONEY CT Street address of Preparer/Firm
E BRUNSWICK NJ 08816 City, State, ZIP Code + 4
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

To make an online payment, scan the QR code below and follow instructions.

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



**MARYLAND  
FORM  
505NR**

**NONRESIDENT  
INCOME TAX  
CALCULATION**

ATTACH TO YOUR TAX RETURN



22505N013

**2022**

Print Using  
Blue or Black Ink Only

NIHANTH REDDY	MI	GONGULLA	147530961
First Name		Last Name	Social Security Number
SAI YASWITHA REDDY	MI	MERUVA	819275053
Spouse's First Name		Spouse's Last Name	Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.  
If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . .	1.	<u>125391</u>	.00
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . .	2.	<u>5904</u>	.00

**PART II - CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) . . . . .	3.	<u>126507</u>	.00
3a. Earned Income (See instructions.) . . . . .	▶ 3a.	<u>136641</u>	.00
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . .	4.	<u>136641</u>	.00
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . .	5.		.00
6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . .	6a.		.00
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . .	▶ 6b.	<u>32909</u>	.00
7. Add lines 5 through 6b. . . . .	7.	<u>32909</u>	.00
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . .	8.	<u>103732</u>	.00

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . . .** 4850 .00

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . .	9.	<u>819970</u>	
10. Deduction amount. If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . . .	10a.	<u>3977</u>	.00
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . . .	10b.		.00

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

11. Net income (Subtract line 10a or 10b from line 8.) . . . . .	11.	<u>99755</u>	.00
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . .	12.	<u>5248</u>	.00
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . .	13.	<u>94507</u>	.00
14. Enter the tax amount from line 2 of this form. . . . .	14.	<u>5904</u>	.00
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . .	15.	<u>753698</u>	
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). . . . .	16.	<u>4450</u>	.00
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. . . . .	17.	<u>2126</u>	.00

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. . . . .	18.		.00
--	-----	--	-----

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

<b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b>	<b>Last Name</b>	<b>B Your Social Security Number</b>
NIHANTH REDDY & SAI YASWITHA REDDY	GONGULLA & MERUVA	147-53-0961
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>
3600 ALMA RD APT # 2725		819-27-5053
<b>City, State and Zip Code</b>		Online Filed Return <input type="checkbox"/>
RICHARDSON TX 75080		

<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	6,992.	119,515.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	6,992.	0.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	5,182.	-772.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	0.	0.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)	304.	0.
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)		304.

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 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.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____ Your Signature	_____ Date	_____ Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	_____ Date
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**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	01-27-23 Date	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	01-27-23 Date	882145487 EIN
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	P02082703 SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip		882145487 EIN



See instructions before completing line items.

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

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
01-01-2022	10-30-2022
Spouse - From	Spouse - To
01-01-2022	10-30-2022

<b>YOUR</b> First Name NIHANTH REDDY	MI	Your Last Name GONGULLA	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 147-53-0961
<b>SPOUSE'S</b> First Name (filing status 2 or 4) SAI YASWITHA REDDY	MI	Spouse's Last Name MERUVA	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number 819-27-5053
Present Home Address (Number and Street, or Rural Route) 3600 ALMA RD APT 2725					<b>VA Driver's License Information</b> Customer ID You _____ Spouse _____ Issue Date (mm-dd-yyyy) You _____ Spouse _____
City, Town or Post Office RICHARDSON					
State TX	ZIP Code 75080	Locality Code 059			

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____ .00
	<input type="checkbox"/> Dependent on Another's Return	Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	

I/we authorize the sharing of certain information from Form 760PY and Schedule HCI (as described in the instructions) with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) for purposes of identifying persons who would like to newly enroll in medical assistance.

<b>Filing Status</b> Enter Filing Status Code in box below. <input type="checkbox"/> 1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/> <input type="checkbox"/> 2 = Married, Filing Joint return (Column A) <input type="checkbox"/> 3 = Married, Filing Separate returns (Column A) <input type="checkbox"/> 4 = Married, Filing Separately on this combined return (Columns A and B) If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____	<b>Exemptions</b> Enter the number of exemptions being claimed. <table border="1"> <thead> <tr> <th></th> <th>You/ Spouse</th> <th>Dependents</th> <th>65 or Over</th> <th>Blind</th> </tr> </thead> <tbody> <tr> <td><b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2</td> <td>1</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td><b>B - Spouse</b> Filing Status 4 Only</td> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		You/ Spouse	Dependents	65 or Over	Blind	<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	0			<b>B - Spouse</b> Filing Status 4 Only	1			
	You/ Spouse	Dependents	65 or Over	Blind												
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	0														
<b>B - Spouse</b> Filing Status 4 Only	1															

<b>DATE OF BIRTH</b> Your Birth Date (mm-dd-yyyy) 08 - 10 - 1991 Spouse's Birth Date (mm-dd-yyyy) 08 - 10 - 1991	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
--	--------------------------------------	--

Complete the Schedule of Income first and submit it with your Form 760PY.

1 FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	1	6992	00	119515	00
2 Additions from Schedule 760PY ADJ, Line 3.....	2		00		00
3 <b>Add Lines 1 and 2</b> .....	3	6992	00	119515	00
4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....	4a				00
	4b		00		00
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	5		00		00
6 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6		00		00
7 Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	7	0	00	119515	00
8 Subtractions from Schedule 760PY ADJ, Line 7.....	8		00		00
9 <b>Add Lines 4a, 4b, 5, 6, 7, and 8</b> .....	9	0	00	119515	00
10 <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3</b> .....	10	6992	00	0	00
11 Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11		00		00
12 If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	880	00	0	00



Your Name N GONGULLA & S MERUVA	Your SSN 147-53-0961
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	<b>B Spouse</b> Filing Status 4 ONLY		<b>A You</b> Include Spouse if Filing Status 2	
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	13	930	00	772 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	14		00	00
15 <b>Add Lines 11, 12, 13 and 14.</b> .....	15	1810	00	772 00
16 <b>Virginia Taxable Income. Subtract Line 15 from Line 10.</b> .....	16	5182	00	-772 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	17	0	00	0 00
18 <b>Total Tax. Add Line 17, Column A and Line 17, Column B.</b> .....	18			0 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19a			0 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	19b			304 00
20 Combined 2022 Estimated Tax Payments.....	20			00
21 2021 overpayment credited to 2022 estimated 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 17... ..	23			00
24 Total credit for taxes paid to another state from Schedule OSC.....	24			00
25 Credits from Schedule CR, Section 5, Line 1A.....	25			00
26 <b>Total payments and credits. Add Lines 19a through 25.</b> .....	26			304 00
27 If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....	27			00
28 If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....	28			304 00
29 Amount of overpayment on Line 28 to be <b>CREDITED TO 2023 ESTIMATED INCOME TAX</b> .....	29			00
30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....	30			00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....	31			00
32 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21. See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>	32			00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions..... Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	33			00
34 <b>Add Lines 29 through 33.</b> .....	34			00
35 If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> ..... <b>AMOUNT YOU OWE</b> ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35			00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... <b>YOUR REFUND.</b> .....	36			304 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

**DIRECT BANK DEPOSIT**  
Domestic Accounts Only.  
No International Deposits.

Your Bank Routing Transit Number: 0 2 1 0 0 0 3 2 2

Your Bank Account Number: 4 8 3 0 5 2 5 3 6 1 5 2

Checking  Savings

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (585) 413-8848	Date
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's Phone Number (678) 965-9522	Date 01-27-2023
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

**2022 VIRGINIA SCHEDULE OF INCOME**  
**Form 760PY**

Page 1



Your Name N GONGULLA & S MERUVA	Your SSN 147-53-0961
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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 SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	129649	.00	0	.00	129649	.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3	-10134	.00	0	.00	-10134	.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	119515	.00	0	.00	119515	.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	119515	.00	0	.00	119515	.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	119515	.00	0	.00	119515	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	6992	.00	6992	.00	0	.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	6992	.00	6992	.00	0	.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	6992	.00	6992	.00	0	.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	6992	.00	6992	.00	0	.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.



**2022 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name N GONGULLA & S MERUVA	Your SSN 147-53-0961
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**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**

		<b>Column B Spouse</b>	<b>Column A You</b>
1. Your exemption .....	1	1	1
2. Dependents .....	2		0
3. Add Lines 1 and 2 .....	3	1	1
4. Multiply Line 3 by \$930 .....	4	930	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	930
10. Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....	10	1.000	0.830
11. Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	930	772

**PART 3**

**Moving Information**

1a. If YOU moved into Virginia in 2022, prior state of residence \_\_\_\_\_

1b. If YOU moved out of Virginia in 2022, state moved to TX

2a. If SPOUSE moved into Virginia in 2022, prior state of residence \_\_\_\_\_

2b. If SPOUSE moved out of Virginia in 2022, state moved to TX

**2022 Schedule INC/CG**

147530961



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

NIHANTH REDD      GONGULLA

SAI YASWITHA      MERUVA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
819275053	W	304.	271685142	30271685142F001	6992.

Total VA Withholding	SSN	VA Withholding
You		
Spouse	819275053	304.
Total # of W-2s,1099s & VK-1s	01	

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