Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

Талрау		Social security number						
SIM	ANTA SHEKHAR SARMAH	632-13-4862						
Spouse	's name	Spouse's social security number						
NAY	ANI DEVI	045-53-0061						
Par	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	<b>1</b> 90,583.						
2	Total tax							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · <b>3</b> 8,405.						
4	Amount you want refunded to you	· · · · <b>4</b> 1,055.						
5	Amount you owe	5						
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							
Under	popultion of portune I declare that I have examined a convert the income tax return (original or emended)	I am now authorizing and to the heat of						

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
	ERO firm name	

	3	4	8	6	2				
Enter five digits, but don't enter all zeros									

6 1

Enter five digits, but don't enter all zeros

3 0 0

my

as mv

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

X

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date 🕨	
Practitioner PIN Method Ret	urns Only—continue below	
Part III Certification and Authentication – Practitioner	PIN Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	

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 ►	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
E. B		9970 (Days 01 0001)

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

Date

to enter or generate my PIN

E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		<sub>ırn</sub> 202	2	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple in th	nis space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na son is a child but not your dependent	ame of y	d filing separately (N our spouse. If you cl					spo	lifying survivi use (QSS) s name if the c	0
Your first name	and mi	iddle initial	Last nar	ne					Your so	cial security n	umber
SIMANTA	SHEP	KHAR	SARM	AH					632-	13-4862	
If joint return, sp	ouse's	s first name and middle initial	Last nar	ne					Spouse	's social securi	ity numbe
NAYANI			DEVI						045-	53-0061	
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ential Election	Campaigr
_13527 DA	VIN	CI LN							1	here if you, or	,
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ate	ZIP c	ode		if filing jointly, this fund. Ch	
HERNDON					V	<i>A</i>	201	.71	Ŭ	ow will not ch	0
Foreign country	name		F	oreign province/state/	coun	ty	Foreig	n postal code	your ta:	x or refund.	_
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a								Yes	No No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	alier	ו					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind	I
Dependents	-			(2) Social security		(3) Relationsh		,		fies for (see ins	
If more	(1) First name Last name			number		to you		Child tax c	redit	Credit for other	dependents
than four											
dependents,											
see instructions and check											
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .					. 1a	91	,316.
meome	b	Household employee wages not re	eported of	on Form(s) W-2 .					. 1b	)	
Attach Form(s)	с	Tip income not reported on line 1a	(see ins	tructions)					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ii	nstru	uctions)			. 10	1	
W-2G and	е	Taxable dependent care benefits f	rom Fori	m 2441, line 26					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .							. 19	1	
get a Form	h	Other earned income (see instructi	ions) .				· ·		. <u>1</u> h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<b>1</b> i					
	Z	Add lines 1a through 1h	1						. 1z	: 91	,316.
Attach Sch. B	2a	· –	2a			axable interest					
if required.	3a		3a	1.		Ordinary divider			. 3b		4.
	4a		4a			axable amoun					
Standard Deduction for –	5a		5a			axable amoun			. 5b		
Single or	6a	,	6a			axable amoun	· · ·	· · ·	. 6b		
Married filing separately,	с _	If you elect to use the lump-sum el			`	,	• •	L	╡╎╶		2
\$12,950	7	Capital gain or (loss). Attach Scheo					• •	L			-2.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line					• •		. <u>8</u> . 9		-735.
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Scher					• •		· 9		,583.
\$25,900	11	Subtract line 10 from line 9. This is					• •		· 10		502
Head of household,	12	Standard deduction or itemized	•				• •		. 12		<u>,583.</u> ,900.
\$19,400 • If you checked	13	Qualified business income deducti				 95-А	• •		. 13		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
any box under	14	Add lines 12 and 13			. 000				. 14		,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			· ·	taxable incom	 е		. 15		, <u>900.</u> ,683.
see instructions.				,			· ·				,

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 16	7,350.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	7,350.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,350.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	7,350.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	8,40	5.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	8,405.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	Indable credit	s.	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	8,405.
Refund	34	If line 33 is more than line 24						. 34	1,055.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here	[	35a	1,055.
Direct deposit?	b	Routing number 1 2 2				-	Saving		
See instructions.	d	Account number 2 4 4					_	-	
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions				. 🗌 Yes.	Comple	te below.	🗙 No
		signee's		Phone				entification	
	nai			no.			umber (Pll	,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	al oignataro		Duto			F	Protection P	IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(	see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.						WED		dentity Prote see inst.)	ection PIN, enter it here
	Dh	(002)/112 752	1	Email addraga	SELF EMPLO			,	
		one no. (903)413-753 eparer's name	4 Preparer's signat	Email address	SARMAH.SIMA	Date	COM PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						082703	Self-employed
Preparer				NAM SAGAR	GUPIA IALLAM	103/09/202			
Use Only		m's name GLOBAL TA	Y CT E BRU		T 09916				678)965-9522
		m's address 245 ROONE		MUDWICK N	01000		F	Firm's EIN	84-3171965

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHE	DULE	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

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions a Name(s) shown on Form 1040, 1040-SR, or 1040-NR SIMANTA SHEKHAR SARMAH & NAYANI DEVI

SIMA	NTA SHEKHAR SARMAH & NAYANI DEVI		632-1	3-486	2
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	-735.
4	Other gains or (losses). Attach Form 4797		[	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	еЕ. [	5	
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			
i	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			
p	Section 461(I) excess business loss adjustment	8p			
	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				
Ũ	1040, line 1a or 1d	<b>8s</b> (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
•	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z					
-		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			10	-735.
		,	,		

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

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	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				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 <sup>±</sup>	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

SCHEDULI	Е	С
(Form 1040	))	

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 9 2

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

	nent of the freasury	-		partnerships must generally file		Attachment Sequence No. <b>09</b>			
Name	of proprietor				Social se	ecurity number (SSN)			
	ANI DEVI					045-53-0061			
A	Principal business or profession	on, including product or servi	ce (see instr	uctions)		code from instructions			
	E COMMERCE				4 5 8 1 1 0				
С	Business name. If no separate	business name, leave blank				/er ID number (EIN) (see instr.)			
	GAARGS LLC					, , , , , , , , , , , , , , , , , , , ,			
E	Business address (including su	uite or room no.) 1352	7 DAVINO	CI LN					
	City, town or post office, state		DON, VA						
F		Cash (2) Accrual	(3)	Other (specify)					
G	Did you "materially participate	" in the operation of this bus	iness during	2022? If "No," see instructions for					
н	If you started or acquired this	business during 2022, check	here			🗆			
I	Did you make any payments ir	n 2022 that would require yo	u to file Form	n(s) 1099? See instructions		🗌 Yes 🗙 No			
J	If "Yes," did you or will you file	e required Form(s) 1099? .				🗌 Yes 🗌 No			
Part	Income								
1	•			this income was reported to you c	-				
2	Returns and allowances				. 2				
3	Subtract line 2 from line 1 .				. 3				
4	Cost of goods sold (from line	42)			. 4				
5	Gross profit. Subtract line 4 f	rom line 3			. 5				
6	Other income, including federa	al and state gasoline or fuel t	ax credit or i	refund (see instructions)	. 6				
7	Gross income. Add lines 5 ar	nd 6			. 7				
Part	II Expenses. Enter exp	penses for business use	of your ho	ome <b>only</b> on line 30.					
8	Advertising	8	18	Office expense (see instructions)	. 18				
9	Car and truck expenses		19	Pension and profit-sharing plans	. 19				
	(see instructions)	9	20	Rent or lease (see instructions):					
10	Commissions and fees .		33. a	Vehicles, machinery, and equipment					
11	Contract labor (see instructions)	11	b	Other business property					
12 13	Depletion	12	21	Repairs and maintenance					
15	expense deduction (not		22	Supplies (not included in Part III)					
	included in Part III) (see		23	Taxes and licenses	. 23				
	instructions)	13	24	Travel and meals:	04-				
14	Employee benefit programs (other than on line 19)	14	b	Travel	. 24a				
15	Insurance (other than health)	15		instructions)	. 24b				
16	Interest (see instructions):		25	Utilities	. 25	156.			
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits	) 26				
b	Other	16b	27a	Other expenses (from line 48) .	. 27a	146.			
17	Legal and professional services	17	b	Reserved for future use	. 27b				
28	Total expenses before expen	ses for business use of home	e. Add lines	8 through 27a	. 28	735.			
29	Tentative profit or (loss). Subtr	ract line 28 from line 7			. 29	-735.			
30	Expenses for business use o unless using the simplified me Simplified method filers only	ethod. See instructions.		nses elsewhere. Attach Form 882 ur home:	29				
	and (b) the part of your home Method Worksheet in the instr		to enter on	. Use the Simplified	. 30				
31	Net profit or (loss). Subtract	line 30 from line 29.							
	• If a profit, enter on both <b>Sch</b> checked the box on line 1, see				31	-735.			
	• If a loss, you must go to line	e 32.							
32	If you have a loss, check the b	box that describes your inves	tment in this	activity. See instructions.					
	<ul> <li>If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3.</li> <li>If you checked 32b, you must</li> </ul>	32a 🗙 32b 🗌	All investment is at risk. Some investment is not at risk.						

REV 02/24/23 PRO

Eart III       Cost of Goods Sold (see instructions)         33       Methods jused to value debody jused to value just value debody jused jused to value just value debody jused to value just value debody jused to value just value debody jused to value value debody jused debody j				Page <b>2</b>
value closing inventory:       a       Cost       b       Lower of cost or any transmister of the explanation of the explanatic explanation of the explanation of the explanat	Part	Cost of Goods Sold (see instructions)		
If "Yes," attach explanation       If wertory at beginning of year. If different from fast year's closing inventory, attach explanation       35         36       Purchases less cost of items withdrawn for personal use       36         37       Cost of labor. Do not include any amounts paid to yourself.       37         38       39       Other costs.       38         39       Other costs.       39         40       Add lines 35 through 39       40         41       Inventory at end of year       41         42       Ocst of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         20       State of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         21       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562.         43       When did you place your vehicle for massa purposes? (month/dsylyear)	33		xplanation)	
36       Purchases less cost of items withdrawn for personal use       36         37       Cost of labor. Do not include any amounts paid to yourself.       37         38       Materials and supplies       38         39       Other costs.       39         40       Add lines 36 through 39       40         41       Inventory at end of year       41         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.       42         20       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.       42         20       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.       42         20       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.       42         20       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.       42         20       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562.       43         43       When did you place your vehicle in service for business purposes? (month/dav/year)	34		Yes	No
37       Cost of labor. Do not include any amounts paid to yourself.       37         38       Materials and supplies       39         39       Other costs.       39         40       Add lines 35 through 39       40         41       Inventory at end of year       41         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         43       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.         43       When did you place your vehicle in service for business purposes? (month/day/year)         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use?       Ves       No         46       Do you (or your spouse) have another vehicle available for personal use?       Ves       No         47       Do you have evidence to support your deduction?       Ves       No         48       Del you cycur spouse) have another vehicle available for personal use?       Ves       No         47       Do you have evidence to suppor	35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35		
38       Materials and supplies       38         39       Other costs.       39         40       Add lines 35 through 39       40         41       Inventory at end of year       41         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         43       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562.       44         43       When did you place your vehicle in service for business purposes? (month/day/year)       44         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use during off-duty hours?       Yes       No         46       bo you (or your spouse) have another vehicle available for personal use?       Yes       No         47a       Do you have evidence to support your deduction?       Yes       No         47a       Do you have evidence written?       Yes       No         47a       Do you have evidence to support your deduction?       Yes	36	Purchases less cost of items withdrawn for personal use		
39       Other costs.       39         40       Add lines 35 through 39       40         41       Inventory at end of year       41         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         41       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.         43       When did you place your vehicle in service for business purposes? (month/day/year)         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use during off-duty hours?       Yes       No         46       Do you (or your spouse) have another vehicle available for personal use?       Yes       No         47a       Do you have evidence to support your deduction?       Yes       No         b H*Yes," is the evidence written?       Yes       No         Part V       Other Expenses. List below business expenses not included on lines 8-26 or line 30.       30.         Operational Cost - Address       116.       30.	37	Cost of labor. Do not include any amounts paid to yourself		
40       Add lines 35 through 39       40         41       Inventory at end of year       41         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         41       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.         43       When did you place your vehicle in service for business purposes? (month/day/year)         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use during off-duty hours?       Yes       No         46       Do you (or your spouse) have another vehicle available for personal use?       Yes       No         47       Do you have evidence to support your deduction?       Yes       No         47       Do you have evidence written?       Yes       No         9 <td< td=""><td>38</td><td>Materials and supplies</td><td></td><td></td></td<>	38	Materials and supplies		
41       Inventory at end of year       41         42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4       42         PertIV       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.         43       When did you place your vehicle in service for business purposes? (month/day/year)         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use during off-duty hours?       Yes       No         46       Do you (or your spouse) have another vehicle available for personal use?       Yes       No         47a       Do you have evidence to support your deduction?       Yes       No         b       If "Yes," is the evidence written?       Yes       No         Pertiv       Other Expenses. List below business expenses not included on lines 8–26 or line 30.       Operational Cost -Address         20       Under Expenses. List below business expenses not included on lines 8–26 or line 30.       30.	39	Other costs		
42       Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	40	Add lines 35 through 39		
Part IV       Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.         43       When did you place your vehicle in service for business purposes? (month/day/year)         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b       Commuting (see instructions)       c       Other         45       Was your vehicle available for personal use during off-duty hours?	41	Inventory at end of year		
are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file         Form 4562.         43       When did you place your vehicle in service for business purposes? (month/day/year)         44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use during off-duty hours?       c Other         46       Do you (or your spouse) have another vehicle available for personal use?       c Other         47a       Do you have evidence to support your deduction?       c Yes       No         b if "Yes," is the evidence written?       Yes       No         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.         Operational Cost -Address       116.         Education       30.	42			
44       Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:         a       Business       b Commuting (see instructions)       c Other         45       Was your vehicle available for personal use during off-duty hours?       Yes       No         46       Do you (or your spouse) have another vehicle available for personal use?       Yes       No         47a       Do you have evidence to support your deduction?       Yes       No         b if "Yes," is the evidence written?       Yes       No         Pert V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.       Operational Cost -Address         200       Operational Cost -Address       116.       30.         201       Understand       30.       30.	Part	are not required to file Form 4562 for this business. See the instructions for line 13 to		
45       Was your vehicle available for personal use during off-duty hours?       Image: Control of the second sec				
46       Do you (or your spouse) have another vehicle available for personal use?.       Image: Spouse in the system in t	а	Business b Commuting (see instructions) c Other		
47a       Do you have evidence to support your deduction?       Image: Second S	45	Was your vehicle available for personal use during off-duty hours?	🗌 Yes	No No
b       If "Yes," is the evidence written?       Yes       No         Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.       116.         Operational Cost       -Address       116.         Education       30.       30.	46	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes	🗌 No
Part V       Other Expenses. List below business expenses not included on lines 8–26 or line 30.         Operational Cost -Address       116.         Education       30.	47a	Do you have evidence to support your deduction?	🗌 Yes	No No
Operational Cost -Address       116.         Education       30.		If "Yes," is the evidence written?	🗌 Yes	No No
	Op	erational Cost -Address		116.
48 Total other expenses. Enter here and on line 27a 48 146	Ed	lcation		30.
48 Total other expenses. Enter here and on line 27a 48 146				
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48 Total other expenses. Enter here and on line 27a 48 146				
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48 Total other expenses. Enter here and on line 27a 48 146				
	48	Total other expenses. Enter here and on line 27a 48		146

SCHEDULE	D
(Form 1040)	

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 20**22** Attachment Sequence No. **12** 

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

SIMANTA SHEKHAR SARMAH & NAYANI DEVI

Your social security number 632-13-4862

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

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

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

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		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 <b>Box D</b> checked	9.	10.			-1.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-1.

Part III

Part	t III Summary		
16	Combine lines 7 and 15 and enter the result	16	-2.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?		
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 (	2.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
	REV 02/24/23 PRO	Schedu	lle D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

# **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.



Name(s) snown on return	Social security number or taxpayer identification number
SIMANTA SHEKHAR SARMAH & NAYANI DEVI	632-13-4862

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

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

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

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

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

1	(a)	scription of property Date acquired		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and	
	(Example: 100 sh. XYZ Co.)	(Example: 100 sh  VV7 Co) (Mo day yr)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
APEX	CLEARING	01/01/22	12/31/22	4.	5.			-1.	
neg Sch	als. Add the amounts in column ative amounts). Enter each tota iedule D, line 1b (if Box A above ive is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	4.	5.			-1.	

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

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SIMANTA SHEKHAR SARMAH & NAYANI DEVI

Social security number or taxpayer identification number 632-13-4862

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	<b>(a)</b> Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	<b>(d)</b> Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	If you enter an enter a c See the sep (f) Code(s) from	if any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						instructions	adjustment	
APEX	CLEARING	01/01/22	12/31/22	9.	10.			-1.
neç Scl	als. Add the amounts in column gative amounts). Enter each tota nedule D, line 8b (if Box D above ove is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your 1e 9 (if Box E	9.	10.			-1.

Note: If you checked Box D 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.

### Schedule C (E COMMERCE): Profit or Loss from Business

Line 10	Itemization Statement		
Description	Amount		
COMPANY SETUP	432.91		
Total	433.		

#### Schedule C (E COMMERCE): Profit or Loss from Business

Line 25	Itemization Statement			
	Description		Amount	
Internet			1	56.
		Total	1	156.

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632-13-4862

#### Itemization Statement

#### 14 0

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## 2022 Form 760PY Page 2

2022	2 Form 760PY Page 2									
Your N										
SIMA	NTA SHEKHAR SARMAH & NAYANI DEVI 632-13-4862			Sr	ouse			You Incl	udo Spou	
			B		atus 4 ON	LY	Α		Status 2	
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	13			779	00			779	00
14	Deductions from Schedule 760PY ADJ, Line 9.	14				00				00
15	Add Lines 11, 12, 13 and 14	15			779	00		10	)283	00
16	Virginia Taxable Income. Subtract Line 15 from Line 10.	16			-779	00		43	3560	00
17	Tax amount from Tax Table or Tax Rate Schedule.	17			0	00		4	2247	00
18	Total Tax. Add Line 17, Column A and Line 17, Column B.					18		4	2247	00
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 109	9 and VK-	1			19a			2830	00
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G,	, 1099 and	VK-1.			19b				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	760P)	۲ ADJ, Line	e 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	Total payments and credits. Add Lines 19a through 25.					26			2830	00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TA</b>					27				00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYM</b>		DUNT			28			583	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED IN					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 enclosed Schedule 760PY ADJ, L	ine 21.				32				00
33	See instructions Enclose 760C or 760F and check her				🖵	02				
00	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases ( See instructionsCheck here if no sales and use tax is	due	's Use	lax).	X	33				00
34	Add Lines 29 through 33					34				00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpa Line 28, enter the difference. Enclose payment or pay at <b>www.tax.virginia.</b> Check here if paying by credit or debit card - See instructions	govAM	IOUNT	YOU OW	E	35				00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28		YOU	R REFUND	<b>).</b>	36			<b>F</b> 0 0	00
	If the Direct Deposit section below is not completed, your refund will be issued by c	check.					<u> </u>		583	00
	CT BANK DEPOSIT Your Bank Routing Transit Number You stic Accounts Only.	ur Bank Ac	count l	Number	Checki	ing	X	Savings		<u> </u>
	arrational Denosita	4 4 3	2	7 5 7	5	0				
l (We	Ne) authorize the Department of Taxation to discuss this return with my (our) prepare e), the undersigned, declare under penalty of law that I (we) have examined th complete return.		•	e to obtain he best of					-	-

Your Signature	Your Phone Number		Date		
	(903) 413-	-7534			
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number		Date		
Preparer's Name	Preparer's Phone Nu	umber	Date		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-	-9522	03-09-2023		
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's PTIN	Vendor Code	Filing Election Code	ID Theft PIN	
245 ROONEY CT E BRUNSWICK NJ 08816	P02082703	1555	7		

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

Page 1

Your Name					Your SSN
SIMANTA	SHEKHAR	SARMAH	&	NAY	632-13-4862

#### PART 1

#### Income Distribution

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

	SECTION A	Y	ou (In	clude Spouse if Fi	ling S	tatus 2)		
SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —			<b>Column A1</b> Federal Retur	'n	<b>Column A2</b> While VA Resid	ent	Column A3 While NOT VA Res	sident
1.	Wages, salaries, tips, etc	1	91316	.00	53843	.00	37473	.00
2.	Interest and dividends	2	4	.00	0	.00	4	.00
3.	Pension and other income	3	-2	.00	0	.00	-2	.00
4.	Gross income (add Lines 1, 2 and 3)	4	91318	.00	53843	.00	37475	.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	91318	.00	53843	.00	37475	.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	91318	.00	53843	.00	37475	.00
	*Enter the amount from Line 7,	Colu	umn A1 on Form	760P	Y, Page 1, Line 1,	Colu	mn A.	

	SECTION B	Enter Spo	use's	Income When Fili	ng Sta	atus 4 Is Claimed		
_	SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status 4	Column B1 Federal Retur	n	Column B2 While VA Resid		Column B3 While NOT VA Res	sident	
1.	Wages, salaries, tips, etc	1		.00		.00		.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income	3	-735	.00	0	.00	-735	.00
4.	Gross income (add Lines 1, 2 and 3)	4	-735	.00	0	.00	-735	.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	-735	.00	0	.00	-735	.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	-735	.00	0	.00	-735	.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					Your SSN	
SIMANTA	SHEKHAR	SARMAH	&	NAY	632-13-4862	

#### PART 2

#### **Prorated Exemptions Worksheet**

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

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

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

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

\$930 (One personal exemption)

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

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

#### Prorated Virginia Personal Exemptions

			Column B Spouse	Column A You
1.	Your exemption	1	1	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	0.838	0.838
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		
			779	779

#### 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
- 2a. If SPOUSE moved into Virginia in 2022, prior state of residence
- 2b. If SPOUSE moved out of Virginia in 2022, state moved to
- FL\_\_\_\_\_\_

# **2022 Schedule INC/CG** 632134862

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

SIMANTA SHEK SARMAH

NAYANI DEVI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
632134862	W	187.	650161093	30650161093F001	4000.
632134862	W	1906.	351835818	30351835818F001	35910.
632134862	W	737.	472069832	30472069832F001	13933.

	SSN	VA Withhelding
Total VA Withholding	331	VA Withholding
You	632134862	2830.
Spouse		
Total # of W-2s,1099s & VK-1s	03	

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# 2022 Schedule FED/CG

SIMANT	ГA	SHEK		SARMA	Н
NAYANI	Ε			DEVI	
13527	DA	AVINCI	L	N	



	DAVINCI LIN	00171	632134862	<b>COO</b>
ΗĽ	RNDON VA	20171	045530061	600
		SCHEDULE C and/or SCHEDULE		
1.	Schedule Name	First Schedule Info.	С	Second Schedule Info.
2.	Gross Receipts or Sales			I
3.	Depreciation/Expense Deduction			
4.	Business Activity Code	458110		
5.	Business Locality Code	600		
6.	Car & truck expenses			
7.	Inventory at end of year			
8.	# of miles you used your vehicle for: Busines	SS		
9.	# of miles you used your vehicle for: Commu	iting		
10.	# of miles you used your vehicle for: Other			
		SCHEDULE 2106 INFO	RMATION	
11	# of miles you used your vehicle for Dusings			
	# of miles you used your vehicle for: Busines			
	# of miles you used your vehicle for: <b>Commu</b>	iting		
	# of miles you used your vehicle for: Other			
14.				
15.	% of business use of vehicle: Vehicle 2			
		SCHEDULE 4562 INFOR	RMATION	
16.	Property Used more than 50% in qualified bus Type of Property	siness		
17.	Date placed in service			
18.	Business/Investment Use %			
19.	Cost or other basis			
20.	Depreciation Deduction			
21.	Elected Section 179 Cost			

22. Business Locality Code

1555

REV 02/17/23 PRO

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# Virginia Individual Income Tax e-File Signature Authorization

#### DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)					
Your Name	B Your Social Secu	urity Number			
SIMANTA SHEKHAR SARMAH	632-13-486				
Spouse's Name	A Spouse's Social				
NAYANI DEVI	045-53-006	1			
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)	-735.	91318.			
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	0.	53843.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	-779.	43560.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	0.	2247.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2830.			
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)		583.			
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so					
Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security in number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding line filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return a 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.	es of my electronic incom d timely payment of my t ee Provider to transmit m and, if applicable, the dir directly involve a financi	e tax return. If I am ax liability, I remain y complete return to ect deposit of my al institution outside			
Taxpayer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 3 4 8 6 2 as my signature on my 2022 e-file	ed Virginia individual inco	me tax return.			
Do not enter all zeros 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.	only if you are entering y	our own e-File PIN			
Your Signature Date					
Spouse's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 3 0 0 6 1 as my signature on my 2022 e-file <b>Do not enter all zeros</b>	ed Virginia individual inco	me 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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering y	our own e-File			
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         Do not enter all zeros         I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication         Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.         ERO's Signature					
ERO's Signature Date Date	/ 4J	·····			