

2022 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2022  
Page 1



For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year  
Beginning \_\_\_\_\_, 2022 Ending \_\_\_\_\_, 2023

1555

Your Social Security Number  
098357320

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
PERYALA PAVAN KUMAR & DANNAMANENI S

Spouse's/CU Partner's Social Security Number  
477933400

State of Residency (outside NJ)  
VIRGINIA

Home Address (Number and Street, incl. apt. # or rural route)  
25181 PRAIRIE FIRE SQ

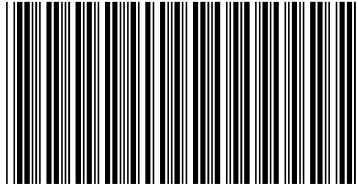
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
E62415816	VA	ALDIE	VA	20105

This is an amended return  
Federal extension application attached or enter confirmation number \_\_\_\_\_  
The address above is a foreign address  
Your address has changed  
Death certificate for deceased taxpayer is attached (See instructions page 9)  
I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02220

Name(s) as shown on Form NJ-1040NR  
PERYALA PAVAN KUMAR & DANNAMANENI S

Your Social Security Number  
098357320

1555

**Filing Status**  
(Check only ONE box)

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return \_\_\_\_\_
- 4. Head of Household Name and SSN of Spouse/CU Partner \_\_\_\_\_
- 5. Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

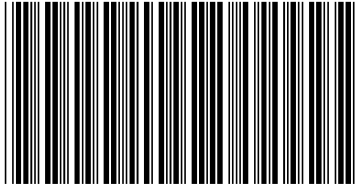
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							11.
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	102400 .	15.	102400 .
16. Interest	16.	.	16.	.
17. Dividends	17.	54 .	17.	0 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	0 .	18.	0 .
19. Net gains or income from disposition of property (From line 68)	19.	0 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	20.	.
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		.
26. Other – State Nature and Source <u>See Other Income St</u>	26.	2 .	26.	0 .
27. TOTAL INCOME (Add lines 15 through 26)	27.	102456 .	27.	102400 .



040NV03220

Name(s) as shown on Form NJ-1040NR  
PERYALA PAVAN KUMAR & DANNAMANENI S

Your Social Security Number  
098357320

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	102456 .	29. 102400
30. Total Exemption Amount (See Instructions)	30.	2000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .	
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	100456 .	
40. Tax on amount on line 39 (From Tax Table)	40.	2775 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>99.95</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		2774 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		2774 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		2774 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	3538 .	
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



Name(s) as shown on Form NJ-1040NR  
 PERYALA PAVAN KUMAR & DANNAMANENI SHAILAJA RAO

Your Social Security Number  
 098357320

**Part I** **Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65. ROBINHOOD SECURITI	01/01/2022	12/31/2022	5758	5851	-93
ROBINHOOD CRYPTO L	02/02/2022	12/31/2022	521	500	21
ROBINHOOD SECURITI	01/01/2022	12/31/2022	384	384	0
66. Capital Gains Distribution .....					66.
67. Other Net Gains.....					67.
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) .....					68. 0

**Part II** **Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

69. Amount reported on line 15 in column A required to be allocated .....	69.	
70. Total days in taxable year .....	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	71.	
72. Total days worked in taxable year (subtract line 71 from line 70) .....	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	

75. Allocation Formula \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 69) (Salary earned inside N.J.)

**Part III** **Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR PERYALA PAVAN KUMAR & DANNAMANENI SHAILAJA RAO	Social Security Number 098-35-7320
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**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	PERYALA SOFTWARE SERVICES	098357320	-42,850.
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4. -42,850.

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4.

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.	

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2022**

Part I Income (Loss)		Column A		Column B		
		Reportable Regular Business Income		Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	-42,850.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	0.	
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.	
5.	Loss Carryforward From Tax Year 2021			5b.	( )	
6.	Totals	6a.	0.	6b.	-42,850.	
<b>Part II Adjustment Calculation</b>						
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.			
9.	Business Increment (Subtract line 8 from line 7)	9.	0.			
10.	Adjustment Percentage	10.	0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.			
<b>Part III Loss Carryforward to Tax Year 2023</b>						
12.	Loss Carryforward to Tax Year 2023	12.		(	42,850.	)

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

# Other Income Statement

**2022**

Name PERYALA PAVAN KUMAR & DANNAMANENI SHAILAJA RAO	Social Security No. 098-35-7320
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	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
<b>1</b> Prizes and awards (enter source): _____ _____ _____		
<b>2</b> Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____		
<b>3</b> Income from estates and trusts: _____ _____		
<b>4</b> Scholarships and fellowships (Enter name and identification number of grantor): _____ _____		
<b>5</b> Alternative Trade Adjustment Assistance payments: _____ _____		
<b>6</b> Residential rental value or allowance paid by employer (enter name and identification number): _____ _____		
<b>7</b> Jury duty pay . . . . .		
<b>8</b> Bartering income . . . . .		
<b>9</b> Other income on Form 1099-K (payment network transactions) . .		
<b>10</b> Substitute payments . . . . .	2.	0.
<b>11</b> Income from REMICS . . . . .		
<b>12</b> Reimbursement for deducted medical expenses . . . . .		
<b>13</b> Recoveries of bad debts . . . . .		
<b>14</b> Income from the rental of personal property . . . . .		
<b>15</b> Income from "not for profit" activities (hobbies): . . . . .		
<b>16</b> Other: _____ _____		
<b>17 Total</b> . . . . .	2.	0.



Virginia requires you to submit your pay

be made electronically because you met one of the thresholds listed in the instructions.

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**2023 FORM 760ES - Voucher 1**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-01-23

- Check if this is a new address.  
 Check here if this is your first payment for this taxable year.

REV 02/17/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
107	

0983573207 7621555 123056 107

Your Social Security Number (SSN)

098357320

PAVAN KUMAR PERYALA

SHAILAJA RAO DANNAMANENI

25181 PRAIRIE FIRE SQ

ALDIE

Spouses SSN (if filing a joint return)

477933400

VA 20105-5693

Daytime Phone Number 760-682-8822

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**363.00**

Virginia requires you to submit your pay

be made electronically because you met one of the thresholds listed in the instructions.

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**2023 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-23

- Check if this is a new address.  
 Check here if this is your first payment for this taxable year.

REV 02/17/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
107	

0983573207 7621555 123064 107

Your Social Security Number (SSN)

098357320

PAVAN KUMAR PERYALA

SHAILAJA RAO DANNAMANENI

25181 PRAIRIE FIRE SQ

ALDIE

Spouses SSN (if filing a joint return)

477933400

VA 20105-5693

Daytime Phone Number 760-682-8822

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**363.00**

Virginia requires you to submit your pay

be made electronically because you met one of the thresholds listed in the instructions.

– Cut Here –

**2023 FORM 760ES - Voucher 3**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-23

- Check if this is a new address.  
 Check here if this is your first payment for this taxable year.

REV 02/17/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
107	

0983573207 7621555 123099 107

Your Social Security Number (SSN)

098357320

PAVAN KUMAR PERYALA

SHAILAJA RAO DANNAMANENI

25181 PRAIRIE FIRE SQ

ALDIE

Spouses SSN (if filing a joint return)

477933400

VA 20105-5693

Daytime Phone Number 760-682-8822

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**363.00**

Virginia requires you to submit your pay

be made electronically because you met one of the thresholds listed in the instructions.

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**2023 FORM 760ES - Voucher 4**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-16-24

- Check if this is a new address.  
 Check here if this is your first payment for this taxable year.

REV 02/17/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
107	

0983573207 7621555 124011 107

Your Social Security Number (SSN)

098357320

PAVAN KUMAR PERYALA

SHAILAJA RAO DANNAMANENI

25181 PRAIRIE FIRE SQ

ALDIE

Spouses SSN (if filing a joint return)

477933400

VA 20105-5693

Daytime Phone Number 760-682-8822

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**363.00**

– Cut Here –

**Form 760-PMT 2022 Tax Due Return Payment Coupon**

(DOC ID 761)

**\*No Staples Please\***

**To Be Used For Payments On Previously  
Filed 2022 Individual Income Tax Returns Only**

Your Social Security Number

Spouse's Social Security Number

098357320

477933400

0983573207 7611555 122009


If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

PAVAN KUMAR PERYALA  
SHAILAJA RAO DANNAMANENI  
25181 PRAIRIE FIRE SQ  
ALDIE

VA 201055693

Amount of  
Payment 

**1451.00**

Daytime Phone Number: 760-682-8822

REV 02/17/23 PRO



PAVAN KUMAR PERYALA  
SHAILAJA RAO DANNAMANENI  
25181 PRAIRIE FIRE SQ

ALDIE VA 201055693

SSN - You	PERY	098357320	Vendor ID	1555	XXXXXX
SSN - Spouse	DANN	477933400			
Fed Adj Gross Income (FAGI)	1.	209976.	Withholding (VA) - You	19A.	5216.
Additions	2.		Withholding (VA) - Spouse	19B.	373.
Subtotal	3.	209976.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	2774.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	8363.
Total VA Adj Gross Income (VAGI)	9.	209976.	Tax You Owe	27.	1451.
Itemized Deductions - VA Sch A	10.	28456.	Tax Overpayment	28.	
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	30316.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	179660.	Sales and Use Tax	33.	
Amount of Tax	16.	10073.	<b>Amount You Owe</b>		1451.
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.	109920.	<b>Your Refund</b>		
Net Amount of Tax	18.	9814.	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2  
 Federal Head of Household  
 DOB - You 01071993  
 VA Driver's License ID - You E62415816  
 VA Driver's License - Iss. Date - You 11232022  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse 08051994  
 VA Driver's License ID - Spouse E62467252  
 VA Driver's License - Iss. Date - Spouse 11062021

Locality 107  
 Uninsured & Authorize DMAS  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 Form 760C or 760F  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You  
 Spouse 1 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 2 Blind - Spouse  
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date  
 Signature - Spouse \_\_\_\_\_ Date  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

7606828822  
 Phone - You  
 Phone - Spouse 6789659522  
 Phone - Preparer 7 P02082703

030923

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information  
GLOBAL TAXES LLC

**File by May 1, 2023**  
Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT  
E BRUNSWICK

NJ 08816

**2022 Schedule INC/CG**

098357320

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



PAVAN KUMAR PERYALA

SHAILAJA RAO DANNAMANENI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
098357320	W	5216.	208765371	30208765371F001	100072.
477933400	W	373.	260971462	30260971462F001	7520.

Total VA Withholding	SSN	VA Withholding
You	098357320	5216.
Spouse	477933400	373.
Total # of W-2s, 1099s & VK-1s	02	

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



# 2022 Schedule FED/CG

PAVAN KUMAR      PERYALA  
SHAILAJA RAO    DANNAMANENI  
25181 PRAIRIE FIRE SQ



ALDIE

VA 201055693

098357320

477933400

107

## SCHEDULE C and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.
2. Gross Receipts or Sales			
3. Depreciation/Expense Deduction			
4. Business Activity Code	519200		
5. Business Locality Code	600		
6. Car & truck expenses	3582.		
7. Inventory at end of year			
8. # of miles you used your vehicle for: <b>Business</b>	6000		
9. # of miles you used your vehicle for: <b>Commuting</b>			
10. # of miles you used your vehicle for: <b>Other</b>	3000		

## SCHEDULE 2106 INFORMATION

11. # of miles you used your vehicle for: **Business**
12. # of miles you used your vehicle for: **Commuting**
13. # of miles you used your vehicle for: **Other**
14. % of business use of vehicle: **Vehicle 1**
15. % of business use of vehicle: **Vehicle 2**

## SCHEDULE 4562 INFORMATION

16. Property Used more than 50% in qualified business  
Type of Property
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

**2022 Schedule OSC/CG**

Enclose other state tax returns when filing



098357320

**Credit Computation State 1**

**If Claiming border state**

1. Filing Status - other state's return	2	6. Other State Abbreviation	NJ
2. Person Claiming the Credit	3	7. Virginia Income Tax	9814.
3. Qualifying Taxable Income - other state	100406.	8. Income percentage	55.9
4. Virginia Taxable Income	179660.	9. Virginia Ratio of Income Tax	5486.
5. Qualifying Tax Liability - other state	2774.	10. Credit Allowed	2774.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	2774.

Enclose other state tax returns when filing your Virginia tax return.

**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)

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<b>Your Name</b>	<b>B Your Social Security Number</b>	
PAVAN KUMAR PERVALA	098-35-7320	
<b>Spouse's Name</b>	<b>A Spouse's Social Security Number</b>	
SHAILAJA RAO DANNAMANENI	477-93-3400	
<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)		209976.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		209976.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		179660.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		9814.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5589.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		1451.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		

**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 schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

**Taxpayer's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN 

5	7	3	2	0
---	---	---	---	---

 as my signature on my 2022 e-filed Virginia individual income 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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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	3	4	0	0
---	---	---	---	---

 as my signature on my 2022 e-filed Virginia individual income 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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication – Practitioner PIN Method Only**

**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 \_\_\_\_\_ Date 03-09-23