Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023** 

# 3 2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

681.

REV 02/24/23 PRO 1555

895-10-5204 Rajesh nannuta

L34 COOKS CT BRENTWOOD TN 37027

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023** 

# 3 2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

681.

REV 02/24/23 PRO 1555

895-10-5204 Rajesh nannuta

L34 COOKS CT BRENTWOOD TN 37027

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2023** 

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

681.

REV 02/24/23 PRO 1555

895-10-5204 Rajesh nannuta

L34 COOKS CT BRENTWOOD TN 37027

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/16/2024

# 2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

681.

REV 02/24/23 PRO 1555

895-10-5204 RAJESH NANNUTA

634 COOKS CT BRENTWOOD TN 37027

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpay	yer's name	Social sect	irity numb	er						
RAJ	JESH NANNUTA	895-10-5204								
Spous	e's name	Spouse's social security number								
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you	are aut	horizing.)						
Enter	whole dollars only on lines 1 through 5.									
Note	: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income		1	145,884.						
2	Total tax		2	25,740.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	23,016.						
4	Amount you want refunded to you		4							
5	Amount you owe		5	2,730.						
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)									

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

X	l authorize	GLOBAL TAX	ES LLC	to enter or generate my PIN L

Enter five digits, but don't enter all zeros											
0 5 2 0 4											

my

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

1	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 II
	below.

Your signature 🕨

NKohan	

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

				as my
er fiv n't en				

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 >			•								
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication –	Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed b	y your five-digit self-selected PIN.	2	2				6 all zer	 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 🕨								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Denerwork Deduction Act Nation				Earm 8870 (Bay	01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



# Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

#### Enter the amount of your payment . . REV 02/24/23 PRO 1555

2,730.

RAJESH NANNUTA

634 COOKS CT BRENTWOOD TN 37027

Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential El.         634 COOKS CT       Check here if you have a foreign address, also complete spaces below.       State       ZIP code         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing         BRENTWOOD       TN       37027       box below will       your tax or refu         Foreign country name       Foreign province/state/county       Foreign postal code       yur tax or refu         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       yr         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       yr         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Yaus born before January 2, 1958       I         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Yas born before January 2, 1958       I         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for	SS) if the qualifying if the qualifying curity number 2 0 4 security number ection Campaigr ou, or your jointly, want \$3 nd. Checking a not change ind. Du Spouse Spouse Solind
Your first name and middle initial       Last name       Your social see         RAJESH       NANNUTA       895–10–5         If joint return, spouse's first name and middle initial       Last name       Spouse's social         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential El.         634       COOKS       CT       City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       TN       37027       box below will         BRENTWOOD       Foreign postince/state/county       Foreign postal code       YOU as a dependent       TN       37027       box below will       YOU as or office.         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y       Y         Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent       (a) Check the box if qualifies for or hind tax credit       (a) Check the box if qualifies for or hind tax credit       (a) Check the box if qualifies for or hind tax credit       (a) Check the box if qualifies for or hind tax credit       (b) Check the box if qualifies for or hind tax credit       (c) First name       (c) First name <td>204 security number ou, or your jointly, want \$3 nd. Checking a not change ind. Du Spouse Spouse Sou No</td>	204 security number ou, or your jointly, want \$3 nd. Checking a not change ind. Du Spouse Spouse Sou No
RAJESH       NANNUTA       895-10-5         If joint return, spouse's first name and middle initial       Last name       Spouse's social         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential El         634 COOKS CT       Check here if you have a foreign address, also complete spaces below.       State       ZIP code         Gity, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing to go to this ful to go to the ful to go to this ful to go to the ful to go to the ful to go	204 security number ou, or your jointly, want \$3 nd. Checking a not change ind. Du Spouse Spouse Sou No
If joint return, spouse's first name and middle initial       Last name       Spouse's social         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential El         634 COOKS CT       ZIP code       spouse's filting       totk here if y         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       totk here if y         BRENTWOOD       TN       37.02.7       box below will       you below will       you below will         Foreign country name       Foreign province/state/county       Foreign postal code       you tax or refu       you tax or refu         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       4ge/Blindness       You:       (a) Relationship       (a) Check the box if qualifies for the for you         If more than four dependents, see instructions       Immer       Immber       Immber       Immber       Child tax credit       Credit for the dualifies for the you       Child tax credit       Credit for the dualifies for you       Immber       Immber       Immber       Immbe	security number ection Campaigr ou, or your jointly, want \$3 not change ind. bu Spouse s Sou No s blind see instructions):
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Ek         634 COOKS CT       Check here if you have a foreign address, also complete spaces below.       State       ZIP code       TN       37 02 7       box below will you tax or refine address; also complete spaces below.       TN       37 02 7       box below will you tax or refine address; also complete spaces below.       TN       37 02 7       box below will you tax or refine address; also complete spaces below.       TN       37 02 7       box below will you tax or refine address; also complete spaces below.       TN       37 02 7       box below will you tax or refine address; also complete spaces below.       TN       37 02 7       box below will you tax or refine address; also complete spaces below.       TN       37 02 7       box below will you tax or refine address; or (b) sell, assets       caset       TX       TY       Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Go your spouse as a dependent       Go you       Check the box if qualifies for Child tax credit       Credit fit more       (1) First name       Last name       In or you       Child tax credit       Credit fit for you	ection Campaigr ou, or your jointly, want \$3 not change ind. Checking a not change ind. Du Spouse Es No s blind see instructions):
634 COOKS CT       Check here if y         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing         BRENTWOOD       TN       37 0 2 7       b	ou, or your jointly, want \$3 nd. Checking a not change ind. <b>Du Spouse</b> <b>es No</b> s blind see instructions):
Out colspan="2">Spouse if filling City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filling to go to this fu box below will your tax or reft         Foreign country name       Foreign province/state/county       Foreign postal code       TN       37.02.7         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       (see instructions):       (I) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Child tax credit       Credit fit         If more       (1) First name       Last name       number       to you       credit       Credit fit         If more       11       Total amount from Form(s) W-2, box 1 (see instructions)	jointly, want \$3 nd. Checking a not change ind. <b>Du Spouse</b> es <b>X</b> No s blind see instructions):
BRENTWOOD       TN       37027       to go to this fullow box below will box box below will box box below will box below will box box below wil	nd. Checking a not change ind. Du Spouse es No s blind see instructions):
BRENTWOOD       TN       37027       box below will your tax or refulyour tax or the services and the	not change ind. pu Spouse es No s blind see instructions):
Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       I         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Child tax credit       Credit for         than four dependents, see instructions       Intermed       Intermed       Intermed       Intermed       Intermed         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Intermed       Intermed       Intermed       Intermed         Attach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Intermed       Intermed       Intermed         d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Intermed       Intermed       Intermed	es X No
Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       I         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Child tax credit         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for than four         dependents, see instructions       and check       Image: Comparison of the properties on the properies on the pr	es X No
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Y         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       I         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Child tax credit       Credit fit for you         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Child tax credit       Credit fit for you         Image: dependents, see instructions       Image: dependents, see instructions       Image: dependents       Image: dependents       Image: dependents       Image: dependents         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: dependents       Image: dependents       Image: dependents         W-2 here. Also attach Form(s)       C       Tip income not reported on line 1a (see instructions)       Image: dependents       Image: dependents       Image: dependents         C       Tip income not reported on line 1a (see instructions)       Image: dependents       Image: dependents       Image: dependents	s blind see instructions):
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       I         Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for Child tax credit       Credit for the form of	see instructions):
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       I         Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for Child tax credit       Credit fit         If more than four dependents, see instructions and check here       (1) First name       Last name       Image: Construction of the construction o	see instructions):
Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for Child tax credit         If more than four dependents, see instructions and check here       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for Child tax credit       Credit fit         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a         Attach Form(s) W-2 here. Also attach Forms       1a       Total amount from reported on line 1a (see instructions)       1b       1c         Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d	see instructions):
If more than four dependents, see instructions, and check here       (1) First name       Last name       number       (1) First name       Child tax credit       Credit fit         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       .       .       .       1a         Attach Form(s) W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       .       .       .       1b         Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       .       .       .       1d	
In more than four than four than four dependents, see instructions and check here	or other dependent
dependents, see instructions and check here       Image: Construction of the construct	
see instructions and check here       Image: see instructions and check here       Image: see instructions here here       Image: see instructions here here here here here here here her	
here       Image: Construction of the construc	
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)	
Attach Form(s) W-2 here. Also attach Forms       b       Household employee wages not reported on Form(s) W-2       1b         C       Tip income not reported on line 1a (see instructions)       1c       1c         Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d	
Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d	160,034.
W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1	
1099-R if tax f Employer-provided adoption benefits from Form 8830 line 20	
was withined.	
If you did not     g     Wages from Form 8919, life 6	0.
W-2, see i Nontaxable combat pay election (see instructions)	
instructions. z Add lines 1a through 1h	160,034.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b	
if required. 3a Qualified dividends 3a b Ordinary dividends 3b	
4a IRA distributions 4a b Taxable amount 4b	
Standard     5a     b     Taxable amount	
Deduction for -       6a       b       Taxable amount 6b	
• Single or Married filing <b>c</b> If you elect to use the lump-sum election method, check here (see instructions)	
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	50.
Married filing     8 Other income from Schedule 1, line 10	-14,200.
jointly or Qualifying <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income 9</b>	145,884.
surviving spouse, \$25,900         10         Adjustments to income from Schedule 1, line 26         .         .         .         10	
Head of Subtract line 10 from line 9. This is your adjusted gross income	
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)	145,884.
• If you checked any box under 43 Qualified business income deduction from Form 8995 or Form 8995-A	145,884. 12,950.
Standard         14         Add lines 12 and 13         14         14	12,950.
Deduction, see instructions.       15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15	

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	25	,740.
Credits	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18	25	,740.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie8						20		
	21	Add lines 19 and 20						. [	21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. [	22	25	,740.
	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 <b>total tax</b>						24	25	,740.
Payments	25	Federal income tax withheld									
2	а	Form(s) W-2				25a	23,0	16.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	23	,016.
If you have a	26	2022 estimated tax payment	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	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cre	dits .		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. [	33	23	,016.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>over</b>	paid .		34		
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here .			35a		
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking	Sav	/ings			
See instructions.	d	Account number X X X	XXXXX	XXXX	X X X X X	XX					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions				37	2	,730.
	38	Estimated tax penalty (see in	nstructions) .			38		6.			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee	ins	structions				🗌 Y	es. Com	olete be	low.	X No	
		signee's		Phone no.			Personal number		ation		
	na							. ,			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here		ur signature		Date	Your occupation					nt you an Ide	0
	10	al signature		Date				1		N, enter it h	
Joint return?					STUDENT			(see in	st.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				it your spous	
Keep a copy for your records.								(see in	·	ection PIN, e	nter it here
-	Dh	ana na (240) 022 460	1	Email address			T COM	(****	,		
		one no. (248) 832-468 eparer's name	⊥ Preparer's signat	Email address	NANNUTARAJE	Date		ΓΙΝ		Check if:	
Paid									700	Self-er	mployed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		ram sagar	GUPIA TALLAM	03/02/2	UZJ PL	)2082'			
Use Only		m's name GLOBAL TAX	<u>xes llc</u> Y CT E BRU	NOMITOR N	T 00016					678)965	
		m's address 245 ROONE		NSWICK N	J 08816			Firm's			.71965
Lio to WWW/W/ ire a	OV/For	n 11/11 for instructions and the late	et intermetion							Eorm 1	(2000)

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

BAA REV 02/24/23 PRO Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
RAJESH NANNUTA		895-10	-5204

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-14,200.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
	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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	t, or 1040-NR, line 8	10	-14,200.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/24/23 F	PRO	Schedu	le 1 (Form 1040) 2022

#### 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. 2022 Attachment Sequence No. 12

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

RAJESH NANNUTA

Your social security number

895-10-5204

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
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	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> Adjustments to gain or loss fro	om	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (		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	3,016.	2,980.	1	4.	50.
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			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	50.

#### 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	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	9 Totals for all transactions reported on Form(s) 8949 with         Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with <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			. ,	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	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 50.
	• 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.	
	<ul> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> </ul>	
	• 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?	
	No. Skip lines 18 through 21, and go to line 22.	
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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ( )
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 02/24/23 PRO	Schedule D (Form 1040) 2022

Form **8949** 

# Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number 895-10-5204

RAJESH NANNUTA

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

OBINHOOD SECURITIES I         OBINHOOD SECURITIES I         OBINHOOD SECURITIES I         Image: Second	Description of property Date acquired				Adjustment, i If you enter an enter a co See the sep	<b>(h)</b> Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)			(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES L	LC 01/01/22	12/31/22	1,450.	1,403.			47.	
ROBINHOOD SECURITIES L	LC 01/01/22	12/31/22	1,566.	1,577.	W	14.	3.	
2 Totals. Add the amounts in colu negative amounts). Enter each Schedule D, line 1b (if Box A at above is checked), or line 3 (if B	total here and incove is checked), li	lude on your ne 2 (if Box B	3,016.	2,980.		14.	50.	

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

SCHEDULE	Ε
(Form 1040)	

#### **Supplemental Income and Loss**

OMB No. 1545-0074

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

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

	Revenue Service	Go to www.irs.gov/ScheduleE fo					formation.		Attachm Sequend	ient ce No. <b>13</b>
ame(s)	shown on return							Your soci	al security r	
AJE	SH NANNUTA							895-1	0-5204	
Part	Income or	Loss From Rental Real Estate an	nd Ro	valties						
	Note: If you a rental income	re in the business of renting personal proper or loss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedu			-		-	
		ayments in 2022 that would require you								
B l	f "Yes," did you or	will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a		s of each property (street, city, state, ZII								
Α	FRV FDV F II			,						
B		N EFDSCV								
C										
1b	Type of Property	2 For each rental real estate prope	orty lie	tod		Ea	r Rental	Porcor	nal Use	
10	(from list below)	2 For each rental real estate proper above, report the number of fair				га	Days		ays	QJV
Α	3	personal use days. Check the Q			Α		365		0	
B	5	if you meet the requirements to the	file as	a	B		505			
C		qualified joint venture. See instru	uctions	5.	C					
	of Property:				U					
-	Single Family Resi	dence 3 Vacation/Short-Term Ren	tal	5 Lan	А	7	Self-Rental			
	Multi-Family Resid		ilai	6 Roy						
2	wulli-rainily nesiu			0 10	allies	0	Other (desc			
							Proper	ties:		
com	ne:				Α		В			С
3	Rents received .		3		6	50.				
4	Royalties received	4	4							
xper	ises:									
5	Advertising		5							
6	Auto and travel (s	ee instructions)	6							
7	Cleaning and mai	ntenance	7		1,5	50.				
8	Commissions .		8							
9	Insurance		9							
10		rofessional fees	10							
1		8			2,2	50.				
2	•	paid to banks, etc. (see instructions)	12							
3			13							
4					4,8	50.				
5	Supplies		15		3,6					
6			16							
7	Utilities		17		2,5	50.				
8		ense or depletion	18							
19	Other (list)	•	19							
20		Add lines 5 through 19	20		14,8	50.				
21	•	rom line 3 (rents) and/or 4 (royalties). If			, -	-				
		see instructions to find out if you must								
	file <b>Form 6198</b> .		21		-14,2	00.				
22		real estate loss after limitation, if any,								
_		e instructions)	22	(	14,20	0.)		)	(	
3a		nts reported on line 3 for all rental prope				23a		650.	\	
b		its reported on line 4 for all royalty prop				23b				
c		its reported on line 12 for all properties				23c				
d		its reported on line 18 for all properties				23d				
e		its reported on line 20 for all properties				23e	1	4,850.		
24		sitive amounts shown on line 21. <b>Do no</b>						. 24		
5		Ity losses from line 21 and rental real esta				nter to	tal losses hi		( -	14,200.
26		-								, 2 0 0 .
	Total rental real	estate and royalty income or (loss). III, IV, and line 40 on page 2 do not	Comb	ine lines	24 and	25. E	nter the res	ult		

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . NPA For Paperwork Reduction Act Notice, see the separate instructions.

-14,200.



# 2022 Virginia Nonresident Income Tax Return Due May 1, 2023



ral tax return and all other requir Enclose e co plata conv of your fo

	Enclose a comp	lete copy o	i your react			an other require	-						
						Suffix	Suffix Your Social Security Nue 895-10-5204				Check decea		
	SH se's First Name (Filing)	a Status 2 Onl	v)	м	NANNUTA Last Name		Suffix		Spouse's Social Security Numb			er Check if	
opoue			<i>,</i>		Luot Humo		Cullix	opouoo				decea	
Prese	nt Home Address (Nu	mber and Stre	eet or Rural R	oute)				ur Birth Date		9 <b>-</b> 1 8	- 1 9 9	ад	
	COOKS CT						-	nm-dd-yyyy		5 10	1 ) 3	<u> </u>	
1 1	own or Post Office				State TN	ZIP Code 37027		's Birth Date nm-dd-yyyy		-	-		
	of Residence		Important -	Name	1	or County in which				oyment, or in	come source	Locality Co	de
			is located.						, I		R X County	0.67	
TN		<b>_</b>	FRANKL				A dalara a a						<u> </u>
01	Is A It Is Is		nded Return Reason Cod	le		Name(s) or Shown on 2			lan	Ove	rseas on Due	Date	
Cn	eck Applicable Boxes		endent on An	othou	r's Poturn	Qualifying F	armor Ei	shormon	or	FIC Cla	imed on fede	eral return	
				othe	I S Neturn	Merchant S		Sherman, (	JI	\$		.00	
	Filing Status Ente	er Filing Stat	us Code in b	ox b	elow.		Exe	mptions A	dd Secti	ons 1 and 2	. Enter the su	im on Line	12.
			ead of house				1	Spo ou Filing	use if Status De	pendents		Total Section	
1					must have Vir	•		20	or 3				
			parate Retu		rom Any Sou	rce		1 +	+	=	1 X \$930	= 93	0
lf Filin	g Status 3 or 4, en	•			use's Social S	ecurity Number		u 65 Spouse over or ove		Spouse Blind		Total Sect	ion 2
	top of form and er			•		-		+	+	+ =	X \$800	=	
1	Adjusted Gross Ir	ncome from	federal retur	n - N	ot federal tax	able income				1		145884	00
2	Additions from Sc	hedule 763	ADJ, Line 3.							2			00
3	Add Lines 1 and	2								3		145884	00
4	Age Deduction (S	See instructio	ons and the A	Age [	Deduction Wo	rksheet)				You 4a			00
	Enter Birth Dates and Your Spouse	above. Ente	er Your Age [	Dedu	ction on Line	4a			Sno				00
_		-											00
5 6	Social Security Ad State income tax												00
0					·								
/	Subtractions from												00
8	Add Lines 4a, 4b												00
9	Virginia Adjuste	d Gross Inc	ome (VAGI)	. Sub	otract Line 8	from Line 3					)	145884	00
10	Itemized Deduction	ons from Vire	ginia Schedu	ile A,	if applicable.	See instructions.				10			00
11	If you do not clain	n itemized d	eductions or	n Line	e 10, enter sta	andard deduction.	See inst	ructions		11		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exempt	ion Sections 1 and	d 2 above			12		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9						13			00
14	Add Lines 10, 11	, 12 and 13								14		8930	00
15	Virginia Taxable II	ncome comp	outed as a re	side	nt. Subtract L	ine 14 from Line 9	)			15		136954	00
16	Percentage from	Nonresident	Allocation S	ectio	on on Page 2	(Enter to one deci	mal place	only)		16		11.7	%
17	Nonresident Taxa	ble Income.	(Multiply Lin	e 15	by percentag	je on Line 16)				17		16024	00
18	Income Tax from	Tax Table or	Tax Rate So	chedu	ule					18	i	671	00
19a	Your Virginia inco	me tax with	neld. Enclose	e For	ms W-2, W-2	G, 1099, and VK-	1			19a		895	00
		For Local Use	LTD		•								
1555	1044 Rev. 07/22 REV 02/17/23 F	PRO	LID		\$	<u> </u>					XXX	XXX	

#### 2022 FORM 763 Page 2

2022	FORM 763 Page 2						
Your N RAJ	lame ESH NANNUTA	Your SSN 895-10-5204					
19b	Spouse's Virginia income tax withheld. En		, 1099, and VK-1		. 19b		00
20	2022 Estimated Tax Payments				. 20		00
21	2021 overpayment credited to 2022 estimation	ated tax			. 21		00
22	Extension Payment - submitted using Forr	n 760IP			. 22		00
23	Credit for Low-Income Individuals or Virgin	ia Earned Income Credi	t from Schedule 763 A	ADJ, Line 17	. 23		00
24	Total credits 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	895	00
27	If Line 18 is larger than Line 26, enter the	difference. This is the <b>IN</b>	COME TAX YOU OW	E	. 27		00
28	If Line 26 is larger than Line 18, enter the	difference. This is the <b>O</b>	/ERPAYMENT AMOU	JNT	. 28	224	00
29	Amount of overpayment on Line 28 to be CR	EDITED TO 2023 ESTI	MATED INCOME TAX	<u>(</u>	. 29		00
30	Virginia529 and ABLE Contributions from \$	Schedule VAC, Part I, Li	ne 6		. 30		00
31	Other Voluntary Contributions from Sched	ule VAC, Section II, Line	14		. 31		00
32	Addition to Tax, Penalty, and Interest from See instructions Er				32		00
33	Sales and Use Tax is due on Internet, mail See instructionsCl	order, and out-of-state pu neck here if no sales and	ırchases (Consumer's 1 use tax is due	Use Tax).	33		00
34	Add Lines 29 through 33				. 34		00
35	If you owe tax on Line 27, add Lines 27 an Line 34 is larger than Line 28, enter the dif www.tax.virginia.govCheck here if	ference. AMOUNT YOU	OWE. Enclose payn	nent or pay at	35		00
36	If Line 28 is larger than Line 34, subtract Line	e 34 from Line 28. This is	the amount to be <b>REF</b>	UNDED TO YOU.	36	224	00
If the	Direct Deposit section below is not complete	ed, your refund will be is	sued by check.				
DIREC	T BANK DEPOSIT Your Bank Routin	g Transit Number	Your Bank Acco	ount Number Ch	eckina X	Savings	]

DIRECT BANK DEPOSIT Your Bank Routing Transit Number You		Your B	Your Bank Account Number Checki			heckin	g 🛛 Savings 🗌			]			
Domestic Accounts Only         1         0         1         2         0         0         4         5         3         1         5		1 5	2	3 2	2 0	8 4	1 0	3	3				
Nonresident Allocation Percentage					A - All Sources		В	B - Virginia Sources		;			
1.	Wages, salaries, tips	etc		1			16003	4 00			170	69	00
2.	Interest income			2				00					00
3.	Dividends			3				00					00
4.	Alimony received			4				00					00
5.	Business income or l	DSS		5				00					00
6.	Capital gain or loss/c	apital gain distributions		6			5	o <b>o</b>   co				0	00
7.	Other gains or losses			7				00					00
8.	Taxable pensions, an	nuities and IRA distributions		8				00					
9.	Rents, royalties, part	nerships, estates, trusts, S corporations, etc		9			-1420	0 00				0	00
10.	Farm income or loss.		······	10				00					00
11.	1. Other income			11				00					00
12.	Interest on obligation	s of other states from Schedule 763 ADJ, Line 1	····· ·	12				00					
13.	Lump-sum and accur	nulation distributions included on Sch. 763 ADJ, Li	ne 3   ´	13				00					00
14.	TOTAL - Add Lines 1	through 13 and enter each column total here	····· ·	14			14588	4 00			170	69	00
15.		n percentage - Divide Line 14 B, by Line 14 A. <i>Cor</i> <i>cimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16		15							11	.7%	5
I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.			er.		I agree to obtain my Form 1099-G at www.tax.virginia.gov.								

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature		Your Phone Number	Date		
		(248) 832-4681			
Spouse's Signature (If a joint return, both must sign	Spouse's Phone Number	Preparer's PTIN	Vendor Code		
			P02082703	1555	
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN	
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC	(678) 965-9522	7		

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### 2022 Schedule INC/CG

895105204

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

RAJESH NANNUTA

|--|

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
895105204	W	895.	261222517	30261222517F001	17069.

Total VA Withholding	SSN	VA Withholding
You	895105204	895.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

# 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 Sec	urity Number				
RAJESH NANNUTA	895-10-52	,				
Spouse's Name	A Spouse's Socia					
		,				
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)		145884.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		145884.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		16024.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		671.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		895.				
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)		224.				
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						
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 0 5 2 0 4 as my signature on my 2022 e-filed Virginia individual income tax return.  Do not enter all zeros <u>GLOBAL TAXES LLC</u> 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 bo and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File PIN				
Your Signature Date Date						
Spouse's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros ERO Firm Name						
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box 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						
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 retum 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 Date Date						
ERO's Signature Date03-02-23						