Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2023** 

### 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.

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

681.

REV 02/24/23 PRO

1555

895-10-5204 ATUNNAN HZ3LAS

L34 COOKS CT BRENTWOOD TN 37027

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2023** 

### 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.

895-10-5204 ATUNNAN HZ3LAS

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.

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

REV 02/24/23 PRO

1555

895-10-5204 ATUNNAN HZ3LAS

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

L34 COOKS CT BRENTWOOD TN 37027

### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)					
Taxpaye	er's name		Social securit	y numb	er	
RAJE	ESH NANNUTA		895-10-	-5204	1	
Spouse's	s name		Spouse's soc	ial secu	rity numbe	r
Part	Tax Return Information — Tax Year Ending December 3	1, 2022 (Enter	voor vou o	ro quit	horizina	1
		1, 2022 (Efficing	year you a	re aut	nonzing	.)
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			4	1 / 5	884.
1 2	Adjusted gross income			1 2		740.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		
4	Amount you want refunded to you			4		3,016.
	Amount you owe			5		720
Part		ure you get and k	een a con		OUR retu	2,730.
	penalties of perjury, I declare that I have examined a copy of the income tax return					
return (to send for any Agent to paymer authoriz paymer business taxes to persona	owledge and belief, it is true, correct, and complete. I further declare that the a foriginal or amended) I am now authorizing. I consent to allow my intermediate set my return to the IRS and to receive from the IRS (a) an acknowledgement of receive from the IRS (a) an acknowledgement of receive from the IRS (a) an acknowledgement of receive from the intervention of the date of any refund. If application initiate an ACH electronic funds withdrawal (direct debit) entry to the financial into formy federal taxes owed on this return and/or a payment of estimated tax, and reaction is to remain in full force and effect until I notify the U.S. Treasury Financial, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of the payment (settlement) date. I also authorize the financial institution receive confidential information necessary to answer inquiries and resolve is all identification number (PIN) below is my signature for the income tax return (or in the INS).	ervice provider, transmit ceipt or reason for reject able, I authorize the U.S. Institution account indiced the financial institution is about the terminate ment cancellation requestutions involved in the passues related to the p	ter, or electro tion of the tr 5. Treasury ar ated in the ta to debit the the authoriza ests must be processing of syment. I furt	onic ret ansmis nd its c ax prep entry t ation. T receiv the ele her ac	urn origina sion, (b) the lesignated aration so this according to the lesignated for the lesignated aration is according to the lesignated are lesionated ar	ator (ERO) the reason Financial ftware for ount. This (cancel) a er than 2 ayment of the that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only					
X		o enter or generate m	W DINI 0	5 2	0 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now aut		Ent		digits, but r all zeros	asiny
	, ,	•		01		
	I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN <b>and</b> your return is filed using the Pr below.					
Your s	signature ▶	Date ▶				
Spous	se's PIN: check one box only					
	_	o enter or generate m	ny PINI			as my
	ERO firm name	o enter or generate in	-	er five	diaits. but	asiny
	signature on the income tax return (original or amended) I am now aut	horizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN <b>and</b> your return is filed using the Pr below.					
Spous	e's signature ►	Date ►				
	Practitioner PIN Method Returns Only	—continue below				
Part I	III Certification and Authentication — Practitioner PIN Met	hod Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selection	cted PIN. 2 2		6 6		3 9
			Don't ente	er all ze	ros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic zed to file for tax year indicated above for the taxpayer(s) indicated above. I comments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IF	onfirm that I am submit	ting this retu	rn in a	ccordance	
ERO's	signature ►	Date ►				
	ERO Must Retain This Form — Se	e Instructions				
	Don't Submit This Form to the IRS Unless	s Requested To D	o So			

Form 1040-V (2022) 2022 Page **2** 

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 2022

### 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 . . . . . ► 2 ¬ 7 3 □ • REV 02/24/23 PRO 1555

RAJESH NANNUTA

L34 COOKS CT BRENTWOOD TN 37027

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Statu	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	☐ Head of	household (Ho	OH)		ifying sur	
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you cl	necke	ed the HOH or	QSS box, en	ter th		ıse (QSS) name if t	
	pers	on is a child but not your dependent	t:								
Your first name	and mi	iddle initial	Last nar	me					Your so	cial securi	ty number
RAJESH			NANN	UTA					895-1	LO-520	4
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Presider	ntial Electi	on Campaign
634 COO	KS C	Γ							Check h	ere if you	, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code				ntly, want \$3 Checking a
BRENTWO	DD				TN		37027		0	ow will not	0
Foreign countr	y name		F	oreign province/state/o	county	/	Foreign postal	code		or refund	0
										You	Spouse
Digital		ny time during 2022, did you: (a) rec	,		. ,		•	, .	. ,		
Assets	exch	ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (See	nstru	ctions.)	∐ Yes	⊠ No
Standard	_	eone can claim:		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jan	ary 2	., 1958	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social security	.	(3) Relationsh	ip (4) Check	the bo	ox if qualif	ies for (see	instructions):
If more	<b>(1)</b> Fi	irst name Last name		number		to you	Child	tax cr	edit	Credit for of	ther dependents
than four											
dependents, see instruction	s										
and check _	, —							$\sqsubseteq$			
here	]							Ш			
Income	1a	Total amount from Form(s) W-2, b	`	,					. 1a		60,034.
A44(-)	b	Household employee wages not re		, ,					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							. 1c		
attach Forms	d	Medicaid waiver payments not rep		( )	nstru	ctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		•					. 1e		
was withheld.	f	Employer-provided adoption bene			•				. 1f		
If you did not	g	Wages from Form 8919, line 6 .						-	. 1g		
get a Form W-2, see	h	Other earned income (see instruct	,						. 1h		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>li</u>				1	CO 024
	<u>z</u>	Add lines 1a through 1h Tax-exempt interest			 L T-			•	. 1z		60,034.
Attach Sch. B if required.	2a	'	2a			xable interest		•	. 2b . 3b		
	3a		3a			dinary divider xable amoun		•			
Standard	4a 5a		4a 5a			ixable amoun		•	. 4b . 5b		
Standard Deduction for —	6a		6a			xable amoun			. 6b		
Single or Married filing	C	If you elect to use the lump-sum e	_					. г	. OD		
separately,	7	Capital gain or (loss). Attach Sche		*	`	,			7		50.
\$12,950 Married filing	8	Other income from Schedule 1, lin		· · · · · · · ·					. 8	<del> </del>	14,200.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		45,884.
Qualifying surviving spouse,	10	Adjustments to income from Sche							. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11		45,884.
household,	12	Standard deduction or itemized							12		12,950.
\$19,400 If you checked	13	Qualified business income deduct		`	,	5-A			. 13		,
any box under Standard	14								. 14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer							. 15		32,934.
	1										

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, lir						17	
	18	Add lines 16 and 17						18	25,740.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					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 total tax					24	25,740.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				<b>25a</b> 23	,016.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	23,016.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		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	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	
neiuna	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here		35a	
Direct deposit?	b	Routing number X X X	XXXXX	XX	<b>c</b> Type:	Checking S	Savings		
See instructions.	d	Account number X X X	XXXXX	XXXX	XXXXX	XX			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	2,730.
	38	Estimated tax penalty (see in	nstructions) .			38	6.		
Third Party Designee		you want to allow another	person to disc	cuss this retu			mplete b	elow.	⊠ No
3	De	signee's		Phone		Perso	nal identifi		
	na	ne		no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	Yo	ur signature		Date	Your occupation		l l		nt you an Identity
L=:tt 0					STUDENT		(see ii		IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupati	on	If the	IRS sei	nt your spouse an
Keep a copy for your records.	op.	ouco o olginaruloi il a joille rotuili, i	our maet eigm	Juio	opened a coupen	<b></b>		ty Prote	ection PIN, enter it here
	Ph	one no. (248) 832-468	1	Email address	NANNUTARAJES	SH94@GMAIL.CO	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	03/08/2023	P02082	703	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC				Phone	e no. (	678) 965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/24/23 PRO			Form <b>1040</b> (2022)

#### SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

RAJESH NANNUTA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
895-10	-5204

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 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		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total ather income. Add lines to three the Co	8z		
9 10	Total other income. Add lines 8a through 8z		9	-14.200

Schedule 1 (Form 1040) 2022 Page **2** 

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

#### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

	(s) shown on return JESH NANNUTA				ocial se -10-	ecurity number 5204
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona			× No		
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	ee ins	tructions)
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 le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or los Form(s) 8949, line 2, colun	s from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
ID	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	3,016.	2,980.		14.	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 (lo	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	y, from line 8 of y	our <b>Capital Loss</b>	Carryover	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.
Pa	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
lines	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmento gain or los	s from	(h) Gain or (loss) Subtract column (e) from column (d) and
who	le dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colun		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	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					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporat				11	
13				. ,	13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	, from line 13 of y	our <b>Capital Loss</b>	Carryover	14	

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2022 Page **2** 

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 50. • If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, 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 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

### 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.

OMB No. 1545-0074

2022
Attachment Sequence No. 12A

Name(s) shown on return
RAJESH NANNUTA

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

895-10-5204

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.

<ul><li>★ (A) Short-term transaction:</li><li>★ (B) Short-term transaction:</li><li>★ (C) Short-term transaction:</li></ul>	s reported on	Form(s) 1099	9-B showing bas	•		•	<del>)</del> )
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ 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).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,450.	1,403.			47.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,566.	1,577.	W	14.	3.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	tal here and inc e is checked), <b>li</b> i	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.

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return						Y	our soci	al security	/ number
RAJE	SH NANNUTA						8	395-1	0-5204	4
Part	Note: If you ar	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			<b>c</b> . See	instruc	ctions. If you are	an indi	vidual, rep	port farm
		ayments in 2022 that would require you will you file required Form(s) 1099?		. ,			tructions			
1a	Physical address	of each property (street, city, state, ZIF								
A	PLOT NO:31,N	MALKAJGIRI SECUNDERABAD TEI	LANG	ANA IN	5000	47				
В	,									
С										
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair	rental	and		_	ir Rental Days	Person Da	nal Use ıys	QJV
Α	3	personal use days. Check the Q			Α		365		0	
В		if you meet the requirements to f qualified joint venture. See instru			В					
С		quaimed joint venture. See instru	CLIOITS	J.	С					
Type	of Property:									
	Single Family Resident Multi-Family Resident		ital	5 Land 6 Roya			Self-Rental Other (describ	oe)		
							Properties	S:		
Incom	ne:				Α		В			С
3	Rents received .		3		6	50.				
4	Royalties received	1	4							
Exper	ises:									
5	Advertising		5							
6	·	ee instructions)	6							
7		ntenance	7		1,5	50.				
8	Commissions .		8							
9	Insurance		9							
10		rofessional fees	10							
11	-		11		2,2	50.				
12		paid to banks, etc. (see instructions)	12							
13			13							
14	•		14			50.				
15			15		3,6	50.				
16			16							
17	Utilities		17		2,5	50.				
18		ense or depletion	18							
19		dd linna F thurs alb 10	19 20		1.4.0	F 0				
20	•	dd lines 5 through 19	20		14,8	50.				
21	result is a (loss), s	om line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	21		-14 <b>,</b> 2	00.				
22	Deductible rental	real estate loss after limitation, if any, e instructions)	22		14,20		,	)	(	
23a	,	ts reported on line 3 for all rental prope				23a	·	650.		
b		ts reported on line 4 for all royalty prop				23b		•		
C		ts reported on line 12 for all properties				23c				
d		ts reported on line 18 for all properties				23d				
e		ts reported on line 20 for all properties				23e	14,	850.		
24		sitive amounts shown on line 21. <b>Do no</b>		ude any lo	sses			24		
25		ty losses from line 21 and rental real estat				nter to	tal losses here	25	(	14,200.
26	•	estate and royalty income or (loss).								

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-14,200.

**763**Page 1



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

	Enclose a comp	ioto copy c	. your rough	uu	x rotarri arra c	an other require	4 VIII 9	Ja C	iioiosait						
First N				МІ	Last Name		Suff	ïx	Your Soc 895-1		•	mber		Check decea	
RAJI	មនា se's First Name (Filing	Status 2 Onl	y)	MI	NANNUTA Last Name		Suff	ix	Spouse's			/ Numbe	r	Check	
														L decea	sed
	nt Home Address (Nu	mber and Str	eet or Rural Ro	oute)					Birth Date n-dd-yyyy)	0	9 -	1 8	<b>-</b> 1 9	9 4	
	COOKS CT  Town or Post Office				State	ZIP Code	Spo	`	Birth Date						
	NTWOOD				TN	37027	Орс		n-dd-yyyy)						
State	of Residence		Important - is located.	Name	e of Virginia City	or County in which	princip	al plac	e of busine	ess, emp	loyme	nt, or inco	ome source	Locality Cod	de
TN			FRANKL	IN	COUNTY							City OR	X County	067	
			nded Return Reason Cod			Name(s) or Shown on 2				an		Overs	seas on Du	e Date	
Ch	eck Applicable Boxes			L		SHOWIT OH 2	02 I V	/A INCL	um						
	boxes	Depe	endent on An	othe	r's Return	Qualifying F Merchant Se			erman, o	r			med on fede		
	Filing Status Ente	r Filing Stat	us Code in b	ox b	elow.		-	Exem	otions A	dd Secti	\$ ions 1		Enter the s	00 um on Line	12.
			ead of house					You	Spou Filing S	se if Status D	epende	nts			
1					must have Virg				2 oı	3				Total Section	
			nas No incoi parate Retur		rom Any Sour	ce		1	+	+		=	1 X \$930	93	0
If Filin	ng Status 3 or 4, ent	•	•		use's Social Se	ecurity Number		You 6	5 Spouse er or ove	65 You r Blind	Spo Bli			Total Sect	ion 2
box at	t top of form and en	iter Spouse	's Name						+	+	+	=	X \$800	=	
1	Adjusted Gross In	como from	fodoral retur	2 A	lot federal taxa	able income						1		145884	00
2	•														
	Additions from Sc											2			00
3	Add Lines 1 and											3		145884	00
4	Age Deduction (S Enter Birth Dates	above. Ente	er Your Age D	)edu	ction on Line 4	la						4a			00
	and Your Spouse's	s Age Dedu	ction on Line	4b.						Spc	ouse	4b			00
5	Social Security Ac	t and equiv	alent Tier 1 F	Railro	oad Retirement	t Act benefits rep	orted	on you	ur federa	l return.		5			00
6	State income tax	refund or ov	erpayment c	redit	reported as in	come on your fee	deral	return.				6			00
7	Subtractions from	Schedule 7	63 ADJ, Line	e 7								7			00
8	Add Lines 4a, 4b	, 5, 6, and	7									8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI)	. Sul	otract Line 8 f	rom Line 3						9		145884	00
10	Itemized Deduction	ons from Vir	ginia Schedu	le A,	if applicable.	See instructions.						10			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter star	ndard deduction.	See	instrud	ctions			11		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exemption	on Sections 1 and	l 2 ab	ove				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 Ir	ncome comp	outed as a re	side	nt. Subtract Lir	ne 14 from Line 9						15		136954	00
16	Percentage from I	Nonresident	Allocation S	ectic	on on Page 2 (I	Enter to one deci	mal p	lace o	nly)			16		11.7	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	e 15	by percentage	e on Line 16)						17		16024	00
18	Income Tax from	Tax Table or	Tax Rate So	hed	ule							18		671	00
19a	Your Virginia incor	me tax withl	neld. Enclose	For	ms W-2, W-20	S, 1099, and VK-	I					19a		895	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		□ \$								VV	XXX	



#### 2022 FORM 763 Page 2

2022	FORM 763 Page 2							
Your N	ame ESH NANNUTA	Your SSN 895-10-5204						
19b	Spouse's Virginia income tax withheld. En		, and VK-1		19b			00
20	2022 Estimated Tax Payments							00
21	2021 overpayment credited to 2022 estim							00
22	Extension Payment - submitted using For							00
23	Credit for Low-Income Individuals or Virgin							00
24	Total credits from Schedule OSC.							00
25	Credits from Schedule CR, Section 5, Line							00
							005	-
26	Total payments and credits. Add Lines						895	
27	If Line 18 is larger than Line 26, enter the						00.4	00
28	If Line 26 is larger than Line 18, enter the						224	
29	Amount of overpayment on Line 28 to be CF							00
30	Virginia529 and ABLE Contributions from							00
31	Other Voluntary Contributions from Sched				31			00
32	Addition to Tax, Penalty, and Interest from See instructions.	nclose 760C or 760F and chec	k here		32			00
33	Sales and Use Tax is due on Internet, mail See instructions				33			00
34	Add Lines 29 through 33				34			00
35	If you owe tax on Line 27, add Lines 27 at Line 34 is larger than Line 28, enter the di www.tax.virginia.govCheck here if	fference. AMOUNT YOU OWE	. Enclose pa	yment or pay at	35			00
36	If Line 28 is larger than Line 34, subtract Lir				36		224	00
					00		224	
	Direct Deposit section below is not complet  T BANK DEPOSIT  Your Bank Pouting		-					
	Tour Bank Routin	na Trancit Number					`a\#aaa	
Donnes	stic Accounts Only	ig transit italiber	Your Bank Ad	ccount Number Che	cking	X S	Savings	<u> </u>
	·	0 0 4 5 3			$\top$	3 3	savings	
No Inte	·				$\top$	3 3	jinia Sources	]   
No Inte	emational Deposits 1 0 1 2	0 0 4 5 3	5 2 3	3 2 0 8 4 1	$\top$	3 3		6 00
No Inte	resident Allocation Percentage	0 0 4 5 3	5 2 3	3 2 0 8 4 1 A - All Sources	0 :	3 3	jinia Sources	
No Inte	resident Allocation Percentage Wages, salaries, tips, etc	0 0 4 5 3	5 2 3	3 2 0 8 4 1 A - All Sources	00	3 3	jinia Sources	00
No Intel  1. 2. 3.	resident Allocation Percentage Wages, salaries, tips, etc	0 0 4 5 3 1	5 2 3 1 2 3	3 2 0 8 4 1 A - All Sources	00 00	3 3	jinia Sources	00
No Intel  None  1. 2. 3. 4.	resident Allocation Percentage Wages, salaries, tips, etc. Interest income.	0 0 4 5 3	5 2 3 1 2 3 4	3 2 0 8 4 1 A - All Sources	00 00 00 00	3 3	jinia Sources	00 00 00
No Intel  Non  1. 2. 3. 4. 5.	resident Allocation Percentage Wages, salaries, tips, etc	0 0 4 5 3 1	5 2 3 1 2 3 4 5	3 2 0 8 4 1 A - All Sources	00 00 00 00 00	3 3	jinia Sources	00 00 00 00
No Intellement    1.   2.   3.   4.   5.   6.   7.	resident Allocation Percentage  Wages, salaries, tips, etc	0 0 4 5 3	5 2 3 1 2 3 4 5 6 7	A - All Sources 160034	00   00   00   00   00   00   00	3 3	jinia Sources	00 00 00 00 00
No Intellement    1.   2.   3.   4.   5.   6.   7.	resident Allocation Percentage Wages, salaries, tips, etc	0 0 4 5 3	5 2 3 1 2 3 4 5 6 7 8	A - All Sources 160034	00 00 00 00 00 00 00 00 00 00 00 00 00	3 3	jinia Sources	00 00 00 00 00 00
No Intellement    Non    1.   2.   3.   4.   5.   6.   7.   8.   9.	resident Allocation Percentage  Wages, salaries, tips, etc	0 0 4 5 3 1	5 2 3 1 2 3 4 5 6 7 8 9	A - All Sources 160034	00   00   00   00   00   00   00   00	3 3	jinia Sources	00 00 00 00 00 00
No Intellibration No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	resident Allocation Percentage  Wages, salaries, tips, etc	0 0 4 5 3 1	5 2 3 1 2 3 4 5 6 7 8 9 10	A - All Sources 160034	00   00   00   00   00   00   00   00	3 3	jinia Sources	00 00 00 00 00 00 00
No Intel  None  1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	resident Allocation Percentage  Wages, salaries, tips, etc	0 0 4 5 3 1	5 2 3 1 2 3 4 5 6 7 8 9 10 11	A - All Sources 160034	00   00   00   00   00   00   00   00	3 3	jinia Sources	00 00 00 00 00 00
No Intellection No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	resident Allocation Percentage  Wages, salaries, tips, etc	0 0 4 5 3 1	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12	A - All Sources 160034	00   00   00   00   00   00   00   00	3 3	jinia Sources	00 00 00 00 00 00 00 00 00
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No Intellement   None   1.   2.   3.   4.   5.   6.   7.   8.   9.   10.   11.   12.   13.   14.	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14	A - All Sources 160034	00   00   00   00   00   00   00   00	3 3	jinia Sources	00 00 00 00 00 00 00 00 00
No Intellibration No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1  ns	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14 12 33 13 14 14 14	3 2 0 8 4 1  A - All Sources  160034  50  -14200	00   00   00   00   00   00   00   00	3 3	17069 0	00 00 00 00 00 00 00 00 00
No Intellibration No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1  outions.  Schedule 763 ADJ, Line 1  included on Sch. 763 ADJ, Line each column total here  Line 14 B, by Line 14 A. Comp. %). Enter on Page 1, Line 16	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14 14 15	3 2 0 8 4 1  A - All Sources  160034  50  -14200	00   00   00   00   00   00   00   00	B - Virg	17069 17069 17069	00 00 00 00 00 00 00 00 00 00
No Intel  None  1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1  outions.  Schedule 763 ADJ, Line 1 included on Sch. 763 ADJ, Line each column total here Line 14 B, by Line 14 A. Comp. %). Enter on Page 1, Line 16	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 12 13 14 12 15 14 15 15 15 15 15 15 15 16 15 16 15 16 15 16 15 16 15 16 15 16 15 16 16 15 16 15 16 15 16 15 16 15 16 15 16 16 15 16 16 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 17	3 2 0 8 4 1  A - All Sources  160034  50  -14200  145884  agree to obtain my Form e best of my (our) knowledge	00   00   00   00   00   00   00   00	B - Virg	17069 17069 17069 11.7%	00 00 00 00 00 00 00 00 00 00
No Intel  None  1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1  outions.  Schedule 763 ADJ, Line 1 included on Sch. 763 ADJ, Line each column total here Line 14 B, by Line 14 A. Comp. %). Enter on Page 1, Line 16	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14 12 13 14 15 15 14 15 15 16 17 17 18 18 19 10 11 12 13 14 15 15 16 16 17 15 16 16 17 17 17 18 18 19 19 10 11 12 13 14 15 16 16 17 17 18 19 19 19 10 10 11 12 13 14 15 16 16 17 17 18 18 19	A - All Sources  160034  50  -14200  145884  agree to obtain my Form e best of my (our) knowledge imber	00   00   00   00   00   00   00   00	B - Virg	17069 17069 17069 11.7%	00 00 00 00 00 00 00 00 00 00
No Interview No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.     □ I (V Your S	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1  outions.  Schedule 763 ADJ, Line 1 included on Sch. 763 ADJ, Line each column total here Line 14 B, by Line 14 A. Comp. %). Enter on Page 1, Line 16	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14 12 13 14 15 15 14 15 15 16 17 17 18 18 19 10 11 12 13 14 15 15 16 16 17 15 16 16 17 17 17 18 18 19 19 10 11 12 13 14 15 16 16 17 17 18 19 19 19 10 10 11 12 13 14 15 16 16 17 17 18 18 19	A - All Sources  160034  50  -14200  145884  agree to obtain my Form e best of my (our) knowledge limber 832-4681	00   00   00   00   00   00   00   00	at www.tax	17069 17069 17069 11.7% C.virginia.gov.	00 00 00 00 00 00 00 00 00 00
No Intellibration No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.     I (V) Your Si Spouse	resident Allocation Percentage  Wages, salaries, tips, etc	o o d d 5 3 1  outions.  Schedule 763 ADJ, Line 1 included on Sch. 763 ADJ, Line each column total here Line 14 B, by Line 14 A. Comp. %). Enter on Page 1, Line 16	5 2 3 1 2 3 4 5 6 7 8 9 10 11 12 14 12 13 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 18	A - All Sources  160034  50  -14200  145884  agree to obtain my Form e best of my (our) knowledge imber 332 - 4681  te Number	00   00   00   00   00   00   00   00	at www.tax	17069 17069 17069 11.7% Avirginia.gov.	00 00 00 00 00 00 00 00 00 00

#### 2022 Schedule INC/CG

895105204

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



NANNUTA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					٦
895105204	M	895.	261222517	30261222517F001	17069.

 Total VA Withholding
 SSN
 VA Withholding

 You
 895105204
 895.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

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

Virgi	nia Submission Identification Number (SID)						
Your	Name	B Your Social Security Number					
RAJI	SH NANNUTA	895-10-5204					
Spot	se's Name	A Spouse's Socia	I Security Number				
			<u> </u>				
Part		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  r penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so						
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.							
	ayer's e-File PIN: check one box only						
X	I authorize the ERO named below to enter my e-File PIN 0 5 2 0 4 as my signature on my 2022 e-file	ed Virginia individual inc	come tax return.				
	Do not enter all zeros						
	GLOBAL TAXES LLC  ERO Firm Name						
Your	Signature Date						
Spou	se'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.							
	se's Signature Date		<del></del>				
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         03-08-23							