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.

Social accurity number

Submission Identification Number (SID)

Taxpayer's name

Талрау	Jocial Security number				
SREE CHARAN KUNAPAREDDY 667-64-9690					
Spouse	's name	Spouse's soc	ial secu	urity number	
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	re aut	thorizing.)	
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	123,700.	
2	Total tax		2	20,527.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	25,820.	
4	Amount you want refunded to you		4	5,293.	
5	Amount you owe		5		

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL T	AXES		to enter or generate my PIN	E
				ERO firm name		

4	9	6	9	0	
Ent don	as my				

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN
		•••	generale	,	

Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨	Date 🕨					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Prac	titioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9					

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/14/23 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury-Internal Revenue Servi		urn	202	2	OMB No. 1545	-0074	IRS Use C)nly—D	o not w	rite or staple i	n this space.
Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: SNEHA SRIRAM									U U				
Your first name and middle initial Last name You									our so	cial securit	y number		
SREE CHA	RAN		KUNA	PARED	DY					6	67-6	54-9690	C
lf joint return, sp	ouse's	first name and middle initial	Last nar	ne						S	pouse'	s social sec	urity number
										5	39-9	99-3655	5
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	P	reside	ntial Election	on Campaign
9820 MON	IMI	A CT										nere if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces bel	ow.	Stat	te	ZIP c	ode				tly, want \$3
HENRICO						VA	L	232	38		0	ow will not	Checking a change
Foreign country	name		F	oreign pr	ovince/state/c	count	у	Foreig	n postal co			or refund.	0
												You	Spouse
Digital	At an	ny time during 2022, did you: (a) rece	eive (as a	a reward	l, award, or i	paym	nent for prope	rty or	services);	or (b)	sell,		
Assets		ange, gift, or otherwise dispose of a	``		· · ·			,	,,	• • •		Yes	X No
Standard		eone can claim: You as a de					a dependent						
Deduction	_	Spouse itemizes on a separate retur	•										
				_							050		
	-	Were born before January 2, 1	958 _	Are bli	nd Spo	use:			ore Januar			Is bli	
Dependents					ocial security		(3) Relationsh	ip (4	-		· · ·		instructions):
If more	(1) Fi	rst name Last name			number		to you		Child ta	< cred	it	Credit for oth	ner dependents
than four dependents,										<u> </u>			<u> </u>
see instructions										<u> </u>			
and check													
here													
Income	1 a	Total amount from Form(s) W-2, be			,					•	1a		37,350.
	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 from Form 2441, line 26							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 instruction	,					· ·		•	1h		0.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)		•	1 i						
	Z		· · ·			•				•	1z	-	37,350.
Attach Sch. B	2a	· ·	2a				axable interes			·	2b	-	
if required.	<u>3a</u>		3a				rdinary divide			•	3b	-	
	4a		4a				axable amoun			·	4b	-	
Standard Deduction for –	5a		5a				axable amoun			·	5b		
Single or	6a		6a				axable amoun	t		·	6b		
Married filing separately,	С	If you elect to use the lump-sum e					,						
\$12,950	7	Capital gain or (loss). Attach Schee						• •			7		
 Married filing jointly or 	8	Other income from Schedule 1, lin						• •		•	8		3,650.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our total inc	ome		• •		•	9		23,700.
\$25,900	10	Adjustments to income from Schedule 1, line 26									10		
Head of household,	11	Subtract line 10 from line 9. This is			-					•	11		23,700.
\$19,400	12	Standard deduction or itemized									12		12,950.
 If you checked any box under 	13	Qualified business income deduction	ion from	Form 89	995 or Form	899	5-A				13		
Standard	14	Add lines 12 and 13									14	-	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	0 This is ye	our t	axable incom	ie.		•	15	11	0,750.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	20	,416.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	20	,416.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20	,416.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		111.
	24	Add lines 22 and 23. This is	your total tax					24	20	,527.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 2	5,820.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c	0.			
	d	Add lines 25a through 25c						25d	25	,820.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. The second	hese are your to	tal payments				33	25	,820.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5	,293.
nerana	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	5	,293.
Direct deposit?	b	Routing number 0 8 1 9 0 4 8 0 8 c Type: X Checking Savings								
See instructions.	d	Account number 2 9 1 0 1 4 6 9 0 5 4 5								
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, go	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	structions					Complete		X No	
	De: nar	signee's ne		Phone no.			sonal ident 1ber (PIN)	ification		
0:		der penalties of perjury, I declare ti	hat I have examine		d accompanying act		. ,	a tha har		
Sign		ief, they are true, correct, and com			1 2 0		,		,	0
Here	Yo	ur signature							nt you an Ide	entity
		0							IN, enter it h	ere
Joint return?					SOFTWARE :	-	`	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	ooth must sign.	Date	Spouse's occupat	tion			nt your spou ection PIN, e	
your records.								inst.)		
	Ph	one no. (765)631-5066	6	Email address	עסט ערריקעם גאווא	EECHARAN@GMAIL.	1. 1∩M			
		eparer's name	Preparer's signat		VOINTERVEDU - SK	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM						2702		mployed
Preparer		m's name GLOBAL TAX		IAM SAGAI	GOFIA IADIAN				678)965	
Use Only		m's address 245 ROONES		NSWICK N	J 08816			n's EIN		L45487
									00-21	

BAA

SCHE	DULE	1
(Form	1040)	

Additional Income and Adjustments to Income

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

vw.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 20 22

Attachment Sequence No. **01** Your social security number

Department of the Treasury	Attach
Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

SREE	CHARAN KUNAPAREDDY		667-6	4-96	90
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. Atta	ach Schedule	E.	5	-13,650.
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			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
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-SR			10	-13,650.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		5	Schedul	e 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee				nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans				. 16	
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):	_			-	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:					
 a		24a				
	Deductible expenses related to income reported on line 8l from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		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				
q	Contributions by certain chaplains to section 403(b) plans	24g				
·	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				
i	Housing deduction from Form 2555	24j				
	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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	01/14/23	PRO	Schedu	ile 1 (Form 1040) 202

SCHEDULE	2
(Form 1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074

20

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

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

Attachment Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SREE CHARAN KUNAPAREDDY 667-64-9690 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8

9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	111.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(00)	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home	4.7%			
		17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	_		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
Т	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated	47			
	corporation	17m	-		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	_		
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		111
	BAA			ule 2 (Form 1	<u>111.</u> 1040) 2022

	DULE E				Supplement	al Inc	ome a	nd Lo	SS			OMB No	. 1545-0074
(Form	1040)	(Fro	om re	ental real est	ate, royalties, partnei	rships, S	6 corpora	tions, e	states,	trusts, REMIC	Cs, etc.)	20	22
	epartment of the Treasury ternal Revenue ServiceAttach to Form 1040, 1040-SR, 1040-NR, or 1041.Go to www.irs.gov/ScheduleE for instructions and the latest information.						Attachm	nent					
				Go to www	v.irs.gov/ScheduleE	for instr	uctions a	nd the la	atest ir	nformation.			ce No. 13
.,	shown on return											al security	number
-	CHARAN KU				tel Deel Cetete e		veltice				667-6	4-9690	
Part	Note: If yo	u are	e in th	e business of	tal Real Estate a renting personal prop 1835 on page 2, line 40	erty, use	Schedu	e C. See	e instru	ctions. If you a	re an indiv	/idual, rep	ort farm
Α					hat would require yo		Form(s)	1099?	See in	structions .		. 🗌 Ye	s 🛛 No
					ed Form(s) 1099?								
1 a					(street, city, state, 2								
Α							,						
B													
C													
1b	Type of Prope	rty	2	For each re	ental real estate prop	perty lis	ted		Fa	air Rental	Person	al Use	0.11/
	(from list below	v)		above, rep	ove, report the number of fair rental and Days			Da	ys	QJV			
Α	3				se days. Check the the requirements to			Α		365		0	
В					int venture. See inst			В					
							-	С					
	of Property:			0.)/			5 1	-1	7				
	Single Family R Multi-Family Re				ation/Short-Term Re Imercial	entai	5 Lan			Self-Rental	iba)		
	Multi-Family ne	Sidei	nce	4 001	Intercial		6 Roy	ailles	0	Other (descr			
										Properti	es:		
Incom								Α		В			C
3								6	500.				
4		vea				. 4							
Expen 5						. 5							
5 6	0				· · · · · · · ·	_							
7								1.2	200.				
8	•							±,2	100.				
9													
10													
11		•						6	300.				
12	Mortgage inter	est p	baid 1	to banks, et	c. (see instructions)	12							
13	Other interest					. 13							
14	Repairs					. 14			300.				
15								3,4	150.				
16													
17								5,0	000.				
18						10							
19 20	Other (list)	- ^d	ld lin	oc 5 through		. 19		14,2					
20 21				0	and/or 4 (royalties).			14,2	.50.				
21					find out if you mus								
								-13,6	550.				
22	Deductible ren	tal re	eal e	state loss a	fter limitation, if any	/,							
							(13,6	50.)	()	()
23a	a Total of all amounts reported on line 3 for all rental properties 23a 60						600.						
b					e 4 for all royalty pro	-			23b				
С					e 12 for all propertie			• •	23c				
d					e 18 for all propertie				23d				
e					e 20 for all propertie				23e		,250.		
24 25		-			own on line 21. Do r		-				. 24	(12 650 1
25 26					21 and rental real est								13,650.)
26	6 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result												

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

26

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-13,650.

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2022

Attachment Sequence No. 71

Your social security number

667-64-9690

-	CHARAN KUNAPAREDDY	667-64-9	690
Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
		7,350.	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6 3		
4	· · · · · · · · · · · · · · · · · · ·	7,350.	
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
		5,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0		12,350.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here an		
	Part II	7	111.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
10	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0	10	
12	Subtract line 11 from line 8. If zero or less, enter -0		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter h		
Part	go to Part III		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
14	(see instructions)		
15	Enter the following amount for your filing status:		
10	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 15		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9%		
	Enter here and go to Part IV		
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1	040-PR	
	or 1040-SS filers, see instructions), and go to Part V	18	111.
Part	V Withholding Reconciliation		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
		1,992.	
20		7,350.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
		1,992.	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica withholding on Medicare wages		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount for any withholding on Form 1040, SP, or 1040, NP, line 25c, (Form 1040)		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040 1040-SS filers, see instructions)		0.
For Pa	newwork Deduction Act Nation, and your toy return instructions		Form 8959 (2022)
	REV 01	/14/23 PRO	





VA 23238



SREE	CHARAN	KUNAPAREDDY

9820 MONIMIA CT

HENRICO

				_
SSN - You KUI	A	667649690	Vendor ID 1555	XXXXX
SSN - Spouse		539993655		
Fed Adj Gross Income (FAGI)	1.	123700.	Withholding (VA) - You	19A. 7397.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	123700.	Estimated Payments	20.
Age Deduction - You	4A.		2021 Overpayment	21.
Age Deduction - Spouse	4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26. 7397.
Total VA Adj Gross Income (VAG	GI) 9.	123700.	Tax You Owe	27.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28. 1055 .
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exempti	ons) 14.	8930.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15.	114770.	Sales and Use Tax	33.
Amount of Tax	16.	6342.	Amount You Owe	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1055.
VAGI - Spouse	17A.			
Net Amount of Tax	18.	6342.	Bank Routing #	C 081904808
L			Bank Account #	291014690545

667649690





Г						
Filing Status, Age & License Inform	mation		Additiona	l Filing	Information	Г
Filing Status	3		Locality			087
Federal Head of Household			Uninsured & Authorize DMA	S		
DOB - You	05161991		Name or Filing Status Chan	ge		
VA Driver's License ID - You			Address Change			
VA Driver's License - Iss. Date - You	I		VA Return Not Filed Last Ye	ar		
Spouse Name (Filing Status 3 Only))		Dependent on Another's Re	eturn		
SNEHA SRIRAM			Farmer / Fisherman / Mercl	nant Sear	nan	
DOB - Spouse			Amended			
VA Driver's License ID - Spouse			Reason Code			
VA Driver's License - Iss. Date - Spo			Overseas on Due Date			
Exemptions (A) Ex You 1	cemptions (B) 65 & Over - You		Federal EIC & Amount			
Spouse	65 & Over - Spouse		Deceased Indicator			
Dependents	Blind - You		Form 760C or 760F			
Total (A) 1	Blind - Spouse		No Sales & Use Tax Due Ir	ndicator		Х
	Total (B)		Obtain Electronic 1099G			
0			ID Theft PIN			
	ntact Information	nature 9 to the best of			lata national Iferation	
I (We), the undersigned, declare under penalt deposit of your refund by providing bank infor					itorial jurisdiction of	
Signature - You	Date	Р	hone - You		7050	515000
Signature - Spouse			hone - Spouse		6700	
Signature - Preparer <u>SYAM PRIYA RAM</u>	SAGAR GUPTA TALLAM Date	012223 P	hone - Preparer	_		659522
The Tax Department may discuss my/ou	r return with my/our preparer.		reparer Information	7	P02	082703
File by May 1, 2023)	GLOBAL	TAXES LLC			1
Include Page 1, Page 2 al supporting 760CG docum	nd all	245 ROC E BRUNS		NJ	08816	Page 2 of 2

2022 Schedule INC/CG 667649690

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

SREE CHARAN KUNAPAREDDY



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
667649690	W	7397.	851741423	30851741423F001	137350.

Total VA Withholding	SSN	VA Withholding
You	667649690	7397.
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				
SREE CHARAN KUNAPAREDDY		•				
	667-64-96 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)		123700.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		123700.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		114770.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6342.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		7397.				
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)		1055.				
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 sche						
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 4 9 6 9 0 as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros <u>GLOBAL TAXES LLC</u> <u>ERO Firm Name</u> I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your Signature Date Date Date Date Date Date Date Dat						
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 onl PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ly if you are entering	your own e-File				
Spouse's Signature Date						
Part III Certification and Authentication – Practitioner PIN Method Only						
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6 1	989					
EXCOMPTINE: Enterly our six-digit EFIN followed by your live digit self-selected FIN. 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 Date01-22-						