

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name LALITHYA CHILLA	Social security number 051-67-9194
Spouse's name PRASHANTH KALLEPU	Spouse's social security number 829-81-1198

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	83,363.
2	Total tax	6,486.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	15,384.
4	Amount you want refunded to you	8,898.
5	Amount you owe	

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 9 1 9 4 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 ▶ Lalithya Date ▶ 01/29/2023

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 1 1 1 9 8 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.

Spouse's signature ▶ K. Prashanth Date ▶ 01/29/2023

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 by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9
Don't enter all zeros

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 Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [] Single [X] 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:

Personal information section including name, social security numbers, and home address.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] 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 [] Is blind

Table for Dependents with columns for name, social security number, relationship, and tax credits.

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and deductions.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 6,486.

Table for Payments (lines 25-33). Includes federal income tax withheld (15,384) and total payments (15,384).

Table for Refund (lines 34-36). Shows overpaid amount of 8,898 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LALITHYA CHILLA & PRASHANTH KALLEPU

Your social security number
051-67-9194

Part 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. Attach Schedule E	5	-10,774.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ 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 nonqualified 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, or 1040-NR, line 8	10	-10,774.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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		
c	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:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	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	
e	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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

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.

Name(s) shown on return

LALITHYA CHILLA & PRASHANTH KALLEPU

Your social security number

051-67-9194

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 9-6-156, PRAGATHINAGAR KARIMNAGAR TELANGANA IN 505001

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		Properties:		
		A	B	C
3 Rents received	3	645.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	2,644.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,973.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,808.		
15 Supplies	15	2,756.		
16 Taxes	16			
17 Utilities	17	2,238.		
18 Depreciation expense or depletion	18			
19 Other (list) _____	19			
20 Total expenses. Add lines 5 through 19	20	11,419.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-10,774.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,774.)		
23a Total of all amounts reported on line 3 for all rental properties	23a	645.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	11,419.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(10,774.)		
26 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	26			-10,774.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -10,774.

Schedule E (Form 1040) 2022



LALITHYA CHILLA
PRASHANTH KALLEPU
13614 LEGACY CIRCLE APT K

HERNDON VA 20171

SSN - You CHIL 051679194 Vendor ID 1555 XXXXX

SSN - Spouse KALL 829811198

Fed Adj Gross Income (FAGI) 1. 83363. Withholding (VA) - You 19A. 4676.

Additions 2. Withholding (VA) - Spouse 19B.

Subtotal 3. 83363. 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. 4676.

Total VA Adj Gross Income (VAGI) 9. 83363. Tax You Owe 27.

Itemized Deductions - VA Sch A 10. Tax Overpayment 28. 1167.

Standard Deduction 11. 16000. Overpayment Credited to Next Year 29.

Exemptions 12. 1860. VAC - Virginia 529 / ABLE 30.

Deductions 13. VAC - Other Contributions 31.

Subtotal (Deductions & Exemptions) 14. 17860. Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 65503. Sales and Use Tax 33.

Amount of Tax 16. 3509. **Amount You Owe**
Will Pay by Credit/Debit Card N
Your Refund 1167.

VAGI - Spouse 17A. Bank Routing # C 021200339

Net Amount of Tax 18. 3509. Bank Account # 381041812507





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 06161992

VA Driver's License ID - You E62467863

VA Driver's License - Iss. Date - You 11192021

Spouse Name (Filing Status 3 Only)

DOB - Spouse 08131991

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 059

Uninsured & Authorize DMAS

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents Blind - You

Total (A) 2 Blind - Spouse

Total (B)

Contact Information

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

Signature - You _____ Date

Signature - Spouse _____ Date

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

2017136362

Phone - You

Phone - Spouse 6789659522

Phone - Preparer 7 P02082703

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

Preparer Information
GLOBAL TAXES LLC

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

245 ROONEY CT
E BRUNSWICK

NJ 08816

2022 Schedule INC/CG

051679194

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



LALITHYA

CHILLA

PRASHANTH

KALLEPU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
051679194	W	4676.	264727861	30264727861F001	90217.

Total VA Withholding	SSN	VA Withholding
You	051679194	4676.
Spouse		

Total # of W-2s, 1099s & VK-1s	01
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To avoid delays - be sure to enter all information, including the Employer's FEIN.

2022 D-40B SUB Nonresident Request for Refund



220403S11555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Personal information

Your first name LALITHYA M.I. Last name CHILLA
Your Taxpayer Identification Number (TIN) 051679194 Your date of birth (MMDDYYYY) 06161992

Daytime phone number 2017136362

Current mailing address (number, street and suite/apartment number if applicable) 13614 LEGACY CIRCLE K

City HERNDON State VA Zipcode + 4 20171

Country or U.S. Commonwealth/U.S territory

Email Address LALITHYACHILLA@GMAIL.COM

Review categories A - B below and attach your withholding statements and/or DD Form 2058, Jan 2018. Indicate the state in the boxes below.

A Commuter/Domiciliary State Exemption: I declare that during the taxable year shown above I either commuted on a daily basis from my place of residence to work in the District of Columbia (DC) or I was a domiciliary or legal resident of the state listed and my only income from sources within DC was from wages and salaries, which are subject to taxation by (enter the 2 letter state abbreviation for your domiciliary or legal state of residency). I did not maintain a place of abode in DC for a total of more than 183 days. (see instructions). DC tax was erroneously withheld from salary and wages paid to me by my employer. VA

B Military spouse exemption: If your non-resident military spouse was in the armed services during 2022, and you are not a DC resident, or elected to use the same residence as your non-resident military spouse, enter the state of domicile declared on DD Form 2058. You must complete and attach a copy of DD Form 2058, JAN 2018 with the D-40B.

C List the type and location of any DC real property you own. Type of property

Address(number, street and suite/apartment number if applicable)

Address (number, street and suite/apartment number if applicable)

Refund request

Round cents to the nearest dollar. If amount is zero, leave line blank

Table with 3 columns: Line number, Description, Amount. Line 1: DC income tax withheld Attach copies of your withholding statements. 267.00. Line 2: 2022 DC estimated income tax payments. .00. Line 3: Refund request Add lines 1 and 2. 267.00.

Will the refund go to an account outside the U. S.? Yes [] No [X] See instructions

Refund Options For more information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov

Mark one refund choice [X] Direct Deposit or ReliaCard (See Instructions) or Paper Check

Direct Deposit If you want your refund deposited in your bank account, fill in type of account [X] checking savings and enter the routing number and account number below.

Routing Number 021200339 Account Number 381041812507

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person.

Designee's name Phone

Signature Under penalties of law, I declare that I have examined this request and any attached statements and, to the best of my knowledge, they are correct. SYAM PRIYA RAM SAGA

Your Signature

Date

Preparer's signature (If other than SYAM PRIYA RAM SAGA) Preparer's PTIN P02082703