## 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

Submission Identification Number (SID)			
Taxpayer's name	Social securi	ty number	
LALITHYA CHILLA	051-67	-9194	
Spouse's name	Spouse's so	cial security numb	per
PRASHANTH KALLEPU	829-81		
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	re authorizin	g.)
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 . 1	
1 Adjusted gross income			33,363.
2 Total tax		2	6,486.
<ul> <li>Federal income tax withheld from Form(s) W-2 and Form(s) 1099</li></ul>		<b>3</b> 1	5,384.
·		5	8,898.
5 Amount you owe			turn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amending knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation runbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only	sove are the am smitter, or electrejection of the telus. Treasury andicated in the tution to debit the late the authorizequests must be the processing of payment. I fur	ounts from the onic return original ransmission, (b) and its designate ax preparation seemty to this action. To revoke e received no left the electronic ther acknowled izing and, if appropries and the one of the electronic there acknowled izing and, if appropries are received to the electronic there acknowled izing and, if appropries are returned to the electronic than the electronic there acknowled izing and, if appropries are returned to the electronic than th	income tax nator (ERO) the reasor ed Financia software foi count. This e (cancel) a ater than 2 payment o ge that the
	7	9 1 9 4	:
▼ I authorize GLOBAL TAXES LLC to enter or genera     ■    ■    ■    ■    ■    ■    ■	te my PIN   └─ En	ter five digits, bu	das my t
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter all zeros	3
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.			
Your signature ► Lafithya Date ►	01/29	/2023	
Spouse's PIN: check one box only			_
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En	1 1 9 8 ter five digits, bu n't enter all zeros	t
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Spouse's signature ► K. Prashanth Date ►		9/2023	
Practitioner PIN Method Returns Only—continue belo	)W		
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 Don't en	6 6 1 9 erer all zeros	8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for PIN method Pub. 1345, Hand	bmitting this ret	urn in accordan	ce with the
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

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

|--|

OMB No. 1545-0074

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

If you checked the MIS 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:    Your first name and middle initial	Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		ifying su ıse (QSS		
If port terrum, spouse's first name and middle initial   Last name   Spouse's sould security number   Spouse's filling ignify, want \$3   Spouse's sould security number   Spouse's filling ignify, want \$3   Spouse's sould security number   Spouse   State   ZIP code   Spouse   Spouse   State   ZIP code   Spouse   Spouse   State   ZIP code   Spouse   State   Spouse   State   State   Spouse   Spouse   State   State   Spouse   State   Sta		•	-	,	our spouse. If you	ı check	ed the HOH or	QSS box, enter the		•	,	
If point return, spouse's first name and middle initial   Last name   Spouse's social security number   PRASHANTH	Your first name	and mi	ddle initial	Last nar	me				Your so	cial secu	rity number	
PRASHANTH   More address (number and street), if you have a P.O. box, see instructions.   Apt. no.   RC   Receive	LALITHYA	A		CHIL	LA				051-6	57-919	94	
Home address (number and street), if you have a P.O. box, see instructions.   Apt. no.   Toke Neer if you grow you ground you have a foreign address, also complete spaces below.   VA	If joint return, s	pouse's	first name and middle initial	Last nar	me				Spouse'	s social s	ecurity numb	
Check here if you, or your   Check here if you, or your   Foreign post office. If you have a foreign address, also complete spaces below.   State   ZIP code   YA   20171	PRASHANT	ГΗ		KALL	EPU				829-8	29-81-1198		
State   2/P code   2/Q   201.71   2/Q   2/Q   201.71   2/Q	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	tion Campaiç	
City, town, or post office. If you have a foreign address, also complete spaces below.   State	13614 LE	EGACY	Y CIRCLE					K	1	•		
Fibreign country name				mplete s	paces below.	Sta	te	ZIP code		0,	•	
Foreign country name	HERNDON					VA	A	20171			•	
Digital Assets	Foreign country	y name		F	oreign province/sta	te/count	ty	Foreign postal code				
Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)										You	Spous	
Standard Deduction	Digital Assets			`				, ,	. ,	□ Ves	- X No	
Spouse itemizes on a separate return or you were a dual-status alien			<del></del>		<u></u>			43301): (000 1113111	actions.)			
Comparison   Com	Deduction <b>Deduction</b>			•	•		•					
If more	Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse	: Was bor					
If more than four dependents, see instructions and check here	Dependent					rity		ib   · ·		•		
dependents, see instructions and check here		<b>(1)</b> Fi	rst name Last name		number		to you	Child tax o	redit	Credit for	other depender	
see instructions and check here											<u> </u>	
Income In		s ——									<u> </u>	
Income Attach Form(s) W-2 here. Also attach Forms W-2 are Also attach Sch. B are Also attach Forms W-2 are Also attach Sch. B are Also attac												
b Household employee wages not reported on Form(s) W-2.  Attach Forms W-2 here, Also attach Forms W-26 and 1099-R if tax was withheld. If you did not get a Form W-2, see, instructions.  Z Add lines 1 a through 1 h  Attach Sch. B if required.  Attach Sch. B if required.  Attach Sch. B if required.  Attach Grand and Bandard Peduction for Form Schedule 1, line 10  C C Imployer provided adoption benefits from Form 8839, line 29  Attach Sch. B if required.  Attach Sch. B if required.  Attach Grand and Bandard Peduction for Form Schedule 1, line 10  Schalard and Bandard Oughling separately. \$12,950  Married filing separately. \$13,400  Marri	here										Ш	
Hattach Form(s) W-2 here. Also W-2 here. Also W-2 and W-2 and W-2 and W-2 and W-2 and User hif tax was withheld. If you did not get a Form W-2, see instructions.  Z Add lines 1 a through 1h Attach Sch. B if required.  3a Qualified dividends 3b Agrandar Qualifying Separately, S12,950 Married filing Spoparately, S12,950 Married fi	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		94 <b>,</b> 137.	
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions  W-2, See instructions.  Attach Sch. B 2a		b		•	. ,				. 1b			
attach Forms     d     Medicaid waiver payments not reported on Form(s) W-2 (see instructions)     1d       W-2G and 1099-R if tax was withheld.     e     Taxable dependent care benefits from Form 2441, line 26     1e       If you did not get a Form     9     Wages from Form 8919, line 6     1g       W-2, see instructions.     1     Other earned income (see instructions)     1h     0.       W-2, see instructions.     1     1g     0.       W-2, see instructions.     1h     0.       W-2, see instructions.     1h     0.       Attach Sch. B if required.     2     b Taxable interest     2b       Attach Sch. B if required.     3a     Doordinary dividends     3b       B Qualified dividends     3a     b Taxable amount     4b       B HA distributions     4a     b Taxable amount     5b       B Scala security benefits     6a     b Taxable amount     6b       B Scala security benefits     6a     b Taxable amount     6b       B Other income from Schedule 1, line 10     1me 10     7       Capital gain or (loss). Attach Schedule D if required. If not required, check here     7       Capital gain or (loss). Attach Schedule D if required. If not required, check here     7       B Other income from Schedule 1, line 10     10       Surbirat line 10 from line 9. This	` '	С										
1099-R if tax was withheld.  If Employer-provided adoption benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  Nontaxable combat pay election (see instructions)  In O.  Attach Sch. B if required.  Attach Sch. B all if required.  Atta	attach Forms	d	Taxable dependent care benefits from Form 2441, line 26									
## was withheld. If you did not get a Form ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you get to use the lump-sum election method, check here (see instructions) ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you get a Form ## was with		е										
h Other earned income (see instructions)  In Nontaxable combat pay election (see instructions)  It Defluctions		f	Employer-provided adoption bene	fits from	Form 8839, line	29 .			. 1f			
W-2, see instructions.  I Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B  If required.  3a Qualified dividends  3a Qualified dividends  4a B D Taxable amount  4b B D Taxable amount  5a Pensions and annuities  6a Scial security benefits  6a C D D Taxable amount  6b D Taxable amount  6c Scial security benefits  6a C D D Taxable amount  6b D Taxable amount  6c C C Sapital gain or (loss). Attach Schedule D if required, check here (see instructions)  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here  9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  12 Standard deduction or itemized deduction from Form 8995 or Form 8995-A  13 Qualified business income deduction from Form 8995 or Form 8995-A  15 Subtract line 14 from line 11   If zero or less enter -D This is your taxable income  15 Subtract line 14 from line 11   If zero or less enter -D This is your taxable income  15 Subtract line 14 from line 11   If zero or less enter -D This is your taxable income  15 Subtract line 14 from line 11   If zero or less enter -D This is your taxable income  15 Subtract line 14 from line 11   If zero or less enter -D This is your taxable income  15 Subtract line 15 Subtract line 16 from line 11   If zero or less enter -D This is your taxable income	If you did not	g	Wages from Form 8919, line 6 .						. 1g			
Instructions.  Z Add lines 1 a through 1h  Attach Sch. B  if required.  2a	•	h	Other earned income (see instruct	ions) .					. 1h		0.	
Attach Sch. B if required.  3a Qualified dividends . 3a b Ordinary dividends . 3b  4a IRA distributions . 4a b Taxable amount . 4b  Standard Deduction for—Single or Married filing separately, \$12,950		i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					
If required.  3a Qualified dividends		<b>Z</b>	Add lines 1a through 1h						. 1z		94 <b>,</b> 137.	
Standard   Pensions and annuities   Sa   Bacterior   Social security benefits   Sa   Bacterior   Social security benefits   Sa   Bacterior   Social security benefits   Sa   Bacterior   Sacial security benefits   Sa		2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t	. 2b			
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying souse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$200 De	it required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds	. 3b			
Social security benefits . 6a b Taxable amount 6b  Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, 15 Subtract line 12 and 13		4a	_	4a		<b>b</b> T	axable amoun	t	. 4b			
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying Source, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$20,000.  Add lines 12 and 13  Add lines 12 and 13  Add lines 12 and 13  Social secturity beriefits	Standard	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	t	. 5b			
Married filing separately, 7 Subtract line 10 from line 9. This is your adjusted gross income  10 Subtract line 10 from line 9. This is your adjusted gross income  11 Standard deduction or itemized deductions (from Schedule A)  12 Standard deduction or itemized deduction from Sopher and 13 Add lines 12 and 13		6a	-					t <sub>.</sub>	. 6b	_		
Standard deduction,  Standard gain of (loss). Attach Schedule D if required, if not required, check here  7 Capital gain of (loss). Attach Schedule D if required, check here  7 Capital gain of (loss). Attach Schedule I in not required, check here  7 Capital gain of (loss). Attach Schedule I in not required, check here  7 Capital gain of (loss). Attach Schedule I in not required, check here  7 Capital gain of (loss). Attach Schedule I in not required, check here  8 Capital gain of (loss). Attach Schedule I in not required, check here  8 Capital gain of (loss). Attach Schedule I in not required, check here  8 Capital gain of (loss). Attach Schedule I in not required, check here  8 Capital gain of (loss). Attach Schedule I in not required, check here  7 Capital gain of (loss). Attach Schedule I in not required, check here  9 Capital gain of (loss). Attach Schedule I in not required, check here  9 Capital gain of (loss). Attach Schedule I in not required, check here  9 Capital gain of (loss). Attach Schedule I in not required, check here  9 Capital gain of (loss). Attach Schedule I in not required, check here  10 Capital gain of (loss). Attach Schedule I in not required, check here  11 Capital gain of (loss). Attach Schedule I in not required, check here  12 Capital gain of (loss). Attach Schedule I in not required, check here  13 Capital gain of (loss). Attach Schedule I in not required, check here  14 Capital gain of (loss). Attach Schedule I in not required. The schedule I in the schedule I in not required. Th	Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check he	re (see	instructions)					
Subtract line 10 from line 9. This is your total income   9   83,363.		7	Capital gain or (loss). Attach Sche									
Qualifying surviving spouse, \$25,900       4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       83, 363.         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       83, 363.         If you checked any box under Standard Peduction, Deduction, 12       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25, 900.         Deduction, 15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       57, 463	Married filing	8	Other income from Schedule 1, lin	e 10 .					. 8		-10 <b>,</b> 774.	
## Adjustments to income norm Schedule 1, line 20	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is your <b>total</b>	incom	e		. 9		83 <b>,</b> 363.	
household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 12  Standard deduction or itemized deductions (from Schedule A)		10	Adjustments to income from Sche	dule 1, li	ine 26				. 10			
\$19,400	Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gross inc	ome			. 11		83 <b>,</b> 363.	
13 Qualified business income deduction from Form 8995 or Form 8995-A		12	Standard deduction or itemized	deducti	ions (from Schedu	ıle A)			. 12		25 <b>,</b> 900.	
Standard         14         Add lines 12 and 13         1.         15         Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income.         15         57, 463	If you checked	13	Qualified business income deduct	ion from	Form 8995 or Fo	rm 899	5-A		. 13			
	Standard	14									25 <b>,</b> 900.	
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is	s your t	taxable incom	ie	. 15		57 <b>,</b> 463.	

Form 1040 (202:	2)							Page 2
Tax and	16	Tax (see instructions). Check if any	from Form(s): 1 8	814 <b>2</b> 4972	3 🗌		16	6,486.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	6,486.
	19	Child tax credit or credit for other	dependents from Sch	edule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If ze	ro or less, enter -0				22	6,486.
	23	Other taxes, including self-employ	, ,	*			23	0.
	24	Add lines 22 and 23. This is your	total tax				24	6,486.
<b>Payments</b>	25	Federal income tax withheld from	:					
	а	Form(s) W-2			<b>25a</b> 1	5,384.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions) .			25c			
	d	Add lines 25a through 25c					25d	15,384.
If you have a	26	2022 estimated tax payments and	I amount applied from	2021 return	.,		26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Sch	edule 8812		28			
	29	American opportunity credit from	Form 8863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15						
	32	Add lines 27, 28, 29, and 31. The	,				32	
	33	Add lines 25d, 26, and 32. These	are your total paymer	nts			33	15,384.
Refund	34	If line 33 is more than line 24, sub	tract line 24 from line 3	33. This is the amou	ınt you <b>overpaid</b>	١	34	8,898.
	35a	Amount of line 34 you want refun		388 is attached, che	ck here	$\square$	35a	8,898.
Direct deposit?	b	Routing number 0 2 1 2		c Type:	Checking [	Savings		
See instructions.	d	Account number 3 8 1 0	4   1   8   1   2   5	0 7	$\bot$			
	36	Amount of line 34 you want applied	ed to your 2023 estim	ated tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to v					37	
	38	Estimated tax penalty (see instruc	tions)		38			
Third Party Designee		you want to allow another pers				Complete b	pelow.	X No
		signee's	Pho	ne		rsonal identi	fication	
		me	no.			mber (PIN)		
Sign		der penalties of perjury, I declare that I hief, they are true, correct, and complete.						
Here		ur signature	Date	Your occupation				nt vou an Identity
	10	ar signature	Date	Tour occupation				N, enter it here
Joint return?				SOFTWARE	ENGINEER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> n	nust sign. Date	Spouse's occupa	tion			t your spouse an
your records.				HOME MAKE	D	(see	, ,	ection PIN, enter it here
		one no. (201) 713-6362	Email addre		r ILLA@GMAIL.(			
		(===/:=================================	arer's signature	- LALITIACH.	Date	PTIN	1	Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYA	•	ת בווסיים יימודאי <i>א</i>			2702	Self-employed
Preparer		m's name GLOBAL TAXES		I GULTA TALLAN	1   01/20/2023			678) 965-9522
Use Only			LLC [ E BRUNSWICK	N.T 08816			's EIN	88-2145487
Co to warm for	1 II	a1040 for instructions and the latest infe	. L DIVOINDIVICIO	1,0 00010			O LIIN	50-2143407

#### **SCHEDULE 1** (Form 1040)

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

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial s	ecurity number
LALI	THYA CHILLA & PRASHANTH KALLEPU		051-6	67-91	94
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	Ε.	5	-10,774.
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		_	
İ	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
	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		-	
	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) Scholarship and fellowship grants not reported on Form W-2	8q 8r		-	
r		or		-	
	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			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		87			

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,774.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	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			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
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:	_		
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	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	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			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

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

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

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s	s) shown on return					,	our socia	I security	number
LALI	ITHYA CHILLA & PRASHANTH KALLEPU						051-67	-9194	
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line	operty, use		e C. See	instruc	ctions. If you are	e an indivi	dual, rep	ort farm
Α [	Did you make any payments in 2022 that would require	you to file	Form(s)	1099? 5	See ins	tructions		Ye	s 🛚 No
ВІ	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state								
				-0500	1				
_ <u>A</u>	9-6-156, PRAGATHINAGAR KARIMNAGAR T	ELANGAI	NA IN :	50500	1				
B									
C	T (D ) 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1b	Type of Property (from list below) 2 For each rental real estate prabove, report the number of	operty lis	ted		Fa	ir Rental	Persona		QJV
						Days	Day	,	
_ <u>A</u>	jersonal use days. Check the if you meet the requirements			_ A		365		0	
B	qualified joint venture. See in			В					
C	- / Duran autor			С					
	of Property:	Danatal	5 l		7	Oalf Dantal			
	Single Family Residence 3 Vacation/Short-Term	Rentai	5 Land			Self-Rental	\		
2	Multi-Family Residence 4 Commercial		6 Roya	aities	8	Other (describ	oe)		
						Propertie	s:		
Incon	ne:			Α		В			С
3	Rents received	. 3		6	45.				
4	Royalties received	. 4							
Exper	nses:								
5	Advertising	. 5							
6	Auto and travel (see instructions)	. 6							
7	Cleaning and maintenance	. 7		2,6	44.				
8	Commissions	. 8							
9	Insurance	. 9							
10	Legal and other professional fees	. 10							
11	Management fees	. 11		1,9	73.				
12	Mortgage interest paid to banks, etc. (see instructions	s) <b>12</b>							
13	Other interest	. 13							
14	Repairs	. 14		1,8	08.				
15	Supplies	. 15		2,7	56.				
16	Taxes	. 16							
17	Utilities	. 17		2,2	38.				
18	Depreciation expense or depletion	. 18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	. 20		11,4	19.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties)								
	result is a (loss), see instructions to find out if you m	<b>I</b>							
	file <b>Form 6198</b>	-		-10 <b>,</b> 7	74.				
22	Deductible rental real estate loss after limitation, if a								
	on Form 8582 (see instructions)		(	10,77	- 1		)(		)
<b>23</b> a	Total of all amounts reported on line 3 for all rental pr	•			23a		645.		
b	Total of all amounts reported on line 4 for all royalty p	-			23b				
C	Total of all amounts reported on line 12 for all proper				23c				
d	Total of all amounts reported on line 18 for all proper				23d		11.5		
е	Total of all amounts reported on line 20 for all proper				23e	11,	419.		
24	Income. Add positive amounts shown on line 21. Do		•				24		
25	Losses. Add royalty losses from line 21 and rental real e								10,774.
26	Total rental real estate and royalty income or (los								
	here. If Parts II, III, IV, and line 40 on page 2 do r								10 554
	Schedule 1 (Form 1040), line 5. Otherwise, include the	is amoun	ı ın the to	ιαι on II	ne 4 I	on page 2 .	26	-	-10,774.

# 2022 VA760CG Individual Income Tax Return Page 1





LALITHYA CHILLA PRASHANTH KALLEPU 13614 LEGACY CIRCLE APT K

TIEDNIDONI	7.77	20171
HERNDON	VA	$\angle \cup \perp / \perp$

SSN - You	CHIL		051679194	Vendor ID	1555		XXXXX	
SSN - Spouse	KALL		829811198					
Fed Adj Gross Income (FA	AGI) 1		83363.	Withholding (VA) - Yo	ou	19A.	4	676.
Additions	2			Withholding (VA) - Sp	pouse	19B.		
Subtotal	3		83363.	Estimated Payments		20.		
Age Deduction - You	4,	١.		2021 Overpayment		21.		
Age Deduction - Spouse	46	3.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	1 5			Credit - Low-Income	or EIC	23.		
State Income Tax Overpa	yment 6			Credit - Schedule OS	С	24.		
Subtractions	7			Credits - Schedule CF	R	25.		
Subtotal Subtractions	3			Total Payments / Cre	edits	26.	4	676.
Total VA Adj Gross Incom	e (VAGI)		83363.	Tax You Owe		27.		
Itemized Deductions - VA	Sch A	0.		Tax Overpayment		28.	1	167.
Standard Deduction	1	1.	16000.	Overpayment Credite	ed to Next Year	29.		
Exemptions	1	2.	1860.	VAC - Virginia 529 / A	ABLE	30.		
Deductions	1	3.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & E.	xemptions) 1	4.	17860.	Addition to Tax, Pena	alty & Interest	32.		
VA Taxable Income	1	5.	65503.	Sales and Use Tax		33.		
Amount of Tax	1	6.	3509.	Amount You Owe	10-d N			
Spouse Tax Adjustment (S	STA) 1	7.		Will Pay by Credit/Debit Your Refund	t Card N	1	1	167.
VAGI - Spouse	17	Α.		Pank Pouting #		<b></b> C	0212	:00339
Net Amount of Tax	1	8.	3509.	Bank Assourt #			1812507	
	L			Bank Account #		30104	1012307	

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_

Page 1 of 2





Г

Filing Status, Age	& License	Information			Additional Filing Information	
Filing Status			2		Locality	059
Federal Head of H	lousehold				Uninsured & Authorize DMAS	
DOB - You		061	61992		Name or Filing Status Change	
VA Driver's Licens	se ID - You	E624	67863		Address Change	
VA Driver's Licens	se - Iss. Da	te - You 111	92021		VA Return Not Filed Last Year	
Spouse Name (Fi	ling Status	3 Only)			Dependent on Another's Return	
DOD 0		0.0.1	21.001		Farmer / Fisherman / Merchant Seaman	
DOB - Spouse	ID 0		31991		Amended	
VA Driver's Licens	•				Reason Code	
VA Driver's Licens	se - Iss. Da	·			Overseas on Due Date	
Exemptions (A) You	1	Exemptions (B) 65 & Over - You			Federal EIC & Amount	
Spouse	1	65 & Over - Spouse			Deceased Indicator	
Dependents		Blind - You			Form 760C or 760F	
Total (A)	2	Blind - Spouse			No Sales & Use Tax Due Indicator	X
		Total (B)			Obtain Electronic 1099G	
		Contact Information			ID Theft PIN	
I (We), the undersigned	. declare und		xamined this return &	to the best of n	ny (our) knowledge, it is a true, correct & complete return. If you are rec	uestina direct
					rovided is for a domestic account within the territorial jurisdiction of the	United States.
Signature - You			Date	Pl	201713 none - You	00302

File by May 1, 2023

Include Page 1, Page 2 and all supporting 760CG documents.

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

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

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

Phone - Spouse

Phone - Preparer

Preparer Information

Date

012823

NJ 08816

7

Page 2 of 2

6789659522

P02082703

Signature - Spouse \_

#### 2022 Schedule INC/CG

051679194

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



CHILLA

PRASHANTH

KALLEPU



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					$\neg$
051679194	M	4676.	264727861	30264727861F001	90217.

Total VA Withholding SSN VA Withholding

You 051679194 4676.

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	Virginia Submission Identification Number (SID)							
Your	Name	B Your Social Sec	urity Number					
LALI	THYA CHILLA	051-67-91	94					
	se's Name	A Spouse's Socia						
PRAS	SHANTH KALLEPU	829-81-11	98					
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)		83363.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		83363.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		65503.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3509.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4676.					
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)		1167.					
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.								
Taxpayer's e-File PIN: check one box only								
X								
	Do not enter all zeros							
	GLOBAL TAXES LLC							
	ERO Firm Name  I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
Your	Your Signature Date							
Spou	se's e-File PIN: check one box only							
X	·							
	GLOBAL TAXES LLC							
l –	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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-rile					
	se's Signature Date							
Part	III Certification and Authentication – Practitioner PIN Method Only							
ERO'	s EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6	1 9 8 9						
indica Hand a sigr	bo not enter all a fy that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income to ted above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN me book for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubbe lature pen, or computer software program.  S Signature Date Date	tax return for the taxpay thod and Virginia's publ er stamp, mechanical de	ication					
	•							

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE

D-40B SUB Nonresident Request for Refund

Personal information

Your first name M.I. Last name LALITHYA CHILLA

Your Taxpayer Identification Number (TIN) Your date of birth (MMDDYYYY) 051679194 06161992

Daytime phone number 2017136362

Current mailing address (number, street and suite/apartment number if applicable)

13614 LEGACY CIRCLE K

Citv State Zipcode + 4 20171 **HERNDON** VA

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 didnot 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	
DC income tax withheld Attach	copies of your withholding statements.		1	267.00
2 2022 DC estimated income tax payments			2	.00
Refund request Add lines 1 and 2.			3	267.00
Will the refund go to an account outside	the U. S.? Yes X No See instruction	ns		
Refund Options For more information	on on the tax refund card and program limita	tions, see instructions or visi	t our website MyT	ax.DC.gov
Mark one refund choice X Direct	t Deposit or ReliaCard (See Instruc	ctions) or Paper Ched	ck	
Direct Deposit If you want your refun	d deposited in your bank account, fill in type	of account X checking	savings and en	ter the routing
number and account number below.				
Routing Number 02120033	9 Acco	ount Number 38104	1812507	
Fill in ifyou agree to receive yo	ur 1099-G Income Tax refund statemen	t electronically (see instru	ctions).	
Third party designee To authorize anoth	er person to discuss this return with OTR, fil	in here and enter the n	ame and phone no	umber of that person
Designee's name			ne	
Signature Under penalties of law, I decla	re that I have examined this request and any att		oest of my knowled; PRIYA RAN	
YourSignature	Date	Preparer's	signature (If other	than
		Prenarer's Pi	IN P020827	7

Rev 10/2022 REV 01/21/23 PRO