VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2022

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

| Virgi | nia Submission Ider | ntificatio | n Num | ber (SID |) | | | | | | | | | | | | | | | |
|---------|---|------------|----------|-----------------|------------------|-------------|----------|---------|---------|----------|----------|---------|----------|---------|---------|-------------------------------|--------------|-------------|----------------|-------------|
| | | | | | | | | | | | | | | | | | | | | |
| First N | ame & Middle Initial (| if joint o | r combir | ned returi | n, enter | both) | Last | Name |) | | | | | | | B Your Social Security Number | | | | |
| SAI | BINDU | | | | | | YAI | LAMA | ARTH | ΙΙ | | | | | | 811-09-2758 | | | | |
| | nt Home Address | | | | | | 1 | | | | | | | | | | | | ırity Number | |
| 308 | W NORTH TEM | IPLE | ST A | PT # | 355 | | | | | | | | | | | | | | | |
| | State and Zip Code | | | • | | | | | | | | | | | | | Onli | ine Filed | Return | |
| | I LAKE CITY | • | UT | 841 | 03 | | | | | | | | | | | | | <u> </u> | D.V. | 16 |
| Part | | | | 7000 | | 4 700 | D) (1 : | | | | <u> </u> | 7.0 | | 4) | | Α : | Spouse | | B Yourse | |
| 1. | Federal Adjusted G | | • | | | | | | | | | | | , | | | | | 72,1 | 183. |
| 2. | Virginia Adjusted G | | • | | | | | | | | | | 3, Line | 9) | | | | | 33,4 | 129. |
| 3. | Taxable Income (Fo | orm 760 | CG, Line | e 15; 760 | PY, Line | e 16, co | lumns | A & B | ; Forn | n 763, | Line | 17) | | | | | | | 29,2 | 264. |
| 4. | Virginia Income Tax | (Form | 760CG, | Line 18; | 760PY, | Line 17 | , colun | nns A | & B; F | Form 7 | 763 L | ine 18) |) | | | | | | 1,4 | 425. |
| 5. | Withholding (Form 7 | 760CG, | Line 19a | a &19b; 7 | 60PY, L | ines 19 | a & 19 | b; For | rm 76 | 3, Line | s 19 | a & 19 | b) | | | | | | | 684. |
| 6. | Amount you Owe (F | orm 76 | OCG. Lir | ne 35: Fo | rm 760F | PY. Line | 35: Fo | orm 76 | 63. Lir | ne 35) | | | | | | | | | | |
| 7. | Refund (Form 760C | | | | | | | | , | , | | | | | ŀ | | | | |) F () |
| Part | • | | | - 1, 21110 | 00, 1 011 | 111 7 00, 1 | | ٥, | | | | | | | | | | | | 259. |
| 8a. | | • | • | irectly de | nosited | as desi | anated | l on m | v 202 | 2 Virai | inia ii | ncome | tax ret | urn If | I have | filed a i | oint retur | n this is | an irrevocab | le. |
| oa. | appointment | | | | | | | | | | | | | | | | | | | |
| | the territorial j | | | | | | | | | | | | | | | • | | | | |
| 8b. | ☐ I do not want | direct d | eposit o | f my refu | nd or I a | am not r | eceivir | ng a re | efund. | . I cho | ose t | o have | a che | ck mail | led to | me. | | | | |
| 8c. | ☐ I authorize the | | | | | | | | | | | | | | | | | | | |
| | the financial in estimated tax | | | | | | | | | | | | | | | | | | | |
| | necessary to | | | | | | | | | | | | | | | | | | | |
| | outside of the | | | | | | | | | | | | | | | | , | | | |
| | I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that | | | | | | | | | | | | | | | | | | | |
| | nounts described in F | | | | | | | | | | | | | | | | | | | |
| | edge and belief, my roothe Internal Revenu | | | | | | | | | | | | | | | | | | | |
| | nitter as validation of | | | | | | | | | | | | | | | | | | | <i>y</i> 01 |
| | ture pen, or computer | | | | Ū | | | | . , | | | | | Ū | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | Your Signa | | | | | Date | | | | | | ure (If | Filing S | atus 2 | or 4, B | OTH mus | t sign) | | Date | |
| Part | | | | | | | | | | | | | | | | | | | | |
| | are that I have review | | | | | | | | | | | | | | | | | | | |
| | yer's signature on For forms and information | | | | | | | | | | | | | | | | | | | сору |
| | dual Income Tax Retu | | | | | | | | | | | | | | | | | | | are |
| that I | have examined the al | bove tax | payer's | return ar | nd accor | npanyin | ig sche | edules | and s | statem | ents, | and to | the be | st of m | ny kno | wledge a | and belief | f, they are | e true, correc | ct, |
| | omplete. Declaration | | | | | | | | | has an | ıy kn | owledg | e. ER | Os and | paid | preparer | can sign | the form | using a rub | ber |
| stamp | , mechanical device, | such as | a signa | ature pen | , or com | iputer s | onware | e prog | | 02-1 | 2-2 | ' 3 | | | | | | | | |
| ERO' | s Signature | | | | | | | | | Date | | | | | | | SSN/PT | IN | | |
| | BAL TAXES LL | | | | | | | | | | | | Б. | | ٥٦ | | | | 10 🗀 🗸 🛭 | ٦., |
| | name (or yours if se ROONEY CT | it-empio | yea) | E BRU | INSWT | CK | N | J 08 | 8816 | 6 | | | Paid | Prepa | |]Y □ 88214 | | eit-empic | yed?□Y[| N |
| | ess, City, State and Zi | р | | <u> DICC</u> | J110111 | . 010 | 11 | 0 00 | 001 | <u> </u> | | | - | | | 00215 | EIN | | | |
| | | • | | | | | | | | 02-1 | 2- | 23_ | | | | P0208 | | | | |
| | Paid Preparer's Signature Date SSN/PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM | | | | | | | | | | | | | | | | | | | |
| | name (or yours if se | | | . IA 1 <i>1</i> | THU | .1 | | | | | | | Self | -emplo | yed? | □Y□ |]N | | | |
| | ` • | | . , | | | . ~ | _ | - ^ - | 001 | _ | | | | | | | | | | |
| | ROONEY CT ess, City, State and Zi | n | | E BRU | JNSWI | .CK | N | J 08 | 8816 | 6 | | | - | | | 84317 | /1965 EIN | | | |
| | .55, Oity, Glate and Zi | ۲ | | | | | | | | | | | | | | | LIIN | | | |
| 1555 | | | | | | | | REV (| 02/09/2 | 3 PRO | | | | | | | | | | |

Form 760PY

2022 Virginia Part-Year Resident Income Tax Return



Page 1

Due May 1, 2023

| | See instructions before completing line items. Enclose a complete copy of your federal tax return and all other required Virginia enclosures. | | | | | | | | | | Dates of VA Residence (mm-dd-yyyy) | | |
|---|--|------------------|---------|--------------|------------|-------------|---------------------------------------|-----------------|---------------------------------|----------|---------------------------------------|--|-------|
| YOUR First Name | MI | Your Last Name | | Check if dec | | Suffix | | cial Security I | | | ou - From | You - T | |
| SAI BINDU | | YALAMART | ΗТ | | | | 811-09 | 9-2758 | | 01- | 01-202 | 2 06-30-: ' | 2022 |
| SPOUSE'S First Name (filing status 2 or 4) | MI | Spouse's Last Na | | Check if dea | ceased | Suffix | | s Social Secu | | Sp | ouse - From | Spouse - | - To |
| | | | | | | | 055-83 | 1-9122 | | | | I | |
| Present Home Address (Number and Street, o | Rural F | Route) | | | | | | | | er's Lic | ense Informa | tion | |
| 308 W NORTH TEMPLE ST | AP' | Т 355 | | | | | | | | Cus | stomer ID | | |
| City, Town or Post Office | | | | | | | | You | | | | | - |
| SALT LAKE CITY | | | | | | | | Spouse | Is | sue Dat | e (mm-dd-yyy | y) | _ |
| State | | ZIP Code | | | | Locality (| Code | You | | | | | _ |
| UT | | 84103 | | | | 191 | | Spouse | | | | | |
| Check Amended Re | | | | Qua | lifying Fa | rmer, Fish | erman or M | lerchant Se | arriarr | | | curity for You axable income | I |
| Applicable Dependent of | | | | Earned | Income | Credit Clai | med on fed | leral return | | ederal | | axable incom | CON |
| Boxes Overseas on | | | | \$ | | | 00 | | \$ | | | .00 | |
| // I/we authorize the sharing of certain | inform | ation from Form | 760P | Y and So | chedule F | CI (as des | cribed in th | ne instructio | ns) with the D | epartm | ent of Medic | al | |
| Assistance Services (DMAS) and the | | | | | | | entifying pe | ersons who | would like to | newly e | nroll in medi | cal assistance | |
| Filing Status Enter Filing Sta | | | | | | | Exem | otions En | ter the numb | | exemptions | being claim | ned. |
| 1 = Single (Column A) - 2 = Married, Filing Joint | | | useho | old? YE | s 🗀 | | | A - You | Spo | | Dependents | 65 or Over | Blind |
| 3 = Married, Filing Sepa | | | n A) | | | | Enter the | numbers for | both You Status 2 | 1 | | | |
| 4 = Married, Filing Sepa | | | | , | | , | · | 3 - Spous | | | | | = |
| If Filing Status 3, enter spouse's sbox at top of form and, enter Spo | | | | | | • | l | ng Status 4 C | | | | | |
| DATE OF BIRTH | | | | | | | | | Snoves | | | Verr | |
| Your Birth Date (| | | 0 | 4 - | 3 0 | 1 9 | 9 4 | | Spouse ling Status 4 ONLY | | | You ude Spouse if ling Status 2 | f |
| Spouse's Birth Date (mm-dd-yyyy) ONLY Filing Status 2 | | | | | | | | | | | | | |
| Complete the Schedule of | | | | | - | | | | | | | | |
| 1 FEDERAL ADJUSTED (Line 7, Column 1 | | | | | | | · · · · · · · · · · · · · · · · · · · | | | 00 | | 72183 | 3 00 |
| 2 Additions from Schedule 7 | 60PY | ADJ, Line 3 | | | | | . 2 | | | 00 | | | 00 |
| 3 Add Lines 1 and 2 | | | | | | | | | | 00 | | 72183 | 3 00 |
| 4 Qualifying Age Deduction Worksheet in instructions. | Ente | r Birth Dates | above | e. Com | plete Ag | e Deduc | tion 4a | | | | | | 00 |
| B when using Filing Statu | s 4 C | NLY. Otherwis | se, cla | aim You | ur Age [| eduction | on | | | Τ | | | |
| Line 4a, Column A and Sp | | • | | | | | | | | 00 | | | 00 |
| 5 Social Security Act and reported as taxable incom | e on | federal return | and a | attributa | ble to y | our perio | d of | | | 00 | | | 00 |
| residence in Virginia 6 State income tax refund | | | | | | | · | | | + | | | +** |
| federal return and receive you reported adjusted gro | d while | e a Virginia re | sident | t. Claim | in the s | ame coli | ımn | | | 00 | | | 00 |
| 7 Income attributable to you Income, Part 1, Line 9, Co | perio | d of residence | outsi | ide Virgi | inia from | Schedul | e of _ | | | 00 | | 38754 | 4 00 |
| 8 Subtractions from Schedu | | | | | | | | | | 00 | | | 00 |
| 9 Add Lines 4a, 4b, 5, 6, 7, | and 8 | 3 | | | | | . 9 | | | 00 | | 38754 | 4 00 |
| 10 Virginia Adjusted Gross | Incon | ne (VAGI). Su | btrac | t Line 9 | from L | ine 3 | . 10 | | | 00 | | 33429 | 9 00 |
| 11 Itemized Deductions from See Instructions | Virgir | nia Schedule A | paid | d while | a Virgiı | nia resido | ent. ₁₁ | | | 00 | | | 00 |
| 12 If you do not claim itemiz from Standard Deductions | ed de | ductions on L | ine 1 | 1, enter | standa | rd deduc | tion 12 | | | 00 | | 3704 | 4 00 |
| Va. Dept. of Taxation For Local Us 2601039 Rev. 07/22 | | ITD | 1 | ф | | | | | | | V | XXXX | |

2022 Form 760PY Page 2

Your Name
SAI BINDU YALAMARTHI
811-09-2758



| | | | Filing Status 4 | ONLY | Α | Filing Status | s 2 |
|---------|--|------------------------------|-------------------------|--------|------------|--------------------|-------|
| 13 | Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions | 13 | | 00 | | 46 | 1 00 |
| 14 | Deductions from Schedule 760PY ADJ, Line 9. | 14 | | 00 | | | 00 |
| 15 | Add Lines 11, 12, 13 and 14. | 15 | | 00 | | 416 | 5 00 |
| 16 | Virginia Taxable Income. Subtract Line 15 from Line 10 | 16 | | 00 | | 2926 | 4 00 |
| 17 | Tax amount from Tax Table or Tax Rate Schedule. | 17 | | 00 | | 142 | 5 00 |
| 18 | Total Tax. Add Line 17, Column A and Line 17, Column B | | | . 18 | | 142 | 5 00 |
| 19a | Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, | 1099 and VK-1 | l | . 19a | | 168 | 4 00 |
| 19b | Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2 | 19b | | | 00 | | |
| 20 | Combined 2022 Estimated Tax Payments | | | 20 | | | 00 |
| 21 | 2021 overpayment credited to 2022 estimated taxes | | | . 21 | | | 00 |
| 22 | Extension Payment - Enter amount paid on Form 760IP | | | . 22 | | | 00 |
| 23 | Tax Credit for Low-Income Individuals or Virginia Earned Income Credit fr | om Schedule | 760PY ADJ, Line 17 | 23 | | | 00 |
| 24 | Total credit for taxes paid to another state from Schedule OSC | | | . 24 | | | 00 |
| 25 | Credits from Schedule CR, Section 5, Line 1A. | | | 25 | | | 00 |
| 26 | Total payments and credits. Add Lines 19a through 25. | | | . 26 | | 168 | 4 00 |
| 27 | If Line 18 is larger than Line 26, enter the difference. This is the INCOME | TAX YOU OV | VE | 27 | | | 00 |
| 28 | If Line 26 is larger than Line 18, enter the difference. This is the OVERPA | 28 | | 25 | 9 00 | | |
| 29 | Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED | 29 | | | 00 | | |
| 30 | Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line | 30 | | | 00 | | |
| 31 | Other Voluntary Contributions from Schedule VAC, Section II, Line 14 | | | . 31 | | | 00 |
| 32 | Addition to Tax, Penalty and Interest from enclosed Schedule 760PY AD See instructionsEnclose 760C or 760F and check | J, Line 21. here | | 32 | | | 00 |
| 33 | Sales and Use Tax is due on Internet, mail order, and out-of-state purchase See instructionsCheck here if no sales and use tax | es (Consumer's | s Use Tax). | | | | 00 |
| 34 | Add Lines 29 through 33 | | | . 34 | | | 00 |
| 35 | If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an ove Line 28, enter the difference. Enclose payment or pay at www.tax.virgin | | | . 35 | | | |
| | Check here if paying by credit or debit card - See instructions | | L | | | | 00 |
| 36 | If Line 28 is larger than Line 34, subtract Line 34 from Line 28 If the Direct Deposit section below is not completed, your refund will be issued I | | YOUR REFUND | 36 | | 25 | 9 00 |
| DIREC | T DANK DEDOCIT | Your Bank Acc | count Number Che | cking | X S | avings | П |
| | tic Accounts Only. rmational Deposits. 0 2 1 0 0 0 3 2 2 4 | 8 3 0 | 6 9 0 3 1 | 6 1 | | | |
| □ 1 (V | Ve) authorize the Department of Taxation to discuss this return with my (our) prep | | I agree to obtain my Fo | | | ⊥ /.tax.virgini | a.gov |
| I (We |), the undersigned, declare under penalty of law that I (we) have examined omplete return. | | • | | | • | • |
| Your Si | gnature | Your Phone Num | | Date | | | |
| Spouse | e's Signature (If a joint return, both must sign) | (956) 70 Spouse's Phone I | | Date | | | |
| | | B | | | | | |
| | er's Name 4 PRIYA RAM SAGAR GUPTA TALLAM | Preparer's Phone (678) 96 | Date 02-12 | 2-2023 | | | |
| | Name (or Yours if Self-Employed) GLOBAL TAXES LLC | Preparer's PTIN | Vendor Code | | ction Code | ID Theft PIN | |
| | ROONEY CT E BRUNSWICK NJ 08816 | P0208270 | 3 1555 | 7 | | | |

2022 VIRGINIA SCHEDULE OF INCOME Form 760PY



| Your N | ame | | Your SSN | Your SSN | | | | |
|--------|-------|------------|-------------|----------|--|--|--|--|
| SAI | BINDU | YALAMARTHI | 811-09-2758 | | | | | |



PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

| | SECTION A | You (Include Spouse if Filing Status 2) | | | | | | | | | |
|----|---|---|-----------------------------|-----|-----------------------------|-----|------------------------------------|-----|--|--|--|
| | SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A— | | Column A1 Federal Return | | Column A2 While VA Resid | | Column A3 While NOT VA Resident | | | | |
| 1. | Wages, salaries, tips, etc | 1 | 72183 | .00 | 33429 | .00 | 38754 | .00 | | | |
| 2. | Interest and dividends | 2 | | .00 | | .00 | | .00 | | | |
| 3. | Pension and other income | 3 | | .00 | | .00 | | .00 | | | |
| 4. | Gross income (add Lines 1, 2 and 3) | 4 | 72183 | .00 | 33429 | .00 | 38754 | .00 | | | |
| 5. | Adjustments to income: moving expenses | 5 | | .00 | | .00 | | .00 | | | |
| 6. | Other income adjustments (enclose explanation) | 6 | | .00 | | .00 | | .00 | | | |
| 7. | Federal adjusted gross income (Line 4 less Lines 5 and 6)* | 7 | 72183 | .00 | 33429 | .00 | 38754 | .00 | | | |
| 8. | Net fixed date conformity modifications | 8 | | .00 | | .00 | | .00 | | | |
| 9. | Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8) | 9 | 72183 | .00 | 33429 | .00 | 38754 | .00 | | | |

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

| | SECTION B | | Enter Spouse's Income When Filing Status 4 Is Claimed | | | | | | | | |
|----|--|---|---|-------------------------------|---------------------------------------|--|--------|--|--|--|--|
| _ | SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status 4 | _ | Column B1 Federal Return | Column B2 While VA Residen | Column B2 While VA Resident | | sident | | | | |
| 1. | Wages, salaries, tips, etc | 1 | .00 | | .00 | | .00 | | | | |
| 2. | Interest and dividends | 2 | .00 | | .00 | | .00 | | | | |
| 3. | Pension and other income | 3 | .00. | | .00 | | .00 | | | | |
| 4. | Gross income (add Lines 1, 2 and 3) | 4 | .00 | | .00 | | .00 | | | | |
| 5. | Adjustments to income: moving expenses | 5 | .00 | | .00 | | .00 | | | | |
| 6. | Other income adjustments (enclose explanation) | 6 | .00 | | .00 | | .00 | | | | |
| 7. | Federal Adjusted gross income (Line 4 less Lines 5 and 6)** | 7 | .00 | | .00 | | .00 | | | | |
| 8. | Net fixed date conformity modifications | 8 | .00 | | .00 | | .00 | | | | |
| 9. | Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8) | 9 | .00 | | .00 | | .00 | | | | |

^{**}Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B. Submit completed Schedule of Income with Form 760PY to avoid delays.

2601301 Rev 07/22

2022 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2





PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

| | | | Column B Spouse | Column A You |
|-----|--|----|--------------------|-----------------|
| 1. | Your exemption | 1 | | 1 |
| 2. | Dependents | 2 | | 0 |
| 3. | Add Lines 1 and 2 | 3 | | 1 |
| 4. | Multiply Line 3 by \$930 | 4 | | 930 |
| 5. | 65 or over | 5 | | |
| 6. | Blind | 6 | | |
| 7. | Add Lines 5 and 6 | 7 | | |
| 8. | Multiply Line 7 by \$800 | 8 | | |
| 9. | Add Lines 4 and 8 | 9 | | 930 |
| 10. | Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions | 10 | | 0.406 |
| 11. | Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13 | 11 | | 0.496 |

PART 3

Moving Information

| 1a. | If YOU moved into Virginia in 2022, prior state of residence | |
|-----|---|----------|
| | If YOU moved out of Virginia in 2022, state moved to | |
| | If SPOUSE moved into Virginia in 2022, prior state of residence | <u> </u> |
| | | |
| 2b. | If SPOUSE moved out of Virginia in 2022, state moved to | |

1555 REV 02/09/23 PRO

2022 Schedule INC/CG

811092758

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

SAI BINDU

YALAMARTHI



| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|-----------------------------|
| Γ | | | | | コ |
| 811092758 | W | 1684. | 061454513 | 30061454513F001 | 33429. |

Total VA Withholding

You

811092758

1684.

Spouse

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

01