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

- Internal nev	situe Service				
Submiss	on Identification Number (SID)				
Taxpayer's	name	Social securit	y numbe	er	
YASWA	NTH YARRAM	337-63-	- -5664		
Spouse's n		Spouse's soc			r
Part I	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re autl	norizing	.)
	ole dollars only on lines 1 through 5.				
	rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		اما	0.0	
	djusted gross income		1		,605.
	otal tax		2		,506.
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3		734.
	mount you want refunded to you		5	2	2,228.
Part II	mount you owe	· · · ·		our retu	ırn)
	nalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send m for any de Agent to in payment of authorizat payment, business of taxes to r personal in	ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmity return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectlay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Unitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiffer my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution on is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requitacys prior to the payment (settlement) date. I also authorize the financial institutions involved in the eceive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are the income tax return (original or amended) I are the payment of the income tax return (original or amended) I are the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I are the payment of the paymen	ection of the trans. Treasury a cated in the taken to debit the athorizates must be processing of ayment. I further to the transcript of transcript of the transcript of the transcript of the transcript of the transcript of transcript of transcript of the transcript of transcript of the transcript of transcrip	ansmiss and its do ax prepa entry to ation. To e receive the ele ther ack	sion, (b) the esignated a ration so this according to the edino late of the edino la	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	Funds Withdrawal Consent. r's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate in	my DINI 3	5 6	6 4	as my
	ERO firm name	En		ligits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n t enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methol below.				
Your sign	nature ► <u>G.Cfaswanth</u> Date ► 0	2/22/2023			
	\mathcal{O}				
• —	s PIN: check one box only				
	I authorize to enter or generate r	,		linian busa	as my
	signature on the income tax return (original or amended) I am now authorizing.			ligits, but all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Snouse's	signature ► Date ►				
орошоо с	Practitioner PIN Method Returns Only—continue below				
Part III	Certification and Authentication — Practitioner PIN Method Only				
FRO's F	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9 8	3 9
LNO 5 L	The Pile. Litter your six-digit of inviolities by your live-digit sen-selected i inv.	Don't ent			, , ,
authorized	at the above numeric entry is my PIN, which is my signature for the electronic individual income ta to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submints of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retu	ırn in ad	ccordance	
FRO's si	gnature ▶ Date ▶				
LI 10 3 31	FRO 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

2022

OMB No. 1545-007

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

Filing Status	s X	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	☐ Head of	household (HO	H) [ifying sun	viving
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you cl	necke	ed the HOH or	QSS box, ent	er the		se (QSS) name if th	ne qualifying
	pers	on is a child but not your dependent	:								
Your first name	and mi	ddle initial	Last nar	me				Y	our so	cial securit	ty number
YASWANTI	ł		YARR	AM				3	37-6	3-566	4
If joint return, s	pouse's	first name and middle initial	Last nar	me				S	pouse's	s social see	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	-	resider	tial Flection	on Campaign
2838 SUN	•						214			ere if you,	
		ce. If you have a foreign address, also co	mplete si	paces below.	Stat	e	ZIP code	s	pouse i	f filing join	ntly, want \$3
LAKE MAI		, , , , , , , , , , , , , , , , , , , ,			FL		32746		0	this fund. w will not	Checking a
Foreign country			F	Foreign province/state/o			Foreign postal c			or refund.	0
	,			, , , , , , , , , , , , , , , , , , ,		,				You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	nent for prope	rty or services	; or (b) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See ir	struct	ions.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ary 2,	1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check t	ne box	if qualif	ies for (see	instructions):
If more		rst name Last name		number		to you	Child t	ax cred	dit	Credit for ot	her dependents
than four											
dependents, see instructions	s										
and check											
here										. [
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a		90,752.
	b	Household employee wages not re	•	, ,					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .					1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					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	ions) .						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>					
	Z	Add lines 1a through 1h							1z	9	90,752.
Attach Sch. B	2a	'	2a			axable interest			2b		
if required.	3a_	Qualified dividends	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		•	`	,		. 님		4	
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7		
 Married filing jointly or 	8	Other income from Schedule 1, lin							8		10,147.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	+ 8	80,605.
\$25,900	10	Adjustments to income from Sche	-						10		
 Head of household, 	11	Subtract line 10 from line 9. This is							11		80,605.
\$19,400	12	Standard deduction or itemized		,	,				12	+	12 , 950.
If you checked any box under	13	Qualified business income deducti							13		
Standard Deduction,	14								14		12 , 950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our t a	axable incom	ie		15		67 , 655.

Form 1040 (202	2)						Page 2
Tax and	16	Tax (see instructions). Check if any from	m Form(s): 1 881	4 2 4972	3 🗌	16	10,506.
Credits	17	Amount from Schedule 2, line 3 .				17	7
	18	Add lines 16 and 17				18	10,506.
	19	Child tax credit or credit for other dep	pendents from Sched	ule 8812		19	9
	20	Amount from Schedule 3, line 8 .				20)
	21	Add lines 19 and 20				2	1
	22	Subtract line 21 from line 18. If zero of	or less, enter -0			22	10,506.
	23	Other taxes, including self-employme	ent tax, from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total	ıl tax			24	10,506.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 12,	,734.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 12,734.
If you have a	26	2022 estimated tax payments and an	nount applied from 20	021 return		26	6
qualifying child,	27	Earned income credit (EIC)		No .	27		
attach Sch. EIC.	28	Additional child tax credit from Schedu	ıle 8812		28		
	29	American opportunity credit from For	m 8863, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15 .			31		
	32	Add lines 27, 28, 29, and 31. These a	32	2			
	33	Add lines 25d, 26, and 32. These are	your total payments			33	
Refund	34	If line 33 is more than line 24, subtract	t line 24 from line 33.	. This is the amou	nt you overpaid	34	
	35a	Amount of line 34 you want refunded		3 is attached, che	ck here	. 🗌 35	a 2,228.
Direct deposit?	b	Routing number 0 2 1 2 0		c Type: 🔀	Checking S	Savings	
See instructions.	d	Account number 3 8 1 0 5	8 5 4 7 7 3	3 9			
	36	Amount of line 34 you want applied to	o your 2023 estimate	ed tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is t For details on how to pay, go to www				37	7
	38	Estimated tax penalty (see instruction	ns)		38		
Third Party Designee		you want to allow another person structions				mplete belov	v. 🔀 No
		signee's	Phone			nal identificatio	on
		me	no.			er (PIN)	
Sign		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Declare that I have ief, they are true, correct, and complete.					
Here	Yo	ur signature	Date	Your occupation		If the IRS	sent you an Identity
		S					PIN, enter it here
Joint return?				PROGRAMME		(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must	sign. Date	Spouse's occupat	ion		sent your spouse an rotection PIN, enter it here
	Ph	one no. (660) 528-0494	Email address	YERRAMYASWA	NTH@GMAIL.CO	M	
Doid	Pre		's signature		Date	PTIN	Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM P	RIYA RAM SAGAR	GUPTA TALLAM	02/22/2023	P0208270	3 Self-employed
Preparer	Fir	m's name GLOBAL TAXES LI	LC C			Phone no	. (678) 965-9522
Use Only	Fir	m's address 245 ROONEY CT E		J 08816		Firm's EIN	
Co to ununu iro o	//	a 10.40 for instructions and the latest informati	tion				F 1040 (2000)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

YASWANTH YARRAM

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	al security number
YASWANTH YARRA	M	337-63	-5664

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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		5	-10,147.
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		
į	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	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p		
	Taxable distributions from an ABLE account (see instructions)	8q 8r		
r	Scholarship and fellowship grants not reported on Form W-2	or	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (
·	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
u Z	Other income. List type and amount:	Ou		
_	other meeting. 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	-10,147.
		,		= - , = •

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Your social security number

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.

Name(s) shown on return

Attachment Sequence No. 13

OMB No. 1545-0074

YASV	VANTH YARRAM						337-6	3-5664	ł	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	e instru	ictions. If you	are an indi	vidual, rep	oort farm	
	Did you make any payments in 2022 that would require you								es 🛛 N	10
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 N	lo
1a	Physical address of each property (street, city, state, ZII	P cod	e)							
A	3-13, NEAR SCHOOL CHINAKAK GUNTUR ANDR	HRA 1	 PRADESH	TN	5225	0.3				
B	3 137 NEIN BEHOOF CHIMMUN CONTON INDI	.11(21		. 111	5225	.00				
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair				Fa	air Rental Days		nal Use nys	QJ/	/
Α	g personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to qualified joint venture. See instru			В						
С	quained joint venture. See institu	actions	3.	С						
Type	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ıtal	5 Land 6 Roya	lties		Self-Rental Other (desc	ribe)			
						Propert				
Incon	יפי			Α		В	103.		С	
3	Rents received	3			732.					
4	Royalties received	_		<u> </u>						
Expe		T .								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,8	301.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,9	968.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,2	201.					
15	Supplies	15		1,8	398.					
16	Taxes	16								
17	Utilities	17		2,0)11.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,8	379.					
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	_	-10,1	47.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,14	47.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		732.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	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					
е	Total of all amounts reported on line 20 for all properties				23e	10	879.			
24	Income. Add positive amounts shown on line 21. Do no		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real esta	te loss	ses from lin	ne 22. E	Enter t	otal losses he	ere 25	(10,14	7.
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a						on . 26		-10,14	47.

763Page 1



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

	Enclose a comp	ioto copy c	i your roudi	u. tu	x return una t	an other require	4 VII 91	ına c	noiosarc						
First N	Name NANTH			МІ	Last Name YARRAM		Suffix	(Your Soci		•	mber		Check decea	
	se's First Name (Filing	Status 2 Onl	y)	MI	Last Name		Suffix		Spouse's			/ Numbe	r	Check	
														decea	sed
	nt Home Address (Nu B SUN LAKE I			oute)			,		Birth Date I-dd-yyyy)	0	8 -	2 3	- 1 9	9 7	
	own or Post Office	1001 711	1 211		State	ZIP Code	Spou	use's E	Birth Date						
	E MARY		T		FL	32746			ı-dd-yyyy)						
State	of Residence		Important - is located.	Name	e of Virginia City	or County in which	principa	al plac	e of busine	ess, emp					de
FL			FAIRFAX	ζ							X	City OR	County	600	
			nded Return Reason Cod	e		Name(s) or Shown on 2				ın		Overs	seas on Du	e Date	
Ch	eck Applicable Boxes			L							_	IC Clair	mad on fad	oral ratura	
	20.00	Дере	endent on An	othe	r's Return	Qualifying F Merchant S			erman, o		\$		med on fed	erai return .00	
	Filing Status Ente	r Filing Stat	us Code in b	ox b	elow.		E	xemp	otions Ac	ld Sect			Enter the s	um on Line	12.
			ead of house					You	Spous Filing S	tatus D	epende	nts		Total Section	on 1
1					must have Virg From Any Sour				2 or	, ,			V \$030		
			parate Retur		Tom Tany Cour	00] [†]	+		=	1 X \$930	93	0
If Filin	g Status 3 or 4, en	ter spouse's	SSN in the	Spou	use's Social Se	ecurity Number		or ove	5 Spouse 6 or over	S5 You Blind	Spo Blii		_	Total Sect	ion 2
box at	t top of form and en	nter Spouse	's Name						+	+	+	=	X \$800	=	
1	Adjusted Gross In	come from	federal returi	า - N	ot federal taxa	able income						1		80605	00
2	Additions from Sc	hedule 763	ADJ, Line 3.									2			00
3	Add Lines 1 and											3		80605	00
4	Age Deduction (S											4a			00
-	Enter Birth Dates and Your Spouse's	above. Ente	er Your Age D)edu	ction on Line 4	4a									
_												4b 5			00
5	Social Security Ac							-							
6	State income tax		. ,		·	•									00
7	Subtractions from											7			00
8	Add Lines 4a, 4b											8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI)	. Sul	otract Line 8 f	from Line 3						9		80605	00
10	Itemized Deduction	ons from Vir	ginia Schedu	le A,	if applicable.	See instructions.						10			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter sta	ndard deduction.	See in	nstruc	ctions			11		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exemption	on Sections 1 and	l 2 abo	ve				12		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9								13			00
14	Add Lines 10, 11	, 12 and 13										14		8930	00
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract Lii	ne 14 from Line 9						15		71675	00
16	Percentage from I	Nonresident	Allocation S	ectic	on on Page 2 (Enter to one deci	mal pla	ace o	nly)			16		77.9	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	e 15	by percentage	e on Line 16)						17		55835	00
18	Income Tax from	Tax Table or	Tax Rate So	hedi	ule							18		2953	00
19a	Your Virginia inco	me tax withl	neld. Enclose	For	rms W-2, W-20	G, 1099, and VK-	1					19a		3243	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		□ \$									XXX	

		l .	

2022 FORM 763 Page 2

2022	FORM 763 Page 2												
Your N	ame /ANTH YARRAM		Your SSN	3-5664									
19b	Spouse's Virginia income tax	withheld. Enclo			and VK-	 1			19b	,			00
20	2022 Estimated Tax Paymen)			00
21	2021 overpayment credited t												00
22	Extension Payment - submitt												00
23	Credit for Low-Income Individ												00
24	Total credits from Schedule (•											00
													-
25	Credits from Schedule CR, S											2042	00
26	Total payments and credits		_									3243	
27	If Line 18 is larger than Line 2												00
28	If Line 26 is larger than Line	18, enter the diff	erence. Th	nis is the OVERP	AYMENT	AMOUN	IT		28	3		290	00
29	Amount of overpayment on Lir	ne 28 to be CREI	DITED TO	2023 ESTIMATE	D INCOM	E TAX.			29)			00
30	Virginia529 and ABLE Contri	butions from Sch	nedule VA	C, Part I, Line 6					30)			00
31	Other Voluntary Contributions	s from Schedule	VAC, Sec	tion II, Line 14					31				00
32	Addition to Tax, Penalty, and								32	2			00
33	See instructions												
55	See instructions	Ched	ck here if r	no sales and use	tax is due				33	3			00
34	Add Lines 29 through 33								34	1			00
35	If you owe tax on Line 27, ad Line 34 is larger than Line 28 www.tax.virginia.gov	3, enter the differ	ence. AM	OUNT YOU OWE	E. Enclose	e payme	ent or pay		35	5			00
36	If Line 28 is larger than Line 34	•							36	3		290	00
If the [Pirect Deposit section below is	not completed.	vour refur	nd will be issued	by check.								
		r Bank Routing 1	•			k Accou	ınt Numb	er Che	ecking	X	Savings		1
	tic Accounts Only mational Deposits 0 2				8 8 1		5 8 5		Т	3 9	dvinge		<u></u>
Noni	esident Allocation Perce	ntage					A - All S	Sources		B - Vir	ginia S	ources	
1.	Wages, salaries, tips, etc				1			90752	00		6:	2752	00
2.	Interest income				2	!			00				00
3.	Dividends				3				00				00
4.	Alimony received				4				00				00
5.	Business income or loss				5	;			00				00
6.	Capital gain or loss/capital ga	in distributions			6				00				00
7.	Other gains or losses				7				00				00
8.	Taxable pensions, annuities a	nd IRA distributi	ons		8	1			00				
9.	Rents, royalties, partnerships,	estates, trusts,	S corpora	tions, etc	9	1	-	-10147	00			0	00
10.	Farm income or loss				10	1			00				00
11.	Other income				11				00				00
12.	Interest on obligations of othe	r states from Sc	hedule 76	3 ADJ, Line 1	12	!			00				
	Lump-sum and accumulation								00				00
	TOTAL - Add Lines 1 through							80605	00		6.	2752	00
	Nonresident allocation percen percentage to one decimal pla										7	77.9%	Ď
□ I (We) authorize the Dept. of Taxat	ion to discuss this	s return witl	n my (our) prepare	r. 🗆	lagre	e to obtair	n my Form	1099-0	at www.ta	x.virgin	ia.gov.	
	e), the undersigned, declare under p	penalty provided by	law that I (we	e) have examined this				r) knowledg	1	true, correct,	and com	plete retu	ırn.
Your Si	gnature					ne Number			Date				
Spouse	's Signature (If a joint return, both must	t sign)			(660) Spouse's) 528 Phone Nu	-0494 mber		Prepare	er's PTIN	Vendo	r Code	\dashv
					,					82703	155		
Prepare	r's Name	Firm's Name (o		,	Preparer's	s Phone N			Filing E	lection Code	ID The		
		LAM GLOBAL	m 7 7 7 7 7 7	T T C	(678)	000	-9522		17		1		

2022 Schedule INC/CG

337635664

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

YASWANTH

YARRAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
337635664	M	3243.	813708410	30813708410F001	62752.

 Total VA Withholding
 SSN
 VA Withholding

 You
 337635664
 3243.

 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!

Virginia Submission Identification Number (SID)		
Your Name	B Your Social Security Number	
YASWANTH YARRAM	337-63-5664	
Spouse's Name	A Spouse's Social Security Numb	er
Part I Tax Return Information	A Spouse B Yourse	lf
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763.	3, Line 1) 8060	05.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763	3, Line 9) 80 60	05.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	5583	35.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	299	53.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b	b) 324	43.
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)	2:	90.
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 a		
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and number) and the amount shown in Part I above agree with the information and amounts shown on the confiling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intervirginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic in refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the tran of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form signature pen, or computer software program.	nd social security number or individual tax identification corresponding lines of my electronic income tax return. If I not receive full and timely payment of my tax liability, I rematermediate Service Provider to transmit my complete return noome tax return and, if applicable, the direct deposit of my nsaction does not directly involve a financial institution outs	ain n to y
Taxpayer's e-File PIN: check one box only		
I authorize the ERO named below to enter my e-File PIN 3 5 6 6 4 as my signature of	on my 2022 e-filed Virginia individual income tax return.	
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. and your return is filed using the Practitioner PIN method. The ERO must complete Part III below		'IN
Your Signature	Date	
Spouse's e-File PIN: check one box only		
I authorize the ERO named below to enter my e-File PIN as my signature of Do not enter all zeros	on my 2022 e-filed Virginia individual income tax return.	
ERO Firm Name		_
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III b		
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.		
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia in indicated above. I confirm that I am submitting this return in accordance with the requirements of the Pra Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the fo a signature pen, or computer software program.	actitioner PIN method and Virginia's publication	
ERO's Signature	Date 02-22-23	