

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name BHARGAV NALLANI CHAKRAVARTHU	Social security number 769-91-9498
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	174,165.
2 Total tax	2	32,275.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	37,015.
4 Amount you want refunded to you	4	7,508.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	9	4	9	8
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	1	8	9	5	2	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial BHARGAV	Last name NALLANI CHAKRAVARTHU	Your social security number 769-91-9498
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1771 NORTH PIERCE STREET		Apt. no. 703
City, town, or post office. If you have a foreign address, also complete spaces below. ARLINGTON		State VA
Foreign country name		ZIP code 22209
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

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

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)										191,651.
b Household employee wages not reported on Form(s) W-2										
c Tip income not reported on line 1a (see instructions)										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
e Taxable dependent care benefits from Form 2441, line 26										
f Employer-provided adoption benefits from Form 8839, line 29										
g Wages from Form 8919, line 6										
h Other earned income (see instructions)								0.		
i Nontaxable combat pay election (see instructions)									1i	
z Add lines 1a through 1h										191,651.
2a Tax-exempt interest	2a	37.							b Taxable interest	2b 455.
3a Qualified dividends	3a	973.							b Ordinary dividends	3b 1,022.
4a IRA distributions	4a								b Taxable amount	4b
5a Pensions and annuities	5a								b Taxable amount	5b
6a Social security benefits	6a								b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>										
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>									7	-2,648.
8 Other income from Schedule 1, line 10									8	-16,315.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9	174,165.
10 Adjustments to income from Schedule 1, line 26									10	
11 Subtract line 10 from line 9. This is your adjusted gross income									11	174,165.
12 Standard deduction or itemized deductions (from Schedule A)									12	12,950.
13 Qualified business income deduction from Form 8995 or Form 8995-A									13	1.
14 Add lines 12 and 13									14	12,951.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income									15	161,214.

Tax and Credits table with rows 16-24. Includes Tax (32,439), Amount from Schedule 2, line 3, Add lines 16 and 17 (32,439), Child tax credit, Amount from Schedule 3, line 8 (164), Add lines 19 and 20 (164), Subtract line 21 from line 18 (32,275), Other taxes (0), Add lines 22 and 23 (32,275).

Payments table with rows 25-33. Includes Federal income tax withheld (37,015), 2022 estimated tax payments, Earned income credit (EIC), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15 (2,768), Add lines 27, 28, 29, and 31 (2,768), Add lines 25d, 26, and 32 (39,783).

Refund table with rows 34-36. Includes If line 33 is more than line 24 (7,508), Amount of line 34 you want refunded to you (7,508), Routing number (124085260), Account number (300016174347), Amount of line 34 you want applied to your 2023 estimated tax (36).

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (amount you owe), Estimated tax penalty (38).

Third Party Designee section. Includes question: Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section. Includes declaration: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Includes signature lines for taxpayer and spouse, and occupation fields (DATA SCIENTIST).

Paid Preparer Use Only section. Includes fields for Preparer's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Preparer's signature, Date (04/04/2023), PTIN (P02082703), Firm's name (GLOBAL TAXES LLC), Firm's address (245 ROONEY CT E BRUNSWICK NJ 08816), Phone no. ((678) 965-9522), and Firm's EIN (84-3171965).

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
BHARGAV NALLANI CHAKRAVARTHU

Your social security number
769-91-9498

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-16,315.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-16,315.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
BHARGAV NALLANI CHAKRAVARTHU

Your social security number
769-91-9498

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	164.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	164.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	2,768.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	2,768.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return: **BHARGAV NALLANI CHAKRAVARTHU** Your social security number: **769-91-9498**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	7,150.	9,871.	430.	-2,291.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -2,291.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,338.	1,756.	61.	-357.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -357.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-2,648.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(2,648.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

BHARGAV NALLANI CHAKRAVARTHU

Social security number or taxpayer identification number

769-91-9498

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	01/05/22	07/02/22	2,652.	3,740.	W	33.	-1,055.
	APEX CLEARING	10/29/22	07/15/22	2,076.	2,714.	W	57.	-581.
	ROBINHOOD SECURITIES LLC	07/28/21	06/14/22	11.	550.	E	-16.	-555.
	APEX CLEARING	11/16/22	02/05/22	2,386.	2,867.	W	356.	-125.
	COMPUTERSHARE	01/05/22	10/31/22	25.	0.			25.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			7,150.	9,871.		430.	-2,291.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

BHARGAV NALLANI CHAKRAVARTHU

769-91-9498

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	02/23/21	08/03/22	441.	495.			-54.
	APEX CLEARING	02/23/22	07/29/22	894.	1,010.	W	61.	-55.
	ROBINHOOD SECURITIES LLC	12/11/20	06/14/22	3.	251.			-248.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			1,338.	1,756.		61.	-357.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

BHARGAV NALLANI CHAKRAVARTHU

Your social security number

769-91-9498

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A 10-3-95/5, TEACHER'S COLONY SECUNDERABAD TELANGANA IN 500026

B _____
C _____

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
				A	B	A	B	A	B
A	3			185		0		<input type="checkbox"/>	
B								<input type="checkbox"/>	
C								<input type="checkbox"/>	

Type of Property:

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

Income:		Properties:		
		A	B	C
3	Rents received	780.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	1,154.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	1,236.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs	3,200.		
15	Supplies	3,150.		
16	Taxes			
17	Utilities	2,900.		
18	Depreciation expense or depletion	5,455.		
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	17,095.		
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	-16,315.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(16,315.)		
23a	Total of all amounts reported on line 3 for all rental properties	23a	780.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d	5,455.	
e	Total of all amounts reported on line 20 for all properties	23e	17,095.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(16,315.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-16,315.	

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return BHARGAV NALLANI CHAKRAVARTHU	Your taxpayer identification number 769-91-9498
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Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	5.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	5.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10
11	Taxable income before qualified business income deduction (see instructions)	11	161,215.
12	Net capital gain (see instructions)	12	973.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	160,242.
14	Income limitation. Multiply line 13 by 20% (0.20)		14
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17



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)	
You - From	You - To
08-01-2022	12-31-2022
Spouse - From	Spouse - To

YOUR First Name BHARGAV	MI	Your Last Name NALLANI CHAKRAVARTHU	Check if deceased <input type="checkbox"/>	Suffix	A Your Social Security Number 769-91-9498
SPOUSE'S First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	B Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 1771 NORTH PIERCE STREET APT 703			VA Driver's License Information Customer ID		
City, Town or Post Office ARLINGTON			You	_____	
State VA			Spouse	_____	
ZIP Code 22209		Locality Code 059	You	Issue Date (mm-dd-yyyy) _____	
			Spouse	_____	

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____ .00
	<input type="checkbox"/> Dependent on Another's Return	Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	

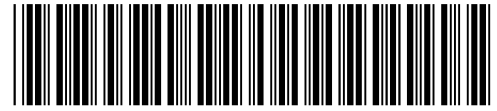
I/we authorize the sharing of certain information from Form 760PY and Schedule HCI (as described in the instructions) with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) for purposes of identifying persons who would like to newly enroll in medical assistance.

Filing Status Enter Filing Status Code in box below. <input type="checkbox"/> 1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/> <input type="checkbox"/> 2 = Married, Filing Joint return (Column A) <input type="checkbox"/> 3 = Married, Filing Separate returns (Column A) <input type="checkbox"/> 4 = Married, Filing Separately on this combined return (Columns A and B) If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____	Exemptions Enter the number of exemptions being claimed. <table border="1"> <thead> <tr> <th></th> <th>You/ Spouse</th> <th>Dependents</th> <th>65 or Over</th> <th>Blind</th> </tr> </thead> <tbody> <tr> <td>A - You Enter the numbers for both You and Spouse if Filing Status 2</td> <td>1</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>B - Spouse Filing Status 4 Only</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		You/ Spouse	Dependents	65 or Over	Blind	A - You Enter the numbers for both You and Spouse if Filing Status 2	1	0			B - Spouse Filing Status 4 Only				
	You/ Spouse	Dependents	65 or Over	Blind												
A - You Enter the numbers for both You and Spouse if Filing Status 2	1	0														
B - Spouse Filing Status 4 Only																

DATE OF BIRTH Your Birth Date (mm-dd-yyyy) 07 - 12 - 1995	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
Spouse's Birth Date (mm-dd-yyyy) - -		

Complete the Schedule of Income first and submit it with your Form 760PY.

1 FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.	1	00	174165	00
2 Additions from Schedule 760PY ADJ, Line 3.	2	00	37	00
3 Add Lines 1 and 2.	3	00	174202	00
4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.	4a			00
	4b	00		00
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	5	00		00
6 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6	00		00
7 Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	7	00	73448	00
8 Subtractions from Schedule 760PY ADJ, Line 7.	8	00		00
9 Add Lines 4a, 4b, 5, 6, 7, and 8.	9	00	73448	00
10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.	10	00	100754	00
11 Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11	00		00
12 If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	00	4624	00



Your Name BHARGAV NALLANI CHAKRAVARTHU	Your SSN 769-91-9498
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	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	390 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
15 Add Lines 11, 12, 13 and 14.	00	5014 00
16 Virginia Taxable Income. Subtract Line 15 from Line 10.	00	95740 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	00	5248 00
18 Total Tax. Add Line 17, Column A and Line 17, Column B.		5248 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		5534 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
20 Combined 2022 Estimated Tax Payments.....		00
21 2021 overpayment credited to 2022 estimated taxes.....		00
22 Extension Payment - Enter amount paid on Form 760IP.....		00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
24 Total credit for taxes paid to another state from Schedule OSC.....		00
25 Credits from Schedule CR, Section 5, Line 1A.....		00
26 Total payments and credits. Add Lines 19a through 25.		5534 00
27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.		00
28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.		286 00
29 Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX		00
30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....		00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
32 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21. See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>		00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions..... Check here if no sales and use tax is due. <input checked="" type="checkbox"/>		00
34 Add Lines 29 through 33.		00
35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>		00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... YOUR REFUND.		286 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT Domestic Accounts Only. No International Deposits.

Your Bank Routing Transit Number: 1 2 4 0 8 5 2 6 0

Your Bank Account Number: 3 0 0 0 1 6 1 7 4 3 4 7

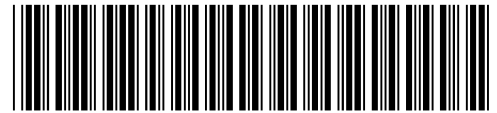
Checking Savings

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (312) 989-4510	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's Phone Number (678) 965-9522	Date 04-04-2023
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

2022 Virginia Schedule 760PY ADJ

Page 1



Your Name BHARGAV NALLANI CHAKRAVARTHU	Your SSN 769-91-9498
---	-------------------------

Additions to Adjusted Gross Income

- Interest earned while a Virginia resident on obligations of other states, exempt from federal income tax, but not from state tax.
- Other additions to adjusted gross income.
 - 2a Fixed date conformity addition. See instructions.
 - 2b - 2c Refer to Form 760PY Instructions for Other Addition Codes.

Code		
2b		
2c		
- Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 760PY, Line 2.

	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
1	00	37 00
2a	00	00
2b	00	00
2c	00	00
3	00	37 00

Subtractions from Adjusted Gross Income

- Income (interest, dividends or gains) received while a Virginia resident from obligations or securities of the U.S. exempt from state income tax, but not from federal tax.
- Disability income received while a Virginia resident and reported as wages (or payments in lieu of wages) on your federal return. **If claiming this subtraction you cannot also claim Age Deduction.** Claim the one that benefits you most.
 - 5a Enter **YOUR** disability subtraction on Line 5a, Column A.
 - 5b Enter **SPOUSE'S** disability subtraction on Line 5b, Column B if claiming Filing Status 4 or Line 5b, Column A if claiming Filing Status 2.
- Other subtractions as provided in instructions.
 - 6a Fixed date conformity subtraction.
 - 6b - 6d See Form 760PY Instructions for Other Subtraction Codes.

Certification Number																		Code
6b																		
6c																		
6d																		
- Total subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 760PY, Line 8.

	B Spouse	A You
4	00	00
5a		00
5b	00	00
6a	00	00
6b	00	00
6c	00	00
6d	00	00
7	00	00

Deductions from Virginia Adjusted Gross Income

- Deduction codes. See Form 760PY Instructions for Deduction Codes.

Code			
8a			
8b			
8c			
- Total Deductions. Add Lines 8a - 8c. Enter here and on 760PY, Line 14.

	B Spouse	A You
8a	00	00
8b	00	00
8c	00	00
9	00	00

Use Schedule PY ADJS if you are claiming more additions, subtractions or deductions than the Schedule 760PY ADJ allows. Refer to the instructions for Other Codes.

Check this box.



Your Name BHARGAV NALLANI CHAKRAVARTHU	Your SSN 769-91-9498
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Tax Credit for Low-Income Individuals or Virginia Earned Income Credit

- List below the name, Social Security Number (SSN) and Guideline Income for you, your spouse and each dependent.
- If more room is needed, enclose a schedule with the name, SSN and Guideline Income for each additional dependent.
- Failure to complete Lines 10 - 17 may result in this credit being reduced or disallowed.

Family VAGI	Name	Social Security Number (SSN)	Guideline Income
	You	- -	00
	Spouse	- -	00
	Dependent	- -	00
	Dependent	- -	00
10.	Total Family Guideline Income (Be sure to include information from enclosed schedule, if applicable)	10	00

11.	Enter the total number of exemptions reported in the table above and on any enclosed schedule. Based on this total, the total Family Guideline Income from Line 10 and the poverty guidelines in the instructions, determine your eligibility.	11	
12.	If you qualify, enter the number of personal and dependent exemptions reported on your Form 760PY (see instructions).....	12	
13.	Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14.....	13	00
14.	Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim an Earned Income Credit on your federal return, enter \$0. If you are married filing separately, see the instructions.	14	00
15.	Multiply Line 14 by 20% (.20).	15	00
16.	Enter the greater of Line 13 or Line 15.....	16	00
17.	Compare the amount on Line 16 above to the amount of tax on Form 760PY, Line 18. Enter the lesser of the two amounts here and on Form 760PY, Line 23. This is your credit amount.....	17	00

Addition to Tax, Penalty and Interest

18.	Addition to tax.....	18	00
19.	Penalty..... <input type="checkbox"/> Late Filing Penalty <input type="checkbox"/> Extension Penalty	19	00
20.	Interest (accrued on the tax you owe).	20	00
21.	Total Addition to Tax, Penalty and Interest (add Lines 18-20). Enter here and on Form 760PY, Line 32.....	21	00

2022 VIRGINIA SCHEDULE OF INCOME
Form 760PY

Page 1



Your Name BHARGAV NALLANI CHAKRAVARTHU	Your SSN 769-91-9498
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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 SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	191651	.00	100717	.00	90934	.00
2.	Interest and dividends	2	1477	.00	0	.00	1477	.00
3.	Pension and other income.....	3	-18963	.00	0	.00	-18963	.00
4.	Gross income (add Lines 1, 2 and 3)	4	174165	.00	100717	.00	73448	.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	174165	.00	100717	.00	73448	.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	174165	.00	100717	.00	73448	.00

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

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
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.

2022 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



Your Name	Your SSN
BHARGAV NALLANI CHAKRAVARTHU	769-91-9498

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	0.419
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	390

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2022, prior state of residence IL
- 1b. If YOU moved out of Virginia in 2022, state moved to _____
- 2a. If SPOUSE moved into Virginia in 2022, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2022, state moved to _____

2022 Schedule INC/CG 769919498

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



BHARGAV

NALLANI CHAKRAV

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
769919498	W	5534.	593797948	30593797948F001	100717.

Total VA Withholding	SSN	VA Withholding
You	769919498	5534.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

VA-8879

Virginia Department
of TaxationVirginia Individual Income Tax e-File Signature
AuthorizationTax 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)

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Your Name	B Your Social Security Number	
BHARGAV NALLANI CHAKRAVARTHU	769-91-9498	
Spouse's Name	A Spouse's Social Security Number	
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)		174165.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		100754.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		95740.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		5248.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5534.
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)		286.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only
 I authorize the ERO named below to enter my e-File PIN

1	9	4	9	8
---	---	---	---	---

 as my signature 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. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only
 I authorize the ERO named below to enter my e-File PIN

--	--	--	--	--

 as my signature on my 2022 e-filed Virginia individual income tax return.
Do not enter all zeros**ERO Firm Name**
 I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box 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.

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method OnlyERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.

5	1	8	9	5	2	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 04-04-23



Illinois Department of Revenue
2022 Form IL-1040
 Individual Income Tax Return

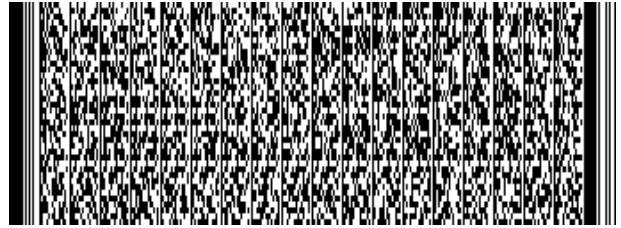
or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

769-91-9498 1995

BHARGAV

NALLANI CHAKRAVARTHU



1771 NORTH PIERCE STREET

703

ARLINGTON

VA 22209

BHARGAV.NC@GMAIL.COM

B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	<u>174,165.00</u>
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	<u>37.00</u>
3	Other additions. Attach Schedule M.	3	<u>.00</u>
4	Total income. Add Lines 1 through 3.	4	<u>174,202.00</u>

Staple W-2 and 1099 forms here

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	<u>.00</u>
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	<u>.00</u>
7	Other subtractions. Attach Schedule M.	7	<u>.00</u>
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>.00</u>
9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>174,202.00</u>

Step 4: Exemptions

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	<u>2,425.00</u>	
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	<u>.00</u>	
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	<u>.00</u>	
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	<u>0.00</u>	
Exemption allowance. Add Lines 10a through 10d.			10	<u>2,425.00</u>

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	<u>89,668.00</u>
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	<u>4,439.00</u>
13	Recapture of investment tax credits. Attach Schedule 4255.	13	<u>.00</u>
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	<u>4,439.00</u>

Staple your check and IL-1040-V

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	<u>.00</u>
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	<u>.00</u>
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	<u>.00</u>
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	<u>0.00</u>
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	<u>4,439.00</u>

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	<u>.00</u>
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	<u>0.00</u>
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	<u>.00</u>
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	<u>4,439.00</u>



24 Total tax from Page 1, Line 23. 24 4,439.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 4,501.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 4,501.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 62.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 62.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 62.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 2 4 0 8 5 2 6 0 Checking or X Savings
Account number 3 0 0 0 1 6 1 7 4 3 4 7

b paper check.

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here: Your signature, Date, Spouse's signature, Date, Daytime phone number.
Paid Preparer Use Only: Print/Type paid preparer's name, Paid preparer's signature, Date, Check if self-employed, Paid Preparer's PTIN.
Third Party Designee: Designee's name, Designee's phone number, Check if the Department may discuss this return with the third party designee.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2022 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

BHARGAV NALLANI CHAKRAVARTHU

Your name as shown on your Form IL-1040

7 6 9 - 9 1 - 9 4 9 8

Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.
a I lived in **Illinois** from 01 / 01 / 22 to 07 / 31 / 22 I lived in Virginia from 08 / 01 / 22 to 12 / 31 / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___ / ___ / 22 to ___ / ___ / 22, and _____ from ___ / ___ / 22 to ___ / ___ / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	<u>5</u> 191,651.00	<u>90,934.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> 455.00	<u>0.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> 1,022.00	<u>0.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> -2,648.00	<u>0.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> -16,315.00	<u>0.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 90,934.00	<u>90,934.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	90,934.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 .00	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 .00	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 .00	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25 .00	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 .00	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27 .00	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 .00	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29 .00	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 .00	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 .00	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 .00	.00
	33 RESERVED	33	
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 .00	.00
	35 Other adjustments (see instructions)	35 .00	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 174,165.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	90,934.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 37.00	0.00
	40 Other additions (Form IL-1040, Line 3)	40 .00	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	90,934.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 .00	.00
	44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	90,934.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	47 Enter the base income from Form IL-1040, Line 9.	47 174,202.00	
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.522	
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 2,425.00	
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	1,266.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11.	51	89,668.00
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax .	52	4,439.00	



Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

BHARGAV NALLANI CHAKRAVARTHU

Your name as shown on Form IL-1040

7 6 9 - 9 1 - 9 4 9 8

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	36-3556041 000 4	\$ 90,934.00	\$ 90,934.00	\$ 4,501.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,501.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

BHARGAV NALLANI CHAKRAVARTHU 7 6 9 - 9 1 - 9 4 9 8
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
1771 NORTH PIERCE STREET 703
Mailing address Spouse's Social Security number
ARLINGTON VA 22209 (312) 989-4510
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 89,668 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 4,439 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 4,501 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 62 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 1 2 4 0 8 5 2 6 0
8 Account no. (AN): 3 0 0 0 1 6 1 7 4 3 4 7
9 Type of account: [] Checking [X] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

04/04/2023 Date Check if paid preparer: [X] (See instructions.)
ERO's signature Date
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
245 ROONEY CT Mailing address 8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)
E BRUNSWICK NJ 08816 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

