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.

Submission Identification Number (SID)

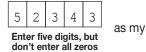
Тахрау	ver's name	Social secur	ity numb	er
TEJ	JASWINI VUPPU	811-15	-234	3
Spouse	o's name	Spouse's so	cial secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r vear vou a	are aut	horizing.)
Enter	whole dollars only on lines 1 through 5.	<u> </u>		
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	141,693.
2	Total tax		2	24,734.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	27,414.
4	Amount you want refunded to you		4	2,680.
5	Amount you owe		5	· · · · · · · · · · · · · · · · · · ·
Dow	Townsway Declayation and Cignature Authorization (Decume you not and	1		(a

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

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

X	l authorize	GLOBAL "	TAXES	LLC	to enter or generate my PIN	5
~	1 ddthonzo					Er
				ERO firm name		- - -



signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as my Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► D	ate 🖡							
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 III zer	 98	9	

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 🕨						
Don't S	ERO Must Retain This F Submit This Form to the I	-					
For Paparwork Poduction Act Nation	a vour tax raturn instructions			Earm 8879 (Pay 01 2021)			

1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use On	ly—Do not	write or staple	in this space.
Filing Status Check only			_	ing separately (N		_			spo	alifying sur buse (QSS)	Ŭ
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	spouse. If you ch	neck	ed the HOH or	QSS	box, enter t	he child'	s name if t	he qualifying
Your first name	and mi	ddle initial	Last name							ocial securi	•
TEJASWIN	Ι		VUPPU						811-	15-234	3
lf joint return, sp	ouse's	first name and middle initial	Last name						Spouse	e's social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Presid	ential Electi	ion Campaigr
1907 CAT	HY I	LANE			_		Г	1		here if you	· ·
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete space:	s below.	Sta	te	ZIP c	ode			ntly, want \$3 Checking a
MC LEAN					VP	ł	221	02	box be	elow will not	t change
Foreign country	name		Foreig	gn province/state/c	count	ty	Foreig	n postal code	your ta	ax or refund	l.
Digital Assets		y time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a			-		-				X No
Standard		eone can claim: You as a de	-	Vour spouse		-	asseij		uctions.		
Deduction		Spouse itemizes on a separate return				•					
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Ar	re blind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls b	lind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if qua	lifies for (see	e instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	Credit for of	ther dependents
than four											
dependents, see instructions											
and check											
here										l	
Income	1a	Total amount from Form(s) W-2, be		,					. 1		52,010.
Attach Form(s)	b	Household employee wages not re					• •		. 1	-	
W-2 here. Also	c	Tip income not reported on line 1a				· · · ·	• •		. 1		
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		. 10	-	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f			•		• •		. 1		
was withheld.	T	Employer-provided adoption bene			•		• •		. 1		
If you did not	g	0			•		• •		. 1		
get a Form W-2, see	h :	Other earned income (see instruction	,		•	· · · ·	· ·		. 1	n	0.
instructions.	-	Nontaxable combat pay election (s	see instructio	ons)	•	<u>1</u> i			. 1	- 1	52,010.
Attack Call D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · ·	ьт	axable interest	•••		. 2		52,010.
Attach Sch. B if required.	2a 3a	· · –	2a 3a			ordinary divider			. 3		
	4a		4a			axable amoun			. 4		
Standard	5a		5a			axable amoun			. 5	-	
Deduction for –	6a		6a			axable amoun			. 6		
 Single or Married filing 	c	If you elect to use the lump-sum e									
separately,	7	Capital gain or (loss). Attach Scher								,	
\$12,950Married filing	8	Other income from Schedule 1, lin							. 8		10,317.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									41,693.
surviving spouse,	10	Adjustments to income from Sche		-					. 1		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 1	-	41,693.
household, \$19,400	12	Standard deduction or itemized	-	-					. 1	-	12,950.
If you checked	13	Qualified business income deducti				5-A			. 1		
any box under Standard	14								. 1		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, en	ter -0 This is ye	our 1	taxable incom	e.		. 1		28,743.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from	Form(s): 1 🗌 88 ⁻	14 2 4972	3 🗌		16	24,734.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	24,734.
	19	Child tax credit or credit for other deper	dents from Scheo	dule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0				22	24,734.
	23	Other taxes, including self-employment	tax, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total t	ах				24	24,734.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a 27	,414.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	27,414.
	26	2022 estimated tax payments and amou					26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule			28			
	29	American opportunity credit from Form			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3. line 15 .			31			
	32	Add lines 27, 28, 29, and 31. These are	vour total other p	avments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are yo					33	27,414.
Defend	34	If line 33 is more than line 24, subtract li					34	2,680.
Refund	35a	Amount of line 34 you want refunded to					35a	2,680.
Direct deposit?	b	Routing number 0 5 4 0 1				Savings		
See instructions.	d	Account number 2 2 6 0 0 2				J.		
	36	Amount of line 34 you want applied to y			36			
Amount	37	Subtract line 33 from line 24. This is the						
You Owe	07	For details on how to pay, go to www.in					37	
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to						
Designee						omplete be	elow.	× No
U	De	signee's	Phone	9		onal identifi	cation .	
	nai	ne	no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare that I have existent						
Here		ief, they are true, correct, and complete. Declara			ased on all informatio		• •	, ,
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				SOFTWARE	ENGINEER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, both must sig	n. Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for	- 1-						· .	ection PIN, enter it here
your records.						(see ir	ıst.)	
	_	one no. (571)245-6956	Email address	TEJASWINIVU	PPU1@GMAIL.CC	M		
Paid	Pre	eparer's name Preparer's s	ignature		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI	YA RAM SAGAR	GUPTA TALLAM	03/02/2023	P02082	703	Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phone	eno. (678)965-9522
	Fir	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information	1.	BAA	REV 02/24/23 PRO			Form 1040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 2 ' ((_

Attachment

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 soc	ial security number
TEJASWINI VUPP	U	811-15	-2343

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,317.
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		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	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	8р		
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 nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
c		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	t, or 1040-NR, line 8	10	-10,317.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governi	ment		
	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	Jury duty pay (see instructions)	la			
b	Deductible expenses related to income reported on line 8I from the				
	rental of personal property engaged in for profit	łb			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
ام					
d	Reforestation amortization and expenses	•0			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le			
£		fe 4f			
f g		+i lg			
•	Attorney fees and court costs for actions involving certain unlawful	' 9			
	discrimination claims (see instructions)	1h			
	Attorney fees and court costs you paid in connection with an award	T11			
	from the IRS for information you provided that helped the IRS detect				
		4i			
i	Housing deduction from Form 2555				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	.,			
		łk			
z	Other adjustments. List type and amount:				
		4z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E		d on		
				26	
		REV 02/24/23 PRO	:	Schedule	e 1 (Form 1040) 2022

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

2022	
Attachment Sequence No. 13	

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

information.		Sequence No.
	Your soci	al security number
	811-1	5-2343

TEJ	TEJASWINI VUPPU 811-15-2343									
Par	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.									
1a	Physical address	ofe	ach property (street, city, state, ZIP code)							
Α	H NO:3-12-41/2	FLAT	E3 SWETHA ELEGANCE SRI LAKSHMI NAGARMAN	SOORAB	AD,LB NAGAR,HYDE	ERABAD, TELANGANA	IN 500070			
В										
С										
1b	IbType of Property (from list below)2For each rental real estate property listed above, report the number of fair rental andFair Rental DaysPersonal Use 									
Α	3		personal use days. Check the QJV box only	Α	365	0				
В			if you meet the requirements to file as a qualified joint venture. See instructions.	В						
-		1		-						

Type of Property:

2 Multi-Family Residence

С

- 1 Single Family Residence 3 Vacation/Short-Term Rental 4 Commercial
- 5 Land 6 Royalties

С

7 Self-Rental 8 Other (describe)

					Properties:		
Incon	ne:		A		В		С
3	Rents received	3	6	50.			
4	Royalties received	4					
Exper	ISES:						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	9	54.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,0	79.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	1,8				
15	Supplies	15	2,3	50.			
16	Taxes	16					
17	Utilities	17	1,6	85.			
18	Depreciation expense or depletion	18	3,0	49.			
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	10,9	67.			
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	-10,3	17.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	(10,31	7.))()
23a	Total of all amounts reported on line 3 for all rental proper			23a	6	50.	
b	Total of all amounts reported on line 4 for all royalty prope			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	3,0		
е	Total of all amounts reported on line 20 for all properties			23e	10,9		
24	Income. Add positive amounts shown on line 21. Do not					24	
25	Losses. Add royalty losses from line 21 and rental real estat					25	(10,317.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, IV, and line 40 on page 2 do not a						10 015
	Schedule 1 (Form 1040), line 5. Otherwise, include this an			ne 41		26	-10,317.
For Pa	perwork Reduction Act Notice, see the separate instructions.		NPA		-10,317.	Sch	edule E (Form 1040) 2022

	4562		Depreciatio	on and A	mortizati	on		OMB No. 1545-0172
Form	4JUZ	(Including Information on Listed Property)						2022
	tment of the Treasury	0		h to your tax i				Attachment 470
	al Revenue Service	GO to	www.irs.gov/Form4562		hich this form rela			Sequence No. 179
	ASWINI VUPPU			-	-12-41/2 E			1–15–2343
_		- Expense Ce	ertain Property Unc				011	10 2010
			ed property, comple			mplete Part I.		
1	Maximum amount	(see instruction	ns)				1	1,080,000.
2			/ placed in service (see				2	
3		•	perty before reduction			,	3	2,700,000.
4			ine 3 from line 2. If zer				4	
5						r -0 If married filing	-	
6	separately, see ins	Description of prope	· · · · · · · ·	(b) Cost (busi		(c) Elected cost	5	
0	(a) L	beschption of prope	a ty		ness use only)			-
								-
7	Listed property, Er	nter the amount	t from line 29		7			-
8			property. Add amount			7	8	
9			naller of line 5 or line 8				9	
10	Carryover of disall	owed deductio	n from line 13 of your 2	2021 Form 4	562		10	
11	Business income lir	nitation. Enter th	ne smaller of business ir	ncome (not les	ss than zero) or	line 5. See instructions	11	
12	Section 179 exper	se deduction.	Add lines 9 and 10, bu	it don't enter	more than line	<u>11</u>	12	
	/		n to 2023. Add lines 9			13		
			v for listed property. In					· · · · · ·
						clude listed property	. See	instructions.)
14	• •					ty) placed in service		
15			ons				14	
			RS)				15	
Par	t III MACRS De	epreciation (Don't include listed	property. Se	e instruction	s.)	10	
				Section A				
17	MACRS deduction	s for assets pla	aced in service in tax y	vears beginnii	ng before 202	2	17	
18			assets placed in servi	ce during the	e tax year into	one or more general		
	asset accounts, ch					🛛		
	Section			g 2022 Tax Y	ear Using the	General Depreciation	n Syst	tem
(a)	Classification of property		(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	Depreciation deduction
10-		service	only-see instructions)	ponod				
_19a t			-				-	
	10-year property		-					
	15-year property							
	f 20-year property							
ç	25-year property			25 yrs.		S/L		
ŀ	Residential rental	01/22	87,482.	27.5 yrs.	MM	S/L		3,049.
	property			27.5 yrs.	MM	S/L		
	i Nonresidential rea	al		39 yrs.	MM	S/L	ļ	
	property				MM	S/L		
		-Assets Place	ed in Service During	2022 Tax Ye	ar Using the <i>I</i>	Alternative Depreciatio	on Sy	stem
	Class life			12 yrs.		S/L S/L		
	12-year 30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L S/L	-	
		(See instruction	ons.)	.0 9/0.		UIL .		
-	Listed property. Er	`	1				21	
				lines 19 and	20 in column	(g), and line 21. Enter		
			of your return. Partner				22	3,049.
23		•	ced in service during t section 263A costs .			23		







TEJASWINI VUPP	νŪ		
1907 CATHY LANE AN	PT T1		
MC LEAN	VA 22102		
SSN - You VUPP	811152343	Vendor ID 1555	
SSN - Spouse			
Fed Adj Gross Income (FAGI) 1.	141693.	Withholding (VA) - You	19A. 8088.
Additions 2.		Withholding (VA) - Spouse	19B.
Subtotal 3.	141693.	Estimated Payments	20.
Age Deduction - You 4A.		2021 Overpayment	21.
Age Deduction - Spouse 4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad 5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment 6.		Credit - Schedule OSC	24.
Subtractions 7.		Credits - Schedule CR	25.
Subtotal Subtractions 8.		Total Payments / Credits	26. 8088 .
Total VA Adj Gross Income (VAGI) 9.	141693.	Tax You Owe	27.
Itemized Deductions - VA Sch A 10.		Tax Overpayment	28. 712 .
Standard Deduction 11.	8000.	Overpayment Credited to Next Year	29.
Exemptions 12.	930.	VAC - Virginia 529 / ABLE	30.
Deductions 13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exemptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income 15.	132763.	Sales and Use Tax	33.
Amount of Tax 16.	7376.	Amount You Owe	
Spouse Tax Adjustment (STA) 17.		Will Pay by Credit/Debit Card N Your Refund	712.
VAGI - Spouse 17A.			
Net Amount of Tax 18.	7376.	Bank Routing #	C 054001204
L		Bank Account #	226002186748

___LAR ___DLAR ___DTD ___LTD \$____

811152343





I					
Filing Status, Age & Licen	se Information		Additional	Filing Inform	ation
Filing Status		1	Locality		059
Federal Head of Househol	d		Uninsured & Authorize DMAS	6	
DOB - You	1209199	1	Name or Filing Status Change	e	
VA Driver's License ID - Yo	bu		Address Change		
VA Driver's License - Iss. [Date - You		VA Return Not Filed Last Yea	ır	
Spouse Name (Filing State	us 3 Only)		Dependent on Another's Retu	um	
			Farmer / Fisherman / Mercha	ant Seaman	
DOB - Spouse VA Driver's License ID - Sp	201100		Amended		
VA Driver's License - S			Reason Code		
			Overseas on Due Date		
Exemptions (A) You 1	Exemptions (B) 65 & Over - You		Federal EIC & Amount		
Spouse	65 & Over - Spouse		Deceased Indicator		
Dependents	Blind - You		Form 760C or 760F		
Total (A) 1	Blind - Spouse		No Sales & Use Tax Due Ind	licator	Х
	Total (B)		Obtain Electronic 1099G		
	Contact Information		ID Theft PIN		
	inder penalty of law that I (we) have examined th g bank information on your return, you are certify				
	Date	-	hone - You	-	5712456956
Signature - Spouse	Date	PI	hone - Spouse		
Signature - Preparer <u>SYAM PRI</u>	YA RAM SAGAR GUPTA TALLAM Date	030223	hone - Preparer		6789659522
The Tax Department may discu File by May	uss my/our return with my/our preparer.	Pi	reparer Information TAXES LLC	7	P02082703

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

245 ROONEY CT E BRUNSWICK

2022 Schedule INC/CG 811152343

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

TEJASWINI VUPPU



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
811152343	W	8088.	043481560	30043481560F001	152010.

Total VA Withholding	SSN	VA Withholding
You	811152343	8088.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

1

1555

Virginia Individual Income Tax e-File Signature Authorization

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 Sec	urity Number				
TEJASWINI VUPPU	811-15-23	,				
Spouse's Name	A Spouse's Socia					
		,				
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)		141693.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		141693.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		132763.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		7376.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		8088.				
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)		712.				
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						
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 <u>5</u> <u>2</u> <u>3</u> <u>4</u> <u>3</u> as my signature on my 2022 e-1 Do not enter all zeros	filed Virginia individual inc	ome tax return.				
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 bo and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File PIN				
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-f Do not enter all zeros	filed Virginia individual inc	ome 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. Check this bo PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File				
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. 2 2 4 9 6	6 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	02-23					