Form	88	<b>37</b>	<b>'9</b>	
(Rev.	Januar	y 202	21)	
-			-	

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)

Taxpay	er's name	Social secu	rity numb	ber
HAR	IHARAN THIYAGARAJAN	102-9	1-1663	3
Spouse	s's name	Spouse's se	ocial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you	are aut	thorizing.)
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	66,796.
2	Total tax		2	7,459.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,641.
4	Amount you want refunded to you		4	2,182.
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 periury. 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

		-	FBO firm name	5 ,	Er
X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	

1	1	6	6	3	00 mV
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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 mv 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 s	ignature D	ate 🖡								
	Practitioner PIN Method Returns Only—continue below									
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1	8		 	3 all ze	 9	8	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 🕨	
ERO Must Re Don't Submit This Fo	tain This Form — See rm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return i	nstructions.	REV 03/22/23 PRO	Form <b>8879</b> (Rev. 01-2021)

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

Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets       Image: Control of the second sec	E <b>1040</b>		artment of the Treasury—Internal Revenue Service <b>5. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use C	)nly—D	o not w	ite or staple i	n this space.
HARTHARN       THYAGARAJAN       102-91-1663         Hjört Hum, spose's first name and middle inflial       Last name       Spose's social social's number and street). Hyou have a P.O. box, see instructions.       Apt no.       Presidential Election Company         Horne address (number and street). Hyou have a foreign address, also complete spaces below.       State       Zhe code       Presidential Election Company         Ciby, con, or poot office. Hyou have a foreign address, also complete spaces below.       State       Zhe code       poot below will not change         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Spouse if min contains       No         Standard       Someone can called limit.       You as dopendent       Spouse:       Was born before January 2, 1958       No         Pependents, see instructions;       (1) First name       Last name       Spouse:       Was born before danuary 2, 1958       Is bind         Pependents, see instructions;       (1) First name       Last name       Spouse:       Was born before danuary 2, 1958       Is bind         Periodents, see instructions;       (1) First name       Last name       (1) First name       Is an dependent       Is an dependent         V2 and Marchan       (1) First name       Last name       (2) Cac	Check only	lf yo	u checked the MFS box, enter the na	ame of y	our spou	se. If you o	heck	ed the HOH or				spou	ise (QSS)	Ũ
If joint return, spocas's first name and middle initial       Last name       Spocas's social security name       Spocas's social security name       Spocas's social security name       Apt. no.         Foreign country name       Foreign province/state/county       YA       20100       Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, or payment for property or services); or (b) self, award, award, or payment for property or services); or (b) self, award, award, award, or payment for property or services); or (b) self, award, award, award, or payment for property or services); or (b) self, award, award, award, award, award, award, award, or payment for property or services); or (b) self, award, aw	Your first name	and mi	ddle initial	Last nar	ne						Yo	our so	cial securit	y number
Home address (number and street). If you have a foreign address, also complete spaces below.       Apt. no.       Presidential Election Campaign 2004s of Tilling Jointly, want 30 or your 30 or sport office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spouse filling Jointly, want 30 or your 30 or spouse 30 or below.       State       ZIP code       Spouse filling Jointly, want 30 or your 30 or spouse 30 or below.       State       ZIP code       Spouse filling Jointly, want 30 or below.       State       ZIP code       Spouse filling Jointly, want 30 or below.       Spouse	HARIHARA	N		THIY	AGARA	JAN					1	02-9	91-1663	3
Internet address (number and street). If you have a P.O. box, see instructions.         Apr. no.         Presidential Election Campaignet or your           40970.SPUER RUN LANE         Chrk, town, or post office. If you have a foreign address, also complete spaces below.         State         ZIP code         VA         2010 code         Drock here if you, or your           ALDIE         VA         2010 code         VA         2010 code         box below will not change           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset (or a financial interest in a digital asset)? (See instructions).         Yes         Xes           Standard         Someone can claim:         You spouse as a dependent         You spouse as a dependent         Yes         No           Age/Bindness         You:         Over born before January 2, 1958         Is blind         Is blind           Dependents         (see instructions):         (2) Social security         (a) Reationarity         (4) Check the box it quarifies for (see instructions)           If more         in a tranem         number         in you         in transition of the dependent           Wester form(b)         for inname         Last name         in transitions)         in transitions           Wester form         for innata mount from Form(s) W-2, box 1 (see instructions)         <	If joint return, sp	oouse's	first name and middle initial	Last nar	me						Sp	ouse'	s social sec	urity number
40970 SPUR RUN LANE       Check here if you or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         ALD IE       VA       20105       togous if filling (birthy, wants by complete spaces below.       VA         Digital       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.)       Ves       Xes         Standard       Someone can calmin.       You as a dependent       Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness       You.       Wes       Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness       You.       Wes born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social scurity       (3) Realizonship       (A) Check the box if Qualifies (See instructions)         If more       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       76 /7 19 .         Italiah forms       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1d       1d         Ves withhold.       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1d											8	84-5	53-5126	5
Color, town, or past office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, want \$3 tog to this fund. Checking a box below will not change in the conversion of the conversing the conversion of the conversion of the conversion	Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Pr	esider	ntial Electio	on Campaign
Cally, time during a builder a fullely mutures, lease both parts and expanse both.       Use       20 105       to go to this fund. Checking a box below will not change you tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you       Spous         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset) (See instructions.)       Ves       Nes       Nes         Standard Deduction       Spouse itemizes on a separate return or you was a dependent       Yes       Yes       Nes       Nes         Age/Blindness       You:       Wes born before January 2, 1958       Are blind       Spouse:       (4) Check the box if qualifies for (see instructions);         If more than four dependents, see instructions;       (1) First name       (2) Social security       (3) Relationship (4) Check the box if qualifies for (see instructions);         In come than four dependents, see instructions;       (1) First name       (2) Check the box for dependent dependent;         V2 brew Asio       (2) First name       (3) Relationship (4) Check the box if qualifies for (see instructions);       (1)         It cotal amount from Form(s) W-2; box 1 (see instructions)       (1)       (2)       (1)         Med Cabid waiver payments for Form(s) W-2; (see instructions)       (1)       (2)       (1)         W-23 bren       (2)       (3) Rel	40970 SF	UR F	RUN LANE											
ALLD IZ       VA       20105       box below will not change your tax or reland.         Fereign province/stativounty       Fereign province/stativounty       Fereign province/stativounty       your tax or reland.         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 financia linterest in a digital asset)? (See instructions).       Ves       No         Standard Deduction       Someone can claim:       Ovu as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       See instructions):       (I) First name       Last name       Nomber       (I) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (I) First name       Last name       Nomber       (I) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       1a       Total amount from Form(9) W-2, box 1 (see instructions)       1a       Total amount from Form(9) W-2, box 1 (see instructions)       1a       Total amount from Porm(9) W-2, box 1 (see instructions)       1a         Ver3 and dependent care benefits from Form 8439, line 29       11       Total amount from Form 6919, line 6       1a         Ver3 and dired       Wages from Form 8919, line 6       1a       2b       2b       2.b <td>City, town, or p</td> <td>ost offic</td> <td>ce. If you have a foreign address, also co</td> <td>mplete sp</td> <td>baces belo</td> <td>w.</td> <td>Sta</td> <td>te</td> <td>ZIP c</td> <td>ode</td> <td></td> <td></td> <td></td> <td></td>	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	baces belo	w.	Sta	te	ZIP c	ode				
Foreign country name       Foreign province/state/county       Foreign postal code your tax or refund. You       your tax or refund. You         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       Inumber       10 You       Child tax credit         If more than four dependents.       (ii) First name       Last name       Inumber       10 You       Inumber       Inumber <td>ALDIE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>VA</td> <td></td> <td>201</td> <td>.05</td> <td></td> <td>•</td> <td></td> <td>•</td>	ALDIE						VA		201	.05		•		•
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). Uses         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (g) Relationship       (h) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1       1         Income were 2-brea, All       a       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1       1       1         If were were withed at a form were 2-brea, All       f       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1       1         If were add and were payments not reported on Form(s) W-2 (see instructions)       1       1       1       1       1         If were add and were payments not reported on Form(s) W-2 (see instructions)       1       1       1       1	Foreign country	name		F	oreign pro	vince/state	'count	у	Foreig	n postal co				0
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ▲ No         Standard       Someore can claim:       \order You souce as a dependent       \order Your spouse as a dependent       \order Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       \order Are blind       Spouse:       \order Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       \order Are blind       Spouse:       \order Your (Credit for chier dependent in an other the box if qualifies for (see instructions)         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         Informe       11       Total amount from Form(s) W-2, box 1 (see instructions)       1a       76, 719.         Intere Also attach forms       1       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1b         Were withind in the dependent care benefits from Form 839, line 29       1f       1d       1e         Were withind in the dependent care benefits from Form 839, line 29       1f       1d       1e         Were withind in the dependent see instructions)       1d       1d       1d       1e <td></td> <td>You</td> <td>Spouse</td>													You	Spouse
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Deduction       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):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       than four       in umber       io you       Child tac credit       Credit for other dependent         see instructions       and check       in the set of the dependent       in the set of the dependent       in the set of the dependent         see instructions       in the set of the dependent       in the set of the dependent       in the set of the dependent         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       in the set of the dependent       in the set of the dependent         W-28 and       To pincome not reported on Form(s) W-2 (see instructions)       in the dependent care benefits from Form 2441, line 26       in the dependent         W-28 and       type -provided adoption benefits from Form 839, line 29       if the dependent       in the dependent         W-28 and       type -provided adoption benefits from Form 839, line 29       if the dependent       in the dependent         W-28 are		exch	ange, gift, or otherwise dispose of a	digital a	asset (or	a financial	intere	est in a digital	asset)	? (See ins	tructio	ons.)	Yes	X No
Deduction       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):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         dependents, see instructions	Standard	Som	eone can claim: 🗌 You as a de	pendent		our spous	e as	a dependent						
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see instructions       Image: Constructions and check here       Image: Construction and check here <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>L</td><td><u> </u></td><td></td><td>L</td><td></td></td<>										L	<u> </u>		L	
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       76,719.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for Also       d       Medicaid waiver payments not reported on Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       1h       0.       1g         instructions.       z       Add lines 1a through 1h       1z       76,719.         Attach Sch. B       a       Qualified dividends       3a       28.       b       Taxable interest       2b       2.         f       required.       3a       Qualified dividends       3b       28.       2b       2.         f       required.       3a       Qualified dividends <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>L</td><td><u> </u></td><td></td><td>L</td><td></td></t<>										L	<u> </u>		L	
Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s) W-2 here. Also diamond to the ported on line 1 a (see instructions)       1c         W-2 here. Also diamond to the ported on line 1 a (see instructions)       1c         W-2 here. Also diamond to the ported on line 1 a (see instructions)       1d         W-2 here. Also diamond to the ported on Form(s) W-2 (see instructions)       1d         W-2 here. Also diamond to the ported adoption benefits from Form 8839, line 29       1d         Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       1h       0.       1h       0.         W-2, see       instructions.       1a       1a       1a       1b         Attach Sch. B       2a       2a       b       Taxable interest       2b       2.         Attach Sch. B       2a       3a       28.       b       Tordinary dividends       3b       28.         Beduction for-       6a       Scala security benefits       5a       b       Taxable amount       4b       5b         Deduction for-       6a       Scala security benefits       5a       b       Taxable amount       5b       6b														
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form W-2, see instructions.       n       Other earned income (see instructions)       1h       0.         W-2, see instructions.       z       Add lines 1a through 1h       1z       76,719.         Ztach Form(s)       z       Add lines 1a through 1h       z       2b       2.         Attach Sch. B       za       Tax-exempt interest       za       2a       b       b       Taxable amount       4b       2b       2.         Attach Sch. B       za       Qualified dividends       3a       28.       b       Drawable amount       5b       5b         Deduction form       Sa pensions and annuities       5a       b       Taxable amount       5b       5b         Gea       Other income from Schedule 1, line 10       b       Taxable amount       5b       6b       5b <t< td=""><td>Income</td><td></td><td></td><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td>•</td><td></td><td>.,</td><td>6,719.</td></t<>	Income					,					•		.,	6,719.
W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       11         W-26 and 1099-R if tax was withheld, get a form       Employer-provided adoption benefits from Form 2843, line 29       16         W-2, see instructions.       Medicaid waiver payments not reported on Form 8839, line 29       16         W-2, see instructions.       Motional for earned income (see instructions)       11         W-2, see instructions.       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       b Taxable interest       2b         Add lines 1a through 1h       12       76, 719.         Attach Sch. B       2a       b Taxable interest       2b         4a       3a       28.       b Taxable amount       4b         5a       5a       b Taxable amount       5b         Deduction for       6a       5a       b Taxable amount       6b         * Single or Married fling separately, rig geouse       7       Capital gain or (loss). Attach Schedule 1, line 10       7       -1,456.         8       -8,497.       9       66,796.       10       -2,850.       10         * Harded fling separately, rig goouse       10       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       66,796. <td>Attach Form(s)</td> <td></td> <td>. , ,</td> <td>•</td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>-</td> <td></td> <td></td>	Attach Form(s)		. , ,	•		,					•	-		
W-2G and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         W-2G and 1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form W-2, see instructions.       h       Other earned income (see instructions)       1i       0.         x-2, see instructions.       Add lines 1a through 1h       .       1z       76,719.         z       Add lines 1a through 1h       .       2a       2a       b       Taxable interest       2b       2.         dtach Sch. B       2a       Qualified dividends       3a       28.       b       Ordinary dividends       3b       28.         dtach Sch. B       2a       Qualified dividends       5a       b       D <thd< th="">       D       D       D&lt;</thd<>				•		,			• •		·			
109-R if tax       Image: Standard or Standard of Standard filing separately, Standard filing Standard filing separately, Standard deduction or itemized deductions (from Schedule A)       In the separately separately, Standard deduction or itemized deductions (from Schedule A)       In the separately, Standard deduction or itemized deductions (from Schedule A)         11       66, 796.       11       66, 796.         12       12, 950.       13         13       14       12, 950.							nstru	ctions)	• •		•	-		
Wase from Form 8919, line 6       1g         If you did not       g       Wages from Form 8919, line 6       1g         W-2, see       i       Nottaxable combat pay election (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       76,719.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Data       2b       2.         Attach Sch. B       2a       Tax-exempt interest       3a       28.       b       Ordinary dividends       3b       28.         H       RA distributions       4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Social security benefits       6a       b       Taxable amount       7       7       7       1,456.         Waried filing jointly or       G       Other income from Schedule D if required. If not required, check here       7       7       7       7       1,456.         Maried filing jointly or       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       10       9			•				• •		• •		•	_		
In your during the form of the set		f				-					•	-		
W-2, see instructions.       i       1i         Attach Sch. B       2       Add lines 1a through 1h       1       76,719.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       2.         Attach Sch. B       2a       Qualified dividends       3a       28.       b       Ordinary dividends       3b       28.         4a       IRA distributions       .       4a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing pointly or Qualifying       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -1,456.         8       Other income from Schedule 1, line 10       .       .       9       66,796.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       10       10         9       66,796.       11       66,796.       11       66,796.       12       12,950.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule			0						• •		•	-		
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Attach Sch. B       z       Add lines 1a through 1h       2a       1z       76,719.         Attach Sch. B       a       Qualified dividends       3a       28.       b       Taxable interest       2b       2.         4a       IRA distributions       .       4a       b       Taxable amount       3b       28.         5a       Pensions and annuities       .       5a       b       Taxable amount       .       .       4b         Standard Deduction for-       6a       b       Taxable amount       .	0	h	,	,				1	· ·		•	1h	-	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       2.         if required.       3a       Qualified dividends       3a       28.       b       Ordinary dividends       3b       28.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       r       7       -1,456.         8       -8,497.       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       66,796.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       66,796.       11       66,796.         19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.       12       12,950.         14       Add lines 12 and 13       Add lines 12 and 13       14       12,950.       14       12,950.	,	I		see instri	uctions)		· ·	11						
if required.       3a       Qualified dividends       3a       28.         4a       IRA distributions       4a       b       Ordinary dividends       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -1,456.         8       Other income from Schedule 1, line 10       10       8       -8,497.         9       66,796.       9       66,796.       10         9       66,796.       11       Subtract line 10 from line 9. This is your adjusted gross income       11       66,796.         14       14       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.			ů l	1		· · ·	· ·		· ·		•		/	
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- • Single or Married filing separately, \$12,950       5a       Pensions and annuities       5a       b       Taxable amount       5b         • Married filing jointly or Qualifying surviving spouse, \$25,900       6a       5a       b       Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -1,456.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       8       -8,497.         • Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       9       66,796.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       11       66,796.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.						20					•			
Standard Deduction for-       5a       Pensions and annuities						28.		,						28.
Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       -1,456.         8       -8,497.       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       66,796.         10       .       .       .       .       .       .       10         • Head of household, \$19,400       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         14       12,950.       .       .       .       .       .       .       .       .       14       12,950.														
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Married filing 14</li> <li>Add lines 12 and 13</li> <li>Married filing 2000</li> <li>Married 12</li> <li>Married 2000</li> <li>Married 2000<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td></li></ul>											•			
separately, \$12,9507Capital gain or (loss). Attach Schedule D if required. If not required, check here7-1,456.• Married filing jointly or Qualifying surviving spouse, \$25,9008Other income from Schedule 1, line 108-8,497.• Married filing gualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income966,796.• Married filing gualifying surviving spouse, \$25,90010Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1166,796.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1314• Id ulines 12 and 131412,950.1412,950.	<ul> <li>Single or</li> </ul>		· _						t		·	60		
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, if hot required, check here       1       7       -1,456.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66,796.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       66,796.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Id lines 12 and 13       14       12,950.			, , , , , , , , , , , , , , , , , , ,					,	• •			_		1 456
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income966, 796.10Adjustments to income from Schedule 1, line 261010• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1166, 796.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1312• If you checked any box under Standard13	\$12,950		1 8 ( )		•				• •					
surviving spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       66,796.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.									• •		•			
\$25,900       10       Adjustments to income nom occledule 1, line 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       66,796.         12       12,950.       12       12,950.       12       12,950.         14       Add lines 12 and 13       13       14       12,950.	Qualifying								• •		•	-	6	6,796.
household, \$19,40012Standard deduction or itemized deductions (from Schedule A)1212,950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1313• Id d lines 12 and 131412,950.1412,950.	\$25,900			-					• •		•			
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       13       14       12,950.				•					• •		•			
any box under         14         Add lines 12 and 13         12,950	\$19,400 r				`		,				•		1 1	2,950.
Standard 14 Add lines 12 and 13					⊦orm 89	95 or Forn	1 899	b-A			•			
	Standard					· · ·	· ·				•			
see instructions. <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income 15</b> 53,846.		15	Subtract line 14 from line 11. If zer	o or less	s, enter -(	J This is	/our <b>t</b>	axable incom	ie .		•	15	5	53,846.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	7,	,459.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	7,	,459.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,	,459.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	7,	,459.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 9	,641.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	5)			25c		1		
	d	Add lines 25a through 25c						25d	9,	,641.
15	26	2022 estimated tax payment	s and amount a	pplied from 20	021 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T		•	-			33	9,	,641.
Refund	34	If line 33 is more than line 24	•					34	2,	,182.
Refund	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here	. 🗆	35a	2,	,182.
Direct deposit?	b	Routing number 0 5 1					Savings			
See instructions.	d	Account number 4 3 5					0			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	0.	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	-			38				
Third Party	Do	you want to allow another								
Designee		structions	•				omplete l	below.	X No	
U	De	signee's		Phone			onal identi	fication		
	na	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	piete. Declaration (			ased on an informati	1			0
	Yo	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return?					inst.)					
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion	If the	IRS ser	nt your spous	e an
Keep a copy for your records.									ection PIN, er	nter it here
your records.								inst.)		
		one no. (585)766-425		Email address	HARIHARAN0	907@GMAIL.CO				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/05/2023			Self-err	
Use Only	Fir	m's name GLOBAL TAX					Phor	ie no. (	678)965	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-31	71965
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form <b>1(</b>	040 (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	Sequence No. <b>01</b>		
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
HARIHARAN THIY	AGARAJAN	102-91	-1663

Pai	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-8,497.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
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:			
		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	-8,497.

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-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		
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)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
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)	_	
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	_	
j	Housing deduction from Form 2555	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 1 (Form 1040)	) 2022

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

HARIHARAN THIYAGARAJAN

Your social security number

102-91-1663

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X 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)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustments	e	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds Cost to gain or loss			from Part I,	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 <b>Box A</b> checked	4,017.	3,837.			180.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	1,461.	2,959.		0.	-1,498.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions						( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	-1,318.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	(e) (g) Cost to gain or loss (or other basis) Form(s) 8949, I line 2, colum		from Part II,	(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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	1,353.	1,491.			-138.
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	14	( )				
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	-138.
					15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -1,456.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	<b>21</b> ( 1,456.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 03/22/23 PRO	Schedule D (Form 1040) 2022

Form **8949** 

## 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.



Social socurity number or taxpayor identification number

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

Name(s) shown on return	Social security number of taxpayer identification number
HARIHARAN THIYAGARAJAN	102-91-1663

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.

X (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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below <b>Adjustment, if any, to gain or loss</b> If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	2 03/18/22	12/31/22	4,017.	3,837.			180.
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box	otal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	4,017.	3,837.			180.

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.

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

Form 8949 (2022)	Attachment Sequence No.	12A	Page 2

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

Social security number or taxpayer identification number 102-91-1663

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)

- X (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

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate	Adjustment, i If you enter an enter a c See the sep (f)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result	
		(100., 00, 91.)		instructions.	Code(s) from instructions	<b>(g)</b> Amount of adjustment	with column (g).
ROBINHOOD CRYPTO LLC	11/04/21	12/31/22	1,353.	1,491.			-138.
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).		1,353.	1,491.			-138.	

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.

Form **8949** 

Department of the Treasury

Internal Revenue Service

## 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	Social security number or taxpayer identification number
HARIHARAN THIYAGARAJAN	102-91-1663

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	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.		<b>(h)</b> <b>Gain or (loss)</b> Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	06/01/22	12/31/22	1,454.	2,951.			-1,497.
Apex Clearing	05/17/22	12/31/22	7.	8.	W	0.	-1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>li</b>	lude on your ne 2 (if Box B	1,461.	2,959.		0.	-1,498.

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.

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

	CHEDULE E Supplemental Income and Loss								OMB No. 1545-0074				
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							2022					
	epartment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								Attach	nent			
	Revenue Service		Go to ww	w.irs.gov/ScheduleE for	r instru	uctions an	id the la	test in			Seque		
,	shown on return										al security		er
-	HARAN THIY				-I D -					102-9	1-1663	6	
Part	Note: If yo	ou are in th	ne business c	ntal Real Estate an of renting personal proper 4835 on page 2, line 40.			e C. See	instruc	ctions. If you ar	e an indiv	/idual, rep	oort fa	rm
A D				that would require you	to file	Form(s) 1	1099? 5	see ins	tructions .		. <b>Y</b>	es 🗵	No
				red Form(s) 1099?								es 🗌	No
1a				/ (street, city, state, ZIF									
Α	15/2/7 KA	NNIMAR	KOVIL S	T VADUGAPATTY,I	HEN		CAMIL	NADI	J IN 6256	03			
B													
С													
1b	Type of Prope	erty 2	For each r	ental real estate prope	rtv list	ted		Fa	ir Rental	Person	al Use		- W
	(from list below		above, rep	ort the number of fair	rental	and			Days	Da	ys		QJV
Α	2			se days. Check the Q			Α		365		0		
B				t the requirements to f bint venture. See instru			В						
С			4				С						
	of Property:							_					
	Single Family R			ation/Short-Term Ren	tal	5 Lanc	-		Self-Rental				
2	Multi-Family Re	sidence	4 Cor	nmercial		6 Roya	alties	8	Other (descri	be)			
									Propertie	s:			
Incom							Α		В			С	
3					3		6	24.					
4		ived			4								
Expen					-								
5					5								
6		-	-		6 7		1 2	01					
7 8	-				8		1,3	01.					
9					9								
10					10								
11	•	•			11		1,1	02.					
12				tc. (see instructions)	12		,_						
13					13								
14	Repairs				14		1,9	75.					
15	Supplies .				15		2,2	08.					
16	Taxes				16								
17	Utilities				17		2,4	55.					
18	•	expense c	or depletion		18								
19	Other (list)				19			0.1					
20			0	h 19	20		9,1	21.					
21				and/or 4 (royalties). If									
	file Form 6198			o find out if you must	21		-8,4	97					
22				after limitation, if any,			0,1						
<u> </u>					22	(	8,49	7.)	(	)	(		
23a		-	-	ne 3 for all rental prope				23a	•	624.			
b				ne 4 for all royalty prop				23b					
с	Total of all am	ounts rep	orted on lir	ne 12 for all properties				23c					
d				ne 18 for all properties				23d					
е				e 20 for all properties				23e	9	,121.			
24		-		own on line 21. Do no		-				24	,		
25				e 21 and rental real estat							(	8,4	497.
26				Ity income or (loss).									

For Paperwork Reduction Act Notice, see the separate instructions.

-8,497.

26

.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **8889** 

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

2022

	Go to www.irs.gov/Form8889 for instructions and the latest information.							
Name(s)	umber of HSA beneficiary. have HSAs, see instructions.							
HARI	102-91		,					
	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance							
Part			•					
rait	and both you and your spouse each have separate HSAs, complete a separate							
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) of			_				
	See instructions	1	≚ Self	f-only 🗌 Family				
2	HSA contributions you made for 2022 (or those made on your behalf), including those n							
	unextended due date of your tax return that were for 2022. <b>Do not</b> include employer co contributions through a cafeteria plan, or rollovers. See instructions		2	0				
2		-	2	0.				
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650							
	family coverage). <b>All others</b> , see the instructions for the amount to enter		3	3,650.				
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from			-,				
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during							
	include any amount contributed to your spouse's Archer MSAs		4	0.				
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,650.				
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and							
_	coverage under an HDHP at any time during 2022, see the instructions for the amount to e		6	3,650.				
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had fam under an HDHP at any time during 2022, enter your additional contribution amount. See in:		-	0				
8	Add lines 6 and 7	structions.	7 8	0. 3,650.				
9	Employer contributions made to your HSAs for 2022	520.	0	5,050.				
10	Qualified HSA funding distributions	520.						
11	Add lines 9 and 10		11	520.				
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,130.				
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P	art II, line 13	13	0.				
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction							
Part	HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	h have sepa	rate H	SAs, complete				
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a					
b	Distributions included on line 14a that you rolled over to another HSA. Also include							
	contributions (and the earnings on those excess contributions) included on line 14a							
_	withdrawn by the due date of your return. See instructions		14b					
	Subtract line 14b from line 14a	1	14c 15					
15 16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also,	-	15					
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16					
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Addition Tax</b> (see instructions), check here							
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on							
D	are subject to the additional 20% tax. Also, include this amount in the total on Sched							
	1040), Part II, line 17c		17b					
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse ea complete a separate Part III for each spouse.	the instruction the instruction children have separately between the						
18	Last-month rule	1	18					
19	Qualified HSA funding distribution	-	19					
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I		20					
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched		21					
	1040), Part II, line 17d		21					

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







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435043191020

HARIHARAN TI	IYAGARAJAN	
40970 SPUR RUN LA	NE	
ALDIE	VA 20105	
SSN - You THIY	102911663 Vendor ID	1555
SSN - Spouse	884535126	
Fed Adj Gross Income (FAGI)	1. 66796. Withholding (VA	) - You 19A.
Additions	2. Withholding (VA	) - Spouse 19B.
Subtotal	3. 66796. Estimated Paym	nents 20.
Age Deduction - You	A. 2021 Overpaym	ent 21.
Age Deduction - Spouse	B. Extension Paym	ients 22.
Soc Sec & Tier 1 Railroad	5. Credit - Low-Inc	ome or EIC 23.
State Income Tax Overpayment	6. Credit - Schedule	e OSC 24.
Subtractions	7. Credits - Schedu	le CR 25.
Subtotal Subtractions	8. Total Payments	/ Credits 26.
Total VA Adj Gross Income (VAGI)	9. 66796. Tax You Owe	27.
Itemized Deductions - VA Sch A	10. Tax Overpaymer	nt 28.
Standard Deduction	11. 8000. Overpayment Cr	edited to Next Year 29.
Exemptions	12. 930. VAC - Virginia 5.	29 / ABLE 30.
Deductions	13. VAC - Other Cor	ntributions 31.
Subtotal (Deductions & Exemptions)	14. 8930. Addition to Tax, I	Penalty & Interest 32.
VA Taxable Income	15. 57866. Sales and Use	Tax 33.
Amount of Tax	16. 3070. Amount You Ov	
Spouse Tax Adjustment (STA)	Will Pay by Credit     17.     Your Refund	/Debit Card N
VAGI - Spouse	7A.	

3794.

3794.

724.

724.

051000017

XXXXX

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

3070.

18.

Bank Routing #

Bank Account #

Net Amount of Tax

102911663





Filing Status, Age	& License	Information			Additic	onal Filing Infor	mation
Filing Status				3	Locality		107
Federal Head of H	Household				Uninsured & Authorize D	MAS	
DOB - You		070	9199	4	Name or Filing Status Ch	hange	
VA Driver's Licens	se ID - You				Address Change		
VA Driver's Licens	se - Iss. Dat	te - You			VA Return Not Filed Last	t Year	
Spouse Name (Fi	-	.,			Dependent on Another's	Return	
SHIVANI	BIMAV.	ARAPU			Farmer / Fisherman / Me	erchant Seaman	
DOB - Spouse					Amended		
VA Driver's Licens	se ID - Spou	use			Reason Code		
VA Driver's Licens	se - Iss. Dat	te - Spouse			Overseas on Due Date		
<b>xemptions (A)</b> 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 Du	e Indicator	Х
		Total (B)			Obtain Electronic 10990	3	
		Contact Information			ID Theft PIN		
. , .		er penalty of law that I (we) have ex			st of my (our) knowledge, it is a true, o ion provided is for a domestic accoun		jurisdiction of the United States.
ignature - You			Date		Phone - You		5857664252
ignature - Spouse			Date		Phone - Spouse		
ignature - Preparer <u>(</u>	SYAM PRIYA	A RAM SAGAR GUPTA TALLAM	Date	040523	Phone - Preparer		6789659522
ne Tax Department r	nay discuss	s my/our return with my/our pr	eparer.	GLOBA	Preparer Information	7	P02082703
	<b>by May 1</b> , Page 1, Pag	, <b>2023</b> ne 2 and all			OONEY CT		-

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

245 ROONEY CT E BRUNSWICK

### **2022 Schedule INC/CG** 102911663

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

### HARIHARAN THIYAGARAJAN



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
102911663	W	3794.	270807270	30270807270F001	76719.

Total VA Withholding	SSN	VA Withholding
You	102911663	3794.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

# 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!

Your Name         B         Your Social Security Number           IAR_EHARAN_TH_YAGARAJAN         102-91-1630         A         Spouse's Social Security Number           Part I         Tax Return Information         A         Spouse's Social Security Number           10         Federal Adjusted Gross Income (Form 7800G, Line 1; 760PY, Line 1; outrins A & B; Form 763, Line 9)         66736.           1         Traxable Income (Form 7800G, Line 15; 760PY, Line 10; outrins A & B; Form 763, Line 9)         66736.           3         Traxable Income (Form 7800G, Line 15; 760PY, Line 10; outrins A & B; Form 763, Line 9)         667376.           3         Wrighis Income Tax (Form 7800G, Line 18; 760PY, Line 10; outrins A & B; Form 763, Line 9)         3070.           4         Wrighis Income Tax (Form 7800G, Line 3; Form 700, Line 39, Form 763, Line 39)         724.           Part II         Declaration of Taxpayer and Signature Authorization         724.           Part II         Declaration of Taxpayer and Signature Authorization         724.           Part II         Declaration of Taxpayer and Signature Authorization         724.           Return Organizer (FRO). Transmitter on Intermedial Service Fronder (Including my name, address and social security number on indendical income tax return and it application income tax return. Intermedial Service Fronder (Including my name, address and social security number on indendical income tax return. Ind. If application on transmithron in Part I abose agree	Virginia Submission Identification Number (SID)					
HARLIHARAN       THIYAGARA,TAN         Stousses Vame       A Spouse S Social Security Number         Part I       Tax Return Information       A Spouse S Social Security Number         1.       Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)       66796.         2.       Virigina Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 10, columns A & B; Form 763, Line 19)       66796.         3.       Taxable Income (Form 760CG, Line 18; 760PY, Line 10, columns A & B; Form 763, Line 19)       30701.         3.       Withholding (Form 760CG, Line 18; 760PY, Line 19, columns A & B; Form 763, Line 19)       30701.         4.       Within Inform 760CG, Line 35; Form 760PY, Line 130, columns A & B; Form 763, Line 19)       30701.         5.       Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 30, Form 763, Line 30)       724.         Part II       Declaration of Taxpyear and Signature Authorization       1002-estation of Taxpyear and Signature Authorization         Under panities of parjury, I declare that I have avaining the information and amounts show in Pary I above grow with the information and amount show in Pary with the information and amount show in Pary with the information in provider to intarating Virginia Tax) does not receive fall and timely payment of my tax liability. I remain liabot for the xitability and all applicable inteest and paralles. I tauthorize the Information I provider to intarating Virginia Tax) does not receive fall and timely payment of my taxi kiability. I remain lingstocho of my tax						
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Spoulse is Name       A Spoulse is Social Security Number         Part I       Tax Return Information       A Spoulse is Social Security Number         Part I       Tax Return Information       A Spoulse is Social Security Number         Part I       Taxe Information       A Spoulse is Social Security Number         Instruction Common State Income (Form 780CG, Line 1; 760PY, Line 1; columns A & B; Form 763, Line 9)       A Spoulse is Social Security Number         Instruction Common State Income (Form 780CG, Line 18; 760PY, Line 10; columns A & B; Form 763, Line 9)       A Spoulse IS Income Tax (Form 780CG, Line 18; 760PY, Line 10; columns A & B; Form 763, Line 19)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 38; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763, Line 30)       Income Tax (Form 780CG, Line 37; Form 763,						
Part I       Tax Return Information       A Spouse       B Yourself         1       Federal Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 1, columns A & B; Form 763, Line 1)       6.679.6.         2.       Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 19)       6.679.6.         3.       Taxable Income Tax (Form 760CG, Line 15; 760PY, Line 10, columns A & B; Form 763, Line 19)       3.070.0.         3.       Withholding (Form 760CG, Line 98.1 760PY, Line 198, a B); Form 763, Line 30)       3.070.0.         4.       Withholding (Form 760CG, Line 98.1 760PY, Line 198, a B); Form 763, Line 30)       7.24.1.         Part II       Declaration of Taxpayer and Signature Authorization       7.24.1.         Under paralise 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, 202, and to be best of my knowledge and acounts fork on the corresponding lines of my electronic individual tax identification number (FNI) arms, advess and social security number on the arreturn mount how in Pare II above agree with the information a advoutes shown on the corresponding lines of my electronic individual tax identification number (FNI) arms, advess and social security number and tax identification number (FNI) arms, advess and water the Information and annotist hown in Pare advess and social security number and institution outside of the thiotical parsonal dentification number (FNI) arms may signature on my 2022 e-filed Virginia individual income tax return. Mo not erece tall across <td></td> <td></td> <td></td>						
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 6.67.9.6.   2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 6.67.9.6.   3. Taxable Income (Form 760CG, Line 15; 760PY, Line 10, columns A & B; Form 763, Line 17) 9.7.8.6.6.   4. Virginia Income Tax (Form 760CG, Line 15; 760PY, Line 17, columns A & B; Form 763, Line 13) 9.7.8.6.6.   5. Withholding (Form 760CG, Line 15; 760PY, Line 17, columns A & B; Form 763, Line 35) 9.7.2.4.   7. Refund (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) 7.2.4.   Part II Declaration of Taxpayer and Signature Authorization   Under panelliss of pajuy.) Ideater that I have examined a coxy of my individual income tax return and accompanying schedules and statements for the year ending to panily.   Joint Declaration of Taxpayer and Signature Authorization   Transmitter, or Intermediate Service Provider (including my name, address and social security number) and the annus how in Part I above agree and address on the corresponding lines of my electronic income tax tertur and its paylicable interest and and anound shorts how on the corresponding lines of my electronic income tax tertur and its paylicable interest and part I abov agree and address and social security number) and the annus how in Part I above agree and address and social security number and the annus how in Part I above agree and address my signature for my electronic income tax tertur and i applicable. The attern and anound shorts how on the corresponding lines of my electronic income tax tertur and i applicable. The dit and part I above agree terture in the information part applic			,			
2. Vrignia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)   3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)   4. Vrignia Income Tax (Form 760CG, Line 18; 760PY, Line 14, columns A & B; Form 763, Line 18)   5. Withholding (Form 760CG, Line 18; 760PY, Line 14, columns A & B; Form 763, Line 18)   6. Anount you Ove (Form 760CG, Line 35; Form 760, PY, Line 35, Form 763, Line 35)   7. Retund (Form 760CG, Line 35; Form 760, PY, Line 35, Form 763, Line 35)   7. Retund (Form 760CG, Line 35; Form 760, PY, Line 35, Form 763, Line 35)   7. Retund (Form 760CG, Line 35; Form 760, PY, Line 36, Form 763, Line 30)   7. Retund (Form 760CG, Line 35; Form 760, PY, Line 36, Form 763, Line 30)   7. Retund (Form 760CG, Line 35; Form 760, PY, Line 36, Form 763, Line 30)   7. Retund (Form 760CG, Line 35; Form 760, PY, Line 36, Form 763, Line 30)   7. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; Form 760, PY, Line 136; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; Form 760, PY, Line 136; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 30)   7. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 37)   8. Setting a balance duck the addition addition (Form Return Addition Contex term)   8. Retund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 37)   9. Retund (For	Part I Tax Return Information	A Spouse	B Yourself			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 1000000000000000000000000000000000000	1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		66796.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B, Form 763 Line 18) 5. Withholding (Form 760CG, Line 18; A 19b; 760PY, Line 19; a 4 19b; Form 763, Lines 19 a 4 19b) 6. Amount you Owe (Form 760CG, Line 35; Form 760, PV, Line 35; Form 763, Lines 35) 7. Refund (Form 760CG, Line 35; Form 760, Form 763, Lines 35) 7. Refund (Form 760CG, Line 35; Form 763, Form 763, Lines 35) 7. Refund (Form 760CG, Line 35; Form 763, Line 35; 7. Refund (Form 760CG, Line 35; Form 763, Line 35; 7. Refund (Form 760CG, Line 35; Form 763, Line 35) 7. Refund (Form 760CG, Line 35; Form 763, Line 35) 7. Refund (Form 760CG, Line 35; Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 760CG, Line 19; S); Form 763, Line 35) 7. Refund (Form 761CG); Lines 35; Form 763, Line 35) 7. Refund (Form 761CG); Line 19; S); Form 763, Line 35) 7. Refund (Form 761CG); Lines 19; S); Form 763, Line 35) 7. Refund (Form 761CG); Lines 19; S); Form 763, Line 35) 7. Refund (Form 761CG); Lines 25; Form 763, Line 35) 7. Refund (Form 761CG); Lines 20; Form 763, Line 35) 7. Refund (Form 761CG); Lines 20; Form 763, Line 35) 7. Refund (Form 761CG); Lines 20; Form 763, Line 35) 7. Refund (Form 761CG); Reform 763, Lines 35) 7. Refund (Form 761, Li	2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		66796.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b; 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; Form 763, Line 36) 7. Refund (Form 760CG, Line 36; Form 763, Line 36) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 36) 7. Refund (Form 760CG, Line 36; Form 760PY, Line 36; Form 763, Line 36) 7. Refund (Form 760CG, Line 36; Form 760PY, Lin	3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		57866.			
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)     7. Refund (Form 780CG, Line 36; Form 763, Line 36)     724. Part II Declaration of Taxpayer and Signature Authorization     Under preatise of perjury. I declare that I have samined a cocy 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 compilet. I further declare that the information 1 provided to my Electronic     Return Originatic CRRO, Transmittier, or Intermediate Service Provider (including my name, address and social security number or individual lix dentification     number j and the amount shown in Part labove agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am     Iliagia balance due terturn. Judietist or Intermediate Service Provider to Transmitt my compilete 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     return originatic due to the tax liability and all applicable interest and panalities. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my compilete return to     virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return. Usual bility, treans     Isathorize the ERO named below to enter my e-File PIN.	4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3070.			
7. Refund (Form 760CG, Line 36, 760PY, Line 36; Form 763, Line 36)       7.2.4.         Part II       Declaration of Taxpayer and Signature Authorization       7.2.4.         Under penalties of perjury, 1 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 1 provided to my Electronic concent with the information and announts shown on the corresponding lines of 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 1 provided to my Electronic concent ax return. If I am filing a balance due return, 1 understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, 1 remain iter of intermediate Service Provider to transmitter or individe to transmitter or individual individual income tax return. Taxpers's =File PIN: check one box only	5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3794.			
Part II       Declaration of Taxpayer and Signature Authorization         Under penalties of peijury. 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, its fue, 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 (IRO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number (IRO) and and papersonal dentification number (IRO) Transmitter or Intermediate Service Provider to transmit my complete return to Vigrinia Tax) does not receive full and timely payment of my tax isolability, Iremain isolation of the tax isolability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Vigrinia Tax) does not receive full and timely payment of my tax due. In choosing either direct deposit or my electronic income tax return and, if applicable, interest and point in the process. Taxpayers may sign the form using a nubber stamp, mechanical device, such as a signature pen, or computer software program.         Taxpayer's -File PIN: check one box only       I authorize the ERO named below to enter my e-File PIN 1 6 6 3 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. Do not enter all zeros         BOD not enter all zeros </td <td>6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)</td> <td></td> <td></td>	6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)					
Under peralties of perjuny. 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 ling a balance due return, Understand that if the Virginia Degartment of T axation (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 Intermodiate Service Provider to transmit my complete return to Virginia TaX. Have selected a personal identification number (PIN) as my signature for my electronic income tax return and, f 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 nubber stamp, mechanical device, such as a signature pen, or computer software program.         Taxpayer's e-File PIN: the Choc box only       I authorize the ERO name below to enter my e-File PIN is the Complete Part III below.         Your Signature       Date         GLOBAL TAXES LLC       ERO Firm Name         I authorize the ERO named below to enter my e-File PIN is my signature on my 2022 e-filed Virginia individual income tax			724.			
December 31, 2022, and to the best of my knowledge and belief, it is frue, correct and complete. I further declare that the information 1 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 nithing a belance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, at leaplicable interest and penatics. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. Thave 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 debiot dwy tax due. In choosing either direct deposit or direct deposite or fister deposite or my electronic income tax return. Do not enter all zeros <u>GLOBAL TAXES LLC ERO Firm Name</u> I authorize the ERO named below to enter my e-File PIN <u>T ERO Firm Name</u> J will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros <u>ERO Firm Name</u> J authorize the ERO named below to enter my e-File PIN <u>T ERO Firm Name</u> J authorize the ERO named below to enter my e-File PIN <u>T ERO Firm Name</u> J authorize the ERO named below to enter			<u> </u>			
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	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 I authorize the ERO named below to enter my e-File PIN 1 1 6 6 3 as my signature on my 2022 e-filed Virginia individual income tax return.  Do not enter all zeros <u>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 Date Date Date Date Date Date Dat</u>					
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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 Only  ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.  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.		and a france of the				
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         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.	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.					
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 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.						
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.	Part III Certification and Authentication – Practitioner PIN Method Only					
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 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					
ERO's Signature         Date         04-05-23	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					
	ERO's Signature         Date         04-0	5-23				