763Page 1



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

	Eliciose a comp	ioto copy c	i your roudi	uu	x rotarri aria a	in other require	<i>,</i> • 9	,a c	noiosait						
First Name AKSHAY			МІ			Suffi	Suffix Your Social Security Nu 360-23-2626			mber		Check decea			
Spouse's First Name (Filing Status 2 Only)			MI	KUMAR II Last Name		Suffi	ix	Spouse's Social Security			ty Number		Check		
											L decea	sed			
Present Home Address (Number and Street or Rural Route) Your Birth Date (mm-dd-yyyy) 7									7 -	1 8	- 1 9	9 5			
330 3RD AVE WEST APT 303 (mm-dd-yyyy) 5 / City, Town or Post Office State ZIP Code Spouse's Birth Date															
SEATTLE WA 98119 (mm-dd-yyyy)							-								
State	of Residence		Important - is located.	Name	e of Virginia City	or County in which	princip	al plac	e of busine	ess, emp	loyme	nt, or inco	ome source	Locality Co	de
WA			KING G	EOR	GE							City OR	X County	099	
			nded Return Reason Cod	e [Name(s) or				an		Overs	seas on Du	e Date	
Check Applicable Reason Code Shown on 2021 VA Return Check Applicable Boxes Overlifeting Formers Fishermen and						_									
	Doxes	│	endent on An	othe	r's Return	Qualifying F Merchant S			erman, o	r		EIC Claimed on federal return \$.00			
	Filing Status Ente	l r Filing Stat	us Code in b	ox b	elow.		E	Exem	otions A	dd Secti			Enter the s	um on Line	12.
			ead of house					You	Spou Filing S	Status De	epende	nts			
1					must have Virg From Any Sourc				2 oı	· 3			–	Total Section	
			parate Retur		Tom Any Source	e .		1	+	+		=	1 X \$930	93	0
If Filin	ig Status 3 or 4, en	•	•		use's Social Se	curity Number		You 6	5 Spouse or ove	65 You r Blind	Spo		_	Total Sect	ion 2
box at	t top of form and en	nter Spouse	's Name						+	+	+	=	X \$800	=	
1	Adjusted Gross In	come from	federal returi	1 - N	lot federal taxa	ble income						1		161532	00
2	Additions from Sc											2			00
3	Add Lines 1 and											3		161532	00
4	Age Deduction (S											4a		101332	00
7	Enter Birth Dates	above. Ente	er Your Age D)edu	ction on Line 4	a									
_	and Your Spouse's											4b 5			00
5	Social Security Ac							-							
6	State income tax		. ,		•	,						6			00
7	Subtractions from											7			00
8	Add Lines 4a, 4b	, 5, 6, and 1	7									8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI)	. Sul	btract Line 8 f	rom Line 3						9		161532	00
10	Itemized Deduction	ns from Vir	ginia Schedu	le A,	, if applicable. S	See instructions.						10			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter star	ndard deduction.	See	instru	ctions			11		8000	00
12	Exemption amour	nt. Enter the	total amoun	t fror	n the Exemption	on Sections 1 and	l 2 ab	ove				12		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9								13			00
14	Add Lines 10, 11	, 12 and 13	•									14		8930	00
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract Lir	ne 14 from Line 9						15		152602	00
16	Percentage from I	Nonresident	Allocation S	ectic	on on Page 2 (E	Enter to one deci	mal p	lace o	nly)			16		3.2	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	e 15	by percentage	e on Line 16)						17		4883	00
18 Income Tax from Tax Table or Tax Rate Schedule							18		116	00					
19a	Your Virginia inco	me tax withl	neld. Enclose	For	rms W-2, W-2G	6, 1099, and VK-	1					19a		278	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		\$									YYY	

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2022 FORM 763 Page 2

2022	FORM 763 Page 2							
Your N AKSI	ame HAY KUMAR	Your SSN 360-23-2626						
19b	Spouse's Virginia income tax withheld. End		, and VK-1		19b			00
20	2022 Estimated Tax Payments				00			
21	2021 overpayment credited to 2022 estima				00			
22	Extension Payment - submitted using Forn				00			
23	Credit for Low-Income Individuals or Virgin				00			
24	Total credits from Schedule OSC.				00			
25	Credits from Schedule CR, Section 5, Line				00			
				070	-			
26	Total payments and credits. Add Lines	•					278	
27	If Line 18 is larger than Line 26, enter the c						1.00	00
28	If Line 26 is larger than Line 18, enter the c						162	
29	Amount of overpayment on Line 28 to be CR							00
30	Virginia529 and ABLE Contributions from S	Schedule VAC, Part I, Line 6			30			00
31	Other Voluntary Contributions from Schedu	ule VAC, Section II, Line 14			31			00
32	Addition to Tax, Penalty, and Interest from See instructions Er		32			00		
33	Sales and Use Tax is due on Internet, mail of See instructions				33			00
34	Add Lines 29 through 33				 34			00
35	If you owe tax on Line 27, add Lines 27 an Line 34 is larger than Line 28, enter the dif www.tax.virginia.govCheck here if	ference. AMOUNT YOU OWE	. Enclose pa	ayment or pay at	35			00
36	If Line 28 is larger than Line 34, subtract Line				 36		162	00
	Direct Deposit section below is not complete				00		102	. •••
וועבע		a. Tuana it Munakan	Varm Dank A	Account Number	hooking	\[\forall \]	\	7
	stic Accounts Only	g Transit Number			hecking 8 8	X S	Savings	
No Inte	stic Accounts Only				8 8		Savings	
No Inte	emational Deposits 0 6 3 1 0	7 5 1 3	1 9	4 0 8 3 5	8 8			00
No Inte	emational Deposits O 6 3 1 C resident Allocation Percentage	7 5 1 3	1 9	4 0 8 3 5 A - All Sources	8 8		jinia Sources	
No Into	resident Allocation Percentage Wages, salaries, tips, etc	7 5 1 3 1	1 9 4 1 2	4 0 8 3 5 A - All Sources	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00
No Intellection No. 1. 2. 3. 4.	tic Accounts Only emational Deposits 0 6 3 1 0 cresident Allocation Percentage Wages, salaries, tips, etc	7 5 1 3 1	1 9 4 1 2 3 4	4 0 8 3 5 A - All Sources	2 00 00 00 00		jinia Sources	00 00 00 00
No Intellection No. 1. 2. 3. 4. 5.	resident Allocation Percentage Wages, salaries, tips, etc	7 5 1 3 1	1 9 4 2 3 4 5	4 0 8 3 5 A - All Sources	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00
No Interest No. 1. 2. 3. 4. 5. 6.	resident Allocation Percentage Wages, salaries, tips, etc Interest income Dividends Alimony received. Business income or loss. Capital gain or loss/capital gain distributions	7 5 1 3 1	1 9 4 1 2 3 4 5 6	4 0 8 3 5 A - All Sources	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00
No Interest No. 1. 2. 3. 4. 5. 6. 7.	resident Allocation Percentage Wages, salaries, tips, etc	7 5 1 3 1	1 9 4 1 3 4 5 6 7	4 0 8 3 5 A - All Sources	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00
No Into Non 1. 2. 3. 4. 5. 6. 7. 8.	resident Allocation Percentage Wages, salaries, tips, etc	0 7 5 1 3 1	1 9 4 2 3 4 5 6 7 8	4 0 8 3 5 A - All Sources 17253	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00 00
No Interest Non 1. 2. 3. 4. 5. 6. 7. 8. 9.	resident Allocation Percentage Wages, salaries, tips, etc	o 7 5 1 3 1	1 9 4 1 2 3 4 5 6 7 8 9	4 0 8 3 5 A - All Sources	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00 00
No Interest Non 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	resident Allocation Percentage Wages, salaries, tips, etc	o 7 5 1 3 1	1 9 4 1 3 4 5 6 7 8 9 10	4 0 8 3 5 A - All Sources 17253	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00 00 00
No Into Non 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	resident Allocation Percentage Wages, salaries, tips, etc	o 7 5 1 3 1	1 9 4	4 0 8 3 5 A - All Sources 17253	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00 00
No Interest Non 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	resident Allocation Percentage Wages, salaries, tips, etc	1	1 9 4 1 2 3 4 5 6 7 8 9 10 11 12	4 0 8 3 5 A - All Sources 17253	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00 00 00 00 00
No Interest Non 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	resident Allocation Percentage Wages, salaries, tips, etc	utions. s, S corporations, etc	1 9 4 1 2 4 5 6 7 8 9 10 11 12 12 33 13	4 0 8 3 5 A - All Sources 17253	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources 5214	00 00 00 00 00 00 00 00 00
No Intellection No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	resident Allocation Percentage Wages, salaries, tips, etc	utions. s, S corporations, etc	1 9 4 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 14 14	4 0 8 3 5 A - All Sources 17253	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0		jinia Sources	00 00 00 00 00 00 00 00 00
No Intervented No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	utions. Schedule 763 ADJ, Line 1 ncluded on Sch. 763 ADJ, Line each column total here	1 9 4 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15 15	4 0 8 3 5 A - All Sources 17253 -1100	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg	5214 5214 3.2%	00 00 00 00 00 00 00 00 00
No Intervented No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	utions. Schedule 763 ADJ, Line 1 Checked on Sch. 763 ADJ, Line 1	1 9 4 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 14 15 15	4 0 8 3 5 A - All Sources 17253 -1100 16153	8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg	0 5214 3.2%	00 00 00 00 00 00 00 00 00
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No Intervented No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. I (v Your S Spouse Spous	resident Allocation Percentage Wages, salaries, tips, etc	utions. Schedule 763 ADJ, Line 1 Checked on Sch. 763 ADJ, Line 1	1 9 4 1 2 3 4 5 6 7 8 9 10 11 12 12 14 12 15 14 15 14 15 14 15 15 17 15 17 18 19 19 10 11 12 13 14 15 14 15 15 17 17 17 18 18 19 19 19 10 11 12 13 14 15	A - All Sources 17253 -1100 16153 agree to obtain my For the best of my (our) knowle lumber 327-2466 ne Number	8 8 8 8 2 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg	o o o o o o o o o o o o o o o o o o o	00 00 00 00 00 00 00 00 00 00

2022 Schedule INC/CG

360232626

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

AKSHAY KUMAR



Your/ Withholding Spouse SSN Type		VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.	
Г					コ	
360232626	M	278.	463052057	30463052057F001	5214.	

Total VA Withholding

You

360232626

Spouse

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

01

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgi	nia Submission Identification Number (SID)							
Your	Name	B Your Social Sec	curity Number					
AKSI	IAY KUMAR	360-23-2626						
Spot	se's Name	A Spouse's Socia	I Security Number					
Part	I Tax Return Information	A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		161532.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		161532.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		4883.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		116.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		278.					
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		162.					
Part	II Declaration of Taxpayer and Signature Authorization							
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 3 2 6 2 6 as my signature on my 2022 e-filed Virginia individual income tax return.								
	Do not enter all zeros	a viigiila illaviadai illa	omo tax rotam.					
	GLOBAL TAXES LLC							
	ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
Your Signature Date								
Spouse's e-File PIN: check one box only								
I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros								
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
	Spouse's Signature Date							
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9								
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
ERO'	Signature Date Date	2-23						