Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

тахрау	er s name	Social security number
SAN	TOSH KRISHNAKUMAR	801-03-9499
Spouse	's name	Spouse's social security number
PAV	ITHRA DEVI GANESAN	682-48-5279
Part	I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 81,184.
2	Total tax	2 6,222.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 11,170.
4	Amount you want refunded to you	. 4 4,948.
5	Amount you owe	5

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

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

Taxpayer's PIN: check one box only

<u>.</u>				FBO firm name		E
X	I authorize	GLOBAL '	TAXES	LLC	to enter or generate my PIN	3

3	9	4	9	9			
Enter five digits, but don't enter all zeros							

7 9

2

Enter five digits, but don't enter all zeros

5

8

my

as mv

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 ►

Spouse's PIN: check one box only

 I authorize
 GLOBAL TAXES LLC
 to enter or generate my PIN

 ERO firm name

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

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

Spouse's signature 🕨	D	ate								
	Practitioner PIN Method Returns Only—continue	e bel	ow							
Part III Certification and Au	thentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-dig	it EFIN followed by your five-digit self-selected PIN.			Dor	n't ei	nter a	all ze	eros		

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 🕨	
	/lust Retain This Form — See Instructions This Form to the IRS Unless Requested To Do So	

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

Date

E1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use C)nly—D)o not w	rite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependent	ame of y	-			Head of				spou	ise (QSS)	-
Your first name	and mi	ddle initial	Last nar	me						Y	our so	cial securit	y number
SANTOSH			KRIS	HNAKU	MAR					8	01-0)3-9499	Э
If joint return, sp	ouse's	first name and middle initial	Last nar	me						S	pouse'	s social sec	urity number
PAVITHRA	DE1	/I	GANE	SAN						6	82-4	18-5279	Э
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Р	reside	ntial Electio	on Campaign
785 PEWT	ER (CT						4	106			ere if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete s	paces bel	ow.	Sta	te	ZIP c	ode				tly, want \$3
CHARLOTT	ESVI	LLE				VA	A	229	11		0	ow will not	Checking a change
Foreign country	name		F	oreign pr	ovince/state/o	count	у	Foreig	n postal co			or refund.	0
District	A +) = =		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No
		eone can claim: You as a de	-				a dependent	asselj	1 (000 113	ucu	0115.)		
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•						
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore Janua	y 2, 1	958	🗌 Is bli	Ind
Dependents	(see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4) Check the	e box	if qualif	ies for (see	instructions):
If more		rst name Last name			number		to you		Child ta:	k cred	it	Credit for oth	ner dependents
than four												[
dependents, see instructions]		[
and check]		[
here 🗌												[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)						1a	6	31,184.
	b	Household employee wages not re									1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a									1c		
attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s	s) W-2 (see in	nstru	ictions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8	839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .		• •						•	1g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .	• •				· ·		•	1h		0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)			<u>1</u> i				_		
	Z	-		• •	· · · ·			• •		•	1z	8	31,184.
Attach Sch. B	2a	· · -	2a				axable interes			•	2b		
if required.	<u>3a</u>		3a				rdinary divide				3b		
	4a		4a				axable amoun			•	4b		
Standard Deduction for –	5a		5a				axable amoun			•	5b		
Single or	6a	, _	6a				axable amoun	t		·	6b		
Married filing separately,	_c	If you elect to use the lump-sum e				•	,	• •			-		
\$12,950	7	Capital gain or (loss). Attach Sche						• •			7		
 Married filing jointly or 	8	Other income from Schedule 1, lin								·	8	+ _)1 104
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		•		2	31,184.
\$25,900	10	Adjustments to income from Sche	-					• •		•	10		
 Head of household, 	11	Subtract line 10 from line 9. This is		-	-			• •		•	11		<u>31,184.</u>
\$19,400	<u>12</u> 13	Standard deduction or itemized Qualified business income deduct						• •		·	12		25,900.
 If you checked any box under 	13 14	Add lines 12 and 13				099	J-A	• •		•	13	-	
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer			 .0. Thie ie v	 our i	axable incom	 16		•	14		<u>25,900.</u> 55,284.
see instructions.			0 01 1030	, оптог	5 . 1115 13 y	Juil				•	15		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	6,222.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,222.
	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	6,222.
	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 total tax					24	6,222.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 11	,170.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions	s)			25c		1	
	d	Add lines 25a through 25c						25d	11,170.
14	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fror				28		1	
	29	American opportunity credit	from Form 8863	3, line 8		29		1	
	30	Reserved for future use .		, 		30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments	· · · ·			33	11,170.
Defined	34	If line 33 is more than line 24						34	4,948.
Refund	35a	Amount of line 34 you want	-			, .	. 🗆	35a	4,948.
Direct deposit?	b	Routing number 1 2 1					Savings		
See instructions.		Account number 6 5 9					<u>-</u>		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	,						
You Owe	01	For details on how to pay, ge						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions	•				omplete b	elow.	× No
Ū	De	signee's		Phone			onal identif	ication r	
	nai	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t							
Here		ief, they are true, correct, and com	plete. Declaration			ased on all informati	1		, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					ELECTRICA	L ENGINEER	(see		2 2 3 3 6 9
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat		If the		it your spouse an
Keep a copy for	- 1-						Ident	ity Prote	ection PIN, enter it here
your records.					HOME MAKE	R	(see	inst.)	
		one no. (720)275-583		Email address	SANTOSHK19	95@GMAIL.CO		,	
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer							L		Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phor	ne no.	
	Fir	m's address 245 ROONE	Y CT E BRU	JNSWICK N	J 08816		Firm	's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022

Virginia Individual Income Tax Declaration for Electronic Filing

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)						
First Name & Middle Initial (if joint or combined return, enter both) Last Name	B Your Social Security Number					
SANTOSH & PAVITHRA DEVI KRISHNAKUMAR & GANESAN	801-03-9499					
Present Home Address	A Spouse's Social Security Number					
785 PEWTER CT APT 406	682-48-5279					
City, State and Zip Code	Online Filed Return					
CHARLOTTESVILLE VA 22911						
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)	01/1011					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	81,184.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	63,324.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	3,384.					
5. Withholding (Form 760CG, Line 19a &19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)	4,064.					
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)	680.					
Part II Declaration of Taxpayer						
8a. Image: A consent that my refund be directly deposited as designated on my 2022 Virginia income tax return appointment of the other spouse as an agent to receive the refund. I certify that the transaction doe the territorial jurisdiction of the United States at any point in the process.	es not directly involve a financial institution outside of					
8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check r						
 8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 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. I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be 						
sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Ta transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using signature pen, or computer software program.						
Your Signature Date Spouse's Signature (If Filing Statu	is 2 or 4, BOTH must sign) Date					
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer						
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's Signature Date	SSN/PTIN					
GLOBAL TAXES LLC Firm's name (or yours if self-employed) Paid Pr 245 ROONEY CT E BRUNSWICK NJ 08816	reparer? Y N Self-employed? Y N 882145487					
Address, City, State and Zip	EIN					
Paid Preparer's Signature Date	SSN/PTIN					
Firm's name (or yours if self-employed) Self-em	nployed? 🗆 Y 🗔 N					
245 ROONEY CT E BRUNSWICK NJ 08816						
Address, City, State and Zip	EIN					
1555 PEV 02/17/23 PPO						



	KRISHNAK GANESAN PT 406	UMAR			
CHARLOTTESVILLE	VA	22911			
_					_
SSN - You KRIS	5	801039499	Vendor ID 1555	XX	XXXX
SSN - Spouse GANI	Ξ	682485279			
Fed Adj Gross Income (FAGI)	1.	81184.	Withholding (VA) - You	19A.	4064.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	81184.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4064.
Total VA Adj Gross Income (VAGI)	9.	81184.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	680.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemption	ıs) 14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	63324.	Sales and Use Tax	33.	
Amount of Tax	16.	3384.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund		680.
VAGI - Spouse	17A.				
Net Amount of Tax	18.	3384.	Bank Routing #	C	121000248
L			Bank Account #	6592472	994

REV 02/17/23 PRO

____LAR ____DLAR ____DTD ____LTD \$_____

801039499





Filing Status, Age &	License	e Information	Additional Filing Information	Г		
Filing Status			2		Locality	003
Federal Head of Hou	usehold				Uninsured & Authorize DMAS	
DOB - You		062	211995		Name or Filing Status Change	
VA Driver's License	ID - You	B612	260348		Address Change	
VA Driver's License	- Iss. Da	te - You 032	L82023		VA Return Not Filed Last Year	
Spouse Name (Filing	g Status	3 Only)			Dependent on Another's Return	
		0.67	141995		Farmer / Fisherman / Merchant Seaman	
VA Driver's License	DOB - Spouse				Amended	
	·				Reason Code	
VA Driver's License	- ISS. Da				Overseas on Due Date	
Exemptions (A) You	1	Exemptions (B) 65 & Over - You			Federal EIC & Amount	
Spouse	1	65 & Over - Spous	е		Deceased Indicator	
Dependents		Blind - You			Form 760C or 760F	
Total (A)	2	Blind - Spouse			No Sales & Use Tax Due Indicator	Х
		Total (B)			Obtain Electronic 1099G	
		Contact Information			ID Theft PIN	
		er penalty of law that I (we) have			ny (our) knowledge, it is a true, correct & complete return. If you are req	

deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Phone - You

Phone - Spouse

Phone - Preparer

GLOBAL TAXES LLC

Preparer Information

Signature - You	Date
Signature - Spouse	Date
Circulture Descent	D /

Signature - Preparer	 Date
0	

The Tax Department may discuss my/our return with my/our preparer.

1555

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

245 ROONEY CT E BRUNSWICK

REV 02/17/23 PRO

NJ 08816

7

2022 Schedule INC/CG 801039499

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

SANTOSH KRISHNAKUMAR

PAVITHRA DEV GANESAN



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
801039499	W	3057.	382247428	0019497690	60781.
801039499	W	1007.	546001796	30546001796F001	20403.

Total VA Withholding	SSN	VA Withholding
You	801039499	4064.
Spouse		
Total # of W-2s,1099s & VK-1s	02	

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