(Rev. January 2021)

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.

OMB No. 1545-0074

Subm	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securit	ty numl	per	
KOU	SHIK REDDY ROKKAM	446-51	-310	5	
Spouse	's name	Spouse's soc	ial sec	urity numl	ber
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re au	thorizin	g.)
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		94,402.
2	Total tax		2		13,542.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	.5 , 678.
4	Amount you want refunded to you		4		2,136.
5 Dort	Amount you owe		5	COUR RO	turn)
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amenda				
to send for any Agent in payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transic my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the first of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lad identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury andicated in the traition to debit the authorizate the authorizate puests must be the processing of a payment. I furt	ransmis nd its of ax preparently ation. The receiver the election	ssion, (b) designate paration s to this ac To revoke ved no l ectronic cknowled	the reason ed Financial software for count. This e (cancel) a ater than 2 payment of ge that the
	onic Funds Withdrawal Consent.				¬
-	ayer's PIN: check one box only	1 DIN	3 3	1 0 5	
×	I authorize GLOBAL TAXES LLC to enter or generat	ř Ent	ter five	digits, bu	d as my
	signature on the income tax return (original or amended) I am now authorizing.	ao	n't ente	er all zeros	5
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Yours	signature ▶ Date ▶				
Spous	se's PIN: check one box only	_			_
	I authorize to enter or generat	e my PIN			as my
	ERO firm name		ter five	digits, bu	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	S
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
FRO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9	8 9
	2 I WY WE Ellion your old digit Elliv lollowed by your live digit son sollotted i liv.	Don't ent	- -		9 9
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers or	omitting this retu	ırn in a	accordan	ce with the
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

|--|

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	s 🗌 s	Single Married filing jointly	X Marrie	ed filing separately	y (MFS)	☐ Head of	house	ehold (HOF	H)		ifying surv ıse (QSS)	iving
Check only one box.	If yo	u checked the MFS box, enter the r	name of v	our spouse. If you	u check	ed the HOH o	r QSS	box, ente	r the c		, ,	e qualifying
		on is a child but not your dependen		RSHA REDDY KAI								. , ,
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial security	y number
KOUSHIK	REDI	Υ	ROKK	AM					4	46-5	51-3105	
If joint return, s	pouse's	first name and middle initial	Last na	me					Sp	ouse'	s social sec	urity number
									1	68-6	61-6222)
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	eside	ntial Election	n Campaign
1559 KIN	NAIF	RD TERRACE									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code		ouse if filing jointly, want \$3 go to this fund. Checking a		
LEESBURG	3				VA	7	20	176			ow will not	
Foreign country	y name		F	Foreign province/sta	te/count	У	Forei	oreign postal code your t		ur tax	or refund.	
											You	Spouse
Digital	At an	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payn	nent for prope	erty or	services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financi	al intere	est in a digital	asset)? (See ins	structi	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a de	ependent	t Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alien							
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	•			(2) Social secu	ıritv	(3) Relationsh	ain (4) Check th	e box i	f qualif	ies for (see	nstructions):
If more	•	rst name Last name		number	,	to you		Child ta	x credi	t	Credit for oth	er dependents
than four												
dependents, see instructions												
and check	5 —											
here]											
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	10	4,115.
	b	Household employee wages not r	eported	on Form(s) W-2.						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	ported o	n Form(s) W-2 (se	e instru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, 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	,	ons)						1h		0.
instructions.	i	Nontaxable combat pay election ((see instr	ructions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h	. i .							1z		4,115.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		37.
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	nt			6b		
Married filing separately,	c	If you elect to use the lump-sum e			•				. 📙	7		
\$12,950	7	Capital gain or (loss). Attach Sche		•					. Ш	7		0.750
 Married filing jointly or 	8	Other income from Schedule 1, lir								8		9,750.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9		4,402.
\$25,900	10	Adjustments to income from Sche								10		4 400
 Head of household, 	11	Subtract line 10 from line 9. This i	•	-						11		4,402.
\$19,400 If you checked	12 13	Standard deduction or itemized Qualified business income deduction				 5-Δ				13		2,950.
any box under	14	Add lines 12 and 13								14		2 050
Standard Deduction,	15	Subtract line 14 from line 11. If ze								15		2,950. 1,452.
see instructions.	.5	Castaot into 14 nom into 11. Il 26	. 5 01 105	0, 011101 0 . 11110 1	o your t	andolo IIIOOII				13		1,754.

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	13,542.
Credits	17	Amount from Schedule 2, lin	ie 3				[17	
	18	Add lines 16 and 17					[18	13,542.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	13,542.
	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	13,542.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 15	,678.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					:	25d	15 , 678.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return		[26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T					[33	15 , 678.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,136.
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🗄	35a	2,136.
Direct deposit?	b	Routing number 0 5 1	0 0 0 0	1 7	c Type: 🛛	Checking S	Savings		
See instructions.	d	Account number 4 3 5	0 1 4 6	6 7 2 8	3 2				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
Tou Owe	38	Estimated tax penalty (see in	_	-		38		37	
Third Party		you want to allow another							
Designee		structions	•				mplete bel	ow.	⋉ No
Doolgiloo		signee's		Phone			nal identifica		
		me		no.			er (PIN)		
Sign		der penalties of perjury, I declare t							
Here	be	pelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh						•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					NETWORK EN	IGINEER	(see ins		IIV, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupation		If the IF	RS ser	nt your spouse an	
Keep a copy for	·	, ,	J				,		ection PIN, enter it her
your records.							(see ins	st.)	
		one no. (425) 748-408		Email address	KOUSHIK.VR8	92@GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/26/2023	P020827		Self-employed
Use Only	Fir	m's name GLOBAL TA					Phone	no. (678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (202

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	cial se	curity number			
KOUS	HIK REDDY ROKKAM		446-5	1-310	5
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2 a	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	Ε.	5	-9,750.
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			

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

Other income. List type and amount:

Scholarship and fellowship grants not reported on Form W-2 . . .

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9,750.

9

10

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	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	Deductible expenses related to income reported on line 8I from the		
	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)	-	
İ	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		
	zan		
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:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

2022
Attachment
Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 446-51-3105 KOUSHIK REDDY ROKKAM Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 5-33/115 ; CHENGICHERLA MEDCHAL TELANAGANA IN 500092 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 900. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,500. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,100. 14 14 Repairs . . . 2,300. 15 Supplies 15 16 16 Taxes 17 17 3,500. 18 18 Depreciation expense or depletion 19 19 20 20 10,300. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,750. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,750.) 550. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,300. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,750. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-9,750.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment Sequence No. 52

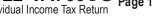
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KOUSHIK REDDY ROKKAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. $4\,4\,6-5\,1-3\,1\,0\,5$

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	lf-only
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , 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 Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	
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 had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions	4.4	650
11	Add lines 9 and 10	11	650.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,000.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		rata k	JSAs complete
· arc	a separate Part II for each spouse.	li ale i	ioas, 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 any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this 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 Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions b arate	pefore HSAs,
18	Last-month rule	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, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA





13.

VA 20176



KOUSHIK REDD ROKKAM

1559 KINNAIRD TERRACE

LEESBURG

SSN - You	ROKK	446513105	Vendor ID	1555	xxxxx
SSN - Spouse		168616222			
Fed Adj Gross Income (FA	AGI) 1.	94402.	Withholding (VA) - Y	ou 19A.	5402.
Additions	2.		Withholding (VA) - S	pouse 19B.	
Subtotal	3.	94402.	Estimated Payments	s 20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	3 22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC 23.	
State Income Tax Overpa	yment 6.		Credit - Schedule OS	SC 24.	
Subtractions	7.		Credits - Schedule C	R 25.	
Subtotal Subtractions	8.		Total Payments / Cr	edits 26.	5402.
Total VA Adj Gross Income	e (VAGI) 9.	94402.	Tax You Owe	27.	
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	745.
Standard Deduction	11.	8000.	Overpayment Credite	ed to Next Year 29.	
Exemptions	12.	930.	VAC - Virginia 529 /	ABLE 30.	

Subtotal (Deductions & Exemptions) 14. 8930. Addition to Tax, Penalty & Interest 32. 85472. 33. VA Taxable Income 15. Sales and Use Tax Amount of Tax 16. 4657. **Amount You Owe** Will Pay by Credit/Debit Card 745. Spouse Tax Adjustment (STA) Your Refund 17. VAGI - Spouse 17A. Bank Routing # 051000017

4657. Net Amount of Tax 18. Bank Account # 435014667282

VAC - Other Contributions

31.

Page 1 of 2

Deductions



Additional Filing Information

Dependent on Another's Return

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

Phone - Preparer

Farmer / Fisherman / Merchant Seaman



3 107 Filing Status Locality

Federal Head of Household Uninsured & Authorize DMAS

DOB - You 03191993 Name or Filing Status Change

VA Driver's License ID - You C66039481 Address Change

12132022 VA Driver's License - Iss. Date - You VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Filing Status, Age & License Information

VARSHA REDDY KAMREDDY

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Exemptions (B) Exemptions (A) 65 & Over - You You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator

> Obtain Electronic 1099G Total (B)

> > ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct 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.

Signature - You Date Phone - You

Signature - Spouse _____ Date Phone - Spouse

022623 6789659522 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

7 P02082703

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

GLOBAL TAXES LLC

File by May 1, 2023 Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

Χ

4257484089

2022 Schedule INC/CG

446513105

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



ROKKAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					٦
446513105	W	5402.	113735091	0021871559	104115.

Total VA Withholding

You

446513105

Spouse

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

01

VA-8879 Virginia Department of Taxation

1555

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	ia Submission Identification Number (SID)							
Your	Name	B Your Social Sec	curity Number					
	HIK REDDY ROKKAM	446-51-31						
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)		94402.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		94402.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		85472.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4657.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5402.					
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)		745.					
Part	II Declaration of Taxpayer and Signature Authorization penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying signature.							
Returnumb filing liable Virgir refun- of the signa	December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN 1 3 1 0 5 as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros GLOBAL TAXES LLC							
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your	Signature Date							
Spou	se'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.							
	se'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						
indica Hand a sigr	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Date							