(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

	1.01.01.00 00 1.00						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securit	y numb	per			
VEEF	RAMANI CHINNARAJ	657-27-	-976	1			
Spouse's	s name	Spouse's soc	s social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	re au	thorizina	.)		
	whole dollars only on lines 1 through 5.	10. you. you a			-/		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	9	,018.		
2	Total tax		2		0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,536.		
4	Amount you want refunded to you		4	1	,536.		
	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our retu	ırn)		
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I alloriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, tran I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the orinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 residus days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) in the receive withdrawal Consent.	smitter, or electrorejection of the trace U.S. Treasury andicated in the trace ution to debit the nate the authorizate quests must be the processing of e payment. I furt	onic refansmished its of ax prepartition. The receive the element of the element	turn origina ssion, (b) the designated paration so to this accor- ro revoke ved no lat ectronic par knowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X		te my PIN	9 7	7 6 1	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but er all zeros	ao my		
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Your s	ignature ▶ Date ▶	•					
Spous	e's PIN: check one box only						
	I authorize to enter or genera	te mv PIN			as my		
	ERO firm name	Ent		digits, but	a.c,		
	signature on the income tax return (original or amended) I am now authorizing.	doı	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belo	ow					
Part I	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 Don't ente	6 6	1 9 8	9		
		20					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	bmitting this retu	ırn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	o Do So					

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separately (Noor spouse. If you cl		_		,		spou	ise (QSS))	
Your first name		• •	Last na	me						Vour so	cial securi	ity number	
		udie iliitiai								Your social security number 657-27-9761			
VEERAMAN		first name and middle initial	Last na	NARAJ me					_			·⊥ curity number	
ii joint rotain, s	pouse s	instrume and middle initial	Lastria							ороизс .	3 300141 30	ounty number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			А	pt. no.		Presider	ntial Electi	ion Campaign	
902 HILI	GATI	E PL						- 1	Check here if you, or your				
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP co	ode				ntly, want \$3 Checking a	
PITTSBUF	RGH				PA		152	20		_	ow will no	•	
Foreign country	/ name		F	oreign province/state/o	county	/	Foreig	n postal co			or refund	•	
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									☐ Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befo	re Janua	ıry 2,	1958	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	e box	if qualif	ies for (see	e instructions):	
If more		rst name Last name		number		to you	·	Child to	ax cre	dit	Credit for o	ther dependents	
than four													
dependents, see instruction:													
and check	5 —												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)						1a		9,018.	
	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)											
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е												
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	y Wages from Form 8919, line 6											
get a Form W-2, see	h	n Other earned income (see instructions)								1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i	i						
	Z	Add lines 1a through 1h								1z		9,018.	
Attach Sch. B	2a		2a			axable interest				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	ıt			6b			
Married filing separately,	С _	If you elect to use the lump-sum election method, check here (see instructions)											
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing jointly or	8	Other income from Schedule 1, line 10								9		0.010	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										9,018.	
\$25,900	10	· · · · · · · · · · · · · · · · · · ·								10		0.010	
Head of household,	11	- · · · · · · · · · · · · · · · · · · ·										9,018.	
\$19,400	12	Standard deduction or itemized				· · · ·				12		12,950.	
If you checked any box under	13	Qualified business income deducti								13		10 050	
Standard Deduction,	14	Add lines 12 and 13								14 15		<u>12,950.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										0.	

Form 1040 (2022	2)									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	0.		
Credits	17	Amount from Schedule 2, lin	ne 3						. 17			
	18	Add lines 16 and 17	. 18	0.								
	19	Child tax credit or credit for	. 19									
	20	Amount from Schedule 3, lin	. 20									
	21	Add lines 19 and 20	. 21									
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	0.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				. 23	0		
	24	Add lines 22 and 23. This is	your total tax						. 24	0.		
Payments	25	Federal income tax withheld	from:									
-	а	Form(s) W-2				25a	1	L,53	6.			
	b	Form(s) 1099										
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 25d	1,536.		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return				. 26			
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28						
	29	American opportunity credit	from Form 8863	8, line 8 . .		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. 32									
	33	Add lines 25d, 26, and 32. These are your total payments								1,536.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								1,536.		
nerana	35a	Amount of line 34 you want	refunded to you	ار. If Form 8888	3 is attached, che	ck here			35a	1,536.		
Direct deposit?	b	Routing number 0 4 3 0 0 0 9 6 c Type: X Checking Savings										
See instructions.	d	Account number 1 0 6	8 5 8 4	1 0 7								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	I. This is the am o	ount you owe.								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							. 37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See						
Designee	instructions											
		Designee's Phone Personal identific name no. number (PIN)										
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which											
Here		ur signature		Date	Your occupation					nt vou an Identity		
	10	ai signature		Date	Tour occupation					IN, enter it here		
Joint return?					SOFTWARE 1	ENGINE	ER		(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an		
your records.									identity Proti (see inst.)	ection PIN, enter it here		
		200 DO (412\020 12F	Г						(,			
		one no. (412)929-135 eparer's name	Preparer's signat	Email address	VEERA08MAI	Date	<u>11.CC</u>	PTIN	J	Check if:		
Paid			'		CIIDUN UNIINM		/2022		082703	Self-employed		
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	1	NAUN DAGAK	GUPIA TALLAM	101/20	/ 4043					
Use Only		m's name GLOBAL TA		ואוכוגוד מע אי	T 00016					678)965-9522		
								Firm's EIN	88-2145487			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/14	1/23 PRO			Form 1040 (2022)		

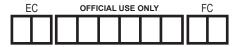
PA-40 - 2022

Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

				N	Extension.	N	Amended Return.		
65	7279761		R	Residency Sta	fus.				
CH:	INNARAJ	K	PA R esident/ N onresident/ P art-Year Resident from to						
VE	CRAMANI	Occupation	on SOFTWARE E	Z	Single, Married/Filing Jointly, Married/Filing Separately, Final Return				
		Occupation	on	N	Deceased				
					Taxpayer Date	of Death			
				N	Spouse Date of	f Death			
יחר	P HILLGATE PL			N	Farmers.				
PI'	TTSBURGH	PA	15220		School District Name PITTSBURGH				
	412-929-1355		02745	l					
1a	Gross Compensation. Do not include e qualifying retirement benefits. See the	and	1.6	а	9014				
1b 1c	Unreimbursed Employee Business Exp Net Compensation. Subtract Line 1b fr		1.t		0 9014				
2 3 4	Interest Income. Complete PA Schedu Dividend and Capital Gains Distribution Net Income or Loss from the Operation	equired.	2 3 4		0 0 0				
5 6 7 8 9	Net Gain or Loss from the Sale, Excha Net Income or Loss from Rents, Royal Estate or Trust Income. Complete and Gambling and Lottery Winnings. Com Total PA Taxable Income. Add only to 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD a	1c,	5 6 7 8 9		0 0 0 0 9014				
10	Other Deductions. Enter the appropri		for the type of deduction.	N	1.0)	0		
11	See the instructions for additional info Adjusted PA Taxable Income. Subtra) from Line 9.		1:	L	9014		
1555	REV 01/03/23 PRO								





Social Security Number

657279761 Name(s) VEERAMANI CHINNARAJ

	39659522	Firm FEIN			32145487
_	arer's Name and Telephone Number AM PRIYA RAM SAGAR GUPTA TALLAM D12623	E-File Opt	Out	N	
Your	Signature Spouse's Signature, if filing jointly	•			
_	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.				
36	Refund donation line. Enter the organization code and donation amount. See instructions.		36		
	Refund donation line. Enter the organization code and donation amount. See instructions.		35		
34	Refund donation line. Enter the organization code and donation amount. See instructions.		34		
	Refund donation line. Enter the organization code and donation amount. See instructions.		33		
32	Refund donation line. Enter the organization code and donation amount. See instructions.		32		
	Refund – Amount of Line 29 you want as a check mailed to you. Credit – Amount of Line 29 you want as a credit to your 2023 estimated account.	FUND	37 30		0
	The total of Lines 30 through 36 must equal Line 29.		7.0		
	the difference here.	l	-		u
	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter	er	28 29		0
	If including form REV-1630/REV-1630A, mark the box.		-		u
26 27	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference he Penalties and Interest. See the instructions. Enter Code:	c1¢.	26 27		0
	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	ara	25 21		0
	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.		24		277
23			23		0
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.		22		0
21	Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.		51		0
	Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP .		19b	00	0
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased		19a	00	
	Forgiveness Credit. Submit PA Schedule SP.	l			
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.		18		0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	l	17		Ö
	2022 Extension Payment.	l	16		0
14 15	•	l	15		0
14	Credit from your 2021 PA Income Tax return.		14		
	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.		73 75		277 277

1555 REV 01/03/23 PRO

Page 2 of 2





PA-8879 (EX) 11-22

PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PENNSTLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

Declaration Control Number/Submission ID		_
Primary Taxpayer's Name VEERAMANI CHINNARAJ	Social Security Number 657-27-9761	
Secondary Taxpayer's Name	Social Security Number	
SECTION I TAX RETURN INFORMATION – TAX YEAR EN	DING DEC. 31, 2022 (whole dollars only)	
1. Adjusted PA taxable income (Form PA-40, Line 11)		9,014
2. PA tax liability (Form PA-40, Line 12)	2	
3. Total PA tax withheld (Form PA-40, Line 13)		277
4. Amount to be refunded (Form PA-40, Line 30)	4	
5. Total payment (tax due) (Form PA-40, Line 28)	5	0
SECTION II DECLARATION AND SIGNATURE AUTHORIZA	ATION OF TAXPAYER	
the amounts shown on the copy of my electronic income tax return. If applica agents to initiate an electronic funds withdrawal (direct debit) entry to my desinstitution to debit the entry to my account and the financial institutions involved information necessary to answer inquiries and resolve issues related to payme the United States or one of its territories. I have selected a personal identification applicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark X I authorize GLOBAL TAXES LLC to entered electronically filed income tax return. I will enter my PIN as my signature on my tax year 2022 electronically filed.	ignated account for Pennsylvania taxes owed. I d in the processing of my electronic payment of the trial certify the funds for this withdraw are original cation number as my signature for my electron rick one oval only. The control of the contro	also authorize my financial taxes to receive confidential ating from an account within ic income tax return and, if
Signature		Date
SECONDARY TAXPAYER'S PIN Mark one oval only. I authorize to enterest electronically filed income tax return. I will enter my PIN as my signature on my tax year 2022 electronically filed.	ter my PIN as my signa	ture on my tax year 2022
Signature		Date
SECTION III CERTIFICATION AND AUTHENTICATION – PR	ACTITIONER PIN PROGRAM PARTICIPAN	ITS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selection	cted PIN222496_ _/ 61989	
As a participant in the Practitioner PIN Program, I certify the above numeric en income tax return for the taxpayer(s) indicated above. I confirm I am participestablished for this program.		
ERO's Signature		Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2022

Name

Social Security Number 657-27-9761 VEERAMANI CHINNARAJ Federal Forms W-2 # TS Ν Employer Federal Pennsylvania ST (state) ID of Ν R Name wages W2 Τ from box 1 compensation from box 16 (See Tax Help) Т Χ Pennsylvania В Employer (state) identification income tax Medicare tax withheld number from wages box B from box 5 from box 17 ACCENTURE LLP 9,018. 9,014. PA72-0542904 9,018. 277. **Taxpayer Spouse** 9,014. Pennsylvania W-2....... 0. Pennsylvania W-2 to Schedule NRH, line 9. Federal Form 4137, Unreported Tips, line 6 Noncash tips......... Non-Pennsylvania W-2 to Schedule SP, line 6 Withholding \ldots Federal Forms W-2: Local Tax TS # Employer Locality name Local wages, Local income ST identification tips, etc. ID of tax W2 number from (local) (local) from box 18 from box 19 box B Т 72-0542904 WORKPSD 700102 2,609 78 PA 6,405. PΑ **Taxpayer Spouse** Pennsylvania Local W-2 9,014. Federal Form 4137, Unreported Tips, line 6 Noncash tips...... Withholding 270. **Excess Reimbursements** T/S Description Employer's EIN Amount

Taxpayer

Spouse

Wilscelle	aı	leous Compensation			uciai	1 011113 1	03311	100, 1		LO, and ot	ilei Statements
* Payer Name		Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income			
	٦										
	\exists										
	<u>-</u> 1									+	
A É: B JU C D E: F C: G D: lo	B Jury duty pay C Director's fee D Expert witness fee Honorarium F Covenant not to compete D Describe: Employer sponsored retirement/pension/deferred compensation plan D Distribution from IRA (Traditional or Roth) K Distribution from Life Insurance, Annuity or Endowment Contracts D Distribution from Charitable Gift Annuities										
					Descri		t notoc	adovo			
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding											
			Со	mpe	ensati	on from	Fede	ral For	ms 1099R		
Payer's EIN T Fed S #							Basis P	A Taxable	PA Tax Withheld		
				_ _ _							
*	E	nter an 'X' if this incom	e is	Not	subjec	t to Penns	ylvani	a tax - F	PA Part-Year a	nd Nonreside	ents Only.
Pennsylvania Distribution type: N No entry I31 PA school, state, or municipal employee plan I11 United Mine Workers pension I32 Military pension I33 U.S. Civil service retirement/disability/annuity K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) I21 Early distribution from a retirement plan I32 I'm not eligible yet; plan is eligible in PA I13 I'm eligible; plan is eligible in PA I14 Traditional or Roth IRA; I'm over 59.5 I15 Traditional or Roth IRA; I'm over 59.5 I16 Insurance or endowment I17 EsOP: Allocated EsOP Stock Dividend I18 I'm eligible; plan is eligible (no PA tax) IIV not eligible yet; plan is eligible in PA IIV not eligible yet; plan is											
Distribution from Life Insurance, Annuity, Endowment Contracts or											
					Tota	l Gross (Comp	ensati	on		
Tot Tot Wit	tal tal thł	gross compensation to Schedule NRH gross holding to Form PA-40	o Fo com line	rm F pens	A-40 I sation t	ine 1a to PA-40, I	ine 12		Taxpa 9 	.014.	Spouse 0.
Total gr	os	ss compensation to Fo	rm P	A-40) line 1	a					9,014.

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.