| 763 | |
|--------|--|
| Page 1 | |

1555

REV 02/09/23 PRO



Enclose a complete copy of your federal tay return and all other required Vir

| | Eliciose a comp | lete copy o | i your reden | | 1 | in other required | | | | | | | | | | |
|--|--|---------------------------|---------------------------------|-----------|---------------------|--------------------------|--|-----------------|-----------------------|------------------|------------|----------------|-------------|--------------|-----------|--------|
| First N | | | | MI | Last Name | | Suffix | | Your So | | - | lumber | | | Check | |
| | ITHA SAI se's First Name (Filing | Status 2 Onl | v) | мі | JALADI Last Name | | 895-48-2919 Suffix Spouse's Social Security Number | | | | | | | Checl | k if | |
| opoue | | | 3) | | Luot Humo | | Cullix | | opouoo | 0 0001 | | inty i taili | 501 | | decea | |
| Prese | nt Home Address (Nu | mber and Str | eet or Rural Ro | oute) | | |) | | Birth Date | | า 8 | - 1 1 | 2 - | 199 | 9 | |
| | 4 W 101 ST 7 | FERR | | | | | - | (mm | -dd-yyyy) | | 5 0 | 2 | | т у у | | |
| | City, Town or Post Office State ZIP Code Spouse's Birth Date OVERLAND PARK KS 66212 (mm-dd-yyyy) | | | | | | | | | - | - | | | | | |
| | Important - Name of Virginia City or County in which principal place of business, employ | | | | | | | | | mployr | nent, or i | ncom | ne source l | _ocality Co | de | |
| | | | is located. | | 0 1 | ,, | | | | , - | | | | | , | |
| TX | | | VIRGINI | | BEACH | | | | | | Ľ | | RL | County 8 | 810 | |
| | | | nded Return Reason Cod | e | | Name(s) or Shown on 2 | | | | an | | Ov | erse | as on Due | Date | |
| Ch | eck Applicable Boxes | | | | | | | - : | | | | | aima | ed on feder | ol roturn | |
| | | | endent on An | other | r's Return | Qualifying F | | Fish | erman, o | or | | SEIC CI | ame | ed on leder | .00 | |
| | Filing Status Ente | r Filing Stat | us Code in b | ox be | elow. | | Ex | cemp | otions A | dd Se | ections | • 1 and 2 | 2. Er | nter the sur | | ; 12. |
| | 1 = Single | e. Federal h | ead of house | hold' | ? YES 🗌 | | | You | Spor Filing | use if Status | Depen | dents | | | | |
| 1 2 = Married, Filing Joint Return - both must have Virginia income 2 or 3 3 = Married, Spouse Has No Income From Any Source 1 + | | | | | | | | | | л г | | 1 | Total Sect | ion 1 | | |
| | | | Has No Incor eparate Retur | | rom Any Sourc | ce | | 1 | + | + | |] = [| 1 | X \$930 = | 93 | 0 |
| lf Filin | | • | | | use's Social Se | curity Number | | You 6 or ove | 5 Spouse er or ove | | | pouse Blind | | | Total Sec | tion 2 |
| If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number | | | | | | | | | | X \$800 = | | | | | | |
| box a | | | o Humo | | | | | | | | | | | 1,000 | | |
| 1 | Adjusted Gross In | come from | federal returr | ר - N | ot federal taxal | ble income | | | | | | | 1 | | 20504 | 00 |
| 2 | Additions from Sc | hedule 763 | ADJ, Line 3. | | | | | | | | | | 2 | | | 00 |
| 3 | Add Lines 1 and | 2 | | | | | | | | | | | 3 | | 20504 | 00 |
| 4 | Age Deduction (S | ee instructio | ons and the A | lge E | Deduction Work | (sheet) | | | | | You | 4 | a | | | 00 |
| | Enter Birth Dates and Your Spouse | above. Ente s Age Dedu | er Your Age E Iction on Line | edu 4b | ction on Line 4 | a | | | | 8 | Spouse | e 4 | b | | | 00 |
| 5 | Social Security Ac | - | | | | | | | | | | | 5 | | | 00 |
| 6 | State income tax | refund or ov | /erpayment c | redit | reported as inc | come on your fee | leral re | turn. | | | | | 6 | | | 00 |
| 7 | Subtractions from | Schedule 7 | 763 ADJ, Line | e 7 | | | | | | | | | 7 | | | 00 |
| 8 | Add Lines 4a, 4b | o, 5, 6, and i | 7 | | | | | | | | | | 8 | | | 00 |
| 9 | Virginia Adjusted | d Gross Inc | come (VAGI). | Sub | otract Line 8 fr | rom Line 3 | | | | | | | 9 | | 20504 | 00 |
| 10 | Itemized Deduction | ons from Vir | ginia Schedu | le A, | if applicable. S | See instructions. | | | | | | 1 | 0 | | | 00 |
| 11 | If you do not claim | n itemized d | eductions on | Line | e 10, enter stan | ndard deduction. | See in | struc | ctions | | | 1 | 1 | | 8000 | 00 |
| 12 | Exemption amour | nt. Enter the | total amount | t fron | n the Exemptio | on Sections 1 and | l 2 abo | ve | | | | 1 | 2 | | 930 | 00 |
| 13 | Deductions from S | Schedule 76 | 3 ADJ, Line | 9 | | | | | | | | 1 | 3 | | | 00 |
| 14 | Add Lines 10, 11 | , 12 and 13 | | | | | | | | | | 1 | 4 | | 8930 | 00 |
| 15 | Virginia Taxable Ir | ncome com | puted as a re | sider | nt. Subtract Lin | ne 14 from Line 9 | | | | | | 1 | 5 | | 11574 | 00 |
| 16 | Percentage from I | Nonresident | t Allocation S | ectio | on on Page 2 (E | Enter to one deci | mal pla | ice o | nly) | | | 1 | 6 | | 73.2 | % |
| 17 | Nonresident Taxa | ble Income. | (Multiply Lin | e 15 | by percentage | on Line 16) | | | | | | 1 | 7 | | 8472 | 00 |
| 18 | Income Tax from | Tax Table or | ⁻ Tax Rate Sc | hedu | ule | | | | | | | 1 | 8 | | 294 | 00 |
| 19a | Your Virginia inco | me tax withl | held. Enclose | e For | ms W-2, W-2G | s, 1099, and VK-′ | l | | | | | 19 | а | | 689 | 00 |
| | Dept. of Taxation F 1044 Rev. 07/22 | For Local Use | LTD | | \$ | | | | | | | | | XXX | XX | |

2022 FORM 763 Page 2

| 2022 | FORM 763 Page 2 | | | | | |
|----------|---|--------------------------------|--------------------------------------|-----------------|-----------|----|
| Your MAH | lame ITHA SAI JALADI | Your SSN 895-48-2919 | | | | |
| 19b | Spouse's Virginia income tax withheld. En | close Forms W-2, W-2G, 10 | | 19b | | 00 |
| 20 | 2022 Estimated Tax Payments | | | | | 00 |
| 21 | 2021 overpayment credited to 2022 estimation | ated tax | | | | 00 |
| 22 | Extension Payment - submitted using Forr | n 760IP | | 22 | | 00 |
| 23 | Credit for Low-Income Individuals or Virgir | nia Earned Income Credit fro | m Schedule 763 ADJ, Line 17. | 23 | | 00 |
| 24 | Total credits from Schedule OSC. | | | | | 00 |
| 25 | Credits from Schedule CR, Section 5, Line | 9 1A | | | | 00 |
| 26 | Total payments and credits. Add Lines | 19a through 25. | | | 689 | 00 |
| 27 | If Line 18 is larger than Line 26, enter the | difference. This is the INCO | IE TAX YOU OWE | | | 00 |
| 28 | If Line 26 is larger than Line 18, enter the | difference. This is the OVER | PAYMENT AMOUNT. | | 395 | 00 |
| 29 | Amount of overpayment on Line 28 to be CF | REDITED TO 2023 ESTIMAT | ED INCOME TAX | | | 00 |
| 30 | Virginia529 and ABLE Contributions from | Schedule VAC, Part I, Line 6 | | | | 00 |
| 31 | Other Voluntary Contributions from Sched | ule VAC, Section II, Line 14. | | | | 00 |
| 32 | Addition to Tax, Penalty, and Interest from See instructions. | | | | | 00 |
| 33 | Sales and Use Tax is due on Internet, mail See instructionsC | order and out-of-state purch | see (Consumer's Lise Tax) | t | | 00 |
| 34 | Add Lines 29 through 33 | | | | | 00 |
| 35 | If you owe tax on Line 27, add Lines 27 ar Line 34 is larger than Line 28, enter the di www.tax.virginia.govCheck here if | ference. AMOUNT YOU OV | /E . Enclose payment or pay a | | | 00 |
| 36 | If Line 28 is larger than Line 34, subtract Lin | e 34 from Line 28. This is the | amount to be REFUNDED TO) | ′OU . 36 | 395 | 00 |
| If the | Direct Deposit section below is not complete | ed, your refund will be issued | l by check. | L | | |
| DIREC | T BANK DEPOSIT Your Bank Routin | a Transit Number | Your Bank Account Number | Checking | X Savings | 1 |

| Dama | antia Annayunta Only | | | Junin | voui | ing i | inunio | | | | _ | | Tour | Dunn | | | | un | ibci | | | | 11 | C | avi | ngo | | |
|--|---|----------|--------|---------|--------|--------|--------|------|-------|--------|----------|-----|-------|-------|---|------|----------------------|-----|-------|-------|------|-------|----------|-------|------|---------|------|----|
| Domestic Accounts Only 0 7 1 0 0 0 1 3 6 | | | | 6 9 | 8 | 1 | 1 8 | 3 | 1 | 9 | 8 | 6 | | | | | | | | | | | | | | | | |
| No | Ionresident Allocation Percentage | | | | | | | | | | Α- | AI | l Soi | urces | 5 | | B - Virginia Sources | | | | | | | | | | | |
| 1. | Wages, salaries, tips, | , etc | | | | | | | | | | | | 1 | | | | | 2 | 050 | 4 | 00 | | | | 150 | 00 | 00 |
| 2. | Interest income | | | | | | | | | | | | | 2 | | | | | | | | 00 | | | | | | 00 |
| 3. | Dividends | | | | | | | | | | | | | 3 | | | | | | | | 00 | | | | | | 00 |
| 4. | Alimony received | | | | | | | | | | | | | 4 | | | | | | | | 00 | | | | | | 00 |
| 5. | Business income or le | oss | | | | | | | | | | | | 5 | | | | | | | | 00 | | | | | | 00 |
| 6. | Capital gain or loss/c | apital | gain | distril | outio | ns | | | | | | | | 6 | | | | | | | | 00 | | | | | | 00 |
| 7. | Other gains or losses | s | | | | | | | | | | | | 7 | | | | | | | | 00 | | | | | | 00 |
| 8. | Taxable pensions, an | nuitie | s and | IRA | distri | ibuti | ons. | | | | | | | 8 | | | | | | | | 00 | | | | | , | |
| 9. | Rents, royalties, partr | nershi | ps, es | states | s, tru | ısts, | S co | rpor | atior | ns, e | tc | | | 9 | | | | | | | | 00 | | | | | | 00 |
| 10. | Farm income or loss. | | | | | | | | | | | | | 10 | | | | | | | | 00 | | | | | | 00 |
| 11. | Other income | | | | | | | | | | | | | 11 | | | | | | | | 00 | | | | | | 00 |
| 12. | Interest on obligation | s of of | ther s | ates | from | n Sc | hedu | le 7 | 63 A | DJ, | Line 1 | | | 12 | | | | | | | | 00 | | | | | | |
| 13. | Lump-sum and accur | mulatio | on dis | stribu' | tions | incl | uded | on | Sch | . 763 | BADJ, | Lin | e 3 | 13 | | | | | | | | 00 | | | | | | 00 |
| 14. | TOTAL - Add Lines 1 | throug | gh 13 | and | ente | er ea | ch co | olum | n to | tal h | ere | | | 14 | | | | | 2 | 050 | 4 | 00 | | | | 150 | 00 | 00 |
| 15. | Nonresident allocatio percentage to one de | | | | | | | | | | | | | 15 | | | | | | | | | | | | 73 | .2% | |
| | (We) authorize the Dept | t. of Ta | xatior | ו to di | SCUS | s this | s retu | rn w | ith m | ιγ (οι | ur) prep | are | er. | | Б | agre | e to | obt | ain m | iy Fo | rm 1 | 099-0 | G at www | v.tax | .vir | rginia. | qov. | |

□ I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.

| I agree to | o obtain r | my Form | 1099-G | at ww | w.tax.vi | rginia.g | ov . |
|------------|------------|------------------|---------|-------|----------|----------|-------------|
| | | م به ام م البر م | 14.1 A. | | | | |

| . , | | | | | | | | | | |
|---|---|-------------------------|----------------------|--------------|--|--|--|--|--|--|
| I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return. | | | | | | | | | | |
| Your Signature | | Your Phone Number | Date | | | | | | | |
| | | | | | | | | | | |
| Spouse's Signature (If a joint return, both must sign |) | Spouse's Phone Number | Preparer's PTIN | Vendor Code | | | | | | |
| | | | P02082703 | 1555 | | | | | | |
| Preparer's Name | Firm's Name (or Yours if Self-Employed) | Preparer's Phone Number | Filing Election Code | ID Theft PIN | | | | | | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | GLOBAL TAXES LLC | (678) 965-9522 | 7 | | | | | | | |

2022 Schedule INC/CG 895482919

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

MAHITHA SAI JALADI

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| Г | | | | | Г |
| 895482919 | W | 689. | 261222517 | 30261222517F001 | 15000. |

| Total VA Withholding | SSN | VA Withholding |
|-------------------------------|-----------|----------------|
| You | 895482919 | 689. |
| Spouse | | |
| Total # of W-2s,1099s & VK-1s | 01 | |

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

1555

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!

| Virginia Submission Identification Number (SID) | | | | | | | | |
|---|--|--------------|--|--|--|--|--|--|
| | | | | | | | | |
| Your Name | B Your Social Sec | urity Number | | | | | | |
| MAHITHA SAI JALADI | 895-48-29 | , | | | | | | |
| Spouse's Name | A Spouse's Socia | | | | | | | |
| | · | , | | | | | | |
| 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) | | 20504. | | | | | | |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 20504. | | | | | | |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | 8472. | | | | | | |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | 294. | | | | | | |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | 689. | | | | | | |
| 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) | | 395. | | | | | | |
| Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying s | | | | | | | | |
| 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 | | | | | | | | |
| | | | | | | | | |
| Do not enter all zeros | I authorize the ERO named below to enter my e-File PIN 8 2 9 1 9 as my signature on my 2022 e-filed Virginia individual income tax return. | | | | | | | |
| 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 | 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. | | | | | | | | |
| 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 | 1989 | | | | | | | |
| 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 certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN m Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubb | tax return for the taxpay ethod and Virginia's publ | ication | | | | | | |