

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SATEESH TOKALA	Social security number 722-28-6533
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter 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 . . . . .	17,900.
2	Total tax . . . . .	498.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	2,877.
4	Amount you want refunded to you . . . . .	2,379.
5	Amount you owe . . . . .	

## 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	6	5	3	3
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 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## 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
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Don't enter all zeros

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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (SATEESH TOKALA), social security number (722-28-6533), and home address (1850 STREET NORTHWEST, WASHINGTON, DC 20006).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for Deductions with rows 2a through 6b, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table for Adjusted Gross Income and Taxable Income with rows 7 through 15, including Capital gain or loss, Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, and Taxable income.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 498.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 2,877.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 2,379.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 37.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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)

<b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b>	<b>Last Name</b>	<b>B Your Social Security Number</b>
SATEESH	TOKALA	722-28-6533
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>
1850 STREET NORTHWEST		
<b>City, State and Zip Code</b>		<b>Online Filed Return</b> <input type="checkbox"/>
WASHINGTON DC 20006		

<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		17,900.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		17,900.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		3,283.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		68.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		295.
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)		227.

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and its 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 Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____ Your Signature	_____ Date	_____ Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	_____ Date
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**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 GLOBAL TAXES LLC	Date 02-28-23	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 882145487
Address, City, State and Zip	Date 02-28-23	EIN P02082703
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 843171965
Address, City, State and Zip		EIN

# 2022 Virginia Nonresident Income Tax Return

Due May 1, 2023



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

First Name SATEESH	MI	Last Name TOKALA	Suffix	Your Social Security Number 722-28-6533	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 1850 STREET NORTHWEST				Your Birth Date (mm-dd-yyyy) 03 - 13 - 1985	
City, Town or Post Office WASHINGTON		State DC	ZIP Code 20006	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence DC	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX				Locality Code 600
				<input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County	

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2021 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents			<b>Total Section 1</b>
1	0	0	=	1	X \$930 = 930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind		
0	0	0	+	0	<b>Total Section 2</b> X \$800 =

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	17900	00
2	Additions from Schedule 763 ADJ, Line 3. ....	2		00
3	<b>Add Lines 1 and 2</b> .....	3	17900	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) ..... You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. ....	4a		00
		4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6	State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	<b>Add Lines 4a, 4b, 5, 6, and 7</b> .....	8		00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....	9	17900	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	<b>Add Lines 10, 11, 12 and 13</b> .....	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	8970	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	36.6	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	3283	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	68	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	295	00

LTD

\$ \_\_\_\_\_

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XXXXXX



Your Name SATEESH TOKALA	Your SSN 722-28-6533
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19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2022 Estimated Tax Payments.	20		00
21	2021 overpayment credited to 2022 estimated tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	<b>Total payments and credits. Add Lines 19a through 25.</b>	26	295	00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b>	28	227	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due.	33		00
34	<b>Add Lines 29 through 33.</b>	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE.</b> Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU.</b>	36	227	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

<b>DIRECT BANK DEPOSIT</b>	<b>Your Bank Routing Transit Number</b>	<b>Your Bank Account Number</b>	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	0 5 1 0 0 0 0 1 7	4 3 5 0 5 6 6 2 2 3 0 8		

**Nonresident Allocation Percentage**

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	17900	00	6554	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9		00		00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	17900	00	6554	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			36.6%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

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 (202) 880-9316	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)		Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7	ID Theft PIN

**2022 Schedule INC/CG**

722286533

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



SATEESH

TOKALA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
722286533	W	295.	770205035	30770205035F001	6554.

Total VA Withholding	SSN	VA Withholding
You	722286533	295.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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

2022 D-40E SUB
District of Columbia Individual Income Tax Declaration for Electronic Filing



IRS Declaration Control Number (DCN) - - -

Your First name and initial SATEESH Last name TOKALA Taxpayer Identification Number (TIN) 722286533

Spouse's/Registered domestic partner's First name and initial Last name Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable) 1850 STREET NORTHWEST Federal Filing Status 1

City, Town, and State WASHINGTON DC Zip Code + 4 20006 District of Columbia Filing Status 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

Table with 2 columns: Description (1. DC Adjusted Gross Income, Form D-40, Line 16) and Amount (17900.00). Rows include Total Tax, DC Income Tax Withheld, Total Amount Due, and Net Refund.

PART II - REFUND METHOD [X] Direct Deposit ReliaCard Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number\* 051000017 \*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.
7. Account Number 435056622308
8. Type of Account [X] Checking Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2022 tax year, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature Date Spouse's Signature Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return.

ERO's Signature Date 022823 TIN 882145487
Paid Preparer's Signature Date 022823 TIN 843171965

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.





2022 D-40 SUB Individual Income Tax Return



220404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number 2028809316

Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 722286533 03131985

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name SATEESH TOKALA

Spouse's/registered domestic partner's first name M.I. Last name



Home address(number, street and suite/apartment number (if applicable)) 1850 STREET NORTHWEST

City State Zip Code + 4 WASHINGTON DC 20006

Email Address TSBIDEV@GMAIL.COM

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No X If no, or if claiming an exemption, complete Schedule HSR (see instructions).

\*Complete your federal return first - Enter your dependents' information on DC Schedule S\*

Income Information

Round centsto nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, unemployment compensation and/or tips, Business income or loss, Capital gain or loss, Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 17900.00

Enter your last name TOKALA  
 Enter your TIN 722286533



220404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions.</i>	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	17900.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions.</i>	12	.00
13	Unemployment Insurance Benefits, <i>see instructions.</i>	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	0.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	17900.00

17 Deduction type. *Take the same type as you took on your federal return. Fill in which type* Standard  or Itemized   
See instructions for amount to enter on Line 17.

18	DC deduction amount.	18	12950.00
19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss 19	4950.00
20	Tax. <i>If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.</i> Fill in <input type="checkbox"/> if filing separately on same return. <i>Complete Calculation J on Schedule S.</i>	20	199.00
21	Credit for child and dependent care expenses .00 X .32 <small>From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441</small>	21	.00
22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. <i>Attach Schedule U.</i>	22	36.00
23	Total non-refundable credits. <i>Add Line 21 and Line 22.</i>	23	36.00
24	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i>	24	163.00
25	DC Health Care Shared Responsibility. <i>See instructions. If fully covered or fully exempt, enter zero.</i>	25	0.00
26	Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i>	26	163.00

DC Earned Income Tax Credit

27a	Enter the number of qualified EITC children. 0	27b	Enter earned income amount 27b	17900.00
27c	For filers <b>with</b> qualifying children. Enter federal EIC .00 X .70	Enter result >	27d	.00
27e	For filers <b>without</b> qualifying children. <i>See instructions for special calculations.</i>	Enter result >	27e	560.00
28	Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>	28	.00	

Enter your last name

TOKALA

Enter your TIN

722286533



220404S31555

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	560.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	662.00
32	2022 estimated income tax payments and amount applied from 2021 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2022 return, enter payments made with original 2022 D-40 return.	34	.00
35	If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	1222.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	1059.00
39	Amount to be applied to your 2023 estimated tax.	39	.00
40	Underpayment Interest. <b>Fill in the oval and attach form D-2210.</b>	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	1059.00

Will this refund go to an account outside the U.S. ? Yes No  See instructions.

44 Fill in \_\_\_\_\_ if either spouse is claiming injured spouse allocation. You **must** attach Form DC-8379.

**Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website [MyTax.DC.gov](http://MyTax.DC.gov)**

Mark **one** refund choice:  Direct deposit or  Reliacard (See instructions) or  Paper check

Direct deposit. *To have your refund deposited to your*  **Checking** or **Savings** *account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number 051000017

Account Number 435056622308

Fill in \_\_\_\_\_ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee *To authorize another person to discuss this return with OTR, mark here \_\_\_\_\_ and enter the name and phone number of that person*

Designee's Name \_\_\_\_\_

Phone number \_\_\_\_\_

**Signature** Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Preparer's signature

Date

SYAM PRIYA RAM SAGAR

02282023

Spouse's/registered domestic partner's signature if filing jointly or separately on same return \_\_\_\_\_

Date \_\_\_\_\_

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

P02082703

6789659522

\* Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.



2022 SCHEDULE S PAGE 2

Last name and TIN TOKALA

722286533



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**Calculation G-1 Computation of Standard Deduction** Calculation G-1 must be completed and submitted with the return except for dependent filers  
 \*If you were born before January 2, 1958, you are considered to be age 65 at the end of 2022

a	Basic standard deduction amount. See instructions.	a	12950.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,400 (1,750 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	12950.00
i	Total number of dependents.	i	

**Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.**

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
<b>a Federal adjusted gross income</b>	Mark if minus	<b>a</b> .00	.00
<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>			
<b>b Total additions to federal adjusted gross income</b>		<b>b</b> .00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>			
<b>c Add Lines a and b.</b>	Mark if minus	<b>c</b> .00	.00
<b>d Total subtractions from federal adjusted gross income</b>		<b>d</b> .00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>			
<b>e DC adjusted gross income</b>	Mark if minus	<b>e</b> .00	.00
<i>Subtract Line d from Line c.</i>			
<b>f Deduction amount.</b>		<b>f</b> .00	.00
<i>Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.)</i>			
<b>g Taxable income.</b>	Mark if minus	<b>g</b> .00	.00
<i>Subtract Line f from Line e.</i>			
<b>h Tax.</b>		<b>h</b> .00	.00
<i>If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.</i>			
<b>i</b>		<b>i</b> .00	Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i

2022 SCHEDULE U SUB Additional Miscellaneous Credits and Contributions



220404S71555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Important: Print in CAPITAL letters using black ink. Attach to D-40.

Note: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name TOKALA

Taxpayer Identification Number (TIN) 72286533

Part I Credits

a. Non-refundable Credits

1 Enter state income tax credit.

List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 2 below.)

State (a) VA 36.00 (b) .00
State (c) .00 (d) .00

2 Total of Line 1 state tax credits and any additional tax credits from the attachments. 2 36.00

3 Enter alternative fuel credits, see instructions. .00

3(a) Alternative fuel infrastructure - private residence. # of stations .00

3(b) Alternative fuel infrastructure - public use. # of stations .00

3(c) Alternative fuel vehicle conversion. # of vehicles

4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here. 4 .00

5 DC Low-Income Housing Tax Credit. See instructions. 5 .00

6 RESERVED 6

7 Total your non-refundable credits, enter here and on Form D-40, Line 22. 7 36.00

b. Refundable Credits

1 DC Non-custodial parent EITC. See Schedule N. 1 .00

2 Keep Child Care Affordable Tax Credit. See Schedule ELC. 2 .00

3 Total your refundable credits, enter here and on Form D-40, Line 29. 3 0.00

Part II Contributions (The minimum contribution is \$1.00.)

1 DC Statehood Delegation fund. 1 .00

2 Taxpayer Support for Afterschool Programs for At-Risk Students 2 .00

3 Anacostia River Cleanup and Protection Fund 3 .00

4 RESERVED 4

5 Total your contribution(s), enter here and on form D-40, Line 41. 5 .00

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 41.

If you owe tax, make the payment plus any contributions, payable to DC Treasurer and mail it with your return.

Attach this schedule to your D-40 return.

2022 Schedule HSR SUB DC Health Care Shared Responsibility



220405S11555

VENDOR ID# 1555

Unless Instructed otherwise- if you fill any part of this schedule, attach it to your D-40

Personal information

Your daytime telephone number 2028809316

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 722286533 03131985

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name SATEESH M.I. Last name TOKALA

Spouse's/registered domestic partner's first name M.I. Last name

Mailing address (number, street and suite/apartment number if applicable)

1850 STREET NORTHWEST

City WASHINGTON State DC Zip Code +4 20006

PART I Do you have qualifying health coverage?

1 Did you and, if applicable, all members of your health care shared responsibility family, have qualifying health coverage for every month in 2022?

Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR.

X No. If you answered No, complete Part II. (Enter zero on Line 25 of your D-40)

PART II Do you have an exemption?

2 Can someone else claim you as a dependent on their federal income tax return for 2022?

Yes. Proceed to Part IV. See instructions.

X No.

3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2022? See instructions.

Yes. Proceed to Part IV. See instructions.

X No.

4 Was your federal adjusted gross income, reported on your D-40, Line 4 for 2022, equal to or less than 30,169.80?

X Yes. Proceed to Part IV. See instructions.

No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.

5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2022 on the basis of a sincerely held religious belief during the entire taxable year?

Yes. You must complete Part III before completing Part IV.

No.

6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2022 for yourself or any member of your health care shared responsibility family?

Yes. You must complete Part III before completing Part IV.

No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.



220405S21555



Enter your lastname TOKALA

Enter your taxpayer identification number (TIN) 722286533

**PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).**

Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7 First name and M.I. Last name			
8 First name and M.I. Last name			
9 First name and M.I. Last name			
10 First name and M.I. Last name			
11 First name and M.I. Last name			
12 First name and M.I. Last name			

**PART IV Complete the applicable worksheets before completing Part IV.**

*Round cents to nearest dollar. If amount is zero, leave line blank.*

13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7).....	13	0.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14).....	14	0.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.).....	15	0.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C-2, Line 2).....	16	0.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25.....	17	0.00

