Form **8879**

(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

Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	_
BHARATH GANDHAM	874-63-	-3632	
Spouse's name	Spouse's soci	ial security number	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	 nter year you aı	re authorizing.)	_
Enter whole dollars only on lines 1 through 5.		<u> </u>	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 144,409	
2 Total tax		2 25,386	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 25,873	
,		4 1,441	
		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	y of your return)	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the	unsmitter, or electron rejection of the transe U.S. Treasury are tindicated in the tabilitation to debit the initiate the authorizar requests must be the processing of the payment. I furtil	onic return originator (ER ansmission, (b) the reasond its designated Financ ax preparation software fentry to this account. Thation. To revoke (cancel) a received no later than the electronic payment her acknowledge that ti	ion cial for his a of the
	ate my PIN		าง
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but	.,
Your signature ▶ Date	>		
Snouse's PIN: check one hov only			
· _	rate my DINI		21/
ERO firm name	,		ıy
signature on the income tax return (original or amended) I am now authorizing.			
Spouse's signature ▶ Date	•		
Amount you want refunded to you			
Part III Certification and Authentication — Practitioner PIN Method Only			_
Taxpayer's name BHARATH GANDHAM Social security number Strate 3-3 s632 Spouse's name BHARATH GANDHAM 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 1 1 144, 409. 2 Total tax 2 2 5, 386. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 25, 873. 4 Annount you want refunded to you 5 Annount you want refunded to you 5 Annount 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 return (shore) land belief, it is true, correct, and complete. I further declare that the arounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. And to the best of return (shore) and belief, it is true, correct, and complete. I further declare that the arounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of return (shore) and belief, it is true, correct, and complete. I further declare that the arounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of return or return, and (c) the date of any refund. If applicable, I authorize the U.S. Trassury Financial Agent to terminate the authorization is to remain in full force and effect until 1 notify the U.S. Trassury Financial Agent to terminate the authorization is to remain in full force and effect until 1 notify the U.S. Trassury Financial Agent to terminate the authorization is to remain in full force and effect until 1 notify the U.S. Trassury Financial Agent to terminate the authorization is to remain in full force and effect until 1 notify			
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s	submitting this retu	rn in accordance with t	
ERO's signature ▶ Date	•		
			—

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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		lifying		ing
Check only one box.	•	u checked the MFS box, enter the n	,	our spouse. If yo	u check	ked the HOH or	QSS box, enter t		use (QS name	,	qualifying
Your first name	and mi	iddle initial	Last nar	ne				Your so	cial sec	curity r	number
BHARATH			GAND	HAM				874-	63-3	632	
	pouse's	s first name and middle initial	Last nar	ne				+			rity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Ele	ection	Campaign
8340 GRI	EENSE	BORO DR					116	Check I	,		•
City, town, or p	ost offic	ce. If you have a foreign address, also co	complete spaces pelow. I state I / IP code I						_		, want \$3 necking a
MCLEAN					VZ	A	22102	box bel			
Foreign countr	y name		F	oreign province/sta	ate/coun	ty	Foreign postal code	your tax	or refu	ınd.	Ü
									Yo	ou [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				, ,	. ,	□ Y	es [⊠ No
Standard		eone can claim: You as a de		<u>_</u>		a dependent	, (,			
Deduction		Spouse itemizes on a separate retur	•	•		•					
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January			s blind	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	.		fies for (see ins	structions):
If more	(1) Fi	irst name Last name		number		to you	Child tax	credit	Credit fo	or other	dependents
than four											
dependents, see instruction	s ——									$\underline{\hspace{1.5cm}}$	
and check	, —									_Ц	
here L]								-		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		<u> 156</u>	,808.
A44(-)	b	Household employee wages not r	•	, ,				. 1b			
Attach Form(s) W-2 here. Also	С		ip income not reported on line 1a (see instructions)								
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption bene						. 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	,					. 1h			0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i				1 - 6	
	<u>z</u>	Add lines 1a through 1h		· · · · · i				. 1z		<u> 156</u>	5,808.
Attach Sch. B if required.	2a	· -	2a			axable interes		. 2b	_		
ii required.	3a		3a			Ordinary divide		. 3b			
	4a		4a			axable amoun axable amoun		. 4b			
Standard Deduction for—	5a		5a 6a			axable amoun		. 5b			
Single or	6a	If you elect to use the lump-sum e		nothed shock he			t	. 60			
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		•	,	,					
\$12,950 Married filing	8	Other income from Schedule 1, lir		· · · · ·	•			. 8			.,399.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9			4,409.
Qualifying surviving spouse,	10	Add lifes 12, 25, 35, 45, 35, 65, 7 Adjustments to income from Sche		-				. 10		<u> </u>	<u>, = U J .</u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		1//	,409.
household,	12	Standard deduction or itemized	-					. 12			2,409.
\$19,400 If you checked	13	Qualified business income deduct		•	,			. 13			,,,,,,,,
any box under Standard	14							. 14		12	.,950.
Deduction,	15	Subtract line 14 from line 11. If zer									,459.
see instructions.					, '		-	10			, <u> </u>

Credits 1	16 17	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	25,	386.
1		Amount from Cobadula O lin								
		Amount from Schedule 2, lin	e3					17		
1	8	Add lines 16 and 17						18	25,	386.
	9	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
2	20	Amount from Schedule 3, lin	e8					20		
2	21	Add lines 19 and 20						21		
2	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	25,	386.
2	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21 .			23		0.
2	24	Add lines 22 and 23. This is	your total tax					24	25,	386.
Payments 2	25	Federal income tax withheld								
,	а	Form(s) W-2				25a 2	25,873			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	25,	873.
2	26	2022 estimated tax payment						26		
ir you nave a —	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
2	29	American opportunity credit	from Form 8863	3, line 8		29				
3	30	Reserved for future use .		•		30				
3	31	Amount from Schedule 3, lin	e 15			31	954			
3	32	Add lines 27, 28, 29, and 31.				undable credit		32		954.
	33	Add lines 25d, 26, and 32. The	•	•	-			33	26,	827.
D - 6 1 3	34	If line 33 is more than line 24						34		441.
Retuna	35a	Amount of line 34 you want	-			, .		35a	1,	441.
Direct deposit?	b	Routing number 1 1 1			c Type:		- -			
See instructions.	d	Account number 4 8 8								
3	36	Amount of line 34 you want a				36				
Amount 3 You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	This is the amo	ount you owe.				37		
3	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS?		Complete	below.	⊠ No	
		ignee's		Phone			rsonal ider	tification		
	nam			no.			mber (PIN)			
Sign Here		ler penalties of perjury, I declare the first they are true, correct, and complete, they are true, correct, and complete first true.					ation of whi	ch prepar	er has any kno	wledge.
11010	You	r signature		Date	Your occupation		Pro		nt you an Iden IN, enter it her	
Joint return? See instructions.				5.	SOFTWARE					
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	ion	Ide		nt your spouse ection PIN, ent		
_	Pho	ne no. (331) 205-9641	1	Email address	GANDHAM.BHAR	ATH95@GMATT	COM			
		parer's name	Preparer's signat	l .	5111DIII 11 DIII II	Date	PTIN		Check if:	
Paid			. 0						Self-em	ployed
Preparer -	Firm	I n's name GLOBAL TA∑	KES I.I.C			ı	Ph	one no.		
Use Only -		n's address 245 ROONE		NSWICK N	J 08816			n's EIN		
Co to unany inc are a		1040 for instructions and the lates		1.5.1.1 OIC IN	BAA	REV 03/18/23 PRO		0 =114	E 10	40 (2022)

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

BHARATH GANDHAM

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 874-63-3632

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	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. Att	ach Schedule E .	5	-12,399.
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		
- 1	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		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	R, or 1040-NR, line 8	10	-12 , 399.

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
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 . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

Your social security number 874-63-3632

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-NR,		
	line 20		8	
		(C	วทนทเ	ued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	954.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	Ва		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	ВЬ		
С	Reserved for future use	Зс		
d	Credit for repayment of amounts included in income from earlier years	3d		
е	Reserved for future use	Ве		
f	Deferred amount of net 965 tax liability (see instructions)	3f		
g	Reserved for future use	3g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	Bh		
Z	Other payments or refundable credits. List type and amount:	3z		
14	Total other payments or refundable credits. Add lines 13a through 13	3z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-S line 31		15	954.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number BHARATH GANDHAM 874-63-3632 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) 9-114/1/3, PEERZADIGUDA HYDERABAD TELANGANA IN 500039 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** 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: 3 697. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,972. 8 Commissions 8 9 9 Insurance . . 10 Legal and other professional fees 10 11 Management fees 11 2,622. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,920. 14 14 Repairs 2,733. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,849. 18 18 Depreciation expense or depletion 19 19 20 20 Total expenses. Add lines 5 through 19 13,096. 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 21 -12,399.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 12,399.) 697. 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 13,096. 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 12,399.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

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 .

-12,399.

26

VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2022

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

Virginia Submission Identification Number (SID)	
First Name 9 Middle Initial (if is inter-combined return opter both) Leat Name	D. Vous Coolel Coought, Number
First Name & Middle Initial (if joint or combined return, enter both) Last Name	B Your Social Security Number
BHARATH GANDHAM	874-63-3632
Present Home Address	A Spouse's Social Security Number
8340 GREENSBORO DR APT # 116	
City, State and Zip Code	Online Filed Return
MCLEAN VA 22102 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 76	•
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 76	
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	107,080.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	5,900.
5. Withholding (Form 760CG, Line 19a &19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19l	
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)	180.
Part II Declaration of Taxpayer	
 8a. \(\times \) I consent that my refund be directly deposited as designated on my 2022 Virginia income appointment of the other spouse as an agent to receive the refund. I certify that the trans the territorial jurisdiction of the United States at any point in the process. 8b. \(\times \) I do not want direct deposit of my refund or I am not receiving a refund. I choose to have 	action does not directly involve a financial institution outside of
I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financia the financial institution account indicated on my 2022 Virginia income tax return for payme estimated tax. I also authorize the financial institutions involved in the processing of the encessary to answer inquiries and resolve issues related to the payment. I certify that the 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 the amounts described in Part I above agree with the amounts shown on the corresponding lines of my knowledge and belief, my return is true, correct and complete. I consent that my return including this disent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the for signature pen, or computer software program.	ent of my state taxes owed on this return and/or a payment of electronic payment of taxes to receive confidential information a transaction does not directly involve a financial institution in I have provided to my electronic return originator and that 2022 Virginia individual income tax return. To the best of my eclaration and accompanying schedules and statements be Virginia Tax. This declaration is to be retained by the ERO or
	Filing Status 2 or 4, BOTH must sign) Date
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer	
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complet taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IF of all forms and information to be filed with the IRS and Virginia Tax and have followed all other require Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am that I have examined the above taxpayer's return and accompanying schedules and statements, and to and complete. Declaration of preparer is based on all information of which preparer has any knowledg stamp, mechanical device, such as a signature pen, or computer software program.	RS) and Virginia Tax. I have provided the taxpayer with a copy ments as described in Handbook for Electronic Filers of also the Paid Preparer, under penalties of perjury, I declare the best of my knowledge and belief, they are true, correct,
ERO's Signature Date GLOBAL TAXES LLC	SSN/PTIN
Firm's name (or yours if self-employed)	Paid Preparer? ☐ Y ☐ N
245 ROONEY CT E BRUNSWICK NJ 08816 Address, City, State and Zip	882145487 EIN
Paid Preparer's Signature Date	SSN/PTIN
Firm's name (or yours if self-employed)	Self-employed? ☐ Y ☐ N
245 ROONEY CT E BRUNSWICK NJ 08816	
Address, City, State and Zip	EIN
1555 REV 02/17/23 PRO	

Form 760PY

2022 Virginia Part-Year Resident Income Tax Return



Due May 1, 2023 Page 1

	structions before comp e a complete copy of you				all other requ	iired Vi	rginia en	closures.			Dates	of VA Resider nm-dd-yyyy)			
YOUR Fire	st Name	MI	Your Last Name	Che	eck if deceased	Suffix	A Your So	cial Security N	umber		You - From				
BHARA	ТН		GANDHAM				874-63	3-3632		03.	-16-2	02212-31	-2022		
	'S First Name (filing status 2 or 4)	MI	Spouse's Last Na	ime Ch	eck if deceased	Suffix		s Social Secur	ity Number	Sı	oouse - Fro	om Spous	e - To		
Present Ho	me Address (Number and Street, or	Rural I	L Route)						VA Dr	iver's Li	cense Info	rmation			
0210	GREENSBORO DR AP	m 1	1.6							Cu	stomer ID				
	or Post Office	1 1	10					You		B636	41673				
								Spouse							
MCLEA:	N		ZIP Code			Locality	Code	-			te (mm-dd	,,,,,			
						,	Jouc	You		06-2	<u>2-202</u>	<u>. T</u>			
VA			22102		1	600		Spouse		Combin	ad Sasia	Security for Yo	u and		
Che	Amended Re				Qualifying Fari	mer, Fish	erman or M	erchant Sea				as taxable inco			
Appli	III DEDENGENICO	n Anot	her's Return	Е	arned Income C	redit Clai	med on fed	eral return		Federal	Return				
Box	Overseas on	Due D	Date	\$	<u> </u>		00			\$		0	0		
I/we a	authorize the sharing of certain	inform	nation from Form	760PY a	and Schedule HC	CI (as des	cribed in th	e instruction	s) with the	Departn	nent of M	edical			
	tance Services (DMAS) and the												nce.		
Fili	ng Status Enter Filing Stat	us Co	ode in box belo	W.			Exemp	otions Ente			exempti	ons being cla	imed.		
	1 = Single (Column A) -			usehold	? YES 🗌					'ou/ ouse	Dependen	ts 65 or Over	Blind		
1	2 = Married, Filing Joint		,	4.)			Enter the	A - You	oth You						
	3 = Married, Filing Sepa4 = Married, Filing Sepa				urn (Columns A	A and B	and Spo	numbers for bouse if Filing S	tatus 2	1	0				
If Fili	ing Status 3, enter spouse's S					Tana D	E	3 - Spouse	. [
	at top of form and, enter Spou					_	Fili	ng Status 4 Or	nly						
DATE	OF BIRTH		l , a a a ()	0 5	5 - 0 8 -	1 9	0 6		Spouse			You			
	Your Birth Date (n Spouse's Birth Da			0 3		1 9	9 0		ng Status 4 ONLY		A	Include Spouse Filing Status			
0	-				1414laa	Fa 7	/CODY								
	plete the Schedule of I				=										
1	FEDERAL ADJUSTED G Line 7, Column 1									00		1444	09 00		
2	Additions from Schedule 7	60PY	ADJ, Line 3				. 2			00			00		
3	Add Lines 1 and 2									00		1444	09 00		
	Qualifying Age Deduction. Worksheet in instructions. B when using Filing Statu	Ente	r Spouse's Age	e Dedu	ction on Line	4b, Colu	ımn 📗						00		
	Line 4a, Column A and Spo									00			00		
	Social Security Act and or reported as taxable income residence in Virginia	e on	federal return	and attr	ributable to yo	ur perio	d of			00			00		
6	State income tax refund of federal return and received	or ov	erpayment cre e a Virginia res	edit repo	orted as incor Claim in the sa	ne on y ame colu	our imn			00			00		
	you reported adjusted gros Income attributable to your						-			00		200	00		
	Income, Part 1, Line 9, Col						·			00		302			
	Subtractions from Schedul									00		202	00		
	Add Lines 4a, 4b, 5, 6, 7,									00		302			
	Virginia Adjusted Gross									00		1141	41 00		
	Itemized Deductions from See Instructions						. !!			00			00		
	If you do not claim itemize from Standard Deductions	ed de Work	eductions on Li ssheet in instru	ine 11, ctions	enter standard	d deduc	tion 12			00		63	20 00		
/a. Dept. of 3 2601039 Re		е	ITD	1 ¢								XXXXX			



2022 Form 760PY Page 2

 Your Name
 Your SSN

 BHARATH GANDHAM
 874-63-3632



	B Spouse Filing Status 4 C		A		I Include S Filing Stat		e if
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	00			74	11 (00
14	Deductions from Schedule 760PY ADJ, Line 9	00				(00
15	Add Lines 11, 12, 13 and 14	00			706	51 (00
16	Virginia Taxable Income. Subtract Line 15 from Line 10	00			10708	30 (00
17	Tax amount from Tax Table or Tax Rate Schedule	00			590	00 (00
18	Total Tax. Add Line 17, Column A and Line 17, Column B.	18			590	00 (00
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1	19a			608	30 (00
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1	19b					00
20	Combined 2022 Estimated Tax Payments	20					00
21	2021 overpayment credited to 2022 estimated taxes	21					00
22	Extension Payment - Enter amount paid on Form 760IP	22					00
23	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17	23				(00
24	Total credit for taxes paid to another state from Schedule OSC	24				(00
25	Credits from Schedule CR, Section 5, Line 1A.	25					00
26	Total payments and credits. Add Lines 19a through 25.	26			608	30 (00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.	27					00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.	28			18	30 (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, Section 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 enclosed Schedule 760PY ADJ, Line 21. See instructionsEnclose 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 instructionsCheck here if no sales and use tax is due	33				-	00
34	Add Lines 29 through 33					1	00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.govAMOUNT YOU OWE	35				\top	
	Check here if paying by credit or debit card - See instructions.	33				(00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28	36			18	30 1	00
DIREC	If the Direct Deposit section below is not completed, your refund will be issued by check. T BANK DEPOSIT Your Bank Routing Transit Number Your Bank Account Number Chec	king	X	Savi	inas		
	tic Accounts Only. emational Deposits. 1 1 1 0 0 0 0 2 5 4 8 8 0 7 9 6 4 4	4 9					
_	Ve) authorize the Department of Taxation to discuss this return with my (our) preparer.			ww.ta		l nia.go	ov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (or complete return.				•	-	
Your S	gradus	Date					
Spouse	e's Signature (If a joint return, both must sign) (331) 205-9641 Spouse's Phone Number	Date					
Dmar	ar's Name						\dashv
		Date					
	TO TO THE TIMES THE	-	ction Code) ID	Theft PIN	N	
245	ROONEY CT E BRUNSWICK NJ 08816 1555	7					

2022 VIRGINIA SCHEDULE OF INCOME Form 760PY



Your Name		Your SSN
	HAM	874-63-3632



PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

	SECTION A		You (Include Spouse if Filing Status 2)									
	SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		Column A1 Federal Retur	n	Column A2 While VA Resid		Column A3 While NOT VA Resident					
1.	Wages, salaries, tips, etc	1	156808	.00	114141	.00	42667	.00				
2.	Interest and dividends	2		.00		.00		.00				
3.	Pension and other income	3	-12399	.00	0	.00	-12399	.00				
4.	Gross income (add Lines 1, 2 and 3)	4	144409	.00	114141	.00	30268	.00				
5.	Adjustments to income: moving expenses	5		.00		.00		.00				
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00				
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	144409	.00	114141	.00	30268	.00				
8.	Net fixed date conformity modifications	8		.00		.00		.00				
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	144409	.00	114141	.00	30268	.00				

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed					
		Column B1 Federal Return	Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc	1	.00		.00		.00
2.	Interest and dividends	2	.00		.00		.00
3.	Pension and other income	3	.00.		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4	.00		.00		.00
5.	Adjustments to income: moving expenses	5	.00		.00		.00
6.	Other income adjustments (enclose explanation)	6	.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7	.00		.00		.00
8.	Net fixed date conformity modifications	8	.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	.00		.00		.00

^{**}Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B. Submit completed Schedule of Income with Form 760PY to avoid delays.

2601301 Rev 07/22

2022 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2





PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

			Column B Spouse	Column A You
1.	Your exemption	1		1
2.	Dependents	2		0
3.	Add Lines 1 and 2	3		1
4.	Multiply Line 3 by \$930	4		930
5.	65 or over	5		
6.	Blind	6		
7.	Add Lines 5 and 6	7		
8.	Multiply Line 7 by \$800	8		
9.	Add Lines 4 and 8	9		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10		0.505
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		0.797

PART 3

Moving Information

a.	If YOU moved into Virginia in 2022, prior state of residence	TX
b.	If YOU moved out of Virginia in 2022, state moved to	
2a.	If SPOUSE moved into Virginia in 2022, prior state of residence	
2b.	If SPOUSE moved out of Virginia in 2022, state moved to	

1555 REV 02/17/23 PRO

2022 Schedule INC/CG

874633632

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



GANDHAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.	
Γ					コ	
874633632	W	6080.	208671915	30208671915F001	114141.	

 Total VA Withholding
 SSN
 VA Withholding

 You
 87 4633632
 60 80 .

 Spouse
 Total # of W-2s,1099s & VK-1s
 01