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

Submis	sion Identification Number (SID)				
Taxpayer'	s name	Social securi	ty numl	per	
SATI	SH KUMAR ABBADI	292-17-2804			
Spouse's	name	Spouse's social security number			
Part I	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	vear vou a	re au	thorizina.	.)
	hole dollars only on lines 1 through 5.	<i>y y</i>			
	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 /	Adjusted gross income		1		800.
2	Total tax		2		0.
3 F	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
	Amount you want refunded to you		4		
	Amount you owe		5		0.
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and kenalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send of for any of Agent to payment authorized payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejetely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate I. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised against the payment (settlement) date. I also authorize the financial institutions involved in the payment information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I and account of the payment of the payment of the payment of the income tax return (original or amended) I and account of the payment of the paymen	ction of the t S. Treasury a cated in the t in to debit the the authoriz ests must be processing of ayment. I fur	ransmis nd its of ax prepared entry ation. The ereceif the el	ssion, (b) the designated paration soft to this according revoke (ved no late ectronic passion).	ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	ic Funds Withdrawal Consent.				
	rer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate n	7	2 8	3 0 4	
X	I authorize GLOBAL TAXES LLC to enter or generate n	En		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	uo	ii t eiite	an Zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your sig	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
	I authorize to enter or generate n	ov PIN			as my
	ERO firm name		ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Spouse	's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part II	Certification and Authentication — Practitioner PIN Method Only				
ERO's l	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 er all ze	1 9 8 eros	9
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit nents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Indicated	tting this reti	urn in a	accordance	
ERO's s	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the na	_	ed filing separately (Nour spouse. If you cl		_		·		spou	ise (QSS)	
		on is a child but not your dependent										
Your first name and middle initial Last na										Your social security number		
SATISH E			ABBA						_	292-17-2804		
If joint return, s	pouse's	first name and middle initial	Last na	me						Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Ap	t. no.		Preside	ntial Electi	on Campaign
24751 M	INERS	S MILL PLACE							- 1		ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP cod	de				ntly, want \$3 Checking a
Aldie				VA 20			2010)5		0	ow will not	U
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign	postal co	de	your tax	or refund	_
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	,				•	,		,	Yes	⊠ No
Standard		eone can claim:										
Deduction		Spouse itemizes on a separate retur				<u> </u>						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befor	e Janua	ry 2,	1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	nip (4)	Check th	e box	if qualif	ies for (see	instructions):
If more	(1) Fi	irst name Last name		number		to you		Child to	ax cre	dit	Credit for ot	ther dependents
than four												
dependents, see instruction	s								<u></u>			
and check _	,											<u> </u>
here]											
Income	1a	Total amount from Form(s) W-2, be	•	,						1a		800.
A44	b	Household employee wages not re	•	• •						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	9	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructions)							1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						0.00
		Add lines 1a through 1h	 							1z		800.
Attach Sch. B if required.	2a	· -	2a			axable interes				2b		
	3a		3a			rdinary divide				3b		
Mandand	4a 5a		4a 5a			axable amoun axable amoun				4b 5b		
Standard Deduction for—	6a	_	6a			axable amoun				6b		
Single or Married filing	C			method check here					· .	OD		
separately,	7	If you elect to use the lump-sum election method, check here (see instructions)						·	7	1		
\$12,950 Married filing	8	Other income from Schedule 1, lin								8	+	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	+	800.
Qualifying spouse,	10	Adjustments to income from Sche								10	1	
\$25,900 Head of	11	Subtract line 10 from line 9. This is								11	+	800.
household,	12	Standard deduction or itemized	-	-						12	1	12,950.
\$19,400 If you checked	13	Qualified business income deducti				5-A				13	1	,
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction,	15									15	1	0.
see instructions.		Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								1		<u>_</u>

Form 1040 (2022	2)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	0.	
Credits	17	Amount from Schedule 2, lir	ne 3						. 17		
	18	Add lines 16 and 17							. 18	0.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19		
	20	Amount from Schedule 3, lir	ne 8						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	0.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				. 23	0.	
	24	Add lines 22 and 23. This is	your total tax						. 24	0.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							. 25d		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return				. 26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							. 32		
	33	Add lines 25d, 26, and 32. These are your total payments									
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		. 34		
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									
Direct deposit?	b	Routing number X X X X X X X X X X C Type: Checking Savi									
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X									
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					. 37	0.	
	38	Estimated tax penalty (see in	_			38			<u>.</u>		
Third Party	Do										
Designee		Do you want to allow another person to discuss this return with the IRS? See instructions									
		signee's		Phone					entification		
		name no. number (PIN)									
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wi								d to the bes	er has any knowledge and er has any knowledge.	
TICIC	Your signature			Date Your occupation					nt you an Identity		
laint vatuus 0					SOFTWARE				see inst.)	IN, enter it here	
Joint return? See instructions.	Sp	ouse's signature. If a joint return,	hoth must sign.	Date	Spouse's occupat	tion			f the IRS sent your spouse an		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			opouse 3 occupation			1	Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (703)999-115	Email address ABBADISATISHKUMAR@GMAIL.COM								
D-1-I	Pre	eparer's name	Preparer's signat				PTIN		Check if:		
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PR			·				P02	082703	Self-employed	
Preparer	Fire	m's name GLOBAL TA	XES LLC					_	Phone no. (678)965-9522		
Use Only	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			F	irm's EIN	84-3171965	
Go to www ire a	ov/Forn	11040 for instructions and the late	st information		BAA	REV/ 0	2/2//23 DDO			Form 1040 (2022)	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 0	2/24/23 PRO			Form 1040 (2022	

2022 VA760CG Page 1



SATISH KUMAR ABBADI

24751 MINERS MILL PLACE

ALDIE VA 20105

SSN - You ABBA		292172804	Vendor ID	1555	XX	XXX	\neg
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	800.	Withholding (VA) - Yo	ou	19A.		18.
Additions	2.		Withholding (VA) - S	pouse	19B.		
Subtotal	3.	800.	Estimated Payments	;	20.		
Age Deduction - You	4A.		2021 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments	i	22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.		
Subtractions	7.		Credits - Schedule Cl	R	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.		18.
Total VA Adj Gross Income (VAGI)	9.	800.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		18.
Standard Deduction	11.	8000.	Overpayment Credite	ed to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.		
Deductions	13.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & Exemptions)) 14.	8930.	Addition to Tax, Pena	alty & Interest	32.		
VA Taxable Income	15.	-8130.	Sales and Use Tax		33.		
Amount of Tax	16.	0.	Amount You Owe				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debi Your Refund	t Card N	1		18.
VAGI - Spouse	17A.		D 1 D " "			0510/	00017
Net Amount of Tax	18.	0.	Bank Routing #		C 4250560		00017
L			Bank Account #		4350568	58693	
				^			D 4 . CO

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2

File by May 1, 2023 Include Page 1, Page 2 and all

supporting 760CG documents.

REV 02/17/23 PRO

1555





Filing Status, Age & License Information Additional Filing Information 1 107 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 05151979 DOB - You Name or Filing Status Change VA Driver's License ID - You Address Change VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (A) Exemptions (B) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse **Deceased Indicator** Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. 7039991156 Signature - You Date Phone - You Signature - Spouse _____ Date Phone - Spouse 030723 6789659522 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date Phone - Preparer 7 P02082703 The Tax Department may discuss my/our return with my/our preparer. Preparer Information GLOBAL TAXES LLC

245 ROONEY CT

NJ 08816

Page 2 of 2

E BRUNSWICK

2022 Schedule INC/CG

292172804

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

SATISH KUMAR

ABBADI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
292172804	W	18.	061695596	30061695596F001	800.

 Total VA Withholding
 SSN
 VA Withholding

 You
 292172804
 18.

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

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgir	ia Submission Identification Number (SID)							
Your	Name	B Your Social Sec	curity Number					
SATI	SH KUMAR ABBADI	292-17-28	04					
	se's Name	A Spouse's Socia	Security Number					
Part	I Tax Return Information	A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		800.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		800.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		-8130.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		0.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		18.					
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		10.					
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		18.					
Part			10.					
numb filing a liable Virgin refund of the signal	Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 7 2 8 0 4 as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros							
	GLOBAL TAXES LLC ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your	Your Signature Date							
Spou	se's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-file Do not enter all zeros	ed Virginia individual inc	ome 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.							
Spous	se's Signature Date							
Part	III Certification and Authentication – Practitioner PIN Method Only							
ERO'	S EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 6	1 9 8 9						
indica Handl	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
ERO's	Signature Date03-0	7-23						