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	Soc	cial security	number			
JAGADEESH PULUKURI	3	353-45-6706				
Spouse's name	Spo	Spouse's social security number				
Part I Tax Return Information — Tax Year Ending December 31, 2	.022 (Enter yea	ar vou are	author	izina.)		
Enter whole dollars only on lines 1 through 5.	(=::::::) = :	<i>y</i> = 0 0 0		· <u>-</u> ····g·/		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income			1	17,2	208.	
2 Total tax		-	2	4	128.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	2,0	033.	
4 Amount you want refunded to you		[4		505.	
5 Amount you owe			5	•		
Part II Taxpayer Declaration and Signature Authorization (Be sure you			of your	return	1)	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or if for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agen payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues rel personal identification number (PIN) below is my signature for the income tax return (original or	ovider, transmitter, reason for rejection uthorize the U.S. The account indicate ancial institution to the to terminate the incellation requests avolved in the product to the payments of the payments are the payments.	or electron n of the tran reasury and d in the tax debit the e authorizati s must be a cessing of the	ic return on smission of its design preparation on. To represented the electroner acknowledges and the second of the electroner acknowledges acknowl	originator, (b) the mated Finated Fina	reason nancial rare for the thin 2 nent of nat the	
Electronic Funds Withdrawal Consent.						
Taxpayer's PIN: check one box only		5	6 7 0			
X I authorize GLOBAL TAXES LLC to enter	or generate my F	Ente	r five digits	s, but	as my	
signature on the income tax return (original or amended) I am now authorizing] .	don'i	t enter all a	zeros		
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.						
Your signature ►	Date ►					
Spouse's PIN: check one box only						
· _	or generate my F	INIC		,	e mv	
ERO firm name	or generate my i		r five digits		as my	
signature on the income tax return (original or amended) I am now authorizing] .		t enter all z			
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—cont	inue below					
Part III Certification and Authentication — Practitioner PIN Method Or	nly					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	N. 2 2 2	4 9 6	6 1	9 8	9	
		Don't enter	ali zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivic authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	at I am submitting	g this returr	n in accor	danće w		
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See Insti						
Don't Submit This Form to the IRS Unless Requ		So				

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	X	Single Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH)		ifying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the	e name of	vour spouse. If you	ı check	ed the HOH o	r OSS	Shox ente	r the c		se (QSS)	e qualifying
one box.		on is a child but not your dependent		your opouco. II you	2 0110010		u.c.	box, onto	11100	illa o	riarrio il tric	y quamymig
Your first name	and mi	ddle initial	Last na	ame					Yo	ur so	cial security	number
JAGADEES	Н		PULT	JKURI					3	353-45-6706		
		first name and middle initial	Last na						_			urity number
Home address	numbe	r and street). If you have a P.O. box,	see instruct	ions.				Apt. no.	Pr	esider	ntial Election	n Campaign
32339 W	12 N	MILE RD									ere if you, o	
		ce. If you have a foreign address, also	complete	spaces below.	Sta	te	ZIP	code			f filing joint	
FARMINGT	ON				MI		48	334		to go to this fund. Checking a box below will not change		
Foreign country	name			Foreign province/sta	te/count	у	Fore	ign postal co			or refund.	Ü
											You	Spouse
Digital	At an	y time during 2022, did you: (a) r	eceive (as	a reward, award,	or payn	nent for prope	rty o	r services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose o	of a digital	asset (or a financi	al intere	est in a digital	asse	t)? (See ins	tructio	ons.)	Yes	⊠ No
Standard	Som	eone can claim:	depender	it	use as	a dependent						
Deduction		Spouse itemizes on a separate re	turn or yo	u were a dual-stati	us alien							
Age/Blindness	You:	Were born before January 2	1958	Are blind	Spouse	. Was box	rn he	fore Janua	v 2 1	958	☐ Is blir	nd
Dependents			., 1000 [(2) Social secu	•	(3) Relationsh			, ,			nstructions):
•	•	rst name Last name		number	iity	to you	"P	Child ta		· 1	,	er dependents
If more than four	()							Г	7		Γ	7
dependents,									-			
see instructions and check	· —							Ī	<u>-</u>		Ī	
here									1			<u></u>
Income	1a	Total amount from Form(s) W-2	, box 1 (se	ee instructions) .						1a	1	7,208.
IIICOIIIE	b	Household employee wages no	t reported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line	1a (see in	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not	reported c	on Form(s) W-2 (se	e instru	ctions)				1d		
W-2G and	е	Taxable dependent care benefit	ts from Fo	rm 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption be	enefits fror	n Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6								1g		
get a Form	h	Other earned income (see instru	uctions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	n (see inst	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h .								1z	1	7,208.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	t.		·	6b		
Married filing separately,	C	If you elect to use the lump-sun		•	`	,						
\$12,950	7	Capital gain or (loss). Attach Sc		•			•			7		
 Married filing jointly or 	8	Other income from Schedule 1,								8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b					•			9	1 1	7,208.
\$25,900	10	Adjustments to income from Sc	•				•			10		
 Head of household, 	11	Subtract line 10 from line 9. This	•	•						11		7,208.
\$19,400	12	Standard deduction or itemize		•	,				•	12	+ 1	<u>2,950.</u>
If you checked any box under	13	Qualified business income dedu					٠			13	+ -	0.050
Standard Deduction,	14	Add lines 12 and 13							•	14	1	<u>2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If	zero or ies	ss, enter -U TRIS I	s your t	axable incom	ie			15		4,258.

Form 1040 (202)	2)											Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16		4	128.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17							. 18		4	128.
	19	Child tax credit or credit for	other dependent	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	B. If zero or less,	enter -0					. 22		4	128.
	23	Other taxes, including self-e										0.
	24	Add lines 22 and 23. This is									4	128.
Payments	25	Federal income tax withheld										
,	а	Form(s) W-2				25a		2,0	33.			
	b	Form(s) 1099				25b		<u> </u>				
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	•				l		. 250		2.0	33.
	26	2022 estimated tax paymen								_		
If you have a qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from			_	28						
	29	American opportunity credit				29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir				31						
	32	Add lines 27, 28, 29, and 31					o orodite		. 32			
	33	Add lines 25d, 26, and 32. T	•	-	-				_	_	2 0	33.
		If line 33 is more than line 24	-					•	. 33	_		505.
Refund	34					,	•	•				505.
Direct deposit?	35a	Amount of line 34 you want Routing number X X X				_						
See instructions.	b	Account number X X X			,, <u> </u>	Check		Sav	ngs			
	d					i .						
A	36	Amount of line 34 you want				30						
Amount You Owe	37	Subtract line 33 from line 24		•					0.7			
rou owe	00	For details on how to pay, g	_			1			. 37			
	38	Estimated tax penalty (see in				38						
Third Party		you want to allow another	•				□vos c	omn	loto bolov	. X I	No	
Designee								•	lete below	_	NO	
	nar	signee's ne		Phone no.			num		identificatio PIN)	, 🗀		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying sch	nedules a	and stateme	nts.	and to the b	est of m	v knowled	dge and
-		ief, they are true, correct, and com										
Here	Yo	ur signature		Date Your occupation					If the IRS	ent you	an Identi	ty
								Protection	PIN, ent	er it here	<u> </u>	
Joint return? See instructions.					SOFTWARE :		VEER		(see inst.)			Ш
Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion			If the IRS s Identity Pro			
your records.									(see inst.)	10011011	1 1	
	Ph	one no. (248)907-003	9	Email address	JAGADEESH.E	144 മ	MATI CO)M				
		eparer's name	Preparer's signat	l .	011011111111111111111111111111111111111	Date	J. II 1 I I C	PT	IN	Chec	k if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/	16/2023	ΡO	2082703		Self-empl	loyed
Preparer		m's name GLOBAL TA	1			, , , , ,			Phone no.			
Use Only			Y CT E BRU	NSWICK N	J 08816				Firm's EIN		1 -3171	
	1 41	11040 for instructions and the late			3 33310				3 E/11		· / 1 / 1	(2022)

2022 VA760CG Page 1





Page 1 of 2

JAGADEESH

PULUKURI

32339 W 12 MILE RD

FARMINGTON	MΙ	48334

SSN-You PULU		353456706	Vendor ID	1555		XXXXX	٦
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	17208.	Withholding (VA) - Yo	ou	19A.		861.
Additions	2.		Withholding (VA) - Sp	pouse	19B.		
Subtotal	3.	17208.	Estimated Payments		20.		
Age Deduction - You	4A.		2021 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		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	3	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.		861.
Total VA Adj Gross Income (VAGI)	9.	17208.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		577.
Standard Deduction	11.	8000.	Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	\BLE	30.		
Deductions	13.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & Exemptions) 14.	8930.	Addition to Tax, Pena	Ity & Interest	32.		
VA Taxable Income	15.	8278.	Sales and Use Tax		33.		
Amount of Tax	16.	284.	Amount You Owe Will Pay by Credit/Debit	t Card N			
Spouse Tax Adjustment (STA)	17.		Your Refund	Card N	1		577.
VAGI - Spouse	17A.		Pank Positing #		_		
Net Amount of Tax	18.	284.	Bank Routing # Bank Account #				

__LAR __DLAR __DTD __LTD \$____

VA Driver's License ID - Spouse





-:::	04-4		Α
Filing	Stati	IS.	Αd

e & License Information Additional Filing Information

1 810 Filing Status Locality

Federal Head of Household Uninsured & Authorize DMAS

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

Reason Code

VA Driver's License - Iss. Date - Spouse Overseas on Due Date

Exemptions (B) Exemptions (A) 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

> Obtain Electronic 1099G Total (B)

> > 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.

2489070039 Signature - You Date Phone - You

Signature - Spouse _____ Date Phone - Spouse

031623 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

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

File by May 1, 2023

2022 Schedule INC/CG

353456706

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



PULUKURI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
353456706	W	861.	841830207	30841830207F001	17208.

Total VA Withholding

You

353456706

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!

Virginia Submission Identification Number	er (SID)						
Your Name	B Your Social Sec	urity Number					
JAGADEESH PULUKURI	353-45-670	06					
Spouse's Name	A Spouse's Social	Security Number					
Part I Tax Return Information	A Spouse	B Yourself					
1. Federal Adjusted Gross Income (Form	m 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	17208.					
2. Virginia Adjusted Gross Income (Forr	n 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	17208.					
3. Taxable Income (Form 760CG, Line	15; 760PY, Line 16, columns A & B; Form 763, Line 17)	8278.					
4. Virginia Income Tax (Form 760CG, Li	ine 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	284.					
5. Withholding (Form 760CG, Line 19a	& 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)	861.					
6. Amount you Owe (Form 760CG, Line	35; Form 760PY, Line 35; Form 763, Line 35)	001.					
7. Refund (Form 760CG, Line 36; 760P	·	577.					
<u> </u>	and Signature Authorization	577.					
Return Originator (ERO), Transmitter, or Intenumber) and the amount shown in Part I abor filing a balance due return, I understand that liable for the tax liability and all applicable in Virginia Tax. I have selected a personal ide refund or direct debit of my tax due. In choos of the territorial jurisdiction of the United Starsignature pen, or computer software program Taxpayer's e-File PIN: check one box only I authorize the ERO named below to	у	identification ne tax return. If I am tax liability, I remain ny complete return to rect deposit of my ital institution outside ce, such as a					
GLOBAL TAXES LLC	FDO Firm Name						
	ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Your Signature	Date						
Spouse's e-File PIN: check one box only							
☐ I authorize the ERO named below to	enter my e-File PIN as my signature on my 2022 e-filed Virginia individual inco Do not enter all zeros	ome tax return.					
	ERO Firm Name						
	ture on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering Practitioner PIN method. The ERO must complete Part III below.	your own e-File					
Spouse's Signature	Date						
Part III Certification and Authent	ication – 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						
indicated above. I confirm that I am submitti	Do not enter all zeros RO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpaya ng this return in accordance with the requirements of the Practitioner PIN method and Virginia's publi ncome Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical de- am.	cation					
ERO's Signature	Date 03-16-23						