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!

Virg	inia Submissio	n Identificat	ion Num	ber (SID)								-									
First I	Name & Middle I	nitial (if joint	or combin	ned return,	enter b	ooth)	Last N	lame)								B Your	Social Se	ecurity I	Number	
BHA	VANA						KUR	APA	ΙΤΙ								510	-41-9	9263		
i	ent Home Addre		APT :	# 607													A Spous	se's Soci	al Secu	ırity Numbe	er
	State and Zip C		AFI 1	# 007														Onlin	e Filed	Return	
	CAGO		IL	6061	. 6																
Par		ırn Inform															A Sp	oouse		B Your	self
1.	Federal Adjus		,											,							231.
2.	Virginia Adjus		•										63, Lir	ne 9)		-					231.
3.	Taxable Incor	`										,				_				93,	301.
4.	Virginia Incon	•											,							5,	107.
5.	Withholding (I	Form 760CG	i, Line 19a	a &19b; 76	0PY, Li	nes 19	a & 19b	; For	m 76	3, Lin	es 19	9a & 19	b)							5,	810.
6.	Amount you (owe (Form 7	60CG, Lir	ne 35; Forn	n 760P	Y, Line	35; For	m 76	33, Lir	ne 35))										
7.	Refund (Form			PY, Line 3	6; Form	n 763, L	_ine 36)	1													703.
Par		ion of Tax																			
8a.	appoint the terri	nt that my re ment of the o torial jurisdic	other spou ction of the	use as an a e United S	agent to tates at	o receiv	e the re	efund ne pro	d. I ce ocess	ertify t	hat th	ne tran	sactio	n does	s not	direc	tly involv				
8b.		want direct	•	•			•	•													
	8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's 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.																				
the a know sent trans	elare under penal amounts describe vledge and belie to the Internal R smitter as validat ature pen, or cor	ed in Part Í a f, my return i evenue Servion of my ele	bove agre is true, co vice (IRS) ectronicall	ee with the orrect and c by my elect ly filed Virg	amoun complete ctronic	ts show te. I cou return o	vn on th nsent th originate	ie cor nat my or (El	rrespo y retu RO) a	onding Irn ind and by	g line cludin y the	s of my ng this IRS to	/ 2022 declar Virgin	Virgii ation a ia Tax	nia ir and a k. Th	ndivid accor nis de	ual incon npanying claration	ne tax ref g schedul i is to be i	turn. To les and retained	o the best of statements of by the EF	of my s be RO or
		Signature	4			ate	· • ·					ture (If	Filing	Status	2 or	4, BO	TH must s	sign)		Date	
Par		ion of Elec			_					_											
taxpa of all Indiv that and	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.																				
	o's Signature BAL TAXES	LLC								Date							S	SSN/PTIN	١		
Firm	's name (or your	s if self-emp	loyed)							_			Pa	id Pre	pare		Y □N		f-emplo	yed? 🗌 Y	\square N
	ROONEY Cress, City, State			E BRUI	<u>NSWI</u>	<u>CK</u>	NJ	1 08	8816	6						8	82145	5487 EIN			
		•																			
Paid	Preparer's Sign	ature								Date							S	SSN/PTIN	١		
Firm	's name (or your	s if self-emp	loyed)										Se	lf-emp	oloye	d? [] Y □ I	N			
	ROONEY C			E BRUI	NSWI	CK	NJ	1 08	8816	6											
Addı	ress, City, State	and Zip																EIN			
1555							1	REV 0	02/17/2	3 PRO)										

763Page 1



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

	Eliciose a comp	ioto copy o	i your roudi	uu	x return und u	n other require	4 VIII 9	a c	11010341						
First N				MI	Last Name		Suffi	х	Your Soc		-	ımber		Check decea	
	VANA se's First Name (Filing	Status 2 Onl	y)	MI	KURAPATI Last Name		Suffi	x	510-4 Spouse's			y Numbe	r	Check	c if
														L decea	sed
	nt Home Address (Nu			oute)					Birth Date i-dd-yyyy)	1 (1	1 -	2 5	- 1 9	9 7	
	1 S.KING DRI Town or Post Office	LVE AP'.	Г 607		State	ZIP Code	Sno	•	Birth Date						
	CAGO				IL	60616	Оро		ı-dd-yyyy)			•	-		
State	of Residence		Important - is located.	Name	e of Virginia City o	or County in which	principa	al plac	e of busin	ess, em	ployme	ent, or inc	ome source	Locality Cod	de
NC			FRANKL:	ΙN	COUNTY							City OR	X County	067	
			nded Return	_ [Name(s) or				an		Over	seas on Du	e Date	
Ch	eck Applicable		Reason Cod	e L		Shown on 2	021 V	A Rei	urn						
	Boxes	☐ Depe	endent on An	othe	r's Return	Qualifying F			erman, o	r			med on fed		
	Filing Status Ente	r Filing Stat	us Code in b	ox b	elow.	- Wiereriant C			otions A	dd Sec	tions '		Enter the s	00 um on Line	12.
			ead of house					You	Spou						
1					must have Virgi			- TOU	20	r 3	горолас		\neg	Total Section	on 1
_ 1			Has No Incoi parate Retur		rom Any Sourc	e		1	+	+		=	1 X \$930	93	0
If Filin	ng Status 3 or 4, en	•	•		use's Social Se	curity Number		You 6 or ove	5 Spouse er or ove	65 You r Blind	Spo d Bl	ouse ind		Total Sect	ion 2
	t top of form and en			•		•			+	+	+	=	X \$800	=	
1	Adjusted Gross In	come from	federal returi	1 - N	ot federal taxal	ble income						. 1		102231	00
2	Additions from Sc	hedule 763	ADJ, Line 3.									. 2			00
3	Add Lines 1 and	2										. 3		102231	00
4	Age Deduction (S										. You	4a			00
	Enter Birth Dates and Your Spouse's	above. Ente s Age Dedu	er Your Age [ction on Line	edu 4b	ction on Line 4	a				Sp	ouse	4b			00
5	Social Security Ac											5			00
6	State income tax							-							00
7	Subtractions from		. ,		•	,									00
8	Add Lines 4a, 4b														00
9	Virginia Adjusted													102231	00
			, ,												00
10	Itemized Deduction														
11	If you do not claim													8000	00
12	Exemption amour				·									930	00
13	Deductions from S														00
14	Add Lines 10, 11	•												8930	00
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract Lin	e 14 from Line 9						. 15		93301	00
16	Percentage from I	Nonresident	Allocation S	ectic	on on Page 2 (E	Enter to one deci	mal pl	ace o	nly)			16		100.0	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	e 15	by percentage	on Line 16)						. 17		93301	00
18	Income Tax from	Tax Table or	Tax Rate So	hed	ule							. 18		5107	00
19a	Your Virginia inco	me tax withl	neld. Enclose	For	ms W-2, W-2G	, 1099, and VK-	1					19a		5810	00
	Dept. of Taxation F 1044 Rev. 07/22	or Local Use	LTD		┐ \$]	VV	XXX	

2022	FORM 763 Page 2													
Your N	lame /ANA KURAPATI		Your SSN 510-41	-9263										
19b	Spouse's Virginia income tax wit	hheld. Enclo			99, and	VK-1.				. 191				00
20	2022 Estimated Tax Payments													00
21	2021 overpayment credited to 2										1			00
22	Extension Payment - submitted													00
23	Credit for Low-Income Individua	_									-			00
24	Total credits from Schedule OSC	-												00
25	Credits from Schedule CR, Sect													00
													F010	+
26	Total payments and credits. A		•										5810	1
27	If Line 18 is larger than Line 26,													00
28	If Line 26 is larger than Line 18,												703	+
29	Amount of overpayment on Line 2	8 to be CREI	DITED TO 2	023 ESTIMAT	TED INC	OME	TAX			. 29	9			00
30	Virginia529 and ABLE Contribution	ons from Sc	hedule VAC,	Part I, Line 6	S					. 30)			00
31	Other Voluntary Contributions fro	om Schedule	VAC, Section	on II, Line 14						. 3	1			00
32	Addition to Tax, Penalty, and Into See instructions.	Encl	ose 760C or	760F and ch	eck here	e				3:	2			00
33	Sales and Use Tax is due on Inte See instructions	,	,		\ -			,	X	3	3			00
34	Add Lines 29 through 33									. 34	1			00
35	If you owe tax on Line 27, add L Line 34 is larger than Line 28, ewww.tax.virginia.govChe	nter the differ	rence. AMO	UNT YOU OV	VE . End	lose	paymen	t or pay		3:	5			00
36	If Line 28 is larger than Line 34, s	·								30	3		703	3 00
DIRE(Dome	stic Accounts Only	ank Routing 1	-	ber			Account 0 2	t Number		ecking	9 1	Savings	s []
Non	resident Allocation Percenta	age						A - All S	ources		B - Vii	rginia S	ources	
1.	Wages, salaries, tips, etc					1		1	12166	00		11:	2166	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 d	istributions				6				00				00
7.	Other gains or losses					7				00				00
8.	Taxable pensions, annuities and	IRA distributi	ons			8				00				
9.	Rents, royalties, partnerships, es	tates, trusts,	S corporation	ons, etc		9			-9935	00			0	00
10.	Farm income or loss					10				00				00
11.	Other income					11				00				00
12.	Interest on obligations of other st	ates from Sc	hedule 763 /	ADJ, Line 1		12				00				
13.	Lump-sum and accumulation dist					13				00				00
14.	TOTAL - Add Lines 1 through 13					14		1	02231	00		11:	2166	00
15.	Nonresident allocation percentage percentage to one decimal place					15						10	0.0%	6
□ I	We) authorize the Dept. of Taxation	to discuss this	s return with r	my (our) prepa	rer.		I agree	to obtain	my Form	1099-0	3 at www.ta	ax.virgin	ia.gov.	
	Ve), the undersigned, declare under pena	Ity provided by	law that I (we)	have examined t				of my (our) knowledg	T	true, correct	and com	plete retu	urn.
Your S	ignature				Your	Phone	Number			Date				
					16	101	026	0.001						
Spous	e's Signature (If a joint return, both must sigr	n)					926- ione Numb			Prepar	er's PTIN		r Code	
	e's Signature (If a joint return, both must sign er's Name	T	or Yours if Self-E	Employed)	Spou	se's Ph		per		ļ .	er's PTIN	Vendo 155 ID The	5	

2022 Schedule INC/CG

510419263

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

BHAVANA

KURAPATI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
510419263	M	5810.	861564085	30861564085F001	112166.

Total VA Withholding

You

510419263

Spouse

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

01

Control Con	e All	` '	of Yo		2022	_	Caro	lina C] _{Ame}		Tax Retu		DOR Use Only				
		-	022, c		al year beginn			22	and ending			e you a ve		0	Yes No	
1	S.	KING IL <u>6</u>		VE	KURAPATI			607	Your SS Spouse's SS	SN: 5104192 SN:	263 We		nted an a	utomatic ix return,	extension to file	e your
Filing S	Status		1. Sing	-	ousehold		ed Filing fying Wid	-	3. Marri	ed Filing Separat	· —	·	Yes	No	Χ	
Were y	ou a				ne entire year		Yes X		□ □ R	eturn for decea		ear spou bayer.		f death:		
					the entire year		Yes L	No		eturn for decea				f death:		ul of
your o	verpa	yment to	the I	Fund.	To make a co	ntribution,	enclose	Form I	NC-EDU and y	our payment of	\$	0.	To desi	_	our overpayn	- 1
										tions for inform on April 15, 202				sident		
		-							-	inted Personal						
FS 1	L	PP	Y		D	T N	OC	N	TPRES	Y SPI	RES	N	VT	N	SVT	N
KURA		2851		606	516 D	S N	EΑ	N	TD		SI)			FDEXT	N
BHAVA	ANA				KUR	APATI				5104192	263					
												IL	606	16		
2851	SK	ING	DR]	IVE					607	CHICAC	GO					
06		1	022	231		16			4465	26	5C			0		= 7
07				0		18	Y		0	26	δE			0		0201
09				0		20A			0	EU	J					5002
10A				0		20B			0	27	7			0		4
10B				0		21A			0	29)			0		
11	S	Y	I	N		21B			0	30)			0		
11			127	750		21C			0	31	-			0		
13			000	000		21D			0	32	2			0		
14			894	181		26A			0	34	l			0		
15			44	165		26B			0							
TN	6	1892	604	194		PN				PI						
I declare a	nd cen	urn Be tify that I ha owledge a	ave exa	mined th	Refund ais return and according true, correct, and	ompanying sc	hedules ar			Check here if to discuss this	you autho s return ar	orize the N	O lorth Caro nents with	lina Depa the paid	artment of Rev preparer belov	enue v.
Your Signa	ature					Date	Spor	use's Sigr	nature (If filing join	t return, both must s	ign.)	Date		89260 ict Phone 1	494 No. (Include area	code)
PAID PRE	PAREI	R USE ON	LY If	prepare	d by a person oth	er than taxpay	rer, this cei	rtification	is based on all info	rmation of which the	preparer h	as any knov	wledge.			
Paid Prepa	arer's S	Signature				Date	Prep	arer's Co	ntact Phone Numb	er (Include area cod	le)		Prepa	rer's FEIN	, SSN, or PTIN	
	If y	ou ARE I	NOT d							O. BOX R, RALE PT. OF REVENU				H, NC 27	640-0640	

Last Name (First 10 Characters) KURAPATI 510419263 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 102231 6. 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 102231 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 11. 12750 a. Add Lines 9, 10b, and 11 12750 12. 12a. b. Subtract Line 12a from Line 8 12b. 89481 Part-year Residents and Nonresidents Taxable Percentage 0.0000 13. 13. 14. N.C. Taxable Income 14. 89481 15. N.C. Income Tax 4465 15. 16. Tax Credits 4465 16. Subtract Line 16 from Line 15 17. 17. 0 Consumer Use Tax 18. 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 0 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 0 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 2022 estimated tax 21a. 0 21a. Paid with extension 0 21b. 21b. 0 21c. Partnership 21c. S Corporation 21d. 21d. 0 22. Additional Payments 22. 0 23. Add Lines 20a through 22 23. 0 24. Previous Refunds 24. 0 25. Subtract Line 24 from Line 23 25. 0 Tax Due 26a. 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. Ω 27. Pay this Amount 27. 0 0 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 0 33. Add Lines 29 through 32 33. 34. 0 Amount to be Refunded 34

D-400TC (50)

2022 Individual Income Tax Credits

Use Only

7b.

8-8-22

2. 3. North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed. Important: Refer to the instructions before completing this form.

Last Name	e (First 10 Characters)	KURAPATI		Your So	cial Security Number	510419263	
01	102231	07B	1	10A	0	13	0
02	112166	08A	0	10B	0	14	0
04	4465	08B	0	11A	0	15	0
06	5107	09A	0	11B	0	19	0
07A	4899	09B	0	12	0		

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Total income from all sources while a resident of N.C. modified by N.C. adjustments to

federal gross income	1.	102231
Portion of Line 1 that was taxed by another state or country	2.	112166
Divide Line 2 by Line 1	3.	1.0972
Total North Carolina income toy (From Form D. 400 Line 15)	4	1165

- 4. Total North Carolina income tax (From Form D-400, Line 15) 4465 4899 5. Multiply Line 4 by Line 3 5.
- Amount of net tax paid to the other state or country on the income shown on Line 2 6. 5107 6. 4899 Credit for Income Tax Paid to Another State or Country 7a. 7a.
- Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken. Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Number of states or countries for which a credit is claimed

8a.	An income-producing historic structure (Article 3D)	8a.	0
8b.	Enter installment amount of credit	8b.	0
9a.	A nonincome-producing historic structure (Article 3D)	9a.	0
9b.	Enter installment amount of credit	9b.	0
10a.	An income-producing historic mill facility (Article 3H)	10a.	0
10b.	Enter amount of credit	10b.	0
11a.	A nonincome-producing historic mill facility (Article 3H)	11a.	0
11b.	Enter installment amount of credit	11b.	0
12.	An income-producing historic structure (Article 3L)	12.	0
13.	A nonincome-producing historic structure (Article 3L)	13.	0
	(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)		



L	Part 3	. Computation of	lotal I	lax Credits to be	laken for	lax Year 2022
Γ	11	Tax aradita carried a	or from	nrovioue voor		

14.	Tax credits carried over from previous year	14.	0
15.	Reserved for Future Use	15.	0
16.	Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15	16.	4899
17.	North Carolina income tax (From Form D-400, Line 15)	17.	4465
18.	Enter the lesser of Line 16 or Line 17	18.	4465
19.	Business incentive and energy tax credits	19.	0
	(Attach Form NC-478 and any required supporting schedules to the front of Form D-400.)		
20.	Total Tax Credits to be Taken for Tax Year 2022	20.	4465