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

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securi	y numl	per	
KIEV	VA ALYNN BARKER	231-67	-420	9	
Spouse'	's name	Spouse's soo	ial seci	urity number	•
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	nter year you a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	itor your your	ic au	trionzing.	<i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	64	,714.
2	Total tax		2		,008.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,960.
4	Amount you want refunded to you		4		,952.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a cop	y of y	our retu	rn)
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, traid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in or receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended).	nsmitter, or electron rejection of the trace U.S. Treasury as indicated in the trace that indicated in the trace the authorizar requests must be the processing of the payment. I further research the processing of the payment. I further rejection of the payment.	onic refansmind its of ax prepartion. The receive of the elaboration are the elaborati	turn origina ssion, (b) the designated paration soft to this acco To revoke (eved no late ectronic par ecknowledge	tor (ERO) ne reason Financial itware for punt. This cancel) a er than 2 syment of that the
	nic Funds Withdrawal Consent. Nyer's PIN: check one box only				
X		ate mv PIN	4 2	2 0 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž En		digits, but er all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I ai if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Your s	signature ▶ Date I				
Spous	se's PIN: check one box only				
Г	I authorize to enter or general	ate my PIN			as my
	ERO firm name	En		digits, but	ao my
	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 a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spous	e's signature ► Date I	•			
	Practitioner PIN Method Returns Only—continue be	low			
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 4 9 Don't ent	6 3	1 9 8	9
		2311 (311)	20		
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic individual incompared to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am syments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	ırn in a	accordance	
ERO's	s signature ► Date I	•			
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested T				

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

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	Head of	household (HO	H) [ifying sun	viving	
Check only one box.	•	u checked the MFS box, enter the n	,	our spouse. If you cl	necke	ed the HOH or	QSS box, ent	er the	•	ise (QSS) name if th	ne qualifying	
		on is a child but not your dependent										
Your first name		ddle initial	Last nar						Your social security number			
KIEVA A			BARK						231-67-4209			
if joint return, s	pousers	first name and middle initial	Last nar	me					spouse's	s social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	F	resider	ntial Election	on Campaign	
1342 BY	BEES	CHURCH RD							Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code				ntly, want \$3 Checking a	
PALMYRA					VA		22963		0	w will not	U	
Foreign countr	y name		F	oreign province/state/o	county	/	Foreign postal c	ode y	our tax	or refund.		
										You	Spouse	
Digital		ny time during 2022, did you: (a) rec	,				•		,			
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (See ir	struct	ions.)	Yes	⊠ No	
Standard	_	eone can claim: You as a de		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu	ary 2,	1958	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check t	ne box	if qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you	Child t	ax cred	dit	Credit for ot	her dependents	
than four												
dependents, see instruction	s										<u></u>	
and check	, —											
here L												
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	<u> </u>	73 , 577.	
A44(-)	b	Household employee wages not re	•	, ,					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							1c			
attach Forms	d	Medicaid waiver payments not rep		()	nstru	ctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•					1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					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 (s	see instr	uctions)		<u>li</u>				١.	70 577	
	<u>z</u>	Add lines 1a through 1h		· · · · · · · · ·					1z		73,577.	
Attach Sch. B if required.	2a	· -	2a			xable interest			2b			
ii required.	3a		3a			dinary divide			3b			
	4a	-	4a			xable amoun			4b			
Standard Deduction for—	5a	-	5a			xable amoun			5b			
Single or	6a	,	6a			xable amoun	τ	· .	6b			
Married filing separately,	c	If you elect to use the lump-sum e		*	`	,		. 📙	_			
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7		0.000	
Married filing jointly or	· ·								9		<u>-8,860.</u>	
Qualifying surviving spouse,									+	64,717.		
\$25,900	5,900 Adjustments to income from Schedule 1, line 20							10	+ .	3.		
 Head of household, 	11 12	Standard deduction or itemized	•	-					12		64,714.	
\$19,400 If you checked	13	Qualified business income deduct		•	,	 5-Δ			13	+	12,950.	
any box under	14								14	+ .	12,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer							15		51,764.	
see instructions.	. •		J J1 1000	-, 5 0 . //// // y	J J 1				-13	<u> </u>	<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 🗌	1	6	7,	008.
Credits	17	Amount from Schedule 2, lin	1	7						
	18	Add lines 16 and 17					1	8	7,	008.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9		
	20	Amount from Schedule 3, lin	ie 8				2	0		
	21	Add lines 19 and 20					2	1		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2	7,	008.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	3		0.
	24	Add lines 22 and 23. This is	your total tax				2	4	7,	008.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 8,	,960.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c					25	id	8,	960.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return		2	6		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits	3	2		
	33	Add lines 25d, 26, and 32. T					3	3	8,	960.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	3	4	1,	952.
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗌 35	īa 💮	1,	952.
Direct deposit?	b	Routing number 0 5 1	4 0 0 5	4 9	c Type: 🛛	Checking S	avings			
See instructions.	d	Account number 1 3 5	3 2 4 3	3 0 4						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24						_		
Tou Owe	38	For details on how to pay, g Estimated tax penalty (see in	_	-		38	3	/		
Third Party		you want to allow another								
Designee		structions	•				mplete belo	w. [× No	
	De	signee's		Phone			nal identificati		-	
		me		no.		numb	er (PIN)		$\bot\bot$	
Sign		der penalties of perjury, I declare t								
Here		lief, they are true, correct, and com	piete. Declaration (sed on all information			•	· ·
	YO	ur signature		Date	Your occupation		I		ou an Ider enter it he	•
Joint return?					REGISTERED	NURSE	(see inst.)	_		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation					our spouse	
Keep a copy for your records.							Identity P		on PIN, en	ter it here
your rooordo.			_							
		one no. (540) 848-489		Email address	KIEVA_BARK	ER@YAHOO.COM				
Paid		eparer's name	Preparer's signat		a	Date	PTIN	-	heck if:	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/14/2023	P0208270	_	Self-em	· -
Use Only		m's name GLOBAL TA			- 00016				78) 965-	
			Y CT E BRU	NSWICK N			Firm's Ell	N	84-31	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 10)40 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

KIEV	IEVA ALYNN BARKER 231-67						
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. Attac	h Schedule	Ε.	5	-8,860.		
6	Farm income or (loss). Attach Schedule F			6			
7	Unemployment compensation			7			
8	Other income:						
а	Net operating loss	Ba ()				
b		Bb					
С	Cancellation of debt	Вс					
d		Bd ()				
е		Be					
f		3f					
g	Alaska Permanent Fund dividends						
h	Jury duty pay						
i		Bi					
j	Activity not engaged in for profit income						
k	' <u> </u>	3k					
I	Income from the rental of personal property if you engaged in the rental						
		81					
m	Olympic and Paralympic medals and USOC prize money (see						
	,	m					
n	\	Bn					
0	·	Bo					
р		Вр					
q	` '	3q					
r		3r					
S	Nontaxable amount of Medicaid waiver payments included on Form	,	`				
	· · · · · · · · · · · · · · · · · · ·	Bs ()				
t	Pension or annuity from a nonqualifed deferred compensation plan or	.					
	· · ·	Bt					
u		Bu					
Z							
	8	3z					

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-8,860.

9

10

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

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government	:	
	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	3.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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 tax law violations		
		_	
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)		
Z	Other adjustments. List type and amount:		
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 . Enter here and on		3.
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	٠.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

KIEV	'A ALYNN BARK	ER							231-6	57-4209	
Part	Note: If you a	are in th	s From Rental Real Estate an ne business of renting personal proper s from Form 4835 on page 2, line 40.	d Ro ty, use	yalties Schedule	c . See	instru	ctions. If you ar	re an ind	ividual, rep	ort farm
			nts in 2022 that would require you								
B I	f "Yes," did you or	will y	ou file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address	s of ea	ach property (street, city, state, ZIF	cod	e)						
Α	1342 BYBEES	CHU	RCH RD PALMYRA VA 22963	3							
В											
С											
1b	Type of Property (from list below)	2	above, report the number of fair	and		Fair Rental Days		Personal Use Days		QJV	
Α	2		personal use days. Check the Quite state of the Control of the Con			Α		365		0	
В			if you meet the requirements to f qualified joint venture. See instru			В					
С			- quamica joint venture. eee mena	10110110	J.	С					
1	of Property: Single Family Resid Multi-Family Resid		3 Vacation/Short-Term Ren4 Commercial	tal	5 Lanc 6 Roya		-	Self-Rental Other (descri			
_								Propertie	es:		
Incom						<u>A</u>	1 0	В			С
3				3		- 6	13.				
4 Exper		u		4							
Expei 5				5							
6				6							
7	Auto and travel (see instructions)					1,9	5.8				
8	Commissions					±, J	50.				
9				9							
10			sional fees	10							
11				11		1,6	20				
12			to banks, etc. (see instructions)	12		Ξ, ο	20.				
13		•		13							
14				14		1,8	87.				
15				15		1,7					
16				16							
17				17		2,2	63.				
18			or depletion	18							
19	Other (list)			19							
20	Total expenses. A	Add lir	nes 5 through 19	20		9,4	73.				
21	result is a (loss), s	see in	ne 3 (rents) and/or 4 (royalties). If structions to find out if you must	21		-8,8	60.				
22			estate loss after limitation, if any, cructions)	22	(8,86	50.)	(,)()
23a	Total of all amour	nts rep	oorted on line 3 for all rental prope	rties			23a		613.		
b	Total of all amour	nts rep	ported on line 4 for all royalty prop	erties			23b				
С	Total of all amour	nts rep	ported on line 12 for all properties				23c				
d	Total of all amour	nts rep	ported on line 18 for all properties				23d				
е			ported on line 20 for all properties				23e	9,	,473.		
24			amounts shown on line 21. Do no		•				. 24		
25	•	•	ses from line 21 and rental real estat							(8,860.)
26	here. If Parts II,	III, IV	e and royalty income or (loss). (, and line 40 on page 2 do not), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	nis amount or			-8,860.

2022 VA760CG Page 1





Page 1 of 2

KIEVA ALYNN

BARKER

1342 BYBEES CHURCH RD

PALMYRA	VA	22963
EALITICA	٧A	22303

PALMYRA	V	/A 22963					
SSN-You BARK		231674209	Vendor ID	1555		XXXXX	\neg
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	64714.	Withholding (VA) - Yo	u	19A.		3668.
Additions	2.		Withholding (VA) - Sp	ouse	19B.		
Subtotal	3.	64714.	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 of	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OSC		24.		
Subtractions	7.		Credits - Schedule CR	ł	25.		
Subtotal Subtractions	8.		Total Payments / Cred	dits	26.		3668.
Total VA Adj Gross Income (VAGI)	9.	64714.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		718.
Standard Deduction	11.	8000.	Overpayment Credited	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	BLE	30.		
Deductions	13.		VAC - Other Contribut	tions	31.		
Subtotal (Deductions & Exemptions) 14.	8930.	Addition to Tax, Penal	ty & Interest	32.		
VA Taxable Income	15.	55784.	Sales and Use Tax		33.		
Amount of Tax	16.	2950.	Amount You Owe	Ocal DI			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	- 1		718.
VAGI - Spouse	17A.		Ponk Posting #		-	Λ 5 1	400549
Net Amount of Tax	18.	2950.	Bank Assourt #		1252C	243304	400343
L			Bank Account #		13332	143304	

__LAR __DLAR __DTD __LTD \$____





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ı			
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L			

Filing Status, Age	& License	Information		Additional Filing Information	_			
Filing Status		:	1	Locality	065			
Federal Head of H	Household			Uninsured & Authorize DMAS				
DOB - You		12131992	2	Name or Filing Status Change				
VA Driver's Licens	se ID - You			Address Change				
VA Driver's Licens	se - Iss. Dat	e - You		VA Return Not Filed Last Year				
Spouse Name (Fi	iling Status 3	3 Only)		Dependent on Another's Return				
DOB - Spouse				Farmer / Fisherman / Merchant Seaman				
VA Driver's Licens	se ID - Snou	a a		Amended				
VA Driver's Licens				Reason Code				
Exemptions (A)	36 - 133. Dai	Exemptions (B)		Overseas on Due Date				
You You	1	65 & Over - You		Federal EIC & Amount				
Spouse		65 & Over - Spouse		Deceased Indicator				
Dependents		Blind - You		Form 760C or 760F				
Total (A)	1	Blind - Spouse		No Sales & Use Tax Due Indicator	Х			
		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.

Signature - You ___ Date Phone - You

Signature - Spouse _____ Date Phone - Spouse

041423 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

File by May 1, 2023 Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

2022 Schedule INC/CG

231674209

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

KIEVA ALYNN

BARKER



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
231674209	M	3668.	521271901	30521271901F001	73577.

Total VA Withholding
You 231674209 3668.
Spouse
Total # of W-2s,1099s & VK-1s 01

VA-8879 Virginia Department of Taxation

1555

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					
KIEV	A ALYNN BARKER	231-67-42						
Spou	se's Name	A Spouse's Socia	I Security Number					
<u> </u>		A 0:	D.V					
Part		A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		64714.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		64714.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		55784.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2950.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3668.					
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)		718.					
Part	II Declaration of Taxpayer and Signature Authorization penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so	shadulas and statemen	to for the wear anding					
Retur numb filing a liable Virgin refund of the	December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic 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 4 2 0 9 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	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 PIN 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					
	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 3	1 9 8 9						
indica Hand a sign	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 Date							