#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number NAGA VENKATA VINAY GADDE 066-27-5464 Spouse's name Spouse's social security number 891-73-2299 SAHITHI PONNAM Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. 83,028. Adjusted gross income 1 1 2 2 6,444. 3 3 11,571. 4 4 5,127. 5 5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. 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 my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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 further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

				EBO firm name		Ē	r
$\mathbf{X}$	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ	-
			-				1

7	5	4	6	4	as my
Ent don	-				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

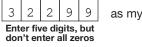
Your signature 🕨

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date							
Practitioner PIN Method Returns Only—contin	le pe	low						
Part III Certification and Authentication – Practitioner PIN Method Only	,							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		3 all zei	 9	8 9	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
Do	ERO Must Retain This F on't Submit This Form to the		
For Donorwork Doduction Act Not			Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO

<b>1040</b>		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple in this space.
Filing Status Check only one box.	If yo	Single $X$ Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	Ũ	eparately (N se. If you ch	,			. ,	spo	lifying surviving use (QSS) s name if the qualifying
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial security number
NAGA VEN	KATA	A VINAY	GADD	E						066-	27-5464
If joint return, sp	ouse's	first name and middle initial	Last nar	ne						Spouse	's social security numbe
SAHITHI			PONN.	AM						891-	73-2299
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Preside	ntial Election Campaigr
24681 FO	OTEI	D RIDGE TER								1	here if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces belo	ow.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
STERLING						VZ	ł	201	66	Ŭ	ow will not change
Foreign country	name		F	oreign pro	ovince/state/c	oun	ty	Foreig	n postal code	your ta	k or refund.
											You Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	digital a	asset (or	a financial i	nter	est in a digital	-			🗌 Yes 🛛 No
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate return	n or you				a dependent				
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	(see i	instructions):		• • •	ocial security		(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (see instructions):
If more	<b>(1)</b> Fi	rst name Last name			number		to you		Child tax c	redit	Credit for other dependent
than four											
dependents, see instructions											
and check											
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	ions)					. 1a	82,728.
A I. E. ( )	b	Household employee wages not re	eported of	on Form(	s) W-2	•				. 1b	)
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a			,			· ·		. 10	
attach Forms	d	Medicaid waiver payments not rep		. ,		nstru	ictions)	· ·		. 10	1
W-2G and 1099-R if tax	е	Taxable dependent care benefits f				•		• •		. <u>1</u> e	
was withheld.	f	Employer-provided adoption bene				•		• •		. 1f	
If you did not	g	0				•		• •		. <u>1</u> g	
get a Form W-2, see	h	Other earned income (see instructi						· ·		. 1h	0.
instructions.	I	Nontaxable combat pay election (s	see instri	uctions)		•	<u>1</u> i				00 700
		Add lines 1a through 1h	· · ·		· · · ·			• •		. 1z	
Attach Sch. B if required.	2a		2a				axable interest			. 2b	
	<u>3a</u>		3a				ordinary divide			. 3b	
	4a		4a				axable amoun			. 4b	
Standard Deduction for –	5a		5a				axable amoun			. 5b	
Single or	6a	,	6a	111			axable amoun	[	· · ·	. 6b	
Married filing separately,	c _	If you elect to use the lump-sum el					,	• •	· · · L	-	
\$12,950	7	Capital gain or (loss). Attach Schee						• •	· · · L		200
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line						• •		. 8	300.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		,						. 9	83,028.
\$25,900	10	Adjustments to income from Sche						• •		. 10	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•					• •		. 11	
\$19,400	12	Standard deduction or itemized		`		'	 E A	• •		. 12	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti			SO OF FORM	099	э-А	• •		. 13	
Standard Deduction,	14 15		 		 O Thio io				• • •	. 14	
see instructions.	15	Subtract line 14 from line 11. If zer		s, enter -	u 11115 15 y	Jui		σ.		. 15	57,128.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	6,444.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	6,444.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,444.
	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	6,444.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 11	,571.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	11 <b>,</b> 571.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	11 <b>,</b> 571.
Refund	34	If line 33 is more than line 24						34	5,127.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here		35a	5,127.
Direct deposit?	b	Routing number 0 8 1				_	Savings		
See instructions.	d	Account number 3 5 5	0 0 7 3	4 7 1 2	2 3 1		•		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		tructions				. 🗌 Yes. C	omplete b	elow.	🗙 No
		signee's		Phone			onal identif	ication	
	nai			no.			per (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation		1	• •	nt you an Identity
	10	ar olghataro		Duto					IN, enter it here
Joint return?					SOFTWARE D	DEVELOPER	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.					UONE MAKET	, ,	(see i	-	ection PIN, enter it here
	Dh	(01())0(1)72(	2	Email addraga	HOME MAKEF		`	ou/	
		one no. (816) 284-736 parer's name	2 Preparer's signat	Email address	VINAY.GADDE	Date	PTIN		Check if:
Paid								, , , , , , , , , , , , , , , , , , ,	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		ram sagar	GUPTA TALLAM	04/13/2023	P02082		<u> </u>
Use Only		m's name GLOBAL TA			T 00016				678)965-9522
		m's address 245 ROONE	Y CT E BRU	NOWICK N	J U8816		Firm'	SEIN	84-3171965
Lio to WWW ire a	OV/Forn	111/111 tor instructions and the late	et intormation			DEV/ 02/22/22 DDO			Earm 1/4/ (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## **Additional Income and Adjustments to Income**

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. **01** 

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NAGA VENKATA VINAY GADDE & SAHITHI PONNAM 066-27-5464 Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 1 . . . 2a

D	Date of original divorce of 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. Atta		5	-8,100.
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		
ο	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 ( )		
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:			
	Other Income from Form 1099-K 8,400.	<b>8z</b> 8,400.		
9	I otal other income. Add lines 8a through 8z		9	8,400.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	300.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	24h				
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	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											. 1545-0074
	-	(From	Attach to Form 1040,		-			Irusis, Reiviic	s, etc.)	20	22
	ent of the Treasury Revenue Service		Go to www.irs.gov/ScheduleE for					formation.		Attachm Sequend	ient ce No. <b>13</b>
Name(s)	shown on return								Your soci	al security	
NAGA	. VENKATA V	INAY	GADDE & SAHITHI PONNAM						066-2	7-5464	
Part			oss From Rental Real Estate an								
	Note: If yo	ou are i	in the business of renting personal proper loss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedule	C. See	e instruc	ctions. If you are	e an indiv	vidual, rep	ort farm
<b>A</b> [			ments in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	tructions		. 🗌 Ye	s 🕅 No
			Il you file required Form(s) 1099?								
1a			f each property (street, city, state, ZIF								
A			AVANIPALEM VISAKHAPATNAM		,	ਸਿਟਸ	TN	530026			
B	0 1 13//1	,000	AVANTIALEN VISAMIATAINAN	ANDI			·	550020			
1b	Type of Prope	rtv	2 For each rental real estate prope	ertv list	ted		Fa	ir Rental	Person	al Use	0.11/
	(from list below		above, report the number of fair	rental	and			Days	Da		QJV
Α	3		personal use days. Check the Q			Α		365		0	
В			if you meet the requirements to f qualified joint venture. See instru			В					
C						С					
	of Property:						_				
	Single Family R			ital	5 Land			Self-Rental			
2	Multi-Family Re	siden	ce 4 Commercial		6 Roya	Ities	8	Other (descril	be)		
								Propertie	s:		
Incom						Α		В			С
3				3		4	50.				
4		ived .		4							
Exper				-							
5 6				5 6							
0 7			instructions)	7		6	50.				
8	-			8							
9				9							
10			fessional fees	10							
11	Management f	ees .		11		9	50.				
12	Mortgage inter	rest pa	aid to banks, etc. (see instructions)	12							
13	Other interest			13							
14				14			50.				
15				15		2,4	50.				
16				16		1 5	FO				
17 18			se or depletion	17 18		1,0	50.				
19			·	19							
20		s. Add	l lines 5 through 19	20		8,5	50.				
21	•		n line 3 (rents) and/or 4 (royalties). If								
			e instructions to find out if you must								
	file Form 6198			21		-8,1	00.				
22			al estate loss after limitation, if any,								
			instructions)	22	(	8,10	)0.)	(	)	(	)
23a			reported on line 3 for all rental prope				23a		450.		
b			reported on line 4 for all royalty prop				23b				
c d			reported on line 12 for all properties reported on line 18 for all properties		· · ·		23c 23d				
e u			reported on line 20 for all properties				23u 23e	8	550.		
24			ve amounts shown on line 21. <b>Do no</b>						24		
25		-	losses from line 21 and rental real estat		-					(	8,100.)
26			state and royalty income or (loss).								. /
	here. If Parts	II, III,	IV, and line 40 on page 2 do not	apply	to you, a	also er	nter th	is amount or			
	Schedule 1 (Fo	orm 10	040), line 5. Otherwise, include this ar	mount	in the tot	al on li	ne 41	on page 2 .	26		-8,100.

Forn 760F		art-\	Year Resid	22 dent Income	Tax R	eturn							
Page 1	structions before comp	alatin		y 1, 2023					;				
	e a complete copy of you				uired Vi	rginia en	closures.			Dates of VA (mm-do		e	
YOUR F	rst Name	MI	Your Last Name	Check if deceased	Suffix	A Your So	cial Security N	umber		′ou - From 01-2022	You - "		
NAGA	VENKATA VINAY		GADDE			066-2	7-5464		07-	01-2022	12-31-	.2022	
SPOUSE	<b>C'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Na	me Check if deceased	Suffix	B Spouse	's Social Secur	ity Number		ouse - From   -01-2022	Spouse 12-31-		
SAHIT	'HI		PONNAM			891-7	3-2299						
Present H	ome Address (Number and Street, or	r Rural I	Route)					VA Drive		ense Informatio stomer ID	on		
	FOOTED RIDGE TE	R					You	E		)2829			
							Spouse						
STERI State	ING		ZIP Code		Locality	Code	You			e (mm-dd-yyyy) 2-2022			
VA			20166		107		Spouse	0	<u> </u>				
	Amended Re			Qualifying Far	-	erman or N	lerchant Sea	man		ed Social Secu			ĺ
	eck Reasor			Earned Income C	`redit Cla	imed on fer	leral return			reported as ta: Return	xable incom	ne on	
	xes Dependent o Overseas on			\$				\$			.00		
	authorize the sharing of certain	inforn	nation from Form				ne instruction			ent of Medical			]
Assi	stance Services (DMAS) and th	e Dep	artment of Social	Services (DSS) for purp	osès of id	dentifying p	ersons who v	vould like to n	ewly e	nroll in medica	al assistanc		_
Fil	ing Status Enter Filing Stat 1 = Single (Column A) -					Exem	ptions Ente	You	ı/	exemptions t	U		
4	2 = Married, Filing Joint						A - You	Spou	ise D	ependents 65	5 or Over	Blind	
	3 = Married, Filing Sepa					Enter the and Sp	e numbers for b ouse if Filing S	ooth You tatus 2 1		0			
lf Fi	4 = Married, Filing Sepa ling Status 3, enter spouse's S	-			A and B		3 - Spouse		7				-
box	at top of form and, enter Spot					Fili	ng Status 4 Or	nly 1					
DATE	E OF BIRTH Your Birth Date (r	nm-do	d-vyyy)	10-28-	19	92		Spouse		•	You		
	Spouse's Birth Da			11-24-	19	96	B Filir	ng Status 4 ONLY			de Spouse i ng Status 2		
Cor	nplete the Schedule of I			ubmit it with your	Form	760PY							1
1	FEDERAL ADJUSTED			-									
	Line 7, Column 1					. 1			00		8302	8 00	_
2	Additions from Schedule 7	60PY	′ ADJ, Line 3			. 2			00			00	
3	Add Lines 1 and 2								00		8302	8 00	
4	Qualifying Age Deduction. Worksheet in instructions.	. Ente	er Birth Dates a	above. Complete Age	e Deduc	tion 4a						00	
	B when using Filing Statu	is 4 C	ONLY. Otherwis	e, claim Your Age D	eductior	n on 🔬			00				-
F	Line 4a, Column A and Sp								00			00	-
5	Social Security Act and reported as taxable incom	ne on	federal return a	and attributable to yo	ur perio	dof			00			00	
6	residence in Virginia State income tax refund					·			00			00	-
0	federal return and received	d whil	le a Virginia res	ident. Claim in the sa	ame coli	umn			00			00	
7	you reported adjusted gros								00			00	-
7	Income attributable to your Income, Part 1, Line 9, Co								00		4192	8 00	
8	Subtractions from Schedu	le 760	)PY ADJ, Line 7	7		. 8			00			00	
9	Add Lines 4a, 4b, 5, 6, 7,	and	8			. 9			00		4192	8 00	
10	Virginia Adjusted Gross	Incor	ne (VAGI). Sub	otract Line 9 from Li	ne 3	. 10			00		4110	0 00	1
11	Itemized Deductions from					F							1
	See instructions								00			00	4
12			ductions !!	no 11 onton -t!	d dod.								-1
	If you do not claim itemiz from Standard Deductions	ed de Work	eductions on Li sheet in instrue	ne 11, enter standar ctions	d deduc	<sup>tion</sup> 12		0	00		792	0 00	
Va. Dept. of 2601039 F	Taxation For Local Us	e vvork	eductions on Li sheet in instruc	ne 11, enter standar ctions	d deduc	12		0	00		792 xxx	0 00	

2022	2 Form 760PY Page 2										
Your N		Your SSN									
N GA	ADDE & S PONNAM	066-27-5464			Spou				You Inclu		
				B	Filing Status		LY	Α		Status 2	
13	Prorated exemption amount from So See instructions		13		4	69	00			469	00
14	Deductions from Schedule 760PY A	DJ, Line 9	14				00				00
15	Add Lines 11, 12, 13 and 14				4	69	00		8	8389	00
16	Virginia Taxable Income. Subtract	Line 15 from Line 10.			-4	69	00		32	2711	00
17	Tax amount from Tax Table or Tax R	ate Schedule				0	00		1	623	00
18	Total Tax. Add Line 17, Column A	and Line 17, Column B					18		1	623	00
19a	Your Virginia income tax withheld. E	nclose copies of Forms W-2, W-2G,	1099 and VK-	1			19a		2	2098	00
19b	Spouse's Virginia income tax withhe	ld. Enclose copies of Forms W-2, W	-2G, 1099 and	VK-1			19b				00
20	Combined 2022 Estimated Tax Payr	nents					20				00
21	2021 overpayment credited to 2022	estimated taxes					21				00
22	Extension Payment - Enter amount						22				00
23	Tax Credit for Low-Income Individua	ls or Virginia Earned Income Credit f	from Schedule	760PY	ADJ, Line 17	, 	23				00
24	Total credit for taxes paid to another	-					24				00
25	Credits from Schedule CR, Section						25				00
26	Total payments and credits. Add						26		2	2098	00
27	If Line 18 is larger than Line 26, enter	-					27				00
28	If Line 26 is larger than Line 18, enter						28			475	00
29	Amount of overpayment on Line 28 to						29				00
30	Virginia529 and ABLE Contributions						30				00
	C C C C C C C C C C C C C C C C C C C						31				
31 32	Other Voluntary Contributions from S Addition to Tax, Penalty and Interest										00
		Enclose 760C or 760F and check			l		32				00
33	Sales and Use Tax is due on Internet See instructions	, mail order, and out-of-state purchas Check here if no sales and use ta	es (Consumer x is due	's Use 1	Гах).	Х	33				00
34	Add Lines 29 through 33						34				00
35	If you owe tax on Line 27, add Lines Line 28, enter the difference. Enclos Check here if paying by credit of		nia.govAM	OUNT	YOU OWE	an	35				00
36	If Line 28 is larger than Line 34, subtra						36				
	If the Direct Deposit section below is no	t completed, your refund will be issued	by check.					<u> </u>		475	00
	T BANK DEPOSIT Your Bank I stic Accounts Only.	Routing Transit Number	Your Bank Ac	count N	lumber Ch	necki	ng	X	Savings		]
	ernational Deposits. 0 8 1	0 0 0 0 3 2 3	5 5 0	0.	7 3 4	7	1 2	3			
I (We	Ve) authorize the Department of Taxation b), the undersigned, declare under per complete return.	n to discuss this return with my (our) pre	eparer.	] I agree	e to obtain my	Form	n 1099	-G at w		-	-

Your Signature	Your Phone Number		Date		
	(816) 284.	-7362			
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Nu	mber	Date		
Preparer's Name	Preparer's Phone Number		Date		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-9522		04-13-2023		
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's PTIN	Vendor Code	Filing Election Code	ID Theft PIN	
245 ROONEY CT E BRUNSWICK NJ 08816	P02082703	1555	7		

### 2022 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 1

Your Name				Your SSN
N GADDE	&	S	PONNAM	066-27-5464

#### 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 —		<b>Column A1</b> Federal Retur	'n	<b>Column A2</b> While VA Resid		Column A3 While NOT VA Res	sident			
1.	Wages, salaries, tips, etc	1	82728	.00	41100	.00	41628	.00			
2.	Interest and dividends	2		.00		.00		.00			
3.	Pension and other income	3	300	.00	0	.00	300	.00			
4.	Gross income (add Lines 1, 2 and 3)	4	83028	.00	41100	.00	41928	.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	83028	.00	41100	.00	41928	.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	83028	.00	41100	.00	41928	.00			
	*Enter the amount from Line 7,	Colu	umn A1 on Form	760P	Y, Page 1, Line 1,	Colu	mn A.				

	SECTION B		Enter Spouse's	Income When Filing Sta	atus 4 Is Claimed	
_	SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status 4		Column B1 Federal Return	<b>Column B2</b> 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.



2022 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 2

Yo	our Name				Your SSN
Ν	GADDE	&	S	PONNAM	066-27-5464

#### 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	1
2.	Dependents	2		0
3.	Add Lines 1 and 2	3	1	1
4.	Multiply Line 3 by \$930	4	930	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	930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10	0.504	0.504
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on	11	0.304	0.304
	Form 760PY, Line 13		469	469

#### PART 3

#### Moving Information

- 1a. If YOU moved into Virginia in 2022, prior state of residence
- 1b. 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
- IL \_\_\_\_\_\_ IL

1555

## 2022 Schedule INC/CG

066275464 Report all W-2s, 1099s & VK-1s with VA Withholding

NAGA VENKATA GADDE

SAHITHI PONNAM

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
066275464	W	2098.	274607612	30274607612F001	41100.

Total VA Withholding	SSN	VA Withholding
You	066275464	2098.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

.

## Virginia Individual Income Tax e-File Signature Authorization

#### 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 (SID)						
Your Name	B Your Social Sec	urity Number				
NAGA VENKATA VINAY GADDE	066-27-546	-				
Spouse's Name	A Spouse's Social	Security Number				
SAHITHI PONNAM	891-73-229					
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)		83028.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		41100.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	-469.	32711.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	0.	1623.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2098.				
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)		475.				
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying s						
number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lin filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full ar liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Serv Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does no of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber signature pen, or computer software program. <b>Taxpayer's e-File PIN: check one box only</b>	nd timely payment of my ice Provider to transmit m and, if applicable, the dir t directly involve a financ	tax liability, I remain ny complete return to rect deposit of my ial institution outside				
I authorize the ERO named below to enter my e-File PIN 7 5 4 6 4 as my signature on my 2022 e-fi	ed Virginia individual inco	ome tax return.				
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.	conly if you are entering	your own e-File PIN				
Your Signature Date						
Spouse's e-File PIN: check one box only						
I authorize the ERO named below to enter my e-File PIN 3 2 2 9 9 as my signature on my 2022 e-fi Do not enter all zeros	ed Virginia individual inco	ome tax return.				
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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	conly if you are entering	your own e-File				
Spouse'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	1989					
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.						
Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubb	ethod and Virginia's publi er stamp, mechanical de	cation				



**Illinois Department of Revenue** 2022 Form IL-1040 Individual Income Tax Return

or for fiscal year ending \_/\_\_ \_\_

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

В	NAG SAH 246 STEI Filii	-27-5464 1992 891-73-2299 1996 A VENKATA VINAY GADDE ITHI PONNAM 81 FOOTED RIDGE TER RLING VA 20166 VINAY.GADDE57@GMAIL.COM Ing status: Single ⊠ Married filing jointly □ Married filing separately □ Widowed □ Head of eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. □ You □		
		eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR X Part-year resident -	-	ND
D				e dollars only)
	Ste	<b>p 2: Income</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	83,028.00
	2 3 4	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. <b>Attach</b> Schedule M. <b>Total income</b> . Add Lines 1 through 3.	2 3 4	.00 .00 83,028.00
T	Ste	p 3: Base Income		
e e	5 6	Social Security benefits and certain retirement plan income       5         received if included in Line 1. Attach Page 1 of federal return.       5         Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,       5	.00	
hei	•	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7	.00	
sm,	7 8		<u>00.</u> 8	00
) foi	o 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	o 9	.00 83,028.00
60	Ste	p 4: Exemptions		
Staple W-2 and 1099 forms here	10	a Enter the exemption amount for yourself and your spouse. See instructions.       a	.00	4,850 <u>.00</u>
S	Ste	p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		2.0.1.0.0
	12	<i>Nonresidents and part-year residents:</i> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule <i>Residents:</i> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	NR. <b>11</b>	39,198 <sub>.00</sub>
	12	<b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	12	1,940 <sub>.00</sub>
		Recapture of investment tax credits. Attach Schedule 4255.	13	.00
40-	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	1,940.00
Staple your check and IL-1040-V	Ste 15 16	p 6: Tax After Nonrefundable Credits         Income tax paid to another state while an Illinois resident. Attach Schedule CR.         Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
anc		Attach Schedule ICR. 16	.00	
∋ck	17 18	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C. <b>17</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<u>.00</u> <b>18</b>	0.00
che	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	1,940.00
our	Ste	p 7: Other Taxes		
le y	20	Household employment tax. See instructions.	20	.00
tap	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	0.00
S	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	1,940 <sub>.00</sub>

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



24	Total tax from Page 1, Line 23.	24	1,940.00
Ste	p 8: Payments and Refundable Credit		
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,061.	)0	
26	Estimated payments from Forms IL-1040-ES and IL-505-I,		
	including any overpayment applied from a prior year return. 26	<u>00</u>	
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	<u>)0</u>	
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28	<u>)0</u>	
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	<u>)0</u>	
30	Total payments and refundable credit. Add Lines 25 through 29.	30	2,061.00
Ste	ep 9: Total		
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	121.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations		
33	Late-payment penalty for underpayment of estimated tax. 330	<u>)0</u>	
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.		
	<b>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.		
	c 🗌 Check if your income was not received evenly during the year and you annualized your income on Forr	n IL-2210.	
	Attach Form IL-2210.		
~ 4	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.		
	· · · · · · · · · · · · · · · · · · ·	<u>)0</u> 25	00
	Total penalty and donations. Add Lines 33 and 34.	35	.00
	ep 11: Refund or Amount you owe		
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.		101
~ 7	This is your overpayment.	36	121.00
	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	121.00
38	I choose to receive my refund by		
	a X direct deposit - Complete the information below if you check this box.		
	You may also contribute Routing number 0 8 1 0 0 0 0 3 2 X Checking or	Savings	
	to college savings funds here. See instructions! Account number 3 5 5 0 0 7 3 4 7 1 2 3		
20	<b>b</b> paper check. Amount to be <b>credited forward.</b> Subtract Line 37 from Line 36. See instructions.	39	.00
		39	.00
40	If you have an amount on Line 32, add Lines 32 and 35. <b>- or -</b>		
	If you have an amount on Line 31 and this amount is less than Line 35,	40	00
	subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	40	.00
Ste	ep 12: Health Insurance Checkbox and Signature		
41	Check this box if IDOR may share your income information with other Illinois state agencies in order to a	determine	

your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

#### Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	) Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
Here							(816) 284	-7362		
	Print/Type paid prepa		Paid preparer's signature		Date (mm/dd/yyy	y)	Check if	Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAG	AR GUPTA TA	LLAM	SYAM PRIYA R	04/13/2023 self-emp		self-employed	P02082703		
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC	Firm's FEIN			►	84317196	5	
ose only	Firm's address	245 ROO	NEY CT E	NEY CT E BRUNSWICKNJ 08816				(678) 965	-9522	
Third	Designee's name (please print)				Designee's phone number			Check if the Department may discuss this return with the third		
Party										
Designee					( )			party designee shown in this step.		

## Refer to the 2022 IL-1040 Instructions for the address to mail your return.



	Illinois Department of Rev	venue
/	2022 Schedule	NR
4	Attach to your Form IL-1040	

## Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	N GADDE & S PONNAM	0 6 6 _ 2 7 _ 5 4 6 4					
	Your name as shown on your Form IL-1040	Your Social Security number					
S	Step 1: Provide the following information						
1	Were you, or your spouse if "married filing jointly," a full-year resident	of Illinois during the tax year?					
	Yes X No If you answered "Yes," STOP you	a cannot use this form (see instructions).					
2	If you, or your spouse if "married filing jointly," were a part-year reside	ent during the tax year, tell us your residency dates for 2022.					
	<b>a</b> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>06</u> / <u>30</u> / <u>2</u> <u>2</u> Month Day Year Month Day Year						
	<b>b</b> My spouse lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <b>2</b> to <u>06</u> / <u>30</u> / <u>2</u> <b>2</b> Month Day Year Month Day Year	,					
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo						
	lowa Kentucky Michigan	Wisconsin Military Spouse					
4	List any state other than Illinois or any states already indicated on Lin Enter the two-letter abbreviation of that state.						

## Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

## Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	82,728 <u>.00</u>	41,628.00
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
_	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
⊒	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-8,100.00	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9			
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	8,400 <u>.00</u>	0.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	. 20	41,628.00	
		Continue with Step 3 on Page 2			



### Schedule NR – Page 2

## Step 3: Continued

St	ер	3: Continued		Column A ederal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	41,628.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
ne	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
õ		Schedule 1, Line 14)		.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
5	21	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	.00
	28		28	.00	.00
Ĕ		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)		.00	.00
Ĕ		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)		.00	.00
djustments	31		31	.00	.00
Ę	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ā	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	83,028.00	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss incor	ne. <b>38</b>	41,628.00

## Step 4: Figure your Illinois additions and subtractions

the	inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
nents		Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 40	.00	.00
Istm	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	41,628.00
Adiu	43	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	42	.00	.00
lisi		Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
.⊑	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

## Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			11 600
		your Illinois base income.		46	41,628.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
Calculation	47	Enter the base income from Form IL-1040, Line 9.	47	83,028.00	
Ţ	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
l 🖁		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 501	
<u></u>	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	4,850.00	
U B	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
		allowance.		50	2,430.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.	$\rightarrow$	51	39,198.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your <b>tax.</b>	$\rightarrow$	52	1,940.00



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.							
Form Type Letter Code for Form Type Column A		Form Type	Letter Code for Column A				
W-2	W	1099-DIV	D				
W-2G	WG	1099-INT	I				
1099-R	R	1042-S	S				
1099-G	G	1099-B	В				
1099-MISC	М	1099-K	K				
1099-OID	0	1099-NEC	Ν				

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

NAGA VENKATA VINAY GADDE Your name as shown on Form IL-1040				6		7	5	4	6	4	
	Column B Employer/Payer htification Number	Federal Wag	olumn C es, Winnings, Gr , Compensation,	oss Illinoi	Column D Illinois Wages, Winnings, Gross						
<b>1</b> <u>27-</u>	4607612 000	- \$	82,728 <b>.00</b>	\$_	4	1,628 <b>.00</b>	\$		2,061	• <u>00</u>	
2		\$	•00	\$_		•00	\$			• <u>00</u> •	
3		- \$	•00	\$_		•00	\$			• <u>00</u> •	
4		\$	•00	\$_		•00	\$			•00	
5		- \$	•00	\$_		•00	\$_			•00	

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SAHITHI PONNAM	8 9 1 _ 7 3 _ 2 2 9 9
Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	<b>mn C</b> Winnings, Gross ompensation, etc.	Illinois Wage	<b>Diumn D</b> s, Winnings, Gross Compensation, etc.	II	Column E linois Income Tax Withheld
6			<u>\$</u>	•00	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	•00
9			\$	•00	\$	•00	\$	•00
10			\$	•00	\$	•00	\$	•00

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

## ➡ Attach all Schedules IL-WIT to your IL-1040.

57	Illinois Department of Rev	enue 🗌					
$\langle \boldsymbol{\zeta} \rangle$	•		ial Incom		submission ID tronic Filing Declaration		
Z	(Do not mail Form IL-8453 to the						
Ste	p 1: Provide taxpayer information				1 /		
	NAGA VENKATA VINAY SAHITHI PON		ADDE		0 6 6 _ 2 7 _ 5 4 6 4		
Duin	First name and middle initial Spouse's first name (a	nd last name if	different) La	st name	Social Security number		
or	1 24681 FOOTED RIDGE TER				$\frac{8}{2} = \frac{9}{1} = \frac{1}{7} = \frac{7}{3} = \frac{2}{2} = \frac{2}{9} = \frac{9}{9}$		
type		5.7.7	0	0100	Spouse's Social Security number (816) 284-7362		
	STERLING	VA	Ζ	0166 ZIP	Daytime phone number		
	City	State					
	p 2: Complete information from tax ret		C	hoose one: 🗙			
	Net income from Form IL-1040 or IL-1040-X,				1 <u>39,198</u> 00		
	Tax from Form IL-1040 or IL-1040-X, Line 14				one) $2 = 1,940   00 = 2,061  $		
	Illinois Income Tax withheld from Form IL-104 Overpayment from Form IL-1040, Line 36 or			iy (enter "O" if no	4 - 121   00		
	Total amount due from Form IL-1040, Line 36 of	,			4 - 100		
	Filing status: Single X_ Married filing j			arately Wic	• — — —		
	p 3: Complete direct deposit of refund	-		-			
does withi 7	in the United States or those not funded by int Routing no. (RN): $\begin{array}{c} 0 \\ \end{array}$ $\begin{array}{c} 8 \\ \end{array}$ $\begin{array}{c} 1 \\ \end{array}$ $\begin{array}{c} 0 \\ \end{array}$ $\begin{array}{c} 0 \\ \end{array}$ $\begin{array}{c} 0 \\ \end{array}$	DOR will only ernational function $\frac{0}{2}$	y perform direct nds. Electronic	transactions (e.c	I within the electronic transmission. Illinois g., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check.		
	Account no. (AN): <u>3 5 5 0 0 7</u>		1 2 3				
9	Type of account: X Checking Sav	rings					
10	Date the payment is to be electronically with	drawn:/					
11	Electronic funds withdrawal amount:	<u>  00</u>					
12	Name on account:						
Ste	p 4: Taxpayer declaration and signature	e (Sign only	y after comple	eting Step 2 ar	nd, if applicable, Step 3.)		
[]	I consent that my refund may be directly of correct. If I have filed a joint return, this is						
	I authorize the Illinois Department of Reve withdrawal as designated in the electronic financial institutions involved in the proces necessary to answer inquiries and resolve	portion of my ssing of an e	2022 Illinois O lectronic overpa	riginal or Amende ayment of taxes t	ed Individual Income Tax return. I authorize the		
	I do not want direct deposit of my refund,	or an electro	nic funds withd	rawal (direct deb	bit) of my balance due.		
retur and beer	Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.						
Sig	P Your signature	Date		Spouse's signature (i	if joint return, <b>both</b> must sign) Date		
	p 5: Electronic return originator (ERO)						
l deo infor		ctronic Form is program a	IL-1040 or IL-1 nd declare, und	040-X, the inforr ler penalties of p	nation on this Form IL-8453, and accompanying		
				13/2023	Check if paid preparer: 🛛 (See instructions.)		
	ERO's signature		Date	9			
ERC	GLOBAL TAXES LLC Firm's name or your name if self-employed				$\frac{P}{X_{\text{our}}} \frac{0}{D_{\text{T}}} \frac{2}{2} \frac{0}{2} \frac{8}{8} \frac{2}{2} \frac{7}{2} \frac{0}{2} \frac{3}{2}$		
use	r inn s name or your name if sen-employed				Your PTIN		
only	245 ROONEY CT				8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)		
	E BRUNSWICK	NJ	088	16	(678) 965-9522		

City	State	ZIP	Daytime phone number				
Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).							
Do not mail Form IL-8453 and these documents unless requested for review.							

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

