## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social	security number
SAI RITESH MATCHA	376	5-91-4449
Spouse's name	Spouse	e's social security number
Part I Tax Return Information — Tax Year Ending December 31,	 2022 <b>(Enter year</b> )	you are authorizing.)
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.		
1 Adjusted gross income		.   <b>1</b>   85,276.
2 Total tax		
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		
4 Amount you want refunded to you		
<b>5</b> Amount you owe		
Part II Taxpayer Declaration and Signature Authorization (Be sure yo		
for any delay in processing the return or refund, and <b>(c)</b> the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institutio payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Ager payment, I must contact the U.S. Treasury Financial Agent at <b>1-888-353-4537</b> . Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues re personal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	n account indicated in ancial institution to de nt to terminate the au ncellation requests m avolved in the process lated to the payment	n the tax preparation software for bit the entry to this account. This thorization. To revoke (cancel) a just be received no later than 2 sing of the electronic payment of . I further acknowledge that the
Taxpayer's PIN: check one box only		
■ I authorize GLOBAL TAXES LLC to enter	or generate my PIN	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing		Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amelif you are entering your own PIN and your return is filed using the Practition below.	nded) I am now aut	
Your signature ►	Date ►	
Spouse's PIN: check one box only		. 🗆 🗆
I authorize to enter to enter	or generate my PIN	
signature on the income tax return (original or amended) I am now authorizing	7	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amerif you are entering your own PIN and your return is filed using the Practition below.	nded) I am now aut	
Spouse's signature ►	Date ►	
Practitioner PIN Method Returns Only—cont		
Part III Certification and Authentication — Practitioner PIN Method Or	nly	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII		5 2 3 1 9 8 9 n't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ	dual income tax return	ı (original or amended) I am now

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 **04/01/2023** 

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



OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HO	H) 🗌		ifying surv	iving	
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependen	,	our spouse. If yo	u check	ed the HOH or	QSS box, ente	er the c		ise (QSS) name if th	e qualifying	
Your first name	and mi	ddle initial	Last nar	me				Yo	ur soc	cial securit	y number	
SAI RITI	ESH		MATC	HA				3.	376-91-4449		9	
If joint return, s	pouse's	first name and middle initial	Last nar	me				Sp	ouse's	social sec	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pr	esider	ntial Election	on Campaign	
836 HERN	MAN V	YAY								eck here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ite	ZIP code			use if filing jointly, want \$3 to this fund. Checking a		
Sykesville					MI	)	21784	bc	x belo	w will not	change	
Foreign country name			F	oreign province/sta	ate/coun	ty	Foreign postal o	ode yo	ur tax	or refund.	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	rty or services	; or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financ	ial inter	est in a digital	asset)? (See in	structio	ons.)	Yes	⊠ No	
Standard Deduction		eone can claim:				a dependent						
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before Janua	ıry 2, 1	958	☐ Is bli	ind	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4) Check to	ne box if	qualif	es for (see	instructions):	
If more	(1) F	rst name Last name		number		to you	Child t	ax credi		Credit for oth	ner dependents	
than four							[					
dependents, see instruction	s ——						[				<u> </u>	
and check											<u> </u>	
here	]								$\perp$		<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a		94 <b>,</b> 376.	
	b	Household employee wages not r	•	, ,					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits 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 instructions)							1h	-	0.	
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i					24 276	
	<u>z</u>	Add lines 1a through 1h		· · · · · · · · · · · · · · · · · · ·					1z	+ - 5	94,376.	
Attach Sch. B if required.	2a	· -	2a			axable interes			2b	+		
ii required.	3a		3a			ordinary divide			3b	+		
	4a		4a			axable amoun axable amoun			4b	+		
Standard Deduction for—	5a		5a 6a			axable amoun			5b 6b	+		
Single or	6a	Social security benefits If you elect to use the lump-sum e	_	nothed shock he			t		OD	_		
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		*	`	,		. 📙	7	1		
\$12,950 Married filing	8	Other income from Schedule 1, lir		· · · · ·				. ш	8	+	-9,100.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	1	35,276.	
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					10	+	,0,210.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							11		35,276.	
household,	12	Standard deduction or itemized	•	-					12		L2,950.	
\$19,400 If you checked	13	Qualified business income deduct		•	,				13	+	<u> , , , , , , , , , , , , , , , , , ,</u>	
any box under Standard	14								14	1	L2,950.	
Deduction,	15								15		72 <b>,</b> 326.	
see instructions.		Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									_, 520.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	11,529.
Credits	17	Amount from Schedule 2, lin	ie 3				[	17	
	18	Add lines 16 and 17						18	11,529.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,529.
	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 <b>total tax</b>				[	24	11,529.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 13	,584.		
	b	Form(s) 1099							
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,584.
If	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	Ì		
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	,	-	-		1	33	13,584.
Refund	34	If line 33 is more than line 24						34	2,055.
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	eck here	. 🗆 İ	35a	2,055.
Direct deposit?	b	Routing number 0 7 4			c Type:		Savings		
See instructions.	d	Account number 5 2 6 0 6 8 5 8 7							
	36	Amount of line 34 you want			ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38		31	
Third Party		you want to allow another							
Designee		structions	•				omplete be	elow.	X No
200.900	De	signee's		Phone			onal identific		
	naı	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see ir		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.							Identit (see in		ection PIN, enter it here
you							,	151.)	
		one no. (440) 382-652		Email address	SAIMATCHA1	134@GMAIL.CO			01 1 1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 04/01/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA					Phone		678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SAI RITESH MATCHA

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.

Your social security number 376-91-4449

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. Att	ach Schedule E .	5	-9,100.
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		
I	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		
0	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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SE	or 1040-NR line 8	10	-9-100

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-basin		
	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)		
b	Deductible expenses related to income reported on line 8I 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)	-	
İ	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		
	En En		
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		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 376-91-4449 SAI RITESH MATCHA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) H.NO:4-47, THANGALLAPALLY, RAJANNA, SIRCILLA TELANGANA IN 505405 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 850. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,450. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,950. 14 14 Repairs . . . . 15 Supplies 15 2,450. 16 16 Taxes 17 Utilities . . . . . . . 17 1,950. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 9,650. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -9,100. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 9,100.) 550. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,650. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,100. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

26

-9,100.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

# 2022 VA760CG Page 1





Page 1 of 2

SAI RITESH

MATCHA

836 HERMAN WAY

SYKESVILLE MD 21784

SSN - You M	ATC	376914449	Vendor ID 1555		xxxxx
SSN - Spouse					•
Fed Adj Gross Income (FAGI)	) 1.	85276.	Withholding (VA) - You	19A.	4877.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	85276.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayme	ent 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4877.
Total VA Adj Gross Income (V	'AGI) 9.	85276.	Tax You Owe	27.	
Itemized Deductions - VA Sch	n A 10.		Tax Overpayment	28.	745.
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exem	ptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	76346.	Sales and Use Tax	33.	
Amount of Tax	16.	4132.	Amount You Owe		
Spouse Tax Adjustment (STA	) 17.		Will Pay by Credit/Debit Card N Your Refund	1	745.
VAGI - Spouse	17A.		Bank Routing #	C	074000010
Net Amount of Tax	18.	4132.	Bank Account #	52606	

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_





VA Driver's License ID - Spouse

Filing Status, Age & License Information

Additional Filing Information

Filing Status 1 Locality 035

Federal Head of Household Uninsured & Authorize DMAS

DOB - You 01031997 Name or Filing Status Change

VA Driver's License ID - You Address Change

VA Driver's License - Iss. Date - You VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Dependent on Another's Return

DOB - Spouse

Amended

Reason Code VA Driver's License - Iss. Date - Spouse

Overseas on Due Date

Exemptions (A) Exemptions (B)
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 X

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

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

040123

Phone - Preparer

6789659522

olgnature - Preparer <u>STAM\_PRITA\_RAM\_SAGAR\_GUPTA\_TALLIAM</u> Date Phone - Preparer 7 P02082703

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information

ur 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

4403826520

### 2022 Schedule INC/CG

376914449

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

SAI RITESH

MATCHA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
376914449	M	4877.	812389921	30812389921F001	94376.

Total VA Withholding

You

376914449

4877.

Spouse

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

01

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

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

Virgi	nia Submission Identification Number (SID)						
Your	Name	B Your Social Sec	curity Number				
SAI	RITESH MATCHA	376-91-44	49				
Spot	se's Name	A Spouse's Socia	I Security Number				
			- 14				
Part		A Spouse	B Yourself				
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		85276.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		85276.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		76346.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4132.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4877.				
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)		745.				
Part	Il 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						
Returnumb filling liable Virgir 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.						
	ayer's e-File PIN: check one box only						
X	I authorize the ERO named below to enter my e-File PIN 1 4 4 4 9 as my signature on my 2022 e-file	ed Virginia individual inc	ome 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-filed Virginia individual income tax return.  Do not enter all zeros						
	ERO Firm Name						
	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. 5 1 8 9 5 2 3	1 9 8 9					
indica Hand a sigr	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						
	<del>_</del>						