Form 8879
(Rev. January 2021)

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)

T.....

Тахрау	er's name		Social securit	y numbe	r					
ASH	OK KUMAR LAUVANSHI		016-31-	-1623						
Spouse	's name	Spouse's soci	ial securi	ity number						
Par	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year 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			1	62,889.					
2	Total tax			2	6,601.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	5,721.					
4	Amount you want refunded to you			4						
5	Amount you owe			5	880.					
Part	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

			FBO firm name		Ē
X	l authorize	GLOBAL TAXES	5 LLC	to enter or generate my PIN	

1	1	6	2	3	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter	or generate	e my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 s	ignature D	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1	8		2 nter a	 	9	8	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 🕨	
	See Instructions ss Requested To Do So			
Fee Demonstrate Deduction Act	lation and company to contain the standard from		REV 00/00 RRO	Farm 8870 (Day, 01 0001)

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

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

Write your social security number (SSN) on your check or money order.

Enter the amount of your payment► BBD • REV 03/22/23 PRO 1555

ASHOK KUMAR LAUVANSHI

1000 MISTY MOUNTAIN RD 112 LYNCHBURG VA 24502 INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use C	nly—De	o not w	rite or staple in this s	space.						
Filing Status	5 X S	Single] Married filing	g separately (N	1FS)	Head of	house	hold (HOH)		ifying surviving ıse (QSS)							
one box.		u checked the MFS box, enter the na on is a child but not your dependent	, ,	ouse. If you ch	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the qua	alifying						
Your first name	and mi	ddle initial	Last name						Yo	our so	cial security num	nber						
ASHOK KU	JMAR		LAUVANSH	II					0	16-3	31-1623							
lf joint return, s	pouse's	first name and middle initial	Last name						Sp	ouse'	s social security i	number						
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.			ntial Election Ca							
-		MOUNTAIN RD						.12			ere if you, or you if filing jointly, wa							
City, town, or p LYNCHBUF		ce. If you have a foreign address, also co	mplete spaces b	below.	Sta VA	-	ZIP c 245		to	go to	this fund. Check	king a						
Foreign country			Foreign	province/state/c			-	in postal cod			ow will not chang or refund.	ye						
											You S	Spouse						
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									🗌 Yes 🛛 I	No						
Standard		eone can claim: You as a de] Your spouse		_												
Deduction		Spouse itemizes on a separate return	n or you were	a dual-status a	alien													
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	Is blind							
Dependents	•	,	(2)) Social security		(3) Relationsh	ip (4			i	ies for (see instrue							
lf more than four	(1) Fi	rst name Last name		number		to you		Child tax cred		Child tax credi		Child tax crec		Child tax crea		t	Credit for other dep	pendents
dependents,									」 1	-+								
see instructions	s ——								」 1	\rightarrow	<u></u>							
and check here									」 1									
	1a	Total amount from Form(s) W-2, be	ox 1 (see instru	uctions)						1a	70,9	989.						
Income	b	Household employee wages not re	ported on For	rm(s) W-2						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	e	Taxable dependent care benefits f		-	•				·	1e								
was withheld.	f	Employer-provided adoption bene		,	•		• •		·	1f								
If you did not	g	Wages from Form 8919, line 6 .			•		• •		·	1g								
get a Form W-2, see	h	Other earned income (see instruction	,		•	· · · ·			·	1h		0.						
instructions.	_	Nontaxable combat pay election (s Add lines 1a through 1h	see instruction	S)	•	1 i					70,9	000						
Attack Cak B	z 2a	e l	2a	· · · · ·	ьт	axable interest	· ·		·	1z 2b	10,5	109.						
Attach Sch. B if required.	2a 3a	· · -	2a 3a			rdinary divide			•	20 3b								
	4a		4a			axable amoun			•	4b								
Standard	5a		5a			axable amoun			•	5b								
Deduction for-	6a		6a			axable amoun				6b								
 Single or Married filing 	c	If you elect to use the lump-sum elected and t							П									
separately, \$12,950	7	Capital gain or (loss). Attach Sched				,				7	1							
Married filing	8	Other income from Schedule 1, line								8	-8,1	L00.						
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		your total inc	ome	.				9	62,8							
surviving spouse,	10	Adjustments to income from Sche								10								
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	your adjusted	d gross incon	ne					11	62,8	389.						
household, \$19,400	12	Standard deduction or itemized								12		950.						
 If you checked 	13	Qualified business income deducti	on from Form	8995 or Form	899	5-A				13								
any box under Standard	14	Add lines 12 and 13								14	12,9	950.						
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, ente	r -0 This is ye	our t	axable incom	ie .			15								
)																		

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6	,601.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	6	,601.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6	,601.
	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	,601.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 5	5,721.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c	<i>.</i>					25d	5	,721.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28		-		
)	29	American opportunity credit				29		-		
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. T						33	5	,721.
	34	If line 33 is more than line 24						34		
Refund	35a	Amount of line 34 you want i				•		35a		
Direct deposit?	b	Routing number X X X	-				Savings	000		
See instructions.		Account number X X X					ouvingo			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	37	For details on how to pay, go						37		880.
	38	Estimated tax penalty (see in				38		01		
Third Party		you want to allow another								
Designee		structions	•				omplete	below.	× No	
200.9.100	De	signee's		Phone			onal ident			
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	1			
nore	Yo	ur signature		Date	Your occupation				nt you an Id IN, enter it ł	
Joint return?					COMDITTER	PROGRAMMER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, k	oth must sign.	Date	Spouse's occupat		lf th	e IRS sei	nt your spou	use an
Keep a copy for	-1-		g				Ider	ntity Prot	ection PIN, e	
your records.							(see	e inst.)		
	Ph	one no. (434)329-957	8	Email address	ASHOKKUMAR.LA	UVANSHI@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/05/2023	P0208	2703	Self-e	mployed
Use Only	Fir	m's name GLOBAL TAX	KES LLC				Pho	ne no. (678)96	5-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	84-31	171965
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1	040 (2022)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ASHOK KUMAR LA	UVANSHI	016-31	-1623

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	-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		
ĥ	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		
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:			
		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-SF	R, or 1040-NR, line 8	10	-8,100.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income						
1	Educator expenses					11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s aov	vernme	ent [
	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	
8	Penalty on early withdrawal of savings					18	
19a						19a	
b	Recipient's SSN						
	Date of original divorce or separation agreement (see instructions):	• _			- 1		
20	IRA deduction					20	
21	Student loan interest deduction					21	
22	Reserved for future use					22	
23	Archer MSA deduction					23	
24	Other adjustments:		• •	• •	· •	20	
а		24a					
	Deductible expenses related to income reported on line 81 from the	2 - 7a			_		
D		24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals	240					
C	and USOC prize money reported on line 8m	24c					
d		240 24d					
	Repayment of supplemental unemployment benefits under the Trade	24u					
е		24e					
4	Contributions to section 501(c)(18)(D) pension plans	24e 24f					
					_		
g	2 1 (7)	24g					
h	Attorney fees and court costs for actions involving certain unlawful	0.41					
_		24h			_		
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	24i			_		
	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
	,	24k					
Ζ	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						
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26	

SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					OMB No. 1545-0074							
	-	(From	rer			-			trusts, REMI	Cs, etc.)	20	D 22
	nent of the Treasury Revenue Service			Attach to Form 1040, Go to www.irs.gov/ScheduleE fo	·	,			nformation.		Attachn Seguen	nent ice No. 13
Name(s) shown on return			<u> </u>						Your soci	al security	
ASHC	K KUMAR LA	UVANS	SHI							016-3	1-1623	
Part				From Rental Real Estate an								
	Note: If yo	ou are in	the	e business of renting personal proper from Form 4835 on page 2, line 40.	rty, use	e Schedule	c . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
A [ts in 2022 that would require you	to file	Form(s) 1	0992 9	See ins	structions			s X No
				u file required Form(s) 1099?								
1a				ch property (street, city, state, ZI								
	-	000 01				0)						
 	IN											
<u>С</u>												
 1b	Type of Prope	rty 2)	For each rental real estate prope	ortv lie	ted		Fa	ir Rental	Persor	nal Use	
10	(from list below			above, report the number of fair					Days		ays	QJV
Α	3			personal use days. Check the Q	JV bo	x only	Α		365	0		
В				if you meet the requirements to t qualified joint venture. See instru			В					
С						5.	С					
	of Property:											
	Single Family R			3 Vacation/Short-Term Ren	ntal	5 Land		-	Self-Rental			
2	Multi-Family Re	sidence	е	4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert	ies:		
Incom	ne:						Α		В			С
3					3		5	500.				
4	Royalties recei	ived.			4							
Exper												
5	•				5							
6				ructions)	6							
7	-			ce	7		5	300.				
8 9					8							
10				onal fees	10							
11	•				11		6	500.				
12				o banks, etc. (see instructions)	12							
13	Other interest				13							
14	Repairs				14		2,4	ł50.				
15	1- 1				15		2,6	550.				
16					16							
17					17		2,1	.00.				
18		xpense	e or	depletion	18 19							
19 20	Other (list)	Add	lino	s 5 through 19	20		8 6	500.				
21				e 3 (rents) and/or 4 (royalties). If	-		0,0	.00				
21				tructions to find out if you must								
	file Form 6198				21		-8,1	.00				
22	Deductible ren	ntal real	l es	tate loss after limitation, if any,								
				uctions)	22	(8,10	00.)	()	()
23a			-	orted on line 3 for all rental prope				23a		500.		
b			-	orted on line 4 for all royalty prop				23b				
c			•	orted on line 12 for all properties				23c				
d			•	orted on line 18 for all properties				23d				
e 24			•	orted on line 20 for all properties				23e	6	3,600.		
24 25				mounts shown on line 21. Do no es from line 21 and rental real esta				 =ntor +/		. 24 ere 25	(8,100.)
25 26				and royalty income or (loss).								0,100.
	. otar rental fi	sai cou			00110			O. L			1	

Schedule 1 (Form 1040), line 5. Otherwise, include this am	nount in the total on line 41	
perwork Reduction Act Notice, see the separate instructions.	NPA	-8,100.

Schedule E (Form 1040) 2022

26

-8,100.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on





ASHOK KUMAR LAUVANSHI							
1000 MISTY MOUNTAIN RD APT 112							
LYNCHBURG	V.	A 24502					
SSN - You LAUV	7	016311623	Vendor ID 1555	XX	xxx		
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	62889.	Withholding (VA) - You	19A.	3529.		
Additions	2.		Withholding (VA) - Spouse	19B.			
Subtotal	3.	62889.	Estimated Payments	20.			
Age Deduction - You	4A.		2021 Overpayment	21.			
Age Deduction - Spouse	4B.		Extension Payments	22.			
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.			
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.			
Subtractions	7.		Credits - Schedule CR	25.			
Subtotal Subtractions	8.		Total Payments / Credits	26.	3529.		
Total VA Adj Gross Income (VAGI)	9.	62889.	Tax You Owe	27.			
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	684.		
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 & Exemptions	s) 14.	8930.	Addition to Tax, Penalty & Interest	32.			
VA Taxable Income	15.	53959.	Sales and Use Tax	33.			
Amount of Tax	16.	2845.	Amount You Owe				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1	684.		
VAGI - Spouse	17A.		Deel Deeling #		051000017		
Net Amount of Tax	18.	2845.	Bank Routing #	C	051000017		
L			Bank Account #	4350519	CTTO r		

REV 02/17/23 PRO

___LAR ___DLAR ___DTD ___LTD \$_____

1

016311623





Г						
Filing Status, Ag	ge & License	Information		Additi	ional Filing Info	rmation
Filing Status			1	Locality		031
Federal Head	of Household			Uninsured & Authorize E	OMAS	
DOB - You		01041	988	Name or Filing Status C	hange	
VA Driver's Lic	ense ID - You			Address Change		
VA Driver's Lic	ense - Iss. Date	e - You		VA Return Not Filed Las	st Year	
Spouse Name	(Filing Status 3	3 Only)		Dependent on Another's	s Return	
				Farmer / Fisherman / M	lerchant Seaman	
DOB - Spouse				Amended		
	ense ID - Spou			Reason Code		
	ense - Iss. Date			Overseas on Due Date		
Exemptions (A) You	1	Exemptions (B) 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 Du	ue Indicator	X
		Total (B)		Obtain Electronic 1099	ſG	
		Contact Information		ID Theft PIN		
		er penalty of law that I (we) have examinant information on your return, you are				
Signature - You		Da	ate	Phone - You		4343299370
Signature - Spouse)	Da		Phone - Spouse		
Signature - Prepare	er <u>SYAM PRIYA</u>	RAM SAGAR GUPTA TALLAM Da	040523 ate	Phone - Preparer		6789659522
The Tax Department	nt may discuss	my/our return with my/our prepa	rer.	Preparer Information	7	P02082703
	o by May 4	2022	GLOBA	L TAXES LLC		1
	i e by May 1, e Page 1, Pag		245 R	OONEY CT		

supporting 760CG documents. 1555 REV 02/17/23 PRO

245 ROONEY CT E BRUNSWICK

2022 Schedule INC/CG 016311623

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

ASHOK KUMAR LAUVANSHI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
016311623	W	3529.	980429806	30980429806F001	70989.

Total VA Withholding	SSN	VA Withholding
You	016311623	3529.
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			
ASHOK KUMAR LAUVANSHI	016-31-162				
Spouse's Name	A Spouse's Social				
	· ·	,			
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)		62889.			
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		62889.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		53959.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2845.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3529.			
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)		684.			
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		6 (1)			
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information 1 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 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 1 1 6 2 3 as my signature on my 2022 e-filed Virginia individual income tax return. Do not enter all zeros <u>GLOBAL TAXES LLC</u> <u>ERO Firm Name I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your Signature Date Date Date Date Date Date Date Dat</u>					
Spouse's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN as my signature on my 2022 e-	filed Virginia individual inc	omo tax raturn			
Do not enter all zeros					
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 bo PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only 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. 5 1 8 9 5 2	3 1 9 8 9				
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 Date04-	05-23				