



**See instructions before completing line items.**

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

| Dates of VA Residence<br>(mm-dd-yyyy) |             |
|---------------------------------------|-------------|
| You - From                            | You - To    |
| 01-01-2022                            | 03-05-2022  |
| Spouse - From                         | Spouse - To |
|                                       |             |

|   |    |                         |  |        |   |               |             |
|---|----|-------------------------|--|--------|---|---------------|-------------|
| <b>YOUR</b> First Name<br>ALOK                    | MI | Your Last Name<br>KUMAR | Check if deceased <input type="checkbox"/> | Suffix | <b>A</b> Your Social Security Number<br>800-25-6203 |               |             |
| <b>SPOUSE'S</b> First Name (filing status 2 or 4) | MI | Spouse's Last Name      | Check if deceased <input type="checkbox"/> | Suffix | <b>B</b> Spouse's Social Security Number            | Spouse - From | Spouse - To |

|   |                   |                      |  |                         |
|---|-------------------|----------------------|--|-------------------------|
| Present Home Address (Number and Street, or Rural Route)<br>1365 NE BRANDI WAY APT J303 |                   |                      | <b>VA Driver's License Information</b> |                         |
| City, Town or Post Office<br>PULLMAN  |                   |                      | You                                    | Customer ID             |
| State<br>WA   | ZIP Code<br>99163 | Locality Code<br>121 | Spouse                                 |                         |
|   |                   |                      | You                                    | Issue Date (mm-dd-yyyy) |
|   |                   |                      | Spouse                                 |                         |

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>Check Applicable Boxes</b> | <input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/> | <input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman | Combined Social Security for You and Spouse reported as taxable income on Federal Return |
|                               | <input type="checkbox"/> Dependent on Another's Return                       | Earned Income Credit Claimed on federal return                           |  |
|                               | <input type="checkbox"/> Overseas on Due Date                                | \$ _____ .00   | \$ _____ .00   |

I/we authorize the sharing of certain information from Form 760PY and Schedule HCI (as described in the instructions) with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) for purposes of identifying persons who would like to newly enroll in medical assistance.

**Filing Status** Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

|  | You/<br>Spouse | Dependents | 65 or Over | Blind |
|--|----------------|------------|------------|-------|
| <b>A - You</b><br>Enter the numbers for both You and Spouse if Filing Status 2 | 1              | 0          |            |       |
| <b>B - Spouse</b><br>Filing Status 4 Only                                      |                |            |            |       |

**DATE OF BIRTH**

|                                  |                     |                                      |  |
|----------------------------------|---------------------|--------------------------------------|--|
| Your Birth Date (mm-dd-yyyy)     | 0 9 - 1 3 - 1 9 9 4 | <b>B</b> Spouse Filing Status 4 ONLY | <b>A</b> You Include Spouse if Filing Status 2 |
| Spouse's Birth Date (mm-dd-yyyy) | - -                 |                                      |  |

**Complete the Schedule of Income first and submit it with your Form 760PY.**

|   |    |    |       |    |
|---|----|----|-------|----|
| 1 FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....  | 1  | 00 | 62593 | 00 |
| 2 Additions from Schedule 760PY ADJ, Line 3.....  | 2  | 00 |       | 00 |
| 3 <b>Add Lines 1 and 2.....</b>   | 3  | 00 | 62593 | 00 |
| 4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A..... | 4a |    |       | 00 |
|   | 4b | 00 |       | 00 |
| 5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....   | 5  | 00 |       | 00 |
| 6 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....  | 6  | 00 |       | 00 |
| 7 Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....   | 7  | 00 | 55950 | 00 |
| 8 Subtractions from Schedule 760PY ADJ, Line 7.....   | 8  | 00 |       | 00 |
| 9 <b>Add Lines 4a, 4b, 5, 6, 7, and 8.....</b>  | 9  | 00 | 55950 | 00 |
| 10 <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.....</b>   | 10 | 00 | 6643  | 00 |
| 11 Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....   | 11 | 00 |       | 00 |
| 12 If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....   | 12 | 00 | 848   | 00 |



|                         |                         |
|-------------------------|-------------------------|
| Your Name<br>ALOK KUMAR | Your SSN<br>800-25-6203 |
|-------------------------|-------------------------|

|   | <b>B</b><br>Spouse<br>Filing Status 4 ONLY | <b>A</b><br>You Include Spouse if<br>Filing Status 2 |
|---|--|--|
| 13 Prorated exemption amount from Schedule of Income, Part 2, Line 11.<br>See instructions.....   | 13 00                                      | 163 00   |
| 14 Deductions from Schedule 760PY ADJ, Line 9.....  | 14 00                                      | 00   |
| 15 <b>Add Lines 11, 12, 13 and 14.</b> .....  | 15 00                                      | 1011 00  |
| 16 <b>Virginia Taxable Income. Subtract Line 15 from Line 10.</b> .....   | 16 00                                      | 5632 00  |
| 17 Tax amount from Tax Table or Tax Rate Schedule.....  | 17 00                                      | 0 00   |
| 18 <b>Total Tax. Add Line 17, Column A and Line 17, Column B.</b> .....   | 18   | 0 00   |
| 19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....  | 19a  | 266 00   |
| 19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....  | 19b  | 00   |
| 20 Combined 2022 Estimated Tax Payments.....  | 20   | 00   |
| 21 2021 overpayment credited to 2022 estimated taxes.....   | 21   | 00   |
| 22 Extension Payment - Enter amount paid on Form 760IP.....   | 22   | 00   |
| 23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...   | 23   | 00   |
| 24 Total credit for taxes paid to another state from Schedule OSC.....  | 24   | 00   |
| 25 Credits from Schedule CR, Section 5, Line 1A.....  | 25   | 00   |
| 26 <b>Total payments and credits. Add Lines 19a through 25.</b> .....   | 26   | 266 00   |
| 27 If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....  | 27   | 00   |
| 28 If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....  | 28   | 266 00   |
| 29 Amount of overpayment on Line 28 to be <b>CREDITED TO 2023 ESTIMATED INCOME TAX.</b> .....   | 29   | 00   |
| 30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....   | 30   | 00   |
| 31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....  | 31   | 00   |
| 32 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.<br>See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>   | 32   | 00   |
| 33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax).<br>See instructions..... Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>   | 33   | 00   |
| 34 <b>Add Lines 29 through 33.</b> .....  | 34   | 00   |
| 35 If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger than<br>Line 28, enter the difference. Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> ..... <b>AMOUNT YOU OWE</b> ...<br>Check here if paying by credit or debit card - See instructions. <input type="checkbox"/> | 35   | 00   |
| 36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... <b>YOUR REFUND.</b> .....  | 36   | 266 00   |

If the Direct Deposit section below is not completed, your refund will be issued by check.

**DIRECT BANK DEPOSIT**  
Domestic Accounts Only.  
No International Deposits.

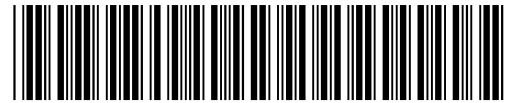
|   |                                 |  |                                  |
|---|---------------------------------|--|----------------------------------|
| <b>Your Bank Routing Transit Number</b> | <b>Your Bank Account Number</b> | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| 0 5 1 4 0 0 5 4 9                       | 3 0 8 0 4 7 2 9 5 8             |  |                                  |

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

|  |   |                     |
|--|---|---------------------|
| Your Signature   | Your Phone Number<br>(540) 655-8019       | Date                |
| Spouse's Signature (If a joint return, <b>both</b> must sign)                                  | Spouse's Phone Number                     | Date                |
| Preparer's Name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM   | Preparer's Phone Number<br>(678) 965-9522 | Date<br>04-17-2023  |
| Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC<br>245 ROONEY CT E BRUNSWICK NJ 08816 | Preparer's PTIN<br>P02082703              | Vendor Code<br>1555 |
|  | Filing Election Code<br>7                 | ID Theft PIN        |

**2022 VIRGINIA SCHEDULE OF INCOME  
Form 760PY**

Page 1



|                         |                         |
|-------------------------|-------------------------|
| Your Name<br>ALOK KUMAR | Your SSN<br>800-25-6203 |
|-------------------------|-------------------------|

**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<br>SCHEDULE OF INCOME<br>Form 760PY, Column A<br>— All Filers Must Complete Section A — |   | You (Include Spouse if Filing Status 2) |       |                                |      |                                    |       |     |
|---|---|---|-------|--------------------------------|------|------------------------------------|-------|-----|
|   |   | Column A1<br>Federal Return             |       | Column A2<br>While VA Resident |      | Column A3<br>While NOT VA Resident |       |     |
| 1.  | Wages, salaries, tips, etc.....   | 1                                       | 70860 | .00                            | 6643 | .00                                | 64217 | .00 |
| 2.  | Interest and dividends .....  | 2                                       |       | .00                            |      | .00                                |       | .00 |
| 3.  | Pension and other income.....   | 3                                       | -8267 | .00                            | 0    | .00                                | -8267 | .00 |
| 4.  | Gross income (add Lines 1, 2 and 3) .....                                       | 4                                       | 62593 | .00                            | 6643 | .00                                | 55950 | .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<br>(Line 4 less Lines 5 and 6)* .....             | 7                                       | 62593 | .00                            | 6643 | .00                                | 55950 | .00 |
| 8.  | Net fixed date conformity modifications.....                                    | 8                                       |       | .00                            |      | .00                                |       | .00 |
| 9.  | Fixed date conformity Federal Adjusted Gross<br>Income (add Lines 7 and 8)..... | 9                                       | 62593 | .00                            | 6643 | .00                                | 55950 | .00 |

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

| SECTION B<br>SCHEDULE OF INCOME<br>Form 760PY, Column B<br>— Spouse Must Complete Section B if claiming Filing Status 4 — |   | Enter Spouse's Income When Filing Status 4 Is Claimed |  |                                |  |                                    |  |     |
|---|---|---|--|--------------------------------|--|------------------------------------|--|-----|
|   |   | Column B1<br>Federal Return                           |  | Column B2<br>While VA Resident |  | Column B3<br>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<br>(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<br>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



|                                |                                |
|--------------------------------|--------------------------------|
| Your Name<br><b>ALOK KUMAR</b> | Your SSN<br><b>800-25-6203</b> |
|--------------------------------|--------------------------------|

**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**

|     |  | <b>Column B<br/>Spouse</b> | <b>Column A<br/>You</b> |
|-----|--|----------------------------|-------------------------|
| 1.  | Your exemption.....  | 1                          | 1                       |
| 2.  | Dependents .....   | 2                          | 0                       |
| 3.  | Add Lines 1 and 2 .....  | 3                          | 1                       |
| 4.  | Multiply Line 3 by \$930 .....   | 4                          | 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                     |
| 10. | Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions ..... | 10                         | 0.175                   |
| 11. | Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....  | 11                         | 163                     |

**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 WA \_\_\_\_\_
- 2a. If SPOUSE moved into Virginia in 2022, prior state of residence \_\_\_\_\_
- 2b. If SPOUSE moved out of Virginia in 2022, state moved to \_\_\_\_\_

**2022 Schedule INC/CG**

800256203

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



A.LOK

KUMAR

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 800256203           | W                   | 266.              | 546001805        | 30546001805F001      | 6643.                          |

| Total VA Withholding           | SSN       | VA Withholding |
|--------------------------------|-----------|----------------|
| You                            | 800256203 | 266.           |
| Spouse                         |           |                |
| Total # of W-2s, 1099s & VK-1s | 01        |                |

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

**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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|   |  |                   |
|---|--|-------------------|
| <b>Your Name</b>  | <b>B Your Social Security Number</b>     |                   |
| ALOK KUMAR  | 800-25-6203                              |                   |
| <b>Spouse's Name</b>  | <b>A Spouse's Social Security Number</b> |                   |
|   |  |                   |
| <b>Part I Tax Return Information</b>  | <b>A Spouse</b>                          | <b>B Yourself</b> |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)   |  | 62593.            |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) |  | 6643.             |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)               |  | 5632.             |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)           |  | 0.                |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)          |  | 266.              |
| 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)                                      |  | 266.              |

**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 schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

**Taxpayer's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN  as my signature on my 2022 e-filed Virginia individual income tax return.  
**Do not enter all zeros**

GLOBAL TAXES LLC

**ERO Firm Name**

I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box 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 \_\_\_\_\_

**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 income tax return.  
**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 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.

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.

**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 04-17-23