# 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

illemai nevenue Service		
Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
ALEKHYA PEESARI	787-28-	-7041
Spouse's name		al security number
Double Tou Debugg Information Tou Very Finding December 04		o authorisina )
	nter year you aı	re autnorizing.)
Enter whole dollars only on lines 1 through 5. <b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
		4   07 025
1 Adjusted gross income		1 87,935. 2 12,112.
<ul> <li>Total tax</li></ul>		· · · · · · · · · · · · · · · · · · ·
4 Amount you want refunded to you		
5 Amount you want retained to you		<b>4</b> 8. <b>5</b>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keen a con	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	r rejection of the tra- ne U.S. Treasury are t indicated in the ta- itution to debit the inate the authorizal requests must be the processing of the payment. I furth	ansmission, (b) the reason of its designated Financial or preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
	ata my DINI 8	7 0 4 1
ERO firm name	Ent	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	i't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.		
Your signature ▶ Date I	<b></b>	
Spouse's PIN: check one box only		
☐ I authorize to enter or gener	ate my PINI	as my
ERO firm name		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be		
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 4 9	6 6 1 9 8 9
End's Erity Fire. Enter your six-uigit Er in tollowed by your live-digit self-selected Fire.		er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in accordance with the
ERO's signature ▶ Date		
FRO Must Retain This Form — See Instructions		

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl		_				spou	ifying su ise (QSS name if	3)	
		on is a child but not your dependent							1				
Your first name	and m	iddle initial	Last nar								cial secu	-	number
ALEKHYA			PEES						-		28-70		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Sp	ouse's	s social s	ecur	ity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt	. no.	- 1				Campaign
_5547 LIE											ere if yo		your want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	е	ZIP cod	е			0,		necking a
THE COLO	YMC				TX		7505	6	bo	x belo	w will no	ot ch	
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign	oostal coo	le yo	ur tax	or refun	_	¬ -
											You		Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-				Yes	s [	X No
Standard		eone can claim:  You as a de								,			
Deduction	_	Spouse itemizes on a separate retur	•	·									
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before	Januar	y 2, 1	958	☐ Is	blinc	t
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) (	Check the	box i	f qualif	ies for (se	e ins	structions):
If more	(1) F	irst name Last name		number		to you		Child tax	credi	t	Credit for	other	dependents
than four													
dependents, see instruction									]				
and check													
here	]								]				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		99	,583.
	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstru	ctions)				1d			
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26 .						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions) .				, .			1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i							
	Z	Add lines 1a through 1h	. , .							1z		99	<u>,583.</u>
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t.			2b			3.
if required.	3a	—	3a	4.	<b>b</b> O	rdinary divide	nds .			3b			4.
	4a		4a			axable amoun				4b			
Standard	5a	<del>-</del>	5a			axable amoun				5b			
Deduction for— Single or	6a	, _	6a			axable amoun	t		·	6b			
Married filing separately,	С	If you elect to use the lump-sum e			`	,			Ц				
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7			<del>-7.</del>
Married filing jointly or	8	Other income from Schedule 1, lin								8	-		,648.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		=						9		87	<b>,</b> 935.
\$25,900 \$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This is	-	-						11			,935.
\$19,400	12	Standard deduction or itemized								12		_12	950.
If you checked any box under	13	Qualified business income deduct								13			
Standard Deduction,	14									14			,950.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -U This is y	our <b>t</b> a	axable incom	ie .			15			,985.

orm 1040 (202			T [	Page
ax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	12,112.
redits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,112.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	10 110
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,112
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	12,112
ayments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,120
ou have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
alifying child, ach Sch. EIC.	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	12,120
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	8
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	8
ect deposit? e instructions.	b	Routing number 0 1 1 9 0 0 2 5 4 c Type: X Checking Savings		
e instructions.	d	Account number 3 8 5 0 1 7 8 4 7 1 2 0		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
mount ou Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
nird Party esignee	Do ins	you want to allow another person to discuss this return with the IRS? See tructions	pelow.	X No
	Des	signee's Phone Personal identii ne no. number (PIN)	fication _	

	Designee's			Phone	<del>.</del>		Pers	onal identification					
	name			no.	5			ber (PIN)					
Sign Here		ies of perjury, I declare te true, correct, and com											
пеге	Your signatur	re		Date	Your occ	cupation		If the IRS se Protection P					
Joint return?					SOFT	WARE E	NGINEER	(see inst.)				$\Box$	
See instructions. Keep a copy for	Spouse's sign	nature. If a joint return,	both must sign.	Date	Spouse's	s occupation	on	If the IRS ser	•				her
your records.								(see inst.)				$\Box$	
	Phone no.	(408) 775-982	1	Email address	PEESA	RI.ALEK	HYA@GMAIL.C	MC					
Date	Preparer's na	ıme	Preparer's signa	ature			Date	PTIN	Ch	eck if	:		
Paid	SYAM PRIYA RA	M SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	02/16/2023	P02082703		] Self	-emp	oloye	d

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

**Preparer** 

**Use Only** 

Phone no. (678) 965-9522

Firm's EIN

### 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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ALEKHYA PEESARI

Your social security number
787-28-7041

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. Atta		5	-11,648.
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	11 010
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NK, line 8	10	-11,648.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	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			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	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	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	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> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment Sequence No. 12 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Your social security number 787-28-7041

#### ALEKHYA PEESARI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with -7. 456. 38. 411. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 -7. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

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

### Part III Summary

16	Combine lines 7 and 15 and enter the result	16		-7.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 <b>both</b> gains?  Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see			
	instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:			
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(	7.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

# 8949 Form

### **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Internal Revenue Service
Name(s) shown on return

ALEKHYA PEESARI

Department of the Treasury

Social security number or taxpayer identification number

787-28-7041

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>★ (A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<del>2</del> )
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	10/21/22	11/28/22	411.	456.	W	38.	-7.
		1000					
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	411.	456		38.	<b>-</b> 7.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

**Supplemental Income and Loss** 

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

Attachment

OMB No. 1545-0074

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. Sequence No. 13

Name(s) shown on return Your social security number ALEKHYA PEESARI 787-28-7041 **Income or Loss From Rental Real Estate and Royalties** Part I 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 . . . . . В 1a Physical address of each property (street, city, state, ZIP code) PLOT NO 14, LAKSHMI ENCLAV SECUNDERABAD IN 500010 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 216 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: Α В C Income: 550. 3 Rents received . 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 100. 1,056. 7 7 Cleaning and maintenance. 986. 8 Commissions . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,456. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 3,100. 14 14 Repairs . . . . 15 15 3,100. Supplies 16 16 Taxes 17 17 2,400. 18 18 Depreciation expense or depletion . . . . . . . . . Other (list) 19 19 20 20 12,198. Total expenses. Add lines 5 through 19 . . . . . . 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 -11,648. file Form 6198 . . . . . . . . . . . . . . . . . . 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 11,648.) 550. 23a 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 Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 12,198. 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 11,648. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-11,648.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

# 2022 MICHIGAN Individual Income Tax Return MI-1040

	ICHIGAN INGIV due April 18, 2023. 7					rn IVII-1	1040	,				ended Return ude Schedule AMD)		
1. Filer's First		M.I.	Last Name	DIACK	II IIX.		1 2	Filer's I	Full :	Social Sec	urity	No. (Example: 123-45-	6789	<u> </u>
ALEKHY	A		PEESARI				2.						0103	,
	rn, Spouse's First Name	M.I.	Last Name						37		28			
Home Address	s (Number, Street, or P.O. Box	()					3.	Spouse	s F	ull Social S	Secur	rity No. (Example: 123-	45-67	789)
	IBERTY DRIVE	-7								—				
City or Town				State	ZIP Code		4.	School	Dist	trict Code	(5 dig	jits – see page 60)		
THE CC	LONY			TX	7505	6			10	000				
Check ifiling a j	CAMPAIGN FUND  if you (and/or your spouse joint return) want \$3 of you this fund. This will not inc x or reduce your refund.	ur taxes		Filer Spouse		6. <b>FAR</b>		this b	ox i	f 2/3 of y		AFARERS  ncome is from farmir	ng,	
	ILING STATUS. Check on	e.				8. <b>202</b> 2			Y S	TATUS. (	Chec	k all that apply.		
a. X S	ingle		ou check box "c,			a	Resid	lent					_	
b M	Married filing jointly	line (	3 and enter spou w:	se's full i	name	b. X	Nonre	esiden	t *			* If you check box "b "c," you must compl and <b>include Sched</b>	ete	
c N	farried filing separately*					c	Part-\	Year R	esio	dent *		NR.		
9. <b>EXEM</b>	PTIONS. NOTE: If some	one els	e can claim you	as a dep	endent, che	eck box 9e,	enter 0	on lin	e 9	a and ent	ter \$	1,500 on line 9e (see	e ins	tr.).
a. Nui	mber of exemptions (see in	nstructi	ons)			9a	a.	1	X	\$5,000	9a.	50(	00	00
	mber of individuals who qual d, hemiplegic, paraplegic,								v		9b.			00
	mber of qualified disabled		-		=				X X	\$400	9c.			00
	mber of Certificates of Still								^ X	\$5,000	9d.		-	00
1101			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	modado	ono,		*· <u> </u>		^	φο,σσσ	ou.			
e. Cla	imed as dependent, see li	ne 9 N	OTE above			96	э	]			9e.			00
f. Add	d lines 9a, 9b, 9c, 9d and 9	9e. Ent	er here and on li	ne 15						г	9f.	500	00	00
10. Adjus	ted Gross Income from y	our U.S	6. Form 1040 (se	e instruc	ctions)					10.		8793	35	00
11. Additio	ons from Schedule 1, line 9	9. <b>Incl</b> u	de Schedule 1							11.				00
12. <b>Total.</b>	Add lines 10 and 11									12.		8793	35	00
13. Subtra	actions from Schedule 1, li	ne 30.	Include Schedu	ıle 1						13.		2552	23	00
14. Incom	ne subject to tax. Subtrac	t line 1	3 from line 12. If	iline 13 i	s greater th	an line 12,	enter "(	)"		14.		6241	12	00
15. <b>Exem</b>	<b>ption allowance.</b> Enter ar	mount f	rom line 9f or Sc	hedule N	IR, line 19					15.		354	19	00
16. Taxab	le income. Subtract line 1	5 from	line 14. If line 1	5 is grea	ter than line	e 14, enter "	0"			16.		5886	63	00
17. <b>Tax.</b> M	fultiply line 16 by 4.25% (0	).0425)								17.		250	)2	00
ION-REFU	NDABLE CREDITS					AMOU	INT		_	_		CREDIT		
	e Tax Imposed by governme a copy of the return (see				8a			(	00	18b.				00
19. Michio	an Historic Preservation T	ax Cre	dit (see instructio	ons). 1	9a.				00	19b.				00
20. Incom	ne Tax. Subtract the sum of sum of lines 18b and 19b is	of lines	18b and 19b fror	m line 17				•		20.		250		

2022 N	II-1040, Page 2 of 2	Filer's	e Full Social S	ecurity Number	7	87 <b>–</b>		28 — 7041		
		rilei	s ruii sociai s	ecurity Number	/	0 / -		20 — 7041		
21.	Enter amount of Income Tax from lin						21.	25		
22.	Voluntary Contributions from Form 4	4642, line 6. <b>Include F</b>	orm 4642				22.			00
23.	<b>USE TAX.</b> Use tax due on Internet, Worksheet 1 (see instructions)					<u> </u>	23.		0	00
								2.5	00	
	Total Tax Liability. Add lines 21, 22					24.		25	UZ	00
REFU	INDABLE CREDITS AND PAYM	IENTS								
25.	Property Tax Credit. Include MI-10	040CR or MI-1040CR	-2				25.			00
26.	Farmland Preservation Tax Credit	t. Include MI-1040CR	-5				26.			00
			_	FED	ERAL			MICHIGAN		
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax	Credit (refundable). <b>In</b>	clude Form	3581			28.			00
29.	Credit for allocated share of tax paid	d by an electing flow-th	nrough entity	(see instructi	ons)		29.			00
30.	Michigan tax withheld from Schedul	e W, line 6. <b>Include S</b>	chedule W (	(do not subm	it W-2s)		30.	25	34	00
31.	Estimated tax, extension payments						31.			00
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sch			2022 return sl	nould skip to	line 33.				
	Amended returns must <b>medude ser</b>	ledule AMD (See IIISt	ructions).							
	32a. If you had a refund and/or negative number on line 32		inal return, che	eck box 32a and	l enter this amo	ount as a				
	32b. If you paid with the original any additional tax paid after			•	•		32c.			00
33.	Total refundable credits and paymer	nts Add lines 25, 26, 2	27h 28 20 3	30 31 and 32	r.	33.		25	34	00
	IND OR TAX DUE	1110.7 (dd 111100 20, 20, 2	170, 20, 20, 0	50, 01 and 02	o	00.				00
	If line 33 is less than line 24, subtraction	ct line 33 from line 24.	If applicable	, see instructi	ons.					
	Include interest 00 a	and penalty	00	Y	OU OWE	34.				00
35.	Overpayment. If line 33 is greater t	han line 24. subtract li	ne 24 from li	ine 33		35.			32	00
36.	Credit Forward. Amount of line 35	to be credited to your 2	2023 estimat	ted tax for you	ır 2023 tax re	turn	36.	,		00
									2.0	
	Subtract line 36 from line 35ECT DEPOSIT	a. Routing Transit			REFUND	37.		c. Type of Account	32	00
	it your refund directly to your financial	a. Routing fransit	Number	J. A	ccount Numbe	;ı	┨╻		Saving	.
institut and c.	ion! See instructions and complete a, b	011900254		385017	847120		' '	21 Checking 2.	ανιιί	,s
	eased Taxpayer. If Filer and/or Spous	se died after December 31	1, 2021, enter	dates below.	Preparer Ce	ertifica	tion.	I declare under penalty of perj	urv th	nat
	R DATE OF DEATH ONLY. Example:			t	his return is ba	sed on al	l inform	ation of which I have any know		
Filer		Spouse -	_	1 1	Preparer's PTII P02082		r SSN			
Tave	avan Cantification 4.4.4				Preparer's Nan		or type)			
	ayer Certification. I declare under place and the declare under place to the bes		information in	this return	-	**		M SAGAR GUPTA	$T^{Z}$	A
Filer's	Signature		Date		Preparer's Sigr		ΒZI	M SAGAR GUPTA	TA	Δ
Spous	se's Signature		Date					dress and Telephone Number	Τ.	7
	•				GLOBAL			•		
					245 RO					
	By checking this box, I authorize Tre	easury to discuss my re	eturn with my	y preparer.	E BRUNS			J 08816		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956 Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

# 2022 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Type or print in blue or black ink.

Attachment 01

Filer	's First Name	M.I.	Last Name	Filer's Full Soci	al Secu	rity No. (Exam	ple: 123-45-6789)	
AL	EKHYA		PEESARI	787 -	_	28 —	- 7041	
Add	itions to Income (all entries	mus	t be positive numbers)					
1.	Gross interest and dividends fr (other than Michigan) or their p		bligations issued by states al subdivisions		1.			00
2.	Deduction for taxes on or meas	ured l	by income, including self-employment tax, taker tax paid by an electing flow-through entity (see	n on your	2.			00
3.	Gains from Michigan column o	f MI-1	040D and MI-4797		3.			00
4.	Losses attributable to other sta	ites (s	see instructions)		4.			00
		-	Michigan MI-1040D or MI-4797neral expenses (Michigan sourced) deducted t		5.			00
0.					6.			00
7.	Federal Net Operating Loss de	educti	on included in AGI		7.			00
8.	Other (see instructions). Descr	ibe: _			8.			00
9.	Total additions. Add lines 1 t	hrou	gh 8. Enter here and on MI-1040, line 11		9.		0	00
Sub	tractions from Income (all	entrie	es must be positive numbers)					
10.			s and other U.S. obligations included in MI-10		10.			00
11.			, from military retirement benefits due to service onal Guard, or taxable railroad retirement benefits		11.			00
12.	Gains from federal column of N	/lichig	an MI-1040D and MI-4797		12.			00
13.	Income attributable to another	state	Explain type and source: SCHEDULE NR		13.		25523	00
14.	Taxable Social Security benefit	ts or r	nilitary pay (not retirement) included on MI-10	40, line 10	14.			00
15.	Income earned while a residen	it of a	Renaissance Zone (see instructions)		15.			00
	Michigan state and local incom	ne tax	refunds received in 2022 and included					00
17.	Michigan Education Savings P	rogra	m, MI 529 Advisor Plan, and Michigan Achievi	ng a Better	17.			00
18.	Michigan Education Trust				18.			00
			nerals income (Michigan sourced) included in	AGI	19.			00
	pursuant to Revenue Administ	rative	empted under a State/Tribal tax agreement or Bulletin 1988-47		20.			00
21.			gram. Enter amount from line 3 of Form 5792 gram. Include Form 5792		21.			00
22.	Miscellaneous subtractions (se	e ins	ructions). <b>Describe:</b>		22.			00

# 2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
ALEKHYA		PEESARI	787 — 28 — 7041

### **Deduction Based on Year of Birth**

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

befo	re continuing.										
23.		FI	SPC	USE							
	Α.	B.	C.	D.		E.	G.	H.			
	Year of Birth (19xx)	Age as of 12-31-2022	Age as of 12-31-2022	2	Check if spouse received benefits from SSA exempt employment	Check if sporetired as 01-01-2013 born after 1	of and				
	1993	29									
24.	(if married) wa	s born during the	duction. Complete e period January 1 lete lines 25, 26	I, 1946 through	De	cember 31, 19	52, and	24.			00
25.	5. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. <b>Do not complete lines 24, 26 or 27.</b> Enter amount from line 6 of Worksheet 2										
26.			nount from line 16			•		26.			00
27.	limited to \$12,6 any deduction  Check this	697 for single or for retirement be box if you are the	deduction for taxp married filing sep- enefits (see instruc- unremarried survivir born before 1946 w	arately filers and ctions)	d \$2  g a	25,394 for joins	t filers, less	27.			00
28	Ü		1 27	·				28		25523	00
	2022 Michigan	n NOL Deduction	on. Enter amount f lude Form 5674 .	rom line 11 or 1	2 c	of Form 5674, <i>I</i>	Michigan Net				00
30.	Total Subtrac	tions. Add lines	28 and 29. Enter	here and on MI-	-10	40, line 13		30.		25523	00

# 2022 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. File	r's First Name	M.I.	Last Nar	me					2. Filer's Full Soci	al Se	curity No. (Example: 123-45-678	9)
l AT	EKHYA		PEES	SART					787 <del>-</del>	_	28 — 7041	
	int Return, Spouse's First Name	M.I.	Last Nar						3. Spouse's Full S	ocial	Security No. (Example: 123-45-6	6789)
4.	2022 RESIDENCY STATUS: Check all that apply.	<u> </u>		*Dates	s of <b>Michiga</b>	ı <b>n</b> resid	ency	/ in 2022		ИМ-D	DD-YYYY, Example: 04-15-20	022)
	a. X Nonresident				FROM:				2022		— — 20	22
	b. Part-Year Resident of I Enter dates of Michiga			2022*	TO:		_	_	— 2022		<u> </u>	22
Incon	ne Allocation		[	A.	Total Inc	ome		B. M	ichigan Incom	е	C. Other State(s) Inco	ome
5.	Wages, salaries, other payments	(tips,	etc.)		99	583	00		62412	00	37171	00
6.	Interest and dividends					7	00		0	00	7	00
7.	Business and farm income (inclu U.S. Schedules C and F)						00			00		00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797					-7	00		0	00	-7	00
9.	Income reported on U.S. Schedul U.S. Schedule E and supporting			-11648			00		0	00	-11648	00
10.	Pensions, IRA distributions, annuand Social Security (see Form 48						00			00	)	00
11.	Other (see instructions)						00			00	)	00
12.	Total income. Add lines 5 through	11			87	935	00		62412	00	25523	00
13.	Enter the total adjustments from Describe:	U.S. 1	04				00			00	)	00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, line amount in column C on Schedule a negative amount, enter as a post Schedule 1, line 4.	ne 10. l 1, line 1	Enter 13 or, if		87	935	00		62412	00	25523	00
Exem	aption Allowance (If one spo	use is	a full-ye	ear resid	ent, and th	e othe	ris	not, see i	nstructions.)			
15.	Enter amount from MI-1040, line	9f				<u></u>	<u></u>			15 _	5000	00
16.	Enter Michigan source income from	om line	: 14, colu	ımn B	16			6	52412 00			
17.	Enter total income from line 14, o	olumn	A		17			8	37935 <b>00</b>	Г		<del>, ,</del>
18.	Divide line 16 by line 17 (if line 1	6 is gre	eater than	n line 17,	enter 100%	)				18.	70.98	%
19.	If both spouses are part-year or rhere and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is a	a full-year	resident, co	mplete	Wo	rksheet 6	and enter	19.	3549	00

### 2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
ALEKHYA		PEESARI	787 — 28 — 7041
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

### TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

				т								
/	4	В	С	D		E						
	"X" for: <b>Spouse</b>	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld						
X		38-2563079	EPITEC INC	62413	00	2534	00					
				ı	00		00					
					00		00					
				ı	00		00					
					00		00					
Enter	Enter Table 1 Subtotal from additional Schedule W forms (if applicable)											
4.	4. <b>SUBTOTAL.</b> Enter total of Table 1, column E											

# TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table	2 Subtotal from additional Sched	dule W forms (if applicable)		00
5. <b>SUB</b>	TOTAL. Enter total of Table 2, co	5.	00	
6. <b>TOT</b> /	<b>AL.</b> Add lines 4 and 5. Enter her	0 6.	2534 00	

REV 02/09/23 PRO

VA-8453 Virginia Department of Taxation

# Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2022

# DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgi	nia Submissio	n Identifica	ation	Numbe	er (SID)												<del>-</del>				
First N	lame & Middle I	nitial (if joir	nt or c	ombine	d return,	enter l	both)	Las	t Nam	ie			•				<b>B</b> You	ır Social S	ecurity Nu	mber	
ALE	KHYA							PE	ESA:	RI							78	7-28-	7041		
	ent Home Addre	SS						1										use's Soc		y Number	
554	7 LIBERTY	DRIVE	Ξ																		
City,	State and Zip C			TX	7505	6												Onlir	ne Filed Ro	eturn	
Part		ırn Inforn			7000	<u> </u>											Α (	Spouse	T	B Yoursel	f
1.	Federal Adjus	ted Gross	Incon	ne (For	m 760CG	i, Line	1; 760	PY, Li	ine 1.	columi	ns A &	B; F	orm 76	3. Line	e 1)			•		87 <b>,</b> 93	35
2.	Virginia Adjus			•											•					24,0	
3.	Taxable Incor	ne (Form 7	'60CC	3, Line	15; 760P`	Y, Line	16, co	lumns	A & E	3; Forn	n 763,	Line	17)							21,2	
4.	Virginia Incon	ne Tax (For	rm 76	0CG, L	ine 18; 76	60PY, I	Line 17	, colu	mns A	\ & В; I	Form 7	763 L	ine 18	)							66.
5.	Withholding (F	orm 760C	G, Lir	ne 19a	&19b; 76	0PY, L	ines 19	a & 1	9b; Fo	orm 76	3, Line	es 19	a & 19	b)						1,2	
6.	Amount you (	we (Form	760C	G, Line	35; Forn	n 760P	Y, Line	35; F	orm 7	763, Liı	ne 35)										•=•
7.	Refund (Form	,								,	,									21	96.
Part	•					-,															90.
8a. 8b. 8c.	<ul> <li>8a.  \[ \infty \] I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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.</li> <li>8b.  \[ \infty \] I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.</li> </ul>																				
the a know sent trans	are under penal mounts describe ledge and belie to the Internal R mitter as validat ture pen, or con	ed in Part I , my return evenue Se ion of my e	aboven is truervice ervice electro	e agree ue, corr (IRS) b onically	with the ect and c by my elect filed Virg	amour complet ctronic	nts shov te. I co return	vn on nsent origin	the co t that r ator (E	orrespo my retu ERO) a	onding um inc and by	line: ludin the	s of my g this o IRS to	2022 leclara Virginia	Virgini tion ar a Tax.	a indiv nd acc This	vidual inco companyi declaratio	ome tax re ng schedu on is to be	eturn. To to les and start retained b	he best of matements be by the ERO	ny <del>2</del>
		Signature					ate					_	ture (If	Filing S	tatus 2	or 4, E	BOTH mus	t sign)		Date	
Part		ion of Ele				•	•				•										
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# **Form 760PY**

### 2022 Virginia Part-Year Resident Income Tax Return

Page 1

Due May 1, 2023

	structions before comp e a complete copy of you				nd all other req	uired Vi	rginia en	closures				Dates of V		ce
YOUR Fire	st Name	MI	Your Last Name		Check if deceased	Suffix	A Your So	cial Security	Number			ou - From	You -	
ALEKH	VΔ		PEESARI				787-29	3-7041			01-	01-2022	207-31-	-2022
	'S First Name (filing status 2 or 4)	MI	Spouse's Last Na	ame	Check if deceased	Suffix	-	s Social Sec		er	Spi	ouse - From	Spouse	- To
Present Ho	me Address (Number and Street, or	Rural I	Route)						V	A Driver		ense Informat	tion	
5547	LIBERTY DRIVE										Cus	stomer ID		
City, Town	or Post Office							You						
THE C	OLONY							Spouse		leei	ıe Datı	e (mm-dd-yyyy	·)	
State			ZIP Code			Locality	Code	You		1330	ic Dati	o (mm-dd-yyy)	,	
TX			75056			165		Spouse						
Che	Amended Re Reason				Qualifying Fa		erman or M	lerchant Se	eaman	Spo	ouse i	ed Social Sec eported as t	•	
Appli	I I Debelluelli ol	n Anot	ther's Return		Earned Income	Credit Cla	imed on fed	leral return		Fed	deral l	Return		
Box	Overseas on	Due [	Date		\$		00			\$_			00	1
	authorize the sharing of certain tance Services (DMAS) and the													œ.
Fili	ng Status Enter Filing Stat	us Co	ode in box belo	DW.			Exem	otions Er	iter the n		r of e	exemptions	being clair	ned.
	1 = Single (Column A) -	Fede	eral head of ho	useh	nold? YES					You/ Spous	e D	ependents 6	65 or Over	Blind
1	2 = Married, Filing Joint		,				F44b	A - You	- l4l- \/		1			
	3 = Married, Filing Sepa		•	,		۸ ا D	and Spo	numbers fo ouse if Filing	Status 2	1		0		
If Eil	4 = Married, Filing Sepaing Status 3, enter spouse's S		•		•			3 - Spous	se		1			
	at top of form and, enter Spouse's G			300la	ar Security Number		1	ng Status 4						
	OF BIRTH				2 0 - 0 5	_ 1 0			Chause				You	
	Your Birth Date (n Spouse's Birth Da				- 05	1 9 -	9 3	B	Spouse ling Statu ONLY			A Inclu	ude Spouse ing Status 2	if
	-			٠.										
	plete the Schedule of I				-									
1	FEDERAL ADJUSTED G Line 7, Column 1										00		8793	5 00
	Additions from Schedule 7		•				<u> </u>				00			00
3	Add Lines 1 and 2						. 3				00		8793	5 00
4	Qualifying Age Deduction. Worksheet in instructions. B when using Filing Status	∟nte	er Spouse's Ag	je De	eduction on Line	4b, Coll	ımn							00
	Line 4a, Column A and Spo	ouse'	s on Line 4b, (	Colur	mn A		. 4b				00			00
5	Social Security Act and e reported as taxable incom residence in Virginia	e on	federal return	and	attributable to yo	our perio	d of				00			00
6	State income tax refund of federal return and received	or ov	erpayment cr	edit	reported as inco	me on y	our/				00			00
7	you reported adjusted gros Income attributable to your						·				00		62.02	00
	Income, Part 1, Line 9, Col										00		6393	
8	Subtractions from Schedul										00		6303	5 00
9	Add Lines 4a, 4b, 5, 6, 7,												6393	
10 11	Virginia Adjusted Gross I Itemized Deductions from						-				00		2400	
	See instructions										00			00
	If you do not claim itemize from Standard Deductions	vvork	eductions on L ksheet in instru	ine ictior	11, enter standa ns	d deduc	tion 12				00		218	4 00
Va. Dept. of 2601039 R			ITD	7	\$							XX	XXXX	

### **2022 Form 760PY** Page 2

Your Name	Your SSN
ALEKHYA PEESARI	787-28-7041



			В	Fili	ng Stati		NLY	Α		ling Status	
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	13					00			540	00
14	Deductions from Schedule 760PY ADJ, Line 9.	14					00				00
15	Add Lines 11, 12, 13 and 14	15					00			2724	00
16	Virginia Taxable Income. Subtract Line 15 from Line 10	16					00			21276	00
17	Tax amount from Tax Table or Tax Rate Schedule.	17					00			966	00
18	Total Tax. Add Line 17, Column A and Line 17, Column B.						18			966	00
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 an	nd VK-	1				19a			1262	00
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 109	99 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 Sch	nedule	7601	PY 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	Total payments and credits. Add Lines 19a through 25						26			1262	00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX Y</b> 0	ou ov	NE				27				00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT</b>	ГАМО	UNT				28			296	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCO	ME TA	<b>.</b> Χ				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 2 See instructions Enclose 760C or 760F and check here	21.					32				00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Cons										
	See instructions					. X	33				00
34	Add Lines 29 through 33						34				00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayme Line 28, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> .	AM	OUN	IT YOU	OWE	han —	35				
36	Check here if paying by credit or debit card - See instructions					Ш	36				00
00	If the Direct Deposit section below is not completed, your refund will be issued by check		10	OK KEI	OIND.					296	00
	T BANK DEPOSIT Your Bank Routing Transit Number Your Bank Routing Transit Number	ank Ac	coun	t Numbe	er (	Check	king	X	Savir	ngs [	
	ampational Deposits	5 0	1	7 8	4	7	1 2	0			
□ I(V	Ve) authorize the Department of Taxation to discuss this return with my (our) preparer.		lag	ree to ob	tain m	y For	m 1099-	-G at <b>w</b>	ww.tax	c.virginia	.gov.
I (We	<ol> <li>the undersigned, declare under penalty of law that I (we) have examined this recomplete return.</li> </ol>	turn aı	nd to	the bes	t of m	y (ou	r) know	ledge,	it is a	true, cor	rect
	ignature Your Pho	one Num	ber				Date				
Sperie	(408			9821			Date				
opous	s's Signature (If a joint return, <b>both</b> must sign) Spouse's	s rnone	mumb	<del></del>			oale 				
Prepar	er's Name Preparer						ate				
	M PRIYA RAM SAGAR GUPTA TALLAM (678			9522 /endor Cod	lo.	$\neg$	)2-16		- 1	Theft PIN	
	Name (or Yours if Self-Employed) GLOBAL TAXES LLC  ROONEY CT E BRUNSWICK NJ 08816  P020			/endor Cod 1555	E		iling Elect 7	JUII CODE	טו ד	ment PIN	

# 2022 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 1

Your Name	Your SSN
ALEKHYA PEESARI	787-28-7041



### 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	99583	.00	24000	.00	75583	.00			
2.	Interest and dividends	2	7	.00	0	.00	7	.00			
3.	Pension and other income	3	-11655	.00	0	.00	-11655	.00			
4.	Gross income (add Lines 1, 2 and 3)	4	87935	.00	24000	.00	63935	.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	87935	.00	24000	.00	63935	.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	87935	.00	24000	.00	63935	.00			

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

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

<sup>\*\*</sup>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.

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# 2022 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 2

Your Name		Your SSN
ALEKHYA	PEESARI	787-28-7041



#### 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	
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		0.581	
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		540	

#### 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	TX
2a.	If SPOUSE moved into Virginia in 2022, prior state of residence	
2b.	If SPOUSE moved out of Virginia in 2022, state moved to	

1555 REV 02/09/23 PRO

### 2022 Schedule INC/CG

787287041

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

ALEKHYA

PEESARI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.	
Γ					⊣	
787287041	M	1262.	382563079	30382563079F001	24000.	

Total VA Withholding

You

787287041

1262.

Spouse

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

01