Internal Revenue Service

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

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	ber
NIK	HIL CHANDRA VOODARA	875-75	-294	б
Spouse	's name	Spouse's soo	ial secu	urity number
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	r year you a	ire au	thorizing.)
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	108,258.
2	Total tax		2	16,682.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,299.
4	Amount you want refunded to you		4	3,617.
5	Amount you owe		5	

IRS e-file Signature Authorization

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

\mathbf{X}	Lauthorize	GLOBAL TAXES LLC	to enter or generate my PIN
100	I ddthonzo		

5	2	9	4	6	as mv
	er fiv 't en	asiny			

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιU	enter	UI.	generate	нну	1 11 1

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 signature	•	Date								
	Practitioner PIN Method Returns Only—continue	e be	low							
Part III Certific	cation and Authentication – Practitioner PIN Method Only								 	
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.			Doi	n't e	nter a	all ze	eros		

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 🕨					
	Retain This Form — See Form to the IRS Unless						
Person Part Part Notice and your tax rature instructions and PEV 02/19/03 PPO Form 8879 (Rev. 01-2001							

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

1040		artment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		ırn 2	022	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple i	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of yo		If you chec			. ,	spo	use (QSS)	-
Your first name		, i	Last nan		ISHNA GUL	DA			Your so	cial securit	v number
										75-2946	-
NIKHIL C		First name and middle initial	VOODA Last nan								o curity numbe
n joint rotain, op	0030 3		Last nan							33-4983	-
Home address (numbo	r and street). If you have a P.O. box, see	instructio	ne				Apt. no.			
			instructio	113.						here if you,	on Campaigr
<u>959 PENN</u>		сс. If you have a foreign address, also co	molete en	aces below	St	ate	ZIP c	<u>2414</u>			tly, want \$3
KING OF		, ,	inpicto op			A	194		Ŭ Ŭ		Checking a
Foreign country		ALGO	F	oreign provinc				gn postal code	1	low will not x or refund.	0
Digital	At an	ny time during 2022, did you: (a) rec	oivo (as a	a reward aw	ard or pay	ment for prope	rtv or	services): or	(h) sell		
Assets		ange, gift, or otherwise dispose of a		-				,.	• • •	Yes	X No
Standard		eone can claim: Vou as a de	-			s a dependent	,	, ,	,		
Deduction	_	Spouse itemizes on a separate retur	•								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spous	e: 🗌 Was boi	n bef	ore January	2, 1958	🗌 Is bli	ind
Dependents	s (see	instructions):		(2) Social		(3) Relationsh	ip (4	 Check the b 	ox if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name		num	lber	to you		Child tax c	redit	Credit for oth	ner dependents
than four										[
dependents, see instructions										[[
and check										[
here											
Income	1a	Total amount from Form(s) W-2, b			,				. 1a	12	23,215.
	b	Household employee wages not re		. ,					. 1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							. 10		
attach Forms	d	Medicaid waiver payments not rep				ructions)	• •		. 10		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-					. 1e		
was withheld.	f	Employer-provided adoption bene		,			• •		. <u>1</u> f		
If you did not	g	Wages from Form 8919, line 6 .					• •		. <u>1</u> g		
get a Form W-2, see	h	Other earned income (see instruct	,			1	· ·		. <u>1</u> h	1	0.
instructions.	I	Nontaxable combat pay election (s	see instru	uctions) .		1 i			_	10	0.015
		-	1						. 1z		23,215.
Attach Sch. B if required.	2a		2a	200		Taxable interes					407
	<u>3a</u>		3a	268		Ordinary divide					497.
<u> </u>	4a		4a			Taxable amoun					
Standard Deduction for –	5a		5a			Taxable amoun Taxable amoun			. 5b		
Single or	6a	,	6a	athed abor			ι	· · · ·	. 6b		
Married filing separately,	c -	If you elect to use the lump-sum e					• •	L			
\$12,950	7	Capital gain or (loss). Attach Scher					• •	· · · l		1	
 Married filing jointly or 	8	Other income from Schedule 1, lin							. 8		<u>15,454.</u>
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					. 9 . 10		08,258.
\$25,900		Adjustments to income from Sche Subtract line 10 from line 9. This is					• •		. 11		10 250
 Head of household, 	11 12	Standard deduction or itemized	•				• •		. 12) <u>8,258.</u> 12 950
\$19,400 • If you checked	13	Qualified business income deduct					• •		. 13		<u>L2,950.</u> 0.
any box under	13 14					JJ-A	• •				
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 This is your	tavahla incom			. <u>14</u> . <u>15</u>		<u>12,950.</u>
see instructions.	15		0 01 1655	, enter -0 I	i na ia your				. 15	<u>, </u>	95,308.

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	n(s): 1 🗌 881	4 2 4972	3		16	16,	,682.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	16,	,682.
	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	16,	,682.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	16,	,682.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 20),299.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c						25d	20,	,299.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T						33	20,	,299.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	3,	,617.
neruna	35a	Amount of line 34 you want I	refunded to you	u. If Form 8888	is attached, che	eck here	🗆	35a	3,	,617.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 7 9 3	3 0 0 8	9 3						
	36	Amount of line 34 you want a	applied to your	2023 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe.						
You Owe		For details on how to pay, go						37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	? See				
Designee		tructions				🗌 Yes. C	omplete b	elow.	X No	
		signee's		Phone			sonal identi	ication I		
	nar			no.			ber (PIN)			
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com			1 2 0		,			0
Here		ur signature		Date	Your occupation		1		nt you an Ider	0
	10	ar signature		Date					N, enter it he	
Joint return?					INFORMATIO	ON TECHNOLOG	GY (see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spous	
Keep a copy for your records.							lden [:] (see	-	ection PIN, en	iter it here
,		(045) (00 0 0 0 0					`	1131.)		
		one no. (845)630-965		Email address	VAISHNAVI.KRI	ISHNA94@GMAIL.C	1		Chook	
Paid	Pre	parer's name	Preparer's signat	lure		Date	PTIN		Check if:	
Preparer							L		Self-em	ibioλea
	Firi	n's name GLOBAL TAX	KES LLC				Phor	ne no.		
Use Only		n's address 245 ROONE	, am = ===		J 08816			's EIN		

SCHEDULE	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 2

	Go to www.irs.gov/Form1040 for instruct	Attachment Sequence No. 01
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security	n 1040, 1040-SR, or 1040-NR	Your social security numbe
NIKHIL CHANDRA VOODARA 875-75-2946	VOODARA	875-75-2946

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		5	-15,454.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		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-SR	, or 1040-NR, line 8	10	-15,454.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					· ·
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					
с	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	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					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

(Form 1040) (Fro			(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							ରା	99			
	nent of the Treasury Revenue Service			Go to ww			, 1040-SR, 1040-NR, or 1041. r instructions and the latest information.						Attachment Sequence No. 13	
) shown on return											Your soci	al security	
	IIL CHANDRA	VO	בחסו	R۵									5-2946	
Part					ental Real Es	state an	d Ro	valties				0,0,	5 2710	
	Note: If yo	ou are	e in th	ne business	of renting person 4835 on page 2	nal proper			c . See	e instru	ctions. If you a	ire an indiv	vidual, rep	ort farm
	Did you make ar													
	f "Yes," did you												. 🗌 Ye	s 🗌 No
1a	Physical add	ress	of ea	ach propert	y (street, city,	state, ZIF	^o code	e)						
<u> </u>		. 1												
1b	Type of Prope (from list below		2	above, re	rental real esta port the numb	er of fair i	rental	and		Fa	ir Rental Days	Person Da		QJV
Α	3				use days. Che et the requirem				Α		365		0	
В					oint venture. S				В					
С				quamoaj					С					
1	of Property: Single Family R Multi-Family Re				cation/Short-T ommercial	erm Rent	tal	5 Land 6 Roya			Self-Rental Other (descr	ribe)		
											Properti	es:		
Incom	ne:								Α		В			С
3	Rents received	d.					3		6	500.				
4	Royalties rece	ived					4							
Exper	ises:													
5	-						5							
6	Auto and trave	el (se	e ins	structions)			6							
7	Cleaning and I						7		1,2	00.				
8	Commissions						8							
9	Insurance .						9							
10	Legal and othe						10							
11	Management f						11		9	80.				
12	Mortgage inter					,	12							
13	Other interest						13 14		2 0	200.				
14 15	·						14			20.				
16							16		J, 1	.20.				
17	Utilities						17		3.1	.90.				
18	Depreciation e						18			64.				
19	Other (liet)			-			19							
20	Total expense						20		16,0	54.				
21	Subtract line 2 result is a (los	s), se	ee ins	structions	to find out if yo	ou must								
	file Form 6198						21		-15,4	54.				
22	Deductible rer on Form 8582						22	(15,49	54.)	()	(
23a	Total of all am									23a		600.		
b	Total of all am				-		erties			23b				
С	Total of all am				-	-				23c				
d	Total of all am				-	-				23d		,364.		
e	Total of all am				-	-				23e		,054.		
24	Income. Add	-						-				. 24	/	
25	Losses. Add r	oyalt	y ios	ses from lin	e 21 and rental	real estat	le loss	es trom lir	ie 22. E	inter to	otal losses hel	re 25	(15,454.

Supplemental Income and Loss

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

26

.

-15,454.

OMB No. 1545-0074

Form 8995

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

2022

Attachment

Attach to your tax return.

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

Go to www.irs	aov/Form8995 f	or instructions and	I the latest info	ormation.

Sequence No. 55 Your taxpayer identification number

NIKHIL CHANDRA VOODARA

875-75-2946

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(c) Qualified business income or (loss)		
i				
ii				
iii				
iv				
V				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	-	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	· · · · · · · ·	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
•	(see instructions)	6 2.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0	8 2.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 an		10	0.
11	Taxable income before qualified business income deduction (see instructions)	11 95,308.		
12	Net capital gain (see instructions)	12 268.	-	
13		13 95,040.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	19,008.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		15	0
16	the applicable line of your return (see instructions)		15	$\frac{0}{(}$
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		10	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	(0.)
For Pri		18/23 PRO		Form 8995 (2022)

Virginia Individual Income Tax Declaration for Electronic Filing

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

Virginia Submission Identification Number (SID)						
	7					
First Name & Middle Initial (if joint or combined return, enter both) Last Name	B Your Social Secu	rity Number				
		1.0				
NIKHIL CHANDRA VOODARA Present Home Address	875-75-294 A Spouse's Social S					
959 PENN CIRCLE APT C414						
City, State and Zip Code	Online F	iled Return				
KING OF PRUSSIA PA 19407						
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)		108,258.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		108,258.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		99,328.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		5,454.				
5. Withholding (Form 760CG, Line 19a &19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		6,535.				
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)		1,081.				
Part II Declaration of Taxpayer						
8a. Image: Same of the other spouse as an agent to receive the refund. I certify that the transaction does not d the territorial jurisdiction of the United States at any point in the process.	irectly involve a financia					
8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to						
 8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 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. I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or 						
transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber signature pen, or computer software program.	r stamp, mechanical dev	vice, such as a				
Your Signature Date Spouse's Signature (If Filing Status 2 or 4,	BOTH must sign)	Date				
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer						
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's Signature Date	SSN/PTIN					
GLOBAL TAXES LLC Firm's name (or yours if self-employed) Paid Preparer?		nployed? 🗌 Y 🔲 N				
245 ROONEY CT E BRUNSWICK NJ 08816 Address, City, State and Zip	<u>882145487</u> EIN					
Paid Preparer's Signature Date	SSN/PTIN					
Firm's name (or yours if self-employed) Self-employed	? 🗆 Y 🗆 N					
245 ROONEY CT E BRUNSWICK NJ 08816						
Address, City, State and Zip	EIN					
1555 REV 02/17/23 PRO						





NIKHIL	CHAND	VOODARA

959	PENN	CIRCLE	ΔDT	C414
959		CINCUE	AFI	

KING	OF	PRUSSIA	PA	19407

SSN - You VOO	D	875752946	Vendor ID 1555	2	
SSN - Spouse		221334981			
Fed Adj Gross Income (FAGI)	1.	108258.	Withholding (VA) - You	19A.	6535.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	108258.	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.	6535.
Total VA Adj Gross Income (VAGI) 9.	108258.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	1081.
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 & Exemption	ns) 14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	99328.	Sales and Use Tax	33.	
Amount of Tax	16.	5454.	Amount You Owe Will Pay by Credit/Debit Card N		
Spouse Tax Adjustment (STA)	17.		Your Refund	1	1081.
VAGI - Spouse	17A.		Bank Routing #	C	044000037
Net Amount of Tax	18.	5454.	Bank Account #	79330	
L				10000	

Г

875752946





A DA VIGUES MUM /	& License I	nformation		Additional Filing Info	rmation
Filing Status	A Election I		3	Locality	810
-	lawaa bald		5		010
Federal Head of H	ousenoid			Uninsured & Authorize DMAS	
DOB - You		072119	94	Name or Filing Status Change	
VA Driver's Licens	e ID - You			Address Change	
VA Driver's Licens	e - Iss. Date	- You		VA Return Not Filed Last Year	
Spouse Name (Fil	-			Dependent on Another's Return	
VAISHNAV	I KRIS	HNA GUDA		Farmer / Fisherman / Merchant Seaman	
DOB - Spouse				Amended	
VA Driver's Licens	e ID - Spous	e		Reason Code	
VA Driver's Licens	e - Iss. Date	- Spouse		Overseas on Due Date	
emptions (A) You	1	Exemptions (B) 65 & Over - You		Federal EIC & Amount	
	T				
Spouse		65 & Over - Spouse		Deceased Indicator	
Dependents		Blind - You		Form 760C or 760F	
Total (A)	1	Blind - Spouse		No Sales & Use Tax Due Indicator	Σ
		Total (B)		Obtain Electronic 1099G	
				ID Theft PIN	
				e best of my (our) knowledge, it is a true, correct & complete re ormation provided is for a domestic account within the territoria	I jurisdiction of the United Stat
		Date	е	Phone - You	8456309655
nature - You		Date	е	Phone - Spouse	
nature - Spouse		Date	9	Phone - Preparer 7	

Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT E BRUNSWICK

2022 Schedule INC/CG 875752946

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

NIKHIL CHAND VOODARA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
875752946	W	6535.	831385293	30831385293F001	123215.

Total VA Withholding	SSN	VA Withholding
You	875752946	6535.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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