

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|------------------------------------|---------------------------------------|
| Taxpayer's name DHARANI MANDAVA | Social security number 539-87-7619 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 70,883. |
| 2 | Total tax | 2 | 8,361. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 10,046. |
| 4 | Amount you want refunded to you | 4 | 1,685. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 7 | 6 | 1 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 my PIN

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

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 below

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: SASIDHAR POLIMETLA

Your first name and middle initial: DHARANI
Last name: MANDAVA
Your social security number: 539-87-7619
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 639-45-6941
Home address (number and street): 20880 ISHERWOOD TER
Apt. no.: 201
City, town, or post office: Ashburn
State: VA
ZIP code: 20147
Foreign country name:
Foreign province/state/country:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with columns for line numbers (1a-1z) and amounts. Line 1a: 78,510. Line 1z: 78,510.

Table for tax-exempt interest, qualified dividends, and IRA distributions (lines 2a-4a).

Table for taxable interest, ordinary dividends, pensions and annuities, social security benefits, capital gain or loss, and other income (lines 2b-15).

Tax and Credits table with rows 16-24. Includes Tax (8,361), Amount from Schedule 2, line 3, Add lines 16 and 17 (8,361), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (8,361), Other taxes (0), Add lines 22 and 23 (8,361).

Payments table with rows 25-33. Includes Federal income tax withheld (10,046), 2022 estimated tax payments, Earned income credit (EIC), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, Add lines 27, 28, 29, and 31 (10,046), Add lines 25d, 26, and 32 (10,046).

If you have a qualifying child, attach Sch. EIC.

Refund table with rows 34-36. Includes If line 33 is more than line 24 (1,685), Amount of line 34 you want refunded to you (1,685), Routing number (101200453), Account number (152320199689), Amount of line 34 you want applied to your 2023 estimated tax (36).

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (37), Estimated tax penalty (38).

Third Party Designee section. Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No. Designee's name, Phone no., Personal identification number (PIN).

Sign Here section. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation (SOFTWARE ENGINEER), If the IRS sent you an Identity Protection PIN, enter it here. Spouse's signature, Date, Spouse's occupation, If the IRS sent your spouse an Identity Protection PIN, enter it here. Phone no. (714) 642-7854, Email address PSASI.NETWORK@GMAIL.COM.

Paid Preparer Use Only section. Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM, Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 04/08/2023, PTIN P02082703, Check if: [] Self-employed. Firm's name GLOBAL TAXES LLC, Phone no. (678) 965-9522. Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816, Firm's EIN 84-3171965.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DHARANI MANDAVA

Your social security number
539-87-7619

Part 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. Attach Schedule E | | 5 | -7,627. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) 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 nonqualified 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 | -7,627. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | | | |
| c | 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: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | 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 | | |
| e | 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 | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 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 1041) | 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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

DHARANI MANDAVA

Your social security number

539-87-7619

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

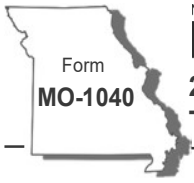
| | |
|----------|--|
| A | FLAT NO 405, B BLOCK, SRUTHIKA SPRINGFIELDS APARTMENT, MAIN ROAD, SINGAPURA, VIDYARANYAPURA, BANGALORE IN 560097 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | | QJV | |
|-----------|---------------------------------------|----------|--|------------------|----------|-------------------|----------|--------------------------|--------------------------|
| | | | | A | B | A | B | <input type="checkbox"/> | <input type="checkbox"/> |
| A | 3 | | | 352 | | 0 | | <input type="checkbox"/> | |
| B | | | | | | | | <input type="checkbox"/> | |
| C | | | | | | | | <input type="checkbox"/> | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

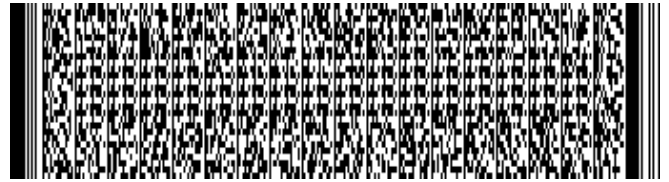
| Income: | | Properties: | | |
|------------------|---|-------------|----------|----------|
| | | A | B | C |
| 3 | Rents received | 413. | | |
| 4 | Royalties received | | | |
| Expenses: | | | | |
| 5 | Advertising | | | |
| 6 | Auto and travel (see instructions) | | | |
| 7 | Cleaning and maintenance | 578. | | |
| 8 | Commissions | | | |
| 9 | Insurance | | | |
| 10 | Legal and other professional fees | | | |
| 11 | Management fees | 1,002. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | | | |
| 13 | Other interest | | | |
| 14 | Repairs | 2,543. | | |
| 15 | Supplies | 2,674. | | |
| 16 | Taxes | | | |
| 17 | Utilities | 1,243. | | |
| 18 | Depreciation expense or depletion | | | |
| 19 | Other (list) _____ | | | |
| 20 | Total expenses. Add lines 5 through 19 | 8,040. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | -7,627. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (7,627.) | | |
| 23a | Total of all amounts reported on line 3 for all rental properties | 413. | | |
| 23b | Total of all amounts reported on line 4 for all royalty properties | | | |
| 23c | Total of all amounts reported on line 12 for all properties | | | |
| 23d | Total of all amounts reported on line 18 for all properties | | | |
| 23e | Total of all amounts reported on line 20 for all properties | 8,040. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | (7,627.) | | |
| 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 | -7,627. | | |



MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.



Amended Return Composite Return
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

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

Vendor Code

1555

Department Use Only

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

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

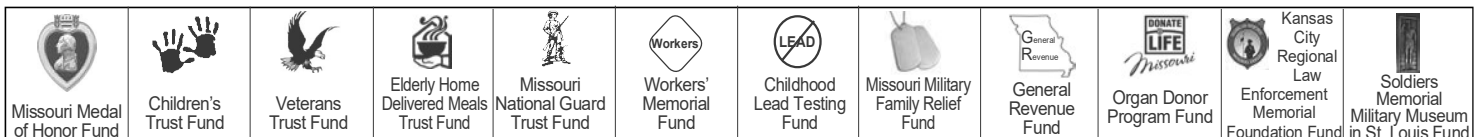
Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse

| | | | | | | |
|---|------------------------|------|--------------------|---------------------------------|--------|------------------|
| Name | Social Security Number | | Deceased in 2022 | Spouse's Social Security Number | | Deceased in 2022 |
| | 539 | 87 | 7619 | | | |
| | First Name | M.I. | Last Name | Suffix | | |
| | DHARANI | | MANDAVA | | | |
| Spouse's First Name | | M.I. | Spouse's Last Name | | Suffix | |
| | | | | | | |
| In Care Of Name (Attorney, Executor, Personal Representative, etc.) | | | | | | |
| | | | | | | |

| | | | | | | |
|---------------------|---|--|--|-------|----------|--|
| Address | Present Address (Include Apartment Number or Rural Route) | | | | | |
| | 20880 ISHERWOOD TER APT 201 | | | | | |
| | City, Town, or Post Office | | | State | ZIP Code | |
| | ASHBURN | | | VA | 20147 - | |
| County of Residence | | | | | | |
| CRAW | | | | | | |

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | Spouse (S) |
|---|--------------|------------|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y 70883 .00 | 1S .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y .00 | 2S .00 |
| 3. Total income - Add Lines 1 and 2. | 3Y 70883 .00 | 3S .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y .00 | 4S .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y 70883 .00 | 5S .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 70883 .00 | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y 100 % | 7S . % |

Exemptions and Deductions

| | |
|---|-------------|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) | 8 .00 |
| 9. Tax from federal return | 9 8361 .00 |
| 10. Other tax from federal return. | 10 .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 8361 .00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 15.00 % |

| | |
|---|-------------------------|
| Missouri Adjusted Gross Income Range, Line 6: | Federal Tax Percentage: |
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | |
|---|--------------|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 1254 .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,950 • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900 | 14 12950 .00 |
| 15. Additional Exemption for Head of Household and Qualified Widow(er) | 15 .00 |
| 16. Long-term care insurance deduction | 16 .00 |
| 17. Health care sharing ministry deduction. | 17 .00 |
| 18. Active Duty Military income deduction | 18 .00 |
| 19. Inactive Duty Military income deduction | 19 .00 |
| 20. Bring jobs home deduction | 20 .00 |
| 21. Transportation facilities deduction | 21 .00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | |
|---|-------------------------|-------------------------|-----|----------------------|-----|
| 22. First time home buyers deduction. | A. <input type="text"/> | B. <input type="text"/> | 22 | <input type="text"/> | .00 |
| 23. Long term dignity savings account deduction | | | 23 | <input type="text"/> | .00 |
| 24. Foster parent tax deduction | | | 24 | <input type="text"/> | .00 |
| 25. Total deductions - Add Lines 8 and 13 through 24 | | | 25 | 14204 | .00 |
| 26. Subtotal - Subtract Line 25 from Line 6 | | | 26 | 56679 | .00 |
| 27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 56679 | .00 | 27S | .00 |
| 28. Enterprise zone or rural empowerment zone income modification | 28Y | <input type="text"/> | .00 | 28S | .00 |

Tax

| | | | | | |
|---|-----|----------------------|-----|-----|----------|
| 29. Taxable income - Subtract Line 28 from Line 27 | 29Y | 56679 | .00 | 29S | .00 |
| 30. Tax (see tax chart on page 26 of the instructions) | 30Y | 2820 | .00 | 30S | .00 |
| 31. Resident credit - Attach Form MO-CR and other states' income tax return(s) | 31Y | <input type="text"/> | .00 | 31S | .00 |
| 32. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | 32Y | 55 | % | 32S | % |
| 33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 1551 | .00 | 33S | .00 |
| 34. Other taxes - Select box and attach federal form indicated. | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 34Y | <input type="text"/> | .00 | 34S | .00 |
| 35. Subtotal - Add Lines 33 and 34 | 35Y | 1551 | .00 | 35S | .00 |
| 36. Total Tax - Add Lines 35Y and 35S | | | | 36 | 1551 .00 |

Payments and Credits

| | | | |
|--|----|----------------------|-----|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | 1714 | .00 |
| 38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 | 38 | <input type="text"/> | .00 |
| 39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 39 | <input type="text"/> | .00 |
| 40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 40 | <input type="text"/> | .00 |
| 41. Amount paid with Missouri extension of time to file (Form MO-60) | 41 | <input type="text"/> | .00 |
| 42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | 42 | <input type="text"/> | .00 |
| 43. Property tax credit - Attach Form MO-PTS | 43 | <input type="text"/> | .00 |
| 44. Total payments and credits - Add Lines 37 through 43 | 44 | 1714 | .00 |



Skip Lines 45 through 47 if you are not filing an amended return.

45. Amount paid on original return 45 . 00
46. Overpayment as shown (or adjusted) on original return 46 . 00

Indicate Reason for Amending

- A. Federal audit. Enter date of IRS report (MM/DD/YY)
B. Net Operating Loss carryback. Enter year of loss (YY)
C. Investment tax credit carryback. Enter year of credit (YY)
D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. Enter on Line 47. 47 . 00

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. Amount of OVERPAYMENT 48 163 . 00

49. Amount of Line 48 to be applied to your 2023 estimated tax 49 . 00

50. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

50a. Children's Trust Fund . 00
50b. Veterans Trust Fund . 00
50c. Elderly Home Delivered Meals Trust Fund . 00
50d. Missouri National Guard Trust Fund . 00
50e. Workers' Memorial Fund . 00
50f. Childhood Lead Testing Fund . 00
50g. Missouri Military Family Relief Fund . 00
50h. General Revenue Fund . 00
50i. Organ Donor Program Fund . 00
50j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00
50k. Soldiers Memorial Military Museum in St. Louis Fund . 00
50l. Missouri Medal of Honor Fund . 00
50m. Additional Fund Code . Additional Fund Amount . 00
50n. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 50a through 50n and enter here 50 . 00

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632. 51 . 00

52. REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here 52 163 . 00

a. Routing Number 101200453
b. Account Number 152320199689
c. [X] Checking [] Savings



Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
Amount of UNDERPAYMENT 53 .00
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here ... 54 .00
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 55. **AMOUNT DUE** - Add Lines 53 and 54.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 55 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

| | | | |
|---|----------------------|----------------------|----------------------|
| Signature | Date (MM/DD/YY) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | Date (MM/DD/YY) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | Daytime Telephone | | |
| INFO@GTAXFILE.COM | <input type="text"/> | | |
| Preparer's Signature | Date (MM/DD/YY) | | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | 04 | 08 | 23 |
| Preparer's FEIN, SSN, or PTIN | Preparer's Telephone | | |
| 84-3171965 | 6789659522 | | |
| Preparer's Address | State | ZIP Code | |
| 245 ROONEY CT E BRUNSWICK | NJ | 08816 | |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



22322051555

Department Use Only

A FA E10 DE F

Mail to: Balance Due:
Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Form MO-1040 (Revised 12-2022)

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



IN
REV 02/24/23 PRO
MO-1040 Page 5

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

539 - 87 - 7619

Name

MANDAVA, DHARANI

Address

20880 ISHERWOOD TER APT 201

City, State, ZIP Code

ASHBURN VA 20147

1. Nonresident of Missouri
State of residence during 2022 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: 01/01/2022 Date To: 06/29/2022

B. Indicate the other state of residence and dates you resided there VIRGINIA

Date From: 06/30/2022 Date To: 12/31/2022

Spouse's Social Security Number

____ - ____ - ____

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2022 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | | | |
|--|--|------------------------------|-------|-------------------------------|---|--|----|
| | | Missouri Sources | | Missouri Sources | | | |
| A. Wages, salaries, tips, etc. | 1z | A | 39168 | 00 | A | | 00 |
| B. Taxable interest income. | 2b | B | | 00 | B | | 00 |
| C. Dividend income. | 3b | C | | 00 | C | | 00 |
| D. State and local income tax refunds (from schedule 1, part 1) | 1 | D | | 00 | D | | 00 |
| E. Alimony received (from schedule 1, part 1) | 2a | E | | 00 | E | | 00 |
| F. Business income or (loss) (from schedule 1, part 1) | 3 | F | | 00 | F | | 00 |
| G. Capital gain or (loss) | 7 | G | | 00 | G | | 00 |
| H. Other gains or (losses) (from schedule 1, part 1) | 4 | H | | 00 | H | | 00 |
| I. Taxable IRA distributions. | 4b | I | | 00 | I | | 00 |
| J. Taxable pensions and annuities. | 5b | J | | 00 | J | | 00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | K | 0 | 00 | K | | 00 |
| L. Farm income or (loss) (from schedule 1, part 1) | 6 | L | | 00 | L | | 00 |
| M. Unemployment compensation (from schedule 1, part 1) | 7 | M | | 00 | M | | 00 |
| N. Taxable social security benefits. | 6b | N | | 00 | N | | 00 |
| O. Other income (from schedule 1, part 1) | 9 | O | | 00 | O | | 00 |
| P. Total - Add Lines A through O. | | P | 39168 | 00 | P | | 00 |
| Q. Minus: federal adjustments to income. | 10 | Q | | 00 | Q | | 00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. | 11 | R | 39168 | 00 | R | | 00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | S | | 00 | S | | 00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | T | | 00 | T | | 00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1. | | U | | 00 | U | | 00 |

Missouri Income Percentage

Part C

| | Yourself or One Income Filer | | Spouse (On A Combined Return) | | | |
|--|------------------------------|-------|-------------------------------|----|--|----|
| 1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) | 1Y | 39168 | 00 | 1S | | 00 |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) | 2Y | 70883 | 00 | 2S | | 00 |
| 3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S. | 3Y | 55 | % | 3S | | % |

Signature

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature _____ Date (MM/DD/YY) _____

Spouse's Signature (if filing combined, BOTH must sign) _____ Date (MM/DD/YY) _____

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



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 (mm-dd-yyyy) | |
|---------------------------------------|-------------|
| You - From | You - To |
| 06-30-2022 | 12-31-2022 |
| Spouse - From | Spouse - To |
| | |

| | | | | | |
|---|----|---------------------------|--|--------|---|
| YOUR First Name DHARANI | MI | Your Last Name MANDAVA | Check if deceased <input type="checkbox"/> | Suffix | A Your Social Security Number 539-87-7619 |
| SPOUSE'S First Name (filing status 2 or 4) | MI | Spouse's Last Name | Check if deceased <input type="checkbox"/> | Suffix | B Spouse's Social Security Number 639-45-6941 |

| | | | | | |
|---|--|----------------------|---|-------|--|
| Present Home Address (Number and Street, or Rural Route) 20880 ISHERWOOD TER APT 201 | | | VA Driver's License Information Customer ID | | |
| City, Town or Post Office ASHBURN | | | You | _____ | |
| State VA | | | Spouse | _____ | |
| ZIP Code 20147 | | Locality Code 107 | Issue Date (mm-dd-yyyy) | | |
| | | | You | _____ | |
| | | | Spouse | _____ | |

| | | | |
|-------------------------------|--|--|--|
| Check Applicable Boxes | <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. <input type="checkbox"/> 1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/> <input type="checkbox"/> 2 = Married, Filing Joint return (Column A) <input type="checkbox"/> 3 = Married, Filing Separate returns (Column A) <input type="checkbox"/> 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 <u>SASIDHAR POLIMETLA</u> | Exemptions Enter the number of exemptions being claimed. You/Spouse Dependents 65 or Over Blind A - You Enter the numbers for both You and Spouse if Filing Status 2 1 0 B - Spouse Filing Status 4 Only _____ |
|---|--|

| | | |
|---|--------------------------------------|--|
| DATE OF BIRTH Your Birth Date (mm-dd-yyyy) 10 - 06 - 1995 Spouse's Birth Date (mm-dd-yyyy) - - | B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|---|--------------------------------------|--|

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 | 70883 | 00 |
| 2 Additions from Schedule 760PY ADJ, Line 3. | 2 | 00 | | 00 |
| 3 Add Lines 1 and 2. | 3 | 00 | 70883 | 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 | 31541 | 00 |
| 8 Subtractions from Schedule 760PY ADJ, Line 7. | 8 | 00 | | 00 |
| 9 Add Lines 4a, 4b, 5, 6, 7, and 8. | 9 | 00 | 31541 | 00 |
| 10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3. | 10 | 00 | 39342 | 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 | 4440 | 00 |



| | |
|------------------------------|-------------------------|
| Your Name DHARANI MANDAVA | Your SSN 539-87-7619 |
|------------------------------|-------------------------|

| | B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|---|--|--|
| 13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions..... | 13 00 | 472 00 |
| 14 Deductions from Schedule 760PY ADJ, Line 9..... | 14 00 | 00 |
| 15 Add Lines 11, 12, 13 and 14. | 15 00 | 4912 00 |
| 16 Virginia Taxable Income. Subtract Line 15 from Line 10. | 16 00 | 34430 00 |
| 17 Tax amount from Tax Table or Tax Rate Schedule..... | 17 00 | 1722 00 |
| 18 Total Tax. Add Line 17, Column A and Line 17, Column B. | 18 | 1722 00 |
| 19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | 19a | 1919 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 Total payments and credits. Add Lines 19a through 25. | 26 | 1919 00 |
| 27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE. | 27 | 00 |
| 28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT. | 28 | 197 00 |
| 29 Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX | 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 enclosed Schedule 760PY ADJ, Line 21. 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). See instructions..... Check here if no sales and use tax is due. <input checked="" type="checkbox"/> | 33 | 00 |
| 34 Add Lines 29 through 33. | 34 | 00 |
| 35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... 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..... YOUR REFUND. | 36 | 197 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.

Your Bank Routing Transit Number: 1 0 1 2 0 0 4 5 3

Your Bank Account Number: 1 5 2 3 2 0 1 9 9 6 8 9

Checking Savings

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.
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 | Date |
| Spouse's Signature (If a joint return, both must sign) | Spouse's Phone Number | Date |
| Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's Phone Number (678) 965-9522 | Date 04-08-2023 |
| Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 | Preparer's PTIN P02082703 | Vendor Code 1555 |
| | Filing Election Code 7 | ID Theft PIN |

2022 VIRGINIA SCHEDULE OF INCOME
Form 760PY

Page 1



| | |
|------------------------------|-------------------------|
| Your Name DHARANI MANDAVA | Your SSN 539-87-7619 |
|------------------------------|-------------------------|

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 SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A — | | You (Include Spouse if Filing Status 2) | | | | | | |
|---|---|---|-------|--------------------------------|-------|------------------------------------|-------|-----|
| | | Column A1 Federal Return | | Column A2 While VA Resident | | Column A3 While NOT VA Resident | | |
| 1. | Wages, salaries, tips, etc..... | 1 | 78510 | .00 | 39342 | .00 | 39168 | .00 |
| 2. | Interest and dividends | 2 | | .00 | | .00 | | .00 |
| 3. | Pension and other income..... | 3 | -7627 | .00 | 0 | .00 | -7627 | .00 |
| 4. | Gross income (add Lines 1, 2 and 3) | 4 | 70883 | .00 | 39342 | .00 | 31541 | .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 | 70883 | .00 | 39342 | .00 | 31541 | .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 | 70883 | .00 | 39342 | .00 | 31541 | .00 |

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

| SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 — | | Enter Spouse's Income When Filing Status 4 Is Claimed | | | | | | |
|---|---|---|--|--------------------------------|--|------------------------------------|--|-----|
| | | 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 |

**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 DHARANI MANDAVA | Your SSN 539-87-7619 |
|------------------------------|-------------------------|

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 | 0.507 |
| 11. | Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13..... | 11 | 472 |

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2022, prior state of residence MO
- 1b. If YOU moved out of Virginia in 2022, state moved to _____
- 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

539877619



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

DHARANI

MANDAVA

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 539877619 | W | 1919. | 811643169 | 30811643169F001 | 39342. |

| Total VA Withholding | SSN | VA Withholding |
|-------------------------------|-----------|----------------|
| You | 539877619 | 1919. |
| 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)

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

| | | |
|----------------------|--|--|
| Your Name | B Your Social Security Number | |
| DHARANI MANDAVA | 539-87-7619 | |
| Spouse's Name | A Spouse's Social Security Number | |
| | | |

| 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) | | 70883. |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 39342. |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | 34430. |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | 1722. |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | 1919. |
| 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) | | 197. |

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

| | | | | |
|---|---|---|---|---|
| 7 | 7 | 6 | 1 | 9 |
|---|---|---|---|---|

 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 04-08-23