

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 BALA RESHMANJALI THUMMA	Social security number 200-21-5091
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	81,643.
2	Total tax	10,726.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	13,136.
4	Amount you want refunded to you	2,410.
5	Amount you owe	

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 1 5 0 9 1 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ T. Bala Reshmanjali Date ▶ 05/04/2023

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.

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. 5 1 8 9 5 2 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: BALA RANJITH REDDY GOPU

Your first name and middle initial: BALA RESHMANJALI
Last name: THUMMA
Your social security number: 200-21-5091
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 749-74-4264
Home address (number and street). If you have a P.O. box, see instructions.
20503 PRAIRIE CYPRESS DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
CYPRESS
State: TX
ZIP code: 77433
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] 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'.

Main income table with columns for line numbers (1a-15) and amounts. Includes sub-columns for tax-exempt interest (2a-3a), IRA distributions (4a-5a), and social security benefits (6a-6b). Total income is 81,643. Taxable income is 68,693.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 10,726.

Table for Payments (lines 25-33). Includes federal income tax withheld (13,136) and total payments (13,136).

Table for Refund (lines 34-36). Shows overpaid amount of 2,410 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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

BALA RESHMANJALI THUMMA

Your social security number

200-21-5091

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	-10,492.
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 ABL 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	-10,492.

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)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

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.

Name(s) shown on return

BALA RESHMANJALI THUMMA

Your social security number

200-21-5091

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 2-6-1164/B/403, HANUMAN RES SRINIVASA NAGARCOLONY HANAMKONDA, WARANGAL, TELANGANA IN 506001

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	C	
A 3		365		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	3	653.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	2,498.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	1,765.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	1,987.	
15	Supplies	15	2,033.	
16	Taxes	16		
17	Utilities	17	2,862.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	11,145.	
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	21	-10,492.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,492.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	653.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	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	11,145.	
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	(10,492.)	
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	26		-10,492.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Allocation of Tax Amounts Between Certain Individuals in Community Property States

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
 ▶ Go to www.irs.gov/Form8958 for the latest information.

Your first name and initial	Your last name	Your social security number	
BALA RESHMANJALI	THUMMA	200-21-5091	
Spouse's or partner's first name and initial	Spouse's or partner's last name	Spouse's or partner's social security number	
BALA RANJITH REDDY	GOPU	749-74-4264	
	A Total Amount	B Allocated to Spouse or RDP <small>SSN <u>200</u> <u>21</u> <u>5091</u></small>	C Allocated to Spouse or RDP <small>SSN <u>749</u> <u>74</u> <u>4264</u></small>
1 Wages (each employer) VBRIDGEIT INC	92,135.	92,135.	
2 Interest Income (each payer)			
3 Dividends (each payer)			
4 State Income Tax Refund			
5 Self-Employment Income (See instructions)			
6 Capital Gains and Losses			
7 Pension Income			
8 Rents, Royalties, Partnerships, Estates, Trusts from Form 1040, Schedule 1, line 5	-10,492.	-10,492.	

	A Total Amount	B Allocated to Spouse or RDP SSN <u>200</u> <u>21</u> <u>5091</u>	C Allocated to Spouse or RDP SSN <u>749</u> <u>74</u> <u>4264</u>
9 Deductible part of Self-Employment Tax (See instructions)			
10 Self-Employment Tax (See instructions)			
11 Taxes Withheld from Form 1040, line 17	13,136.	13,136.	
12 Other items such as: Social Security Benefits, Unemployment Compensation, Deductions, Credits, etc.			

Do I need to use a payment voucher?

1. If you owe tax on your Personal Income Tax return, send the payment voucher to us with your payment. You must pay the amount you owe by April 15, to avoid interest and penalties.
2. If your return shows a refund or no tax due, there is no need to use the payment voucher.

How do I prepare my payment?

1. Make your check or money order payable to the West Virginia State Tax Department. **Do not send cash!**
2. If your name and address are not printed on your check or money order, write them on it.
3. Write your Social Security Number (SSN), daytime phone number, and "Form IT-140V" on your payment.

How do I prepare the payment voucher?

1. Enter your SSN in the first block, top line, and the first four letters of your last name in the second block top line.
2. If a joint return, enter your spouse's SSN on the second line.
3. Enter the amount you are paying in the third block, top line.
4. Enter your name(s) and address on the last three lines.
5. Mark the Amended box if payment is associated with an amended tax return to ensure the proper direction and processing. Failure to do so could result in the assessment of late payment penalties.

How do I send my payment and the payment voucher?

1. Detach the payment voucher by cutting along the dotted line below.
2. DO NOT attach the payment voucher or your payment to your return or to each other.
3. Mail your payment and payment voucher to the following address:

West Virginia State Tax Department
Tax Account Administration Division
P.O. Box 11385
Charleston, WV 25339-1385

	REV WV IT-140V	STATE OF WEST VIRGINIA						
	11/20 EPV	INDIVIDUAL INCOME TAX ELECTRONIC PAYMENT VOUCHER						
Please print or type	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Your Social Security Number</td> <td style="width: 50%;">200215091</td> </tr> <tr> <td>Spouse's SSN</td> <td></td> </tr> </table>		Your Social Security Number	200215091	Spouse's SSN		<input type="checkbox"/> Amended	
	Your Social Security Number	200215091						
	Spouse's SSN							
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Period Ending MMDYYYY</td> <td style="width: 50%;">12312022</td> </tr> <tr> <td>Name Control</td> <td>THUM</td> </tr> </table>	Period Ending MMDYYYY	12312022	Name Control	THUM	
	Period Ending MMDYYYY	12312022						
Name Control	THUM							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Your First Name</td> <td style="width: 33%;">Spouse's First Name</td> <td style="width: 33%;">Last Name</td> </tr> <tr> <td>BALA</td> <td>RESHMANJA</td> <td>THUMMA</td> </tr> </table>		Your First Name	Spouse's First Name	Last Name	BALA	RESHMANJA	THUMMA	AMOUNT OF PAYMENT
Your First Name	Spouse's First Name	Last Name						
BALA	RESHMANJA	THUMMA						
Mailing Address 20503 PRAIRIE CYPRESS DR City State Zip Code CYPRESS TX 77433		\$ _____ 50.00 Do not send cash! Make your check or money order payable to the West Virginia State Tax Department and write your social security number and "Form IT-140V" on your check or money order. Mail your payment to: West Virginia State Tax Department Tax Account Administration Division P.O. Box 11385 Charleston, WV 25339-1385						

NOTE: Electronic filers *must* inform taxpayers that full payment of taxes due must be submitted by April 15th to avoid interest and penalties



SOCIAL SECURITY NUMBER	200215091	Deceased <input type="checkbox"/>	Date of Death*	**SPOUSE'S SOCIAL SECURITY NUMBER	749744264	Deceased <input type="checkbox"/>	Date of Death*	
LAST NAME	THUMMA			SUFFIX	YOUR FIRST NAME		BALA RESHMANJALI MI	
SPOUSE'S LAST NAME	GOPU			SUFFIX	SPOUSE'S FIRST NAME		BALA RANJITH REDD MI	
FIRST LINE OF ADDRESS	20503 PRAIRIE CYPRESS DR			SECOND LINE OF ADDRESS				
CITY	CYPRESS			STATE	TX	ZIP CODE	77433	
TELEPHONE NUMBER	5132915002	EMAIL	BALARESHMA.REDDY33				EXTENDED DUE DATE	MM/DD/YYYY

* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN NONRESIDENT SPECIAL NONRESIDENT/PART YEAR RESIDENT FORM WV-8379 FI LED AS AN INJURED SPOUSE

FILING STATUS (CHECK ONE) 1 SINGLE 2 HEAD OF HOUSEHOLD 3 MARRIED, FILING JOINT 4 MARRIED, FILING SEPARATE 5 WIDOW(ER) WITH DEPENDENT CHILD
**Enter spouse's SS# and name in the boxes above

EXEMPTIONS

(a) **YOURSELF** To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank. (a) 1

(b) **SPOUSE** To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else. (b)

(c) **DEPENDENTS** List your dependents. If over four dependents, continue on Schedule DP on page 11. **Enter total number of dependents** (c)

Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MM DD YYYY)

(d) **SURVIVING SPOUSE** (See page 21) Decedents SSN Year Spouse Died: (d)

(e) **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) 1

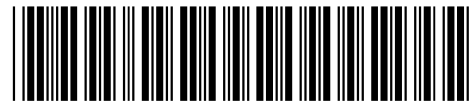
1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A	1	81643	.00
2. Additions to income (line 58 of Schedule M).....	2		.00
3. Subtractions from income (line 49 of Schedule M).....	3		.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	81643	.00
5. Low-Income Earned Income Exclusion (see worksheet on page 25).....	5		.00
6. Total Exemptions as shown above on Exemption Box (e) <u>1</u> x \$2,000	6	2000	.00
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO	7	79643	.00
8. Income Tax Due (Check One)	8	918	.00

Tax Table Rate Schedule Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN COR SCTC NRSR HEPTC

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)



T 0 4 0 2 0 2 2 0 1

PRIMARY LAST NAME	THUMMA	SOCIAL SECURITY NUMBER	200215091	8.Total Taxes Due (line 8 from previous page)	8	918	.00
9. Credits from Tax Credit Recap Schedule (see schedule on page 5)					9		.00
10. Line 8 minus 9. If line 9 is greater than line 8, enter 0					10	918	.00
11. Overpayment previously refunded or credited (amended return only)					11		.00
12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here					12		.00
13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 41). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE					13		.00
14. Add lines 10 through 13. This is your total amount due.....					14	918	.00
15. West Virginia Income Tax Withheld (See instructions page 22) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)					15	868	.00
16. Estimated Tax Payments and Payments with Schedule 4868					16	0	.00
17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1)					17		.00
18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A)					18		.00
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class II receipt)					19		.00
20. Amount paid with original return (amended return only)					20		.00
21. Payments and Refundable Credits (add lines 15 through 20)					21	868	.00
22. Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT					22	50	.00
23. Line 21 minus line 14. This is your overpayment					23		.00
24. Indicate donations from line 23. Enter below and enter the sum of columns 24A, 24B, and 24C on Line 24							
24A. CHILDREN'S TRUST FUND	24B. WV DEPT. OF VETERANS ASSISTANCE	24C. STATE VETERANS CEMETERY			24		.00
25. Amount of Overpayment to be credited to your 2023 estimated tax.....					25		.00
26. Refund due to you (line 23 minus line 24 and line 25)..... REFUND					26		.00

Direct Deposit of Refund

CHECKING SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the Tax Division to discuss my return with my preparer YES NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of mv knowledge and belief, it is true, correct and complete.

Your Signature	Date	Spouse's Signature	Date	Telephone Number
<input type="checkbox"/> Preparer: Check HERE if client is requesting NOT to file		843171965 SYAM PRIYA RAM SAGAR GUPTA	04062023	6789659522
		Preparer's EIN	Signature of preparer other than above	Date
				Telephone Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC

Preparer's Printed Name	Preparer's Firm
FOR REFUND, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
 • Check or Money Order payable to the WV Tax Division - Enclose check or money order with your return.
 • Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
 • Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax



T 0 4 0 2 0 2 2 0 2

NONRESIDENTS/PART-YEAR RESIDENTS
SCHEDULE OF INCOME

2022

PART-YEAR RESIDENTS: FROM: [] [] [] [] TO: [] [] [] []
Enter period of West Virginia residency MM/DD/YYYY MM/DD/YYYY

(To Be Completed By Nonresidents and Part-Year Residents Only) INCOME	COLUMN A: AMOUNT FROM FEDERAL RETURN	COLUMN B: ALL INCOME DURING PERIOD OF WV RESIDENCY	COLUMN C: WV SOURCE INCOME DURING NONRESIDENT PERIOD
1. Wages, salaries, tips (withholding documents)	1 92135 .00	.00	16237 .00
2. Interest	2 .00	.00	.00
3. Dividends	3 .00	.00	.00
4. IRAs, pensions and annuities	4 .00	.00	.00
5. Total taxable Social Security and Railroad Retirement benefits (see line 32 and 38 of Schedule M)	5 .00	.00	
6. Refunds of state and local income tax (see line 36 of Schedule M)	6 .00	.00	
7. Alimony received	7 .00	.00	
8. Business profit (or loss)	8 -10492 .00	.00	0 .00
9. Capital gains (or losses)	9 .00	.00	.00
10. Supplemental gains (or losses)	10 .00	.00	.00
11. Farm income (or loss)	11 .00	.00	.00
12. Unemployment compensation insurance	12 .00	.00	.00
13. Other income from federal return (identify source)	13 .00	.00	.00
14. Total income (add lines 1 through 13)	14 81643 .00	.00	16237 .00
ADJUSTMENTS			
15. Educator expenses	15 .00	.00	.00
16. IRA deduction	16 .00	.00	.00
17. Self-employment tax deduction	17 .00	.00	.00
18. Self Employed SEP, SIMPLE and qualified plans	18 .00	.00	.00
19. Self-employment health insurance deduction	19 .00	.00	.00
20. Penalty for early withdrawal of savings	20 .00	.00	.00
21. Other adjustments (See instructions page 28)	21 .00	.00	.00
22. Total adjustments (add lines 15 through 21)	22 .00	.00	.00
23. Adjusted gross income (subtract line 22 from line 14 in each column)	23 81643 .00	.00	16237 .00
24. West Virginia income (line 23, Column B plus column C)	24	16237 .00	
25. Income subject to West Virginia Tax but exempt from federal tax.....	25	.00	
26. Total West Virginia income (line 24 plus line 25). Enter here and on line 2 on the next page	26	16237 .00	



SCHEDULE A (CONTINUED)

PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION

1. Tentative Tax (apply the appropriate tax rate schedule on page 34 to the amount shown on line 7, Form IT-140).....	1	4615	.00
2. West Virginia Income (line 26, Schedule A).....	2	16237	.00
3. Federal Adjusted Gross Income (line 1, Form IT-140).....	3	81643	.00
4. Tax (divide line 2 by line 3, round to 4 decimal places and multiply the result by line 1). Enter here and on line 8, Form IT-140	4	918	.00

**PART II: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STATES
AND CERTAIN ACTIVE MILITARY MEMBERS**

ELIGIBILITY: Complete this section **ONLY** if **ALL THREE** of the following statements were true for 2022.

- You were EITHER a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia
OR a member of the military assigned to active duty in West Virginia whose domicile is outside West Virginia
- Your only West Virginia source income was from wages and salaries.
- West Virginia income tax was withheld from such wages and salaries by your employer(s).

If you were a non-military, domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you are also considered a resident of West Virginia and must file Form IT-140 as a resident of West Virginia.

NOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you are ineligible to complete Part II. You must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule A and Part I to report any income from West Virginia sources.

I declare that I was not a resident of West Virginia at any time during 2022, I was a resident of the state shown OR was in West Virginia pursuant to active duty military orders, my only income from sources within West Virginia was from wages and salaries, and such wages and salaries were subject to income taxation by my state of residence.

YOUR STATE OF RESIDENCE (Check one):

- 1 Commonwealth of Kentucky 4 Commonwealth of Pennsylvania Number of days spent in West Virginia _____
- 2 State of Maryland 5 Commonwealth of Virginia Number of days spent in West Virginia _____
- 3 State of Ohio 6 Active Military, stationed in West Virginia but not domiciled here (Must enclose military order and DD2058)

		(A) Primary Taxpayer's Social Security Number	(B) Spouse's Social Security Number	
5. Enter your total West Virginia Income from wages and salaries in the appropriate column	5	.00		.00
6. Enter total amount of West Virginia Income Tax withheld from your wages and salaries paid by your employer in 2022	6	.00		.00
7. Line 6, column A plus line 6 column B. Report this amount on line 15 of Form IT-140	7			.00

