Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

 \blacktriangleright ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social secur	ity number
BHANU PRAKASH SOMSETTY	444-53	3-8052
Spouse's name	Spouse's so	cial security number
LAVANYA BASETTI	777-36	6-8997
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 79,429.
2 Total tax		2 6,012.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 15,459.
4 Amount you want refunded to you		4 9,447.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a co	oy of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amence Electronic Funds Withdrawal Consent.	transmitter, or elect for rejection of the ethe U.S. Treasury aunt indicated in the extraction to debit the extraction to debit the extraction requests must be in the processing to the payment. I further transmitter in the processing to the payment. I further transmitter in the processing to the payment. I further transmitter, or election of the unit transmitter, or election of the U.S. Treasury and the U.S. Treasury and the U.S. Treasury are transmitter, or election of the U.S. Treasury and the U.S.	ronic return originator (ERO) transmission, (b) the reason and its designated Financial tax preparation software for e entry to this account. This zation. To revoke (cancel) a pe received no later than 2 of the electronic payment of rther acknowledge that the
Taxpayer's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or ger	nerate my PIN 🗀	as my nter five digits, but on't enter all zeros
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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
	te▶	
Spouse's PIN: check one box only		
	É	as my nter five digits, but on't enter all zeros
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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
	te ►	
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 Don't en	6 6 1 9 8 9 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence.	n submitting this ref	turn in accordance with the

ERO's signature ▶

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

Date ▶

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

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OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	househo	ld (HOF	H)		fying surv	/iving	
Check only one box.	lf vo	u checked the MFS box, enter the	nama of v	our spouso. If we	au chock	rad tha UOU as	. OSS ba	v onto	r tha		se (QSS)	o gualifying	
one box.		on is a child but not your depender		our spouse. If yo	ou check	ted the HOHO	Q33 DC	ix, ente	i tile	Ciliu S	name ii ti	e qualifying	
Your first name			Last na	me						Your soc	ial securit	v number	
										444-53-8052			
									Spouse's social security number				
									-	6-899°			
LAVANYA Home address	(numbe	er and street). If you have a P.O. box, se					Δnt	. no.	_				
			e iiisti ucti	0113.			'		- 1		ere if you,	on Campaign	
2553 FAI		ce. If you have a foreign address, also c	omplete s	naces helow	Sta	ate.	JIP cod					tly, want \$3	
	JUSI UIII	ce. If you have a loreigh address, also c	omplete s	paces below.						0		Checking a	
								w will not or refund.	•				
Foreign country name Foreign province/state/county Foreign postal code you						your tax	You	Spouse					
.	A 1 -		: - (- V II		орошос	
Digital		ny time during 2022, did you: (a) re ange, gift, or otherwise dispose of					-				Yes	X No	
Assets		eone can claim:				a dependent	asset): (See III	Struc	110115.)	163		
Standard Deduction													
Deduction		Spouse itemizes on a separate retu	irri or you	i were a duar-sta	ius allei	ı							
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before	Janua	ry 2,	1958	☐ Is bli	ind	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) (Check th	e box	if qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child ta	ax cre	dit	Credit for oth	her dependents	
than four											[
dependents, see instruction	e										[
and check											[
here]										[<u> </u>	
Income	1a	Total amount from Form(s) W-2,	box 1 (se	e instructions)						1a	3	39 , 847.	
	b	Household employee wages not	reported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruc	tions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i							
	z	Add lines 1a through 1h								1z	8	39 , 847.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a		1	Ordinary divide				3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum	election r	method, check h	ere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D it	f required. If not	required	, check here				7			
Married filing	8	Other income from Schedule 1, li	ne 10							8	-1	LO,418.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your tota	l incom	е				9	7	79,429.	
surviving spouse, \$25,900	10	Adjustments to income from Sch	edule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This	is your a c	djusted gross in	come					11	1 7	79,429.	
household, \$19,400	12	Standard deduction or itemized	d deduct	ions (from Sched	dule A)					12	2	25 , 900.	
If you checked	13	Qualified business income deduc	tion from	Form 8995 or F	orm 899	95-A				13			
any box under Standard	14	Add lines 12 and 13								14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This	is your	taxable incom	ne .			15	5	53,529.	
)												

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,012.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,012.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,012.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	6,012.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				25a 1.	5,459.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15 , 459.
If you have a	26	2022 estimated tax paymen	ts 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	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			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	hese are your to	tal payments				33	15,459.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	9,447.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗌	35a	9,447.
Direct deposit?	b	Routing number 0 5 2 0 0 1 6 3 3 c Type: X Checking Savings							
See instructions.	d	Account number 4 4 6							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•		rn with the IRS?		complete l	nelow	X No
Designee		signee's		Phone			sonal identi		
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare tilef, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
Latinat waste was O					 SOFTWARE	ZNCTNEED		inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupat				I J J J J J J J J J J J J J J J J J J J
Keep a copy for your records.	Op	oudo o digitataro. Il a joint rotarri, i	Date	HOME MAKE		Iden		ection PIN, enter it here	
	Ph	one no. (240) 342-146	1	Email address	BHANUSOMSE'	TTY@GMAIL.C	MC		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/28/2023	P0208	2703	Self-employed
Preparer	Fin	<u>'</u>							(678) 965-9522
Use Only	Fin	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 F							88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Part I Additional Income	Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
1 Taxable refunds, credits, or offsets of state and local income taxes	BHAN	U PRAKASH SOMSETTY & LAVANYA BASETTI	444-5	3-80	52	
Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F Unemployment compensation Other income: Net operating loss Bad (Foreign earned income exclusion from Form 2555 Income from Form 8853 Income from Form 8889 Aska Permanent Fund dividends Prizes and awards Activity not engaged in for profit income Stock options 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 MOlympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from a nABLE account (see instructions) Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Vages earned while incarcerated All incorporemental section 457 plan Wages earned while incarcerated 2a 3 4 3 -10 3 -10 3 -10 4 -10 -10 -10 -10 -10 -10	Par	t I Additional Income				
Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F Unemployment compensation Other income: Net operating loss Bad (Foreign earned income exclusion from Form 2555 Income from Form 8853 Income from Form 8889 Aska Permanent Fund dividends Prizes and awards Activity not engaged in for profit income Stock options 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 MOlympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from a nABLE account (see instructions) Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Vages earned while incarcerated All incorporemental section 457 plan Wages earned while incarcerated 2a 3 4 3 -10 3 -10 3 -10 4 -10 -10 -10 -10 -10 -10	1	Taxable refunds, credits, or offsets of state and local income taxes			1	
b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation Other income: a Net operating loss Net operating loss Bab C Cancellation of debt 4 Foreign earned income exclusion from Form 2555 Income from Form 8853 Income from Form 8859 Alaska Permanent Fund dividends Jury duty pay Prizes and awards Activity not engaged in for profit income k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(i) excess business loss adjustment T axable distributions from an ABLE account (see instructions) P Section 461(i) excess business loss adjustment T axable distributions from an ABLE account (see instructions) Roll and the rental of personal property in company and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Roll and 10 Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Wages earned while incarcerated	2a				2a	
3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation Other income: a Net operating loss b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 g Add () l Income from Form 8853 f Income from Form 8889 g Alaska Permanent Fund dividends h Jury duty pay i Prizes and awards j Activity not engaged in for profit income k Stock options I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) s Section 951(a) inclusion (see instructions) q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated 3 4 4 5 4 5 5 -10, 418. 6 7 7 7 8 4 5 -10, 418. 5 -10, 418. 6 7 7 -10, 418. 5 -10, 418. 6 7 7 -10, 418. 5 -10, 418. 5 -10, 418. 5 -10, 418. 6 7 7 -10, 418. 6 7 7 -10, 418. 5 -10, 418. 6 7 7 -10, 418. 6 7 7 -10, 418. 6 -	b					
4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income: a Net operating loss b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 l Income from Form 8853 g Alaska Permanent Fund dividends h Jury duty pay i Prizes and awards j Activity not engaged in for profit income k Stock options I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) p Section 951(a) inclusion (see instructions) p Section 951(a) inclusion (see instructions) p Section 461(f) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated 4 5 -10, 418. 5 -10, 418. 6 6 7 7 6 6 7 7 8	3	Business income or (loss). Attach Schedule C			3	
6 Farm income or (loss). Attach Schedule F. 7 Unemployment compensation	4			4		
6 Farm income or (loss). Attach Schedule F	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E.	5	-10,418.
8 Other income: a Net operating loss	6	Farm income or (loss). Attach Schedule F			6	
a Net operating loss	7	Unemployment compensation			7	
b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 elicome from Form 8853 f Income from Form 8889 g Alaska Permanent Fund dividends h Jury duty pay liPrizes and awards j Activity not engaged in for profit income k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) s Section 961A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated 8c 8d () 8b 8d () 8h 8i 8i 8i 8i 8i 8i 8i 8i 8i	8	Other income:				
c Cancellation of debt d Foreign earned income exclusion from Form 2555 e Income from Form 8853	а	Net operating loss	8a ()		
d Foreign earned income exclusion from Form 2555	b		8b			
e Income from Form 8853	С					
f Income from Form 8889	d		8d ()		
g Alaska Permanent Fund dividends	е					
h Jury duty pay	f					
i Prizes and awards	g					
j Activity not engaged in for profit income k Stock options	h					
k Stock options	i					
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	j					
for profit but were not in the business of renting such property	k		8k			
m Olympic and Paralympic medals and USOC prize money (see instructions)	ı					
instructions)			81			
n Section 951(a) inclusion (see instructions)	m					
o Section 951A(a) inclusion (see instructions)			 			
p Section 461(I) excess business loss adjustment	n	,				
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	_					
r Scholarship and fellowship grants not reported on Form W-2	•					
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d		,				
1040, line 1a or 1d			8r			
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated	S		00 (١		
a nongovernmental section 457 plan		, ,	88 (
u Wages earned while incarcerated 8u	τ		0+			
		·	 			
7 Other income List type and amount:		Other income. List type and amount:	ou			
z Other income. List type and amount:	2	Other income. List type and amount.	Q ₇			
9 Total other income. Add lines 8a through 8z	9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,418.

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	·	_	
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction		_	
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	Attorney fees and court costs for actions involving certain unlawful			
		4h		
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			
		24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

SCHEDULE E (Form 1040)

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return						Your socia	al security	number
BHAN	U PRAKASH SOMSETTY & LAVANYA BASETTI						444-53	3-8052	
Part	Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	erty, use	Schedule						
	Did you make any payments in 2022 that would require you								s 🛚 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZI	P code	e)						
A	3-34 GOPULAPURAM WANAPARTHY TELANAG.			120					
B	3-34 GOFOLAFORAM WANAFARIII IELANAG.	ANA .	IN 3091	120					
1b	Type of Dyapovty O Fay and years years and		L a al			ir Rental	Dawaan	al IIaa	
10	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				га	Days	Person Da		QJV
A	personal use days. Check the Q			Α		365	Du	0	
B	if you meet the requirements to	file as	a	В		303			
C	qualified joint venture. See instru	uctions	3.	C					
	of Property:								
• •	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Lanc	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial	itai	6 Roya			Other (descri	ihe)		
	Width Farmy Residence 4 Commercial		- O Hoye	11103					
						Propertie	es:		
Incom	ne:			Α		В			С
3	Rents received			6	36.				
4	Royalties received	4							
Expen									
5	Advertising								
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			1,9	38.				
8	Commissions	8							
9	Insurance								
10	Legal and other professional fees								
11	Management fees	_		1,8	03.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest								
14	Repairs				49.				
15	Supplies	15		2,2	54.				
16	Taxes	16							
17	Utilities	17		2,3	10.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,0	54.				
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			-10,4	10				
00				-10,4	10.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		,	10 41	0 /	(\	(`
00-			(10,41		((2)	()
23a	Total of all amounts reported on line 3 for all rental properties of all amounts reported on line 3 for all rental properties.				23a		636.		
b	Total of all amounts reported on line 4 for all proportion				23b				
C 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	1 1	,054.		
e 24	Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do no				23e	11,	. 24		
24 25	Losses. Add royalty losses from line 21 and rental real esta		•		ntorto	tal lossos ber		<u> </u>	10 /10 \
								ι	10,418.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						26		-10,418.

2022 VA760CG Page 1





BHANU PRAKAS SOMSETTY LAVANYA BASETTI 2553 FARMCREST DR APT 905

		001 01
HERNDON	VA	20171

SSN - You	SOMS		44453	8052	Vendor ID	1555		XXXXX	_	7
•					Vendor iD	1333		ΛΛΛΛΛ		•
SSN - Spouse	BASE		77736	8997						
Fed Adj Gross Income (Fa	AGI)	1.	79	429.	Withholding (VA) - Yo	u	19A.		4694.	
Additions		2.			Withholding (VA) - Sp	oouse	19B.			
Subtotal		3.	79	429.	Estimated Payments		20.			
Age Deduction - You	2	IA.			2021 Overpayment		21.			
Age Deduction - Spouse	2	1 B.			Extension Payments		22.			
Soc Sec & Tier 1 Railroad	d	5.			Credit - Low-Income of	or EIC	23.			
State Income Tax Overpa	ayment	6.			Credit - Schedule OSC		24.			
Subtractions		7.			Credits - Schedule CR	R	25.			
Subtotal Subtractions		8.			Total Payments / Cred	dits	26.		4694.	
Total VA Adj Gross Incom	e (VAGI)	9.	79	429.	Tax You Owe		27.			
Itemized Deductions - VA	Sch A	10.			Tax Overpayment		28.		1411.	
Standard Deduction		11.	16	000.	Overpayment Credited	d to Next Year	29.			
Exemptions		12.	1	860.	VAC - Virginia 529 / A	BLE	30.			
Deductions		13.			VAC - Other Contribut	tions	31.			
Subtotal (Deductions & E	exemptions)	14.	17	860.	Addition to Tax, Penal	ty & Interest	32.			
VA Taxable Income		15.	61	569.	Sales and Use Tax		33.			
Amount of Tax		16.	3	283.	Amount You Owe	0 1 17				
Spouse Tax Adjustment (STA)	17.			Will Pay by Credit/Debit Your Refund	Card N	1		1411.	
VAGI - Spouse	1	7A.					_			
Net Amount of Tax		18.	3	283.	Bank Routing #		С		2001633	
	L				Bank Account #		44604	1101557	79	





•						
Filing S	tatus, Age & I	License Info	ormation		Additional Filing Information	
Filin	g Status		2	2	Locality	059
Fede	eral Head of Hou	usehold			Uninsured & Authorize DMAS	
DOE	3 - You		09241989	9	Name or Filing Status Change	
VA D	Oriver's License	ID - You	T68303754	4	Address Change	
VA D	river's License	- Iss. Date - Y	ou 09292021	1	VA Return Not Filed Last Year	
Spor	use Name (Filing	g Status 3 On	ly)		Dependent on Another's Return	
	_		00001000	2	Farmer / Fisherman / Merchant Seaman	
DOB - Spouse VA Driver's License ID - Spouse			09091990	J	Amended	
		·			Reason Code	
)river's License				Overseas on Due Date	
Exempt You	tions (A)	1	Exemptions (B) 65 & Over - You		Federal EIC & Amount	
Spor	use	1	65 & Over - Spouse		Deceased Indicator	
Dep	endents		Blind - You		Form 760C or 760F	
Tota	I (A)	2	Blind - Spouse		No Sales & Use Tax Due Indicator	X
			Total (B)		Obtain Electronic 1099G	
		•	ontact Information		ID Theft PIN	
		C	oniaci iiiioiiialioii			

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

2403421461

_____ Date Signature - You ____ Phone - You

Signature - Spouse _____ ____ Date Phone - Spouse

012823 6789659522 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

Phone - Preparer

7 P02082703 The Tax Department may discuss my/our return with my/our preparer.

Preparer Information GLOBAL TAXES LLC File by May 1, 2023

Include Page 1, Page 2 and all 245 ROONEY CT supporting 760CG documents. E BRUNSWICK

2022 Schedule INC/CG

444538052

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



BHANU PRAKAS

SOMSETTY

LAVANYA

BASETTI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
444538052	M	4694.	261222517	30261222517F001	89847.

 Total VA Withholding
 SSN
 VA Withholding

 You
 444538052
 4694.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

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 Sec	urity Number				
BHANU PRAKASH SOMSETTY	444-53-805	•				
Spouse's Name	A Spouse's Social					
LAVANYA BASETTI	777-36-899	97				
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)		79429.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		79429.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		61569.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3283.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4694.				
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)		1411.				
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 s						
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 3 8 0 5 2 as my signature on my 2022 e-file Do not enter all zeros	led Virginia individual inco	ome tax return.				
GLOBAL TAXES LLC						
ERO Firm Name		Ella DINI				
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	conly if you are entering	your own e-File PliN				
Your Signature Date						
Spouse's e-File PIN: check one box only						
I authorize the ERO named below to enter my e-File PIN 6 8 9 9 7 as my signature on my 2022 e-file Do not enter all zeros	led Virginia individual inc	ome tax return.				
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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File				
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 6						
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN me Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubb a signature pen, or computer software program.	tax return for the taxpayethod and Virginia's publi	cation				
ERO's Signature Date	28-23					