

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                     |  |
|-------------------------------------|--|
| Taxpayer's name<br>KIRAN N PASUNURI | Social security number<br>667-70-0695          |
| Spouse's name<br>VASANTHA NALLA     | Spouse's social security number<br>852-93-6458 |

## 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 | 135,291. |
| 2 Total tax   | 2 | 15,297.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 23,118.  |
| 4 Amount you want refunded to you                               | 4 | 7,821.   |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 0 | 6 | 9 | 5 |
|---|---|---|---|---|

 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 ▶ Kiran Netha Pasunuri Date ▶ 02/04/2023

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 6 | 4 | 5 | 8 |
|---|---|---|---|---|

 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. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 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 [X] Married filing jointly [ ] 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:

Form fields for personal information: Your first name and middle initial (KIRAN N), Last name (PASUNURI), Your social security number (667-70-0695), Spouse's social security number (852-93-6458), Home address (1515 GLACIER DRIVE, DURHAM, NC, 27713), and Presidential Election Campaign options.

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total taxable income: 109,391.

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 15,297. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 15,297. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 15,297. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 15,297. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 23,118. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 23,118. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 23,118. |

|                                      |            |   |                |   |
|--------------------------------------|------------|---|----------------|---|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>      | 7,821.  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>     | 7,821.  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 1 1 1 0 0 0 6 1 4  | <b>c</b> Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number 2 5 3 1 9 0 7 7 2  |                |   |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>      |   |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** 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<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                 | Spouse's occupation<br>HOME MAKER    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (210) 901-3546                                      | Email address KIRANNETHA91@GMAIL.COM |                                      |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/05/2023 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN<br>88-2145487                             |   |                    |                   |   |

**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](http://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  
KIRAN N PASUNURI & VASANTHA NALLA

Your social security number  
667-70-0695

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -12,500. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -12,500. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return

KIRAN N PASUNURI & VASANTHA NALLA

Your social security number

667-70-0695

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 16,226.                          | 14,919.                         |   | 1,307.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 1,307.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|   |               |        |
|---|---------------|--------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b>     | 1,307. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>   |               |        |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>   | <b>18</b>     |        |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>   | <b>19</b>     |        |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>   |               |        |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>   | <b>21</b> ( ) |        |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>  |               |        |





**SCHEDULE E  
(Form 1040)**

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

OMB No. 1545-0074

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

KIRAN N PASUNURI & VASANTHA NALLA

Your social security number

667-70-0695

**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** KORUTLA JAGITYAL TELANGANA IN 505326

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .   | <b>3</b> 600.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,500.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,200.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 3,200.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,000.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 4,200.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>             |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 13,100.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -12,500.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 12,500. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 600.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>            |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 13,100.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 12,500. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -12,500.    |   |   |



Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## New York State requires this income tax return to be filed electronically.

### Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

## Preparers who file paper returns are subject to penalties.

### Avoid penalties and e-file this return.

### Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

### Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning ..... **22**  
and ending .....

For help completing your return, see the instructions, Form IT-203-I.

|  |          |  |                   |   |  |
|--|----------|--|-------------------|---|--|
| Your first name and middle initial<br>KIRAN N  |          | Your last name (for a joint return, enter spouse's name on line below)<br>PASUNURI |                   | Your date of birth (mmddyyyy)<br>08181991     | Your Social Security number<br>667700695     |
| Spouse's first name and middle initial<br>VASANTHA                                     |          | Spouse's last name<br>NALLA  |                   | Spouse's date of birth (mmddyyyy)<br>03241995 | Spouse's Social Security number<br>852936458 |
| Mailing address (see instructions) (number and street or PO Box)<br>1515 GLACIER DRIVE |          |  |                   | Apartment number                              | New York State county of residence<br>NR     |
| City, village, or post office<br>DURHAM  |          | State<br>NC  | ZIP code<br>27713 | Country<br>UNITED STATES                      | School district name<br>NR                   |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route)   |          |  |                   | Apartment no.                                 | City, village, or post office                |
|  |          |  |                   | School district code number                   |  |
| State  | ZIP code | Country  |                   | Decedent information                          | Taxpayer's date of death                     |
|  |          |  |                   |   | Spouse's date of death                       |

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2022 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No

**D1** Did you have a financial account located in a foreign country? ..... Yes  No



### D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) ..... Yes  No

(2) Enter the amount .....

### E New York City part-year residents only

(1) Number of months **you** lived in NY City in 2022 ....

(2) Number of months **your spouse** lived in NY City in 2022 .....

**F** Enter your **2-character special condition code(s) if applicable** .....

### G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H** Did you or your spouse maintain living quarters in NYS in 2022? ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |

If more than 6 dependents, mark an X in the box.



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
667700695

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (1), Taxable interest income (2), Ordinary dividends (3), Taxable refunds, credits, or offsets of state and local income taxes (4), Alimony received (5), Business income or loss (6), Capital gain or loss (7), Other gains or losses (8), Taxable amount of IRA distributions (9), Taxable amount of pensions/annuities (10), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (11), Rental real estate included in line 11 (12), Farm income or loss (13), Unemployment compensation (14), Taxable amount of Social Security benefits (15), Other income (16), Add lines 1 through 11 and 13 through 16 (17), Total federal adjustments to income (18), Federal adjusted gross income (19), and Recomputed federal adjusted gross income (19a).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (20), Public employee 414(h) retirement contributions (21), Other (22), and Add lines 19a through 22 (23).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (24), Pensions of NYS and local governments and the federal government (25), Taxable amount of Social Security benefits (26), Interest income on U.S. government bonds (27), Pension and annuity income exclusion (28), Other (29), Add lines 24 through 29 (30), and New York adjusted gross income (31).

32 Enter the amount from line 31, Federal amount column ..... 32 135291.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002223555



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
 Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

|   |           |
|---|-----------|
| 33  | 16050.00  |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)             | 119241.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00    |
| 36 <b>New York taxable income</b> (subtract line 35 from line 34)                           | 119241.00 |

**Tax computation, credits, and other taxes**

|   |           |
|---|-----------|
| 37 <b>New York taxable income</b> (from line 36)                                | 119241.00 |
| 38 New York State tax on line 37 amount   | 6783.00   |
| 39 New York State household credit  | .00       |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 6783.00   |
| 41 New York State child and dependent care credit                               | .00       |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 6783.00   |
| 43 New York State earned income credit  | .00       |

|  |         |
|--|---------|
| 44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 6783.00 |
|--|---------|

|                             |                                    |                             |                                  |
|-----------------------------|------------------------------------|-----------------------------|----------------------------------|
| 45 <b>Income percentage</b> | New York State amount from line 31 | Federal amount from line 31 | Round result to 4 decimal places |
|                             | 80419.00                           | 135291.00                   | 0.5944                           |

|   |         |
|---|---------|
| 46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45) | 4032.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8)                   | .00     |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)     | 4032.00 |
| 49 <b>Net other New York State taxes</b> (Form IT-203-ATT, line 33)                 | .00     |
| 50 <b>Total New York State taxes</b> (add lines 48 and 49)                          | 4032.00 |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|   |     |         |  |
|---|-----|---------|--|
| 51 Part-year New York City resident tax (Form IT-360.1)   | 51  | .00     | See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit   | 52  | .00     |  |
| 52a Subtract line 52 from line 51   | 52a | .00     |  |
| 52b <b>MCTMT net earnings base</b>  | 52b | .00     |  |
| 52c <b>MCTMT</b>  | 52c | .00     |  |
| 53 <b>Yonkers nonresident earnings tax</b> (Form Y-203)   | 53  | .00     |  |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)  | 54  | .00     |  |
| 55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)  | 55  | .00     |  |
| 56 <b>Sales or use tax</b> (Do not leave blank.)  | 56  | 0.00    |  |
| 57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)   | 57  | .00     |  |
| 58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) | 58  | 4032.00 |  |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
667700695

59 Enter amount from line 58 ..... **59** 4032.00

**Payments and refundable credits**

|  |            |         |
|--|------------|---------|
| 60 Part-year NYC school tax credit (fixed amount) (also complete E on front) | <b>60</b>  | .00     |
| 60a NYC school tax credit (rate reduction amount)                            | <b>60a</b> | .00     |
| 61 Other refundable credits (Form IT-203-ATT, line 17)                       | <b>61</b>  | .00     |
| 62 Total <b>New York State</b> tax withheld                                  | <b>62</b>  | 9477.00 |
| 63 Total <b>New York City</b> tax withheld                                   | <b>63</b>  | .00     |
| 64 Total <b>Yonkers</b> tax withheld   | <b>64</b>  | .00     |
| 65 Total estimated tax payments/amount paid with Form IT-370                 | <b>65</b>  | .00     |
| <b>66 Total payments and refundable credits</b> (add lines 60 through 65)    | <b>66</b>  | 9477.00 |

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information**

|   |            |         |
|---|------------|---------|
| 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)                                   | <b>67</b>  | 5445.00 |
| 68 Amount of line 67 available for refund (subtract line 69 from line 67)   | <b>68</b>  | 5445.00 |
| <b>TIP:</b> Use this amount to check your refund status online.   |            |         |
| 68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | <b>68a</b> | .00     |
| 68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)                                       | <b>68b</b> | 5445.00 |

**Mark one refund choice:**  **direct deposit** to checking or savings account (fill in line 73) - or -  **paper check**

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See instructions for payment options.**

|   |           |     |
|---|-----------|-----|
| 69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)  | <b>69</b> | .00 |
| 70 Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return. | <b>70</b> | .00 |
| 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)   | <b>71</b> | .00 |
| 72 Other penalties and interest   | <b>72</b> | .00 |

**See instructions for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal.  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box

73a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

73b Routing number 111000614 73c Account number 253190772

74 Electronic funds withdrawal ..... Date ..... Amount .....00

|  |                       |                                |                                      |
|--|-----------------------|--------------------------------|--------------------------------------|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number<br>( ) | Personal identification number (PIN) |
|  | Email:                |                                |                                      |

|  |  |   |                               |
|--|--|---|-------------------------------|
| <b>▼ Paid preparer must complete ▼</b><br>(see instructions) |  | Preparer's NYTPRIN                                  | NYTPRIN<br>excl. code   0   9 |
| Preparer's signature<br>SYAM PRIYA RAM SAGAR GUP             |  | Preparer's printed name<br>SYAM PRIYA RAM SAGAR GUP |                               |
| Firm's name (or yours, if self-employed)<br>GLOBAL TAXES LLC |  | Preparer's PTIN or SSN<br>P02082703                 |                               |
| Address<br>245 ROONEY CT<br>E BRUNSWICK NJ 08816             |  | Employer identification number<br>882145487         | Date<br>02052023              |
| Email: SYAM@GTAXFILE.COM                                     |  |   |                               |

|   |                                       |
|---|---------------------------------------|
| <b>▼ Taxpayer(s) must sign here ▼</b>                             |                                       |
| Your signature  |                                       |
| Your occupation<br>SOFTWARE ENGINEER                              |                                       |
| Spouse's signature and occupation (if joint return)<br>HOME MAKER |                                       |
| Date  | Daytime phone number<br>(210)901 3546 |
| Email: KIRANNETHA91@GMAIL.COM                                     |                                       |

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004223555





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

667700695

Box b Employer identification number (EIN)

541778627

### Box c Employer's information

|   |       |            |         |
|---|-------|------------|---------|
| Employer's name   |       |            |         |
| NYT SHARED SERVICE CENTER INC. AGENT FOR NEW YORK TIMES CO. |       |            |         |
| Employer's address (number and street)                      |       |            |         |
| 101 W. MAIN ST. SUITE 2000                                  |       |            |         |
| City  | State | ZIP code   | Country |
| NORFOLK   | VA    | 23510-1646 |         |

Box 1 Wages, tips, other compensation

146428.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

81.00

Code

C

Box 12b Amount

16704.00

Code

D

Box 12c Amount

19546.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

424.00

Description

NY PFL

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

80419.00

Box 17a NYS income tax withheld

9477.00

Other state information:

Box 15b other state

N | C

Box 16b Other state wages, tips, etc.

66009.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

### Box c Employer's information

|  |       |          |         |
|--|-------|----------|---------|
| Employer's name                        |       |          |         |
|  |       |          |         |
| Employer's address (number and street) |       |          |         |
|  |       |          |         |
| City                                   | State | ZIP code | Country |
|  |       |          |         |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

KIRAN N PASUNURI & VASANTHA NALLA

Your social security number

667-70-0695

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 16,226.                          | 14,919.                         |   | 1,307.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 1,307.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 1,307. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |        |



**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

KIRAN N PASUNURI & VASANTHA NALLA

Your social security number

667-70-0695

**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** KORUTLA JAGITYAL TELANGANA IN 505326

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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) \_\_\_\_\_

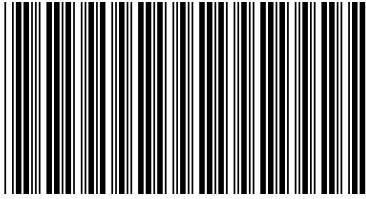
| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 600.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,500.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,200.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 3,200.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,000.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 4,200.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>             |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 13,100.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -12,500.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 12,500. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 600.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>            |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 13,100.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 12,500. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . | <b>26</b> -12,500.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,500.

Schedule E (Form 1040) 2022



2023 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

667-70-0695 PASU 852-93-6458 PASUNURI KIRAN N & NALLA VASANTHA 1515 GLACIER DRIVE DURHAM NC 27713

1555 2023

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher April 18, 2023 1

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

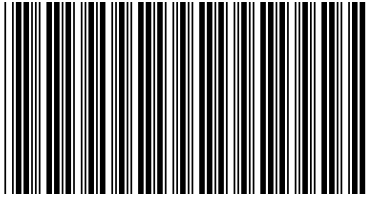
R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

433.00



012016677006950000PASU2312060000043300



2023 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

667-70-0695 PASU 852-93-6458 PASUNURI KIRAN N & NALLA VASANTHA 1515 GLACIER DRIVE DURHAM NC 27713

1555 2023

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher June 15, 2023 2

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

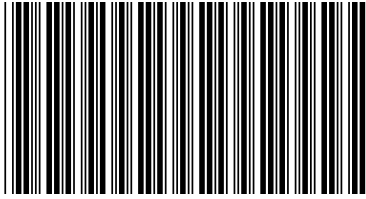
R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

433.00



012016677006950000PASU2312060000043300



0120101010

# 2023 NJ-1040-ES-V PAYMENT VOUCHER

### Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

### Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

667-70-0695 PASU 852-93-6458  
PASUNURI KIRAN N & NALLA VASANTHA  
1515 GLACIER DRIVE  
DURHAM NC 27713

1555 2023

Make check payable to "State of New Jersey – TGI".  
Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher  
September 15, 2023 **3**

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

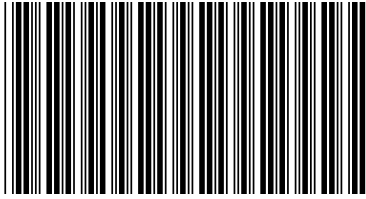
R  NJ-1040 N  NJ-1040-NR   
 NJ-1080-C F  NJ-1041   
 NJ-1041SB

Enter amount of payment here:

433.00



012016677006950000PASU2312060000043300



0120101010

### 2023 NJ-1040-ES-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

667-70-0695 PASU 852-93-6458  
PASUNURI KIRAN N & NALLA VASANTHA  
1515 GLACIER DRIVE  
DURHAM NC 27713

1555 2023

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher  
January 16, 2024 **4**

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

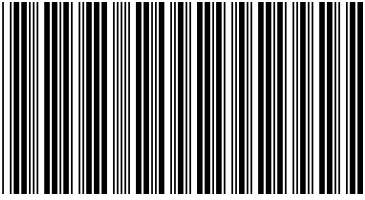
R  NJ-1040 N  NJ-1040-NR   
 NJ-1080-C  F  NJ-1041   
 NJ-1041SB

Enter amount of payment here:

433.00



012016677006950000PASU2312060000043300



0130201010

### 2022 NJ-1040-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division’s website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division’s Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division’s Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax  
Resident Payment Voucher  
NJ-1040-V

667-70-0695 PASU 852-93-6458  
PASUNURI KIRAN N & NALLA VASANTHA  
1515 GLACIER DRIVE  
DURHAM NC 27713

1555 2022

Make your check payable to “State of New Jersey – TGI”.  
Write your Social Security number and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 643  
Trenton, NJ 08646-0643

Enter amount of payment here:

2543.00



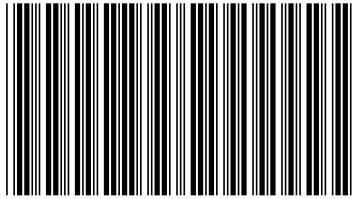


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
667700695

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
PASUNURI KIRAN N & NALLA VASANTHA

Spouse's/CU Partner's SSN (if filing jointly)  
852936458

County/Municipality Code (See Table page 50)  
1212

Home Address (Number and Street, including apartment number)  
1515 GLACIER DRIVE

City, Town, Post Office  
DURHAM

State ZIP Code  
NC 27713

Driver's License Number (Voluntary) (See instructions)  
P0782 43575 089

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

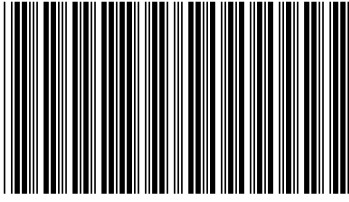
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

|   |                   |     |    |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You               | Yes | No |
| If joint return, does your spouse want to designate \$1?          | Spouse/CU Partner | Yes | No |

**Direct Deposit Information**

|  |      |   |
|--|------|---|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 4 |
| dd2. Account type (C for checking, S for savings)  | dd2. |   |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. |   |
| dd4. Routing number  | dd4. |   |
| dd5. Account number  | dd5. |   |





Name(s) as shown on Form NJ-1040

PASUNURI KIRAN N & NALLA VASANTHA

Your Social Security Number

667700695

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From: 010122 To: 063022

Fiscal year filers only:

Enter month of your year end 2 0 2 3

**Filing Status**

Fill in only one.

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2020 2021

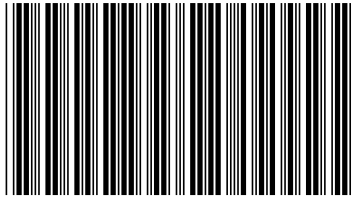
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- |  |                                     |      |                                     |                   |                  |   |             |               |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u>   |
| 7. Senior 65+ (Born in 1957 or earlier)                                |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                                     |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                                     |                   |                  |   | 13.         | <u>2000</u> . |

14. Dependent Information. Provide the following information for each dependent.

|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____                                 |                        |            |                     |
| b. | _____                                 |                        |            |                     |
| c. | _____                                 |                        |            |                     |
| d. | _____                                 |                        |            |                     |



040MP03220

Name(s) as shown on Form NJ-1040

PASUNURI KIRAN N & NALLA VASANTHA

Your Social Security Number

667700695

1555

|      |  |   |         |       |  |
|------|--|---|---------|-------|--|
| 15.  | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.                                       | 82567 . |       |  |
| 16a. | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)  | 16a.                                      | . .     |       |  |
| 16b. | Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a  | 16b.                                      | . .     |       |  |
| 17.  | Dividends  | 17.                                       | . .     |       |  |
| 18.  | Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.                                       | . .     |       |  |
| 19.  | Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.                                       | 1307 .  |       |  |
| 20a. | Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)  | 20a.                                      | . .     |       |  |
| 20b. | Excludable pension, annuity, and IRA distributions/withdrawals   | 20b.                                      | . .     |       |  |
| 21.  | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)    | 21.                                       | . .     |       |  |
| 22.  | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.                                       | . .     |       |  |
| 23.  | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)                            | 23.                                       | . .     |       |  |
| 24.  | Net gambling winnings (See instructions)   | 24.                                       | . .     |       |  |
| 25.  | Alimony and separate maintenance payments received   | 25.                                       | . .     |       |  |
| 26.  | Other (Enclose documents) (See instructions)   | 26.                                       | . .     |       |  |
| 27.  | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.                                       | 83874 . |       |  |
| 28a. | Pension/Retirement Exclusion (See instructions)  | 28a.                                      | . .     |       |  |
| 28b. | Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)   | 28b.                                      | . .     |       |  |
| 28c. | Total Exclusion Amount (Add lines 28a and 28b)   | 28c.                                      | . .     |       |  |
| 29.  | New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)  | 29.                                       | 83874 . |       |  |
| 30.  | Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.                                       | 1000 .  |       |  |
| 31.  | Medical Expenses (See Worksheet F and instructions)  | 31.                                       | . .     |       |  |
| 32.  | Alimony and separate maintenance payments (See instructions)   | 32.                                       | . .     |       |  |
| 33.  | Qualified Conservation Contribution  | 33.                                       | . .     |       |  |
| 34.  | Health Enterprise Zone Deduction   | 34.                                       | . .     |       |  |
| 35.  | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.                                       | 0 .     |       |  |
| 36.  | Organ/Bone Marrow Donation Deduction (See instructions)  | 36.                                       | . .     |       |  |
| 37a. | NJBEST Deduction   | 37a.                                      | . .     |       |  |
| 37b. | NJCLASS Deduction  | 37b.                                      | . .     |       |  |
| 37c. | NJ Higher Ed. Tuition Deduction  | 37c.                                      | . .     |       |  |
| 38.  | Total Exemptions and Deductions (Add lines 30 through 37c)   | 38.                                       | 1000 .  |       |  |
| 39.  | Taxable Income (Subtract line 38 from line 29)   | 39.                                       | 82874 . |       |  |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25)   | 40a.                                      | 1296 .  |       |  |
| 40b. | Indicate your residency status during 2022 (fill in only one)  | Homeowner                                 | Tenant  | Both  |  |
| 41.  | Property Tax Deduction (From Worksheet H) (See instructions)   | 41.                                       | 1296 .  |       |  |
| 42.  | New Jersey Taxable Income (Subtract line 41 from line 39)  | 42.                                       | 81578 . |       |  |
| 43.  | Tax on amount on line 42 (Tax Table page 52)   | 43.                                       | 1732 .  |       |  |
| 44.  | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 44.                                       | . .     |       |  |
|      | Enter Code   |   |         |       |  |
| 45.  | Balance of Tax (Subtract line 44 from line 43)   | 45.                                       | 1732 .  |       |  |
| 46.  | Sheltered Workshop Tax Credit  | 46.                                       | . .     |       |  |
| 47.  | Gold Star Family Counseling Credit (See instructions)  | 47.                                       | . .     |       |  |
| 48.  | Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 48.                                       | . .     |       |  |
| 49.  | Total Credits (Add lines 46 through 48)  | 49.                                       | . .     |       |  |
| 50.  | Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry  | 50.                                       | 1732 .  |       |  |
| 51.  | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0                     | 51.                                       | 0 .     |       |  |
| 52.  | Interest on Underpayment of Estimated Tax  | 52.                                       | 13 .    |       |  |
|      | Fill in if Form NJ-2210 is enclosed  |   | X       |       |  |
| 53.  | Shared Responsibility Payment (See instructions)   | REQUIRED Enclose Schedule HCC and fill in | 53.     | 798 . |  |



### Schedule NJ-DOP

### Net Gains or Income From Disposition of Property

### 2022

| List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D. |   |                            |                        |                   |  |                            |
|---|---|----------------------------|------------------------|-------------------|--|----------------------------|
|   | (a)   | (b)                        | (c)                    | (d)               | (e)  | (f)                        |
| 1.  | Kind of property and description  | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | Gross sales price | Cost or other basis as adjusted (see instructions) and expense of sale | Gain or (loss) (d minus e) |
|   | FIDELITY  | 01/01/2022                 | 12/31/2022             | 9,552.            | 9,629.   | -77.                       |
|   | FIDELITY  | 10/26/2020                 | 09/12/2022             | 6,674.            | 5,290.   | 1,384.                     |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
| 2.  | Capital Gains Distributions .....   |                            |                        |                   |  |                            |
| 3.  | Other Net Gains.....  |                            |                        |                   |  |                            |
| 4.  | Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.)..... |                            |                        |                   |  | 1,307.                     |

### Schedule NJ-WWC

### Wounded Warrior Caregivers Credit

### 2022

|   |    |     |    |
|---|----|-----|----|
| <p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p>_____</p> <p>Last Name, First Name, Initial <span style="margin-left: 200px;">Social Security number</span></p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p> |    |     |    |
| 1. Enter the federal disability compensation of the armed services member .....   | 1. |     |    |
| 2. Maximum credit allowed .....   | 2. | 675 | 00 |
| 3. Enter the lesser of line 1 or line 2 .....   | 3. |     |    |
| 4. Were you the only caregiver for this service member during the tax year?<br><input type="radio"/> Yes <input type="radio"/> No<br>If "No," enter your share (percentage) of the total care expenses for the year.  | 4. |     | %  |
| 5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040.<br><br>If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040 .....  | 5. |     |    |

**Keep a copy of this schedule for your records**

|   |                                       |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>PASUNURI KIRAN N & NALLA VASANTHA | Social Security Number<br>667-70-0695 |
|---|---------------------------------------|

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

| <b>Part I Net Profits From Business</b> |   | List the net profit (loss) from business(es). See Instructions. |                  |
|---|---|---|------------------|
|   | Business Name   | Social Security Number/<br>Federal EIN                          | Profit or (Loss) |
| 1.                                      |   |   |                  |
| 2.                                      |   |   |                  |
| 3.                                      |   |   |                  |
| 4.                                      | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) |   | 4.               |

| <b>Part II Distributive Share of Partnership Income</b> |   | List the distributive share of income (loss) from partnership(s). See instructions. |                                       |
|---|---|---|---------------------------------------|
|   | Partnership Name  | Federal EIN   | Share of Partnership Income or (Loss) |
| 1.  |   |   |                                       |
| 2.  |   |   |                                       |
| 3.  |   |   |                                       |
| 4.  | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) |   | 4.                                    |
| 5.  | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)                    |   | 5.                                    |

| <b>Part III Net Pro Rata Share of S Corporation Income</b> |  | List the pro rata share of income (usable loss) from S corporation(s). See instructions. |   |
|--|--|--|---|
|  | S Corporation Name   | Federal EIN  | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1.   |  |  |   |
| 2.   |  |  |   |
| 3.   |  |  |   |
| 4.   | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) |  | 4.  |
| 5.   | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)                              |  | 5.  |

| <b>Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b> |   | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property:<br>1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights |                                     |
|---|---|---|-------------------------------------|
|   | Source of Income or Loss. If rental real estate, enter physical address of property.                                    | Social Security Number/<br>Federal EIN  | Type – Enter number from list above |
| 1.  | KORUTLA   | 667700695   | 1                                   |
| 2.  |   |   |                                     |
| 3.  |   |   |                                     |
| 4.  | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) |   | 4.                                  |

**Keep a copy of this schedule for your records**

**Schedule NJ-BUS-2**    **New Jersey Gross Income Tax**    **2022**  
 (Form NJ-1040)    **Alternative Business Calculation Adjustment**

| Part I    Income (Loss)                               |   | Column A                           |      |     | Column B                           |        |   |
|---|---|------------------------------------|------|-----|------------------------------------|--------|---|
|   |   | Reportable Regular Business Income |      |     | Alternative Business Income (Loss) |        |   |
| 1.  | Net Profits From Business   | 1a.                                | 0.   | 1b. | 0.                                 |        |   |
| 2.  | Distributive Share of Partnership Income                          | 2a.                                | 0.   | 2b. | 0.                                 |        |   |
| 3.  | Net Pro Rata Share of S Corporation Income                        | 3a.                                | 0.   | 3b. | 0.                                 |        |   |
| 4.  | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a.                                | 0.   | 4b. | -6,199.                            |        |   |
| 5.  | Loss Carryforward From Tax Year 2021                              |                                    |      | 5b. | (                                  |        | ) |
| 6.  | Totals  | 6a.                                | 0.   | 6b. | -6,199.                            |        |   |
| <b>Part II    Adjustment Calculation</b>              |   |                                    |      |     |                                    |        |   |
| 7.  | Total Regular Business Income                                     | 7.                                 | 0.   |     |                                    |        |   |
| 8.  | Total Alternative Business Income/(Loss) (If loss, enter zero)    | 8.                                 | 0.   |     |                                    |        |   |
| 9.  | Business Increment (Subtract line 8 from line 7)                  | 9.                                 | 0.   |     |                                    |        |   |
| 10.   | Adjustment Percentage   | 10.                                | 0.50 |     |                                    |        |   |
| 11.   | Alternative Business Calculation Adjustment (Line 9 x 0.50)       | 11.                                | 0.   |     |                                    |        |   |
| <b>Part III    Loss Carryforward to Tax Year 2023</b> |   |                                    |      |     |                                    |        |   |
| 12.   | Loss Carryforward to Tax Year 2023                                |                                    |      | 12. | (                                  | 6,199. | ) |

**Instructions**

- Line 1a.    Enter the amount from line 18, Form NJ-1040.
- Line 1b.    Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a.    Enter the amount from line 21, Form NJ-1040.
- Line 2b.    Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a.    Enter the amount from line 22, Form NJ-1040.
- Line 3b.    Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a.    Enter the amount from line 23, Form NJ-1040.
- Line 4b.    Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b.    Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a.    Enter the total of lines 1a through 4a.
- Line 6b.    Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7.    Enter the amount from line 6a of this schedule.
- Line 8.    Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9.    Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10.    The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11.    Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12.    If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**NJ-2210  
2022**

**Underpayment of Estimated Tax  
by Individuals, Estates, or Trusts**

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

|  |  |
|--|--|
| Name(s) as shown on Form NJ-1040<br><b>PASUNURI KIRAN N &amp; NALLA VASANTHA</b> | Social Security Number<br><b>667-70-0695</b> |
|--|--|

**Part I Figuring Your Underpayment**

|  |     |        |
|--|-----|--------|
| 1. 2022 Tax (line 50, Form NJ-1040).....   | 1.  | 1,732. |
| 2. Enter the total of lines <b>55, 56, 58, 59, 60, 61, 62, 63, 64, and 65, Form NJ-1040</b> .....      | 2.  |        |
| 3. Subtract line 2 from line 1 (If less than \$400, do <b>not</b> complete the rest of this form)..... | 3.  | 1,732. |
| 4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers) .....                | 4a. | 1,386. |
| 4b. Enter 2021 tax ( <b>From Form NJ-1040, line 49</b> ) .....   | 4b. | 202.   |

|   | Payment Due Dates     |                      |                      |                     |
|---|-----------------------|----------------------|----------------------|---------------------|
|   | (A)<br>April 18, 2022 | (B)<br>June 15, 2022 | (C)<br>Sept 15, 2022 | (D)<br>Jan 17, 2023 |
| 5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column .....  | 50.                   | 50.                  | 51.                  | 51.                 |
| 6. Estimated tax paid and tax withheld per period (see instr.).<br>If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form ..... | 0.                    | 0.                   | 0.                   | 0.                  |
| 7. Enter the overpayment (line 13) from the previous column.<br>(Complete lines 7 through 13 for one column before completing the next column.) .....                                       |                       |                      |                      |                     |
| 8. Add line 6 and line 7 .....  | 0.                    | 0.                   | 0.                   | 0.                  |
| 9. Enter the total underpayment (add line 11 and line 12) from the previous column .....  |                       | 50.                  | 100.                 | 151.                |
| 10. Subtract line 9 from line 8. If zero or less, enter zero .....  | 0.                    | 0.                   | 0.                   | 0.                  |
| 11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero .....  |                       | 50.                  | 100.                 | 151.                |
| 12. <b>Underpayment</b> (If line 5 is greater than line 10, subtract line 10 from line 5).....  | 50.                   | 50.                  | 51.                  | 51.                 |
| 13. <b>Overpayment</b> (If line 10 is greater than line 5, subtract line 5 from line 10).....   |                       |                      |                      |                     |

**Part II Exceptions**

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

**If you meet exception 1 at line 15, do not file this form.** These amounts will be verified by the Division of Taxation.

|  | April 18, 2022 | June 15, 2022          | Sept 15, 2022           | Jan 17, 2023            |
|--|----------------|------------------------|-------------------------|-------------------------|
| 14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2022.) (See instructions)..... | 0.             | 0.                     | 0.                      | 0.                      |
| 15. Exception 1 – Enter 2021 tax (line 49) .....   | \$ 202.        | 25% of 2021 Tax<br>51. | 50% of 2021 Tax<br>101. | 75% of 2021 Tax<br>152. |
| 16. Exception 2 – Tax on 2021 gross income using 2022 exemptions and tax rates .....   |                | 25% of Tax<br>1,096.   | 50% of Tax<br>2,192.    | 75% of Tax<br>3,287.    |
| 17. Exception 3 – Tax on annualized 2022 income .....  |                | 20% of Tax             | 40% of Tax              | 60% of Tax              |
| 18. Exception 4 – Tax on 2022 income over 3, 5, and 8-month periods .....  |                | 90% of Tax             | 90% of Tax              | 90% of Tax              |

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

|   |              |        |
|---|--------------|--------|
| 19. <b>Total Interest</b> (Include this amount on line 52, Form NJ-1040)..... | See 2210 Wks | \$ 13. |
|---|--------------|--------|



**Worksheets**

**Exception II Tax on 2021 gross income using 2022 exemptions and tax rates**

|  |    |          |
|--|----|----------|
| 1. Enter 2021 NJ Gross Income (line 29, 2021 NJ-1040).....   | 1. | 130,552. |
| 2. Enter 2022 Total Exemptions (line 30, 2022 NJ-1040).....  | 2. | 1,000.   |
| 3. Subtract line 2 from line 1.....  | 3. | 129,552. |
| 4. Calculate Tax on line 3 (2022 tax rates).....   | 4. | 4,383.   |
| 5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2022 NJ-1040).....                            | 5. |          |
| 6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form..... | 6. | 4,383.   |

**Exception III Tax on 2022 Annualized Income (attach calculations)**

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/22, 4/30/22, and 7/31/22. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

|   |    | 1/1/22 – 3/31/22 | 1/1/22 – 5/31/22 | 1/1/22 – 8/31/22 |
|---|----|------------------|------------------|------------------|
| 1. Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown.....                                   | 1. |                  |                  |                  |
| 2. Annualization amounts.....   | 2. | 4                | 2.4              | 1.5              |
| 3. Annualized Income (Multiply line 1 by line 2).....   | 3. |                  |                  |                  |
| 4. Enter Total Exemptions (line 30, NJ-1040).....   | 4. |                  |                  |                  |
| 5. Subtract line 4 from line 3.....   | 5. |                  |                  |                  |
| 6. Calculate tax on line 5.....   | 6. |                  |                  |                  |
| 7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period..... | 7. |                  |                  |                  |
| 8. Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form.....                      | 8. |                  |                  |                  |

**Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)**

|   |    | 1/1/22 – 3/31/22 | 1/1/22 – 5/31/22 | 1/1/22 – 8/31/22 |
|---|----|------------------|------------------|------------------|
| 1. Enter the actual amount of NJ Taxable Income (line 42, NJ-1040) that is applicable to each period shown.....                                 | 1. |                  |                  |                  |
| 2. Calculate tax on line 1.....   | 2. |                  |                  |                  |
| 3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period shown..... | 3. |                  |                  |                  |
| 4. Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form.....  | 4. |                  |                  |                  |

Name as Shown on Return

PASUNURI KIRAN N & NALLA VASANTHA

Social Security No.

667-70-0695

**Option 1**

| Period                                  | A   | B  | C                    | D  | E                  | F               | G                   |
|---|---|--|----------------------|--|--------------------|-----------------|---------------------|
|   | Amount Due<br>(line 5,<br>NJ-2210/2210NR) | Balance Due<br>Previous<br>Quarter<br>(column E) | Total Due<br>(A + B) | Total<br>Paid<br>(line 6,<br>NJ-2210/2210NR) | Balance<br>(C - D) | Multi-<br>plier | Interest<br>(E x F) |
| 1 6/16-<br>7/15                         |   |  |                      |  |                    | .005            |                     |
| 2 7/16 -<br>9/15                        |   |  |                      |  |                    | .010            |                     |
| 3 9/16 -<br>1/15                        |   |  |                      |  |                    | .021            |                     |
| 4 1/16 -<br>4/15                        |   |  |                      |  |                    | .016            |                     |
| 5 Total interest for Option 1 . . . . . |   |  |                      |  |                    | <b>5</b>        |                     |

**Option 2**

| Payment due dates   | (a)<br>6/15/2020 | (b)<br>7/15/2020 | (c)<br>9/15/2020 | (d)<br>1/15/2021 |
|---|------------------|------------------|------------------|------------------|
| <b>1</b> Payment date . . . . .   | 04/18/2023       | 04/18/2023       | 04/18/2023       | 04/18/2023       |
| <b>2</b> Amount due . . . . .   | 50.              | 50.              | 51.              | 51.              |
| <b>3</b> Balance from<br>previous quarter . . . . .   |                  | 50.              | 100.             | 151.             |
| <b>4</b> Balance due . . . . .  | 50.              | 100.             | 151.             | 202.             |
| <b>5 a</b> Number of months from<br>due date to payment date<br>or next quarter due date,<br>whichever is earlier . . . . . | 2                | 3                | 4                | 3                |
| <b>b</b> Interest rate . . . . .  | .0625            | .0625            | .0625            | .0625            |
| <b>6</b> Late payment interest.<br>(Line 4 times line 5a times<br>line 5b divided by 12.)                                   | 1.               | 2.               | 5.               | 5.               |
| <b>If line 1 is blank, skip<br/>lines 7 through 10.</b>   |                  |                  |                  |                  |
| <b>7</b> Payment amount . . . . .   | 0.               | 0.               | 0.               | 0.               |
| <b>8</b> Underpayment amount . . . .  | 50.              | 100.             | 151.             | 202.             |
| <b>9 a</b> Number of months from<br>payment date to next<br>quarter due date . . . . .                                      | 0                | 0                | 0                | 0                |
| <b>b</b> Interest rate . . . . .  | .0625            | .0625            | .0625            | .0625            |
| <b>10</b> Underpayment interest.<br>(Line 8 times line 9a times<br>line 9b divided by 12.)                                  | 0.               | 0.               | 0.               | 0.               |
| <b>11</b> Total interest for Option 2. Add lines 6 and 10, columns (a) through (d) . . . . .                                |                  |                  | <b>11</b>        | 13.              |

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

|  |                                    |
|--|------------------------------------|
| Name as Shown on Return<br>PASUNURI KIRAN N & NALLA VASANTHA | Social Security No.<br>667-70-0695 |
|--|------------------------------------|

**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . . ➔ \_\_\_\_\_

| Name               | SSN         | Jan   | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |
|--------------------|-------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| KIRAN N PASUNURI   | 667-70-0695 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| VASANTHA NALLA     | 852-93-6458 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____       | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |             | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

# Did you know you can pay online?

## Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

## How to Pay Taxes Online

To pay your tax via our online payment portal please visit [www.ncdor.gov](http://www.ncdor.gov) or use your mobile device to scan the QR code below.



## How to Pay Taxes Using Paper

If you are unable to pay online, complete the voucher (below), cut across the dotted line, and send the completed voucher and your check or money order to the NCDOR. If you pay taxes online, DO NOT submit the paper voucher.

# FORM NOT FINAL



Cut Here



**NC-40 (50) Individual Estimated Income Tax**  
9-16-09 North Carolina Department of Revenue

PASU 1515 27713 For calendar year 2023 or fiscal tax year beginning

KIRAN N PASUNURI 667700695 and ending

VASANTHA NALLA 852936458

**PAYMENT DUE DATE**  
04 15 23

1515 GLACIER DRIVE

**AMOUNT OF THIS PAYMENT**

DURHAM NC 27713 **\$** 669.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

7170150206

12238 6677006950 0000000 06301



REV 01/03/23 PRO

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09 15 23

1515 GLACIER DRIVE

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7170150206

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9-16-09 North Carolina Department of Revenue

PASU 1515 27713 For calendar year 2023 or fiscal tax year beginning

KIRAN N PASUNURI 667700695 and ending

VASANTHA NALLA 852936458

**PAYMENT DUE DATE**  
01 15 24

1515 GLACIER DRIVE

**AMOUNT OF THIS PAYMENT**

DURHAM NC 27713 \$ 669.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

7170150206

12238 6677006950 0000000 06301



REV 01/03/23 PRO

**D-400V (50)**

10-18-22

**Instructions for Form D-400V, Payment Voucher**

**What Is Form D-400V and Why Should You Use It?**

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

**Making an Online Payment**

To pay your tax via our online payment portal please visit [www.ncdor.gov](http://www.ncdor.gov) and select file and pay or use your mobile device to scan the QR code below.



**Benefits of Paying Taxes Online**

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

**Preparing and Sending Your Payment**

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue. Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

**What if You File Electronically?**

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

**Important Reminders**

- Do not submit this voucher if you submitted an electronic payment.
- Do not staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- Do not fold this voucher or check.
- Do not use a photocopy of this voucher.
- Do not use another person's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



Cut Here



**D-400V (50)**

9-16-08

**Individual Income Payment Voucher**

North Carolina Department of Revenue

REV 01/03/23 PRO

667700695 PASU 1515 27713 852936458

KIRAN N PASUNURI VASANTHA NALLA

1515 GLACIER DRIVE For Calendar Year 2022

**AMOUNT OF THIS PAYMENT**

DURHAM NC 27713

This must match the amount shown on your check or money order.

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

\$ 2673 .00

Date: 02 05 23 Phone: (678) 965-9522

7270150106



20222 6677006950 0000000 06408

Mail to:  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640

**D-400 (50)** 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

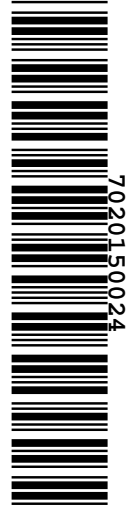
North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

|  |  |   |
|--|--|---|
| For calendar year 2022, or fiscal year beginning <u>22</u> and ending _____  |  | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| KIRAN N PASUNURI VASANTHA NALLA<br>1515 GLACIER DRIVE Your SSN: 667700695<br>DURHAM NC 27713 Spouse's SSN: 852936458   |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately<br><input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)   |  | Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____<br>Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased spouse. Date of death: _____  |  | Year spouse died: _____   |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) |  |   |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.   |  |   |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.  |  |   |

|          |            |        |    |    |          |            |    |       |   |           |           |       |   |       |   |
|----------|------------|--------|----|----|----------|------------|----|-------|---|-----------|-----------|-------|---|-------|---|
| FS       | 2          | PP     | Y  | DT | N        | OC         | N  | TPRES | N | SPRES     | N         | VT    | N | SVT   | N |
| PASU     | 1515       | 27713  | DS | N  | EA       | N          | TD |       |   | SD        |           |       |   | FDEXT | N |
| KIRAN    |            |        |    | N  | PASUNURI |            |    |       |   | 667700695 |           |       |   |       |   |
| VASANTHA |            |        |    |    | NALLA    |            |    |       |   | 852936458 | NC        | 27713 |   |       |   |
| 1515     | GLACIER    | DRIVE  |    |    |          |            |    |       |   | DURHAM    |           |       |   |       |   |
| 06       |            | 135291 |    |    | 16       |            |    | 0     |   | 26C       |           |       |   | 0     |   |
| 07       |            | 0      |    |    | 18       | Y          |    | 0     |   | 26E       |           |       |   | 0     |   |
| 09       |            | 0      |    |    | 20A      |            |    | 0     |   | EU        |           |       |   |       |   |
| 10A      |            | 0      |    |    | 20B      |            |    | 0     |   | 27        |           | 2673  |   |       |   |
| 10B      |            | 0      |    |    | 21A      |            |    | 0     |   | 29        |           |       |   | 0     |   |
| 11       | S          | Y      | I  | N  | 21B      |            |    | 0     |   | 30        |           |       |   | 0     |   |
| 11       |            | 25500  |    |    | 21C      |            |    | 0     |   | 31        |           |       |   | 0     |   |
| 13       |            | 04879  |    |    | 21D      |            |    | 0     |   | 32        |           |       |   | 0     |   |
| 14       |            | 53567  |    |    | 26A      |            |    | 2673  |   | 34        |           |       |   | 0     |   |
| 15       |            | 2673   |    |    | 26B      |            |    | 0     |   |           |           |       |   |       |   |
| TN       | 2109013546 |        |    |    | PN       | 6789659522 |    |       |   | PP        | P02082703 |       |   |       |   |



|  |   |
|--|---|
| <b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>2673</u>  |   |
| I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. |   |
| Your Signature _____ Date _____  | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____                 |
| 2109013546<br>Contact Phone No. (Include area code)  |   |
| <b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.   |   |
| SYAM PRIYA RAM SAGAR GUPT _____ 02 05 23 _____ 6789659522 _____  | P02082703 _____   |
| Paid Preparer's Signature _____ Date _____   | Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____ |

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 135291 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 135291 |
| 9.  | Deductions From Federal Adjusted Gross Income   | 9.   | 0      |
| 10. | Child Deduction   |      |        |
|     | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0      |
|     | b. Enter the amount of the child deduction  | 10b. | 0      |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 25500  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 25500  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 109791 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.4879 |
| 14. | N.C. Taxable Income   | 14.  | 53567  |
| 15. | N.C. Income Tax   | 15.  | 2673   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 2673   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 2673   |

**North Carolina Income Tax Withheld**

|      |                       |      |   |
|------|-----------------------|------|---|
| 20a. | Your tax withheld     | 20a. | 0 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

**Other Tax Payments**

|      |  |      |             |
|------|--|------|-------------|
| 21a. | 2022 estimated tax                                   | 21a. | 0           |
| 21b. | Paid with extension                                  | 21b. | 0           |
| 21c. | Partnership  | 21c. | 0           |
| 21d. | S Corporation  | 21d. | 0           |
| 22.  | Additional Payments                                  | 22.  | 0           |
| 23.  | Add Lines 20a through 22                             | 23.  | 0           |
| 24.  | Previous Refunds                                     | 24.  | 0           |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 0           |
| 26a. | <b>Tax Due</b>                                       | 26a. | 2673        |
| 26b. | Penalties  | 26b. | 0           |
| 26c. | Interest   | 26c. | 0           |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0           |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |             |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0           |
| 27.  | <b>Pay this Amount</b>                               | 27.  | <b>2673</b> |
| 28.  | <b>Overpayment</b>                                   | 28.  | 0           |

**Amount of Refund to Apply to:**

|     |  |     |          |
|-----|--|-----|----------|
| 29. | Amount of Line 28 to be applied to 2023 Estimated Income Tax | 29. | 0        |
| 30. | N.C. Nongame and Endangered Wildlife Fund                    | 30. | 0        |
| 31. | N.C. Education Endowment Fund                                | 31. | 0        |
| 32. | N.C. Breast and Cervical Cancer Control Program              | 32. | 0        |
| 33. | Add Lines 29 through 32                                      | 33. | 0        |
| 34. | <b>Amount to be Refunded</b>                                 | 34. | <b>0</b> |

**D-400 Sch PN (50)**

8-17-22

**2022 Part-Year Resident and Nonresident Schedule**  
 North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **PASUNUR I** Your Social Security Number **667700695**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

|     |   |     |   |          |          |    |        |
|-----|---|-----|---|----------|----------|----|--------|
| NRT | N | PYT | Y | 07 01 22 | 12 31 22 | 22 | 66009  |
| NRS | N | PYS | Y | 07 01 22 | 12 31 22 | 23 | 135291 |

**Part A. Residency Status**

Taxpayer is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began 07 01 22 Date N.C. residency ended 12 31 22

Spouse is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began 07 01 22 Date N.C. residency ended 12 31 22

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

| Total Income   | COLUMN A<br>Total Income<br>from all sources                      | COLUMN B<br>Amount of Column A<br>subject to N.C. tax        |
|--|---|--|
| 1. Wages, Salaries, Tips, Etc.   | 1. 146428   | 66009  |
| 2. Taxable Interest  | 2. 0  | 0  |
| 3. Taxable Dividends   | 3. 56   | 0  |
| 4. Taxable Refunds, Credits, or Offsets<br>of State and Local Income Taxes         | 4. 0  | 0  |
| 5. Alimony Received  | 5. 0  | 0  |
| 6. Business Income or (Loss)   | 6. 0  | 0  |
| 7. Capital Gain or (Loss)  | 7. 1307   | 0  |
| 8. Other Gains or (Losses)   | 8. 0  | 0  |
| 9. Taxable Amount of IRA Distributions   | 9. 0  | 0  |
| 10. Taxable Amount of Pensions<br>and Annuities                                    | 10. 0   | 0  |
| 11. Rental Real Estate, Royalties, Partnerships,<br>S-Corps, Estates, Trusts, Etc. | 11. -12500  | 0  |
| 12. Farm Income or (Loss)  | 12. 0   | 0  |
| 13. Unemployment Compensation  | 13. 0   | 0  |
| 14. Taxable Portion of Social Security<br>and Railroad Retirement Benefits         | 14. 0   | 0  |
| 15. Other Income   | 15. 0   | 0  |
| 16. Total Income   | 16. 135291  | 66009  |
| <b>North Carolina Adjustments</b>  |   |  |
| 17. Additions  | <b>COLUMN A</b><br>Enter the amount from<br>Form D-400 Schedule S | <b>COLUMN B</b><br>Amount of Column A<br>subject to N.C. tax |
| a. Interest Income From Obligations of States Other Than N.C.                      | 17a. 0  | 0  |
| b. Deferred Gains Reinvested Into an Opportunity Fund                              | 17b. 0  | 0  |
| c. Bonus Depreciation  | 17c. 0  | 0  |
| d. IRC Section 179 Expense   | 17d. 0  | 0  |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income    | 17e. 0  | 0  |
| 18. Total Additions  | 18. 0   | 0  |

|  |                                       |
|--|---------------------------------------|
| Last Name (First 10 Characters) PASUNURI | Your Social Security Number 667700695 |
|--|---------------------------------------|

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

|   | COLUMN A                                       | COLUMN B                                  |
|---|--|---|
|   | Enter the amount from<br>Form D-400 Schedule S | Amount of Column A<br>subject to N.C. tax |
| 19. Deductions  |  |   |
| a. State or Local Income Tax Refund   | 19a. 0   | 0   |
| b. Interest Income From Obligations of the United States<br>or United States' Possessions   | 19b. 0   | 0   |
| c. Taxable Portion of Social Security and<br>Railroad Retirement Benefits   | 19c. 0   | 0   |
| d. Retirement Benefits Received by <b>Vested</b> N.C. State Government, N.C.<br>Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i> | 19d. 0   | 0   |
| e. Bonus Asset Basis  | 19e. 0   | 0   |
| f. Bonus Depreciation   | 19f. 0   | 0   |
| g. IRC Section 179 Expense  | 19g. 0   | 0   |
| h. Other Deductions From Federal Adjusted Gross<br>Income That Relate to Gross Income   | 19h. 0   | 0   |
| 20. Total Deductions  | 20. 0  | 0   |
| 21. Total Income Modified by N.C. Adjustments   | 21. 135291                                     | 66009                                     |

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

|  |  |            |
|--|--|------------|
| 22. Enter the Amount From Column B, Line 21                |  | 22. 66009  |
| 23. Enter the Amount From Column A, Line 21                |  | 23. 135291 |
| 24. Part-Year Residents and Nonresident Taxable Percentage |  | 24. 0.4879 |