# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)			•		
Taxpayer's name		Social security	/ numbei	•	
SRI HARSHA CHATTU		800-48-	3557		
Spouse's name	5	Spouse's socia	al securi	ty number	
Part I Tax Return Information — Tax Year Ending De	cember 31, 2022 (Enter y	ear you ar	e auth	orizing.)	
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.				
<b>1</b> Adjusted gross income			1		100.
2 Total tax			2		432.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1		H	3	28,	475.
4 Amount you want refunded to you			4		43.
5 Amount you owe			5	ur rotur	'nl
Under penalties of perjury, I declare that I have examined a copy of the income					
return (original or amended) I am now authorizing. I consent to allow my into send my return to the IRS and to receive from the IRS (a) an acknowled for any delay in processing the return or refund, and (c) the date of any ref Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of estin authorization is to remain in full force and effect until I notify the U.S. Tre payment, I must contact the U.S. Treasury Financial Agent at 1-888-35 business days prior to the payment (settlement) date. I also authorize the taxes to receive confidential information necessary to answer inquiries a personal identification number (PIN) below is my signature for the income Electronic Funds Withdrawal Consent.	gement of receipt or reason for reject und. If applicable, I authorize the U.S. the financial institution account indicanated tax, and the financial institution easury Financial Agent to terminate ta-3-4537. Payment cancellation requestinancial institutions involved in the prind resolve issues related to the pay	tion of the tra . Treasury an ated in the tax to debit the e he authorizat sts must be rocessing of ment. I furth	ansmissind its de x prepare entry to tion. To receive the electory acknowledges the contract of the the ter acknowledges in the terminal term	on, <b>(b)</b> the signated Fration soft this accordance (cd no lateratronic paynowledge	e reason Financial ware for unt. This ancel) a r than 2 rment of that the
Taxpayer's PIN: check one box only    X   I authorize GLOBAL TAXES LLC	to optor or gonorate m	8   8	3 5	5 7	00 100 /
X I authorize GLOBAL TAXES LLC  ERO firm name	to enter or generate m	Ente	er five di		as my
signature on the income tax return (original or amended) I	am now authorizing.			0. 00	
I will enter my PIN as my signature on the income tax retuif you are entering your own PIN and your return is filed below.					
Your signature ►	Date ▶				
Spouse's PIN: check one box only					
I authorize	to optor or gonorate m	V DINI			00 1001
ERO firm name	to enter or generate m		er five di	aits, but	as my
signature on the income tax return (original or amended) I	am now authorizing.		't enter a		
I will enter my PIN as my signature on the income tax retuif you are entering your own PIN <b>and</b> your return is filed below.					
Spouse's signature ▶	Date ►				
	turns Only—continue below				
Part III Certification and Authentication — Practitione	r PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-di	git self-selected PIN. 2 2 2	2 4 9 6		L 9 8	9
		Don't ente	r all zero	S	
I certify that the above numeric entry is my PIN, which is my signature for authorized to file for tax year indicated above for the taxpayer(s) indicate requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for	d above. I confirm that I am submitt	ing this retur	n in ac	cordance	
ERO's signature ▶	Date ►				
ERO Must Retain This F  Don't Submit This Form to the	orm — See Instructions RS Unless Requested To Do	So			

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

OMB No. 1545-0074

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

Filing Status Check only	<b>X S</b>	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)			g surviv QSS)	/ing
one box.	•	u checked the MFS box, enter the noon is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter t	he child's	s nam	ne if the	qualifying
Your first name	and mi	ddle initial	Last na	me				Your so	cial s	ecurity	number
SRI HARS	SHA		CHAT	TU				800-	48-	3557	
If joint return, s	pouse's	s first name and middle initial	Last nai	me				Spouse	's soc	ial secu	rity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	1			n Campaign
2427 REI										if you, o	r your y, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta		ZIP code			0,	hecking a
CHARLOTT					NC		28262			ill not c	hange
Foreign country	/ name		F	Foreign province/state	e/count	ty	Foreign postal code	your ta	_	efund. <b>You</b>	Spouse
Digital		ny time during 2022, did you: (a) rec	,				, , ,	. ,			
Assets		ange, gift, or otherwise dispose of a					asset)? (See instr	uctions.)	Ш	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	n before January	2, 1958		] Is blin	ıd
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relationsh	ip (4) Check the I	oox if qual	ifies fo	or (see in	structions):
If more	<b>(1)</b> Fi	irst name Last name		number		to you	Child tax	credit	Credi	t for othe	er dependents
than four											]
dependents, see instruction	s ——										]
and check	,										]
here L											]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1	1	<u> 176</u>	6,600.
	b	Household employee wages not re	eported	on Form(s) W-2.				. 1k	<u> </u>		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)				. 10	_		
attach Forms	d	Medicaid waiver payments not rep		` , ` `	instru	ıctions)		. 10			
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		·				. 16			
was withheld.	f	Employer-provided adoption bene	fits from	1 Form 8839, line 2	9 .			. 11			
If you did not	g	Wages from Form 8919, line 6.						. 10			
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h	1		0.
instructions.	i	Nontaxable combat pay election (s	see instr	fuctions)		<u>1</u> i				1 7.	c coo
		Add lines 1a through 1h						. 12			6,600.
Attach Sch. B if required.	2a	· –	2a			axable interes		. 2k	_		
	3a		3a			ordinary divide		. 3k			
Standard	4a 5a	_	4a 5a			axable amoun axable amoun		. 4k			
Standard Deduction for—	6a		6a			axable amoun		. 6k			
Single or	C	If you elect to use the lump-sum e		method check her							
Married filing separately,	7	Capital gain or (loss). Attach Sche		,	`	,		7			
\$12,950 Married filing	8	Other income from Schedule 1, lin			•			. 8			9,500.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	_		7,100.
Qualifying surviving spouse,	10	Adjustments to income from Sche	-	•				. 10			. , = 0 0 .
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	•					. 11		15'	7,100.
household,	12	Standard deduction or itemized	•					. 12	-		2,950.
\$19,400 If you checked	13	Qualified business income deduct		`	,	5-A		. 13			
any box under Standard	14							. 14		1:	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									4,150.
SOO HISH WOLIOHS.											

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	28,432.
Credits	17	Amount from Schedule 2, line	3				[	17	
	18	Add lines 16 and 17					[	18	28,432.
	19	Child tax credit or credit for ot	ther dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, line	8				[	20	
	21	Add lines 19 and 20					$ extstyle  ag{7}$	21	
	22	Subtract line 21 from line 18. I	If zero or less,	enter -0			$ abla$	22	28,432.
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21		$ ag{7}$	23	0.
	24	Add lines 22 and 23. This is yo	our <b>total tax</b>				$ extstyle  ag{7}$	24	28,432.
Payments	25	Federal income tax withheld fi							
,	а	Form(s) W-2				<b>25a</b> 28	,475.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .					2	25d	28,475.
	26	2022 estimated tax payments					🗀	26	· ·
If you have a qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit fr				29			
	30	Reserved for future use		•		30			
	31	Amount from Schedule 3, line	15			31			
	32	Add lines 27, 28, 29, and 31.				ndable credits		32	
	33	Add lines 25d, 26, and 32. The	•	-	-		_	33	28,475.
Defined	34	If line 33 is more than line 24,	· · · · · · · · · · · · · · · · · · ·					34	43.
Refund	35a	Amount of line 34 you want re				•	_	35a	43.
Direct deposit?	b	Routing number 0 5 1				_	Savings		
See instructions.	d	Account number 4 3 5					92		
	36	Amount of line 34 you want ap				36			
Amount	37	Subtract line 33 from line 24.						$\neg$	
You Owe	0.	For details on how to pay, go						37	
	38	Estimated tax penalty (see ins				38			
Third Party Designee		you want to allow another partructions	'		rn with the IRS?		mplete bel	ow.	X No
Ü	De	signee's		Phone			nal identifica	ation <sub>r</sub>	
-	naı	ne		no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare that ief, they are true, correct, and compl							
TICIC	Yo	ur signature		Date	Your occupation		I		t you an Identity
						N DDOCDAMMEI	/aaa ina		N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, bo	<b>th</b> must sign	Date	Spouse's occupati	N PROGRAMMEI	× '		t your spouse an
Keep a copy for your records.	Ор	ouse's signature. If a joint return, <b>bu</b>	di must sign.	Date	opouse s occupan		Prote	ection PIN, enter it here	
	——Ph	one no. (571)424-2197		Email address	HARSHAS500	4@GMAIL.COM	 И		
		` '	Preparer's signat	l .		Date	PTIN	$\overline{}$	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/01/2023	P020827	03	Self-employed
Preparer		n's name GLOBAL TAXI				, - ,			678)965-9522
Use Only		n's address 245 ROONEY		NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.go		n1040 for instructions and the latest		<u> </u>	BAA	REV 02/24/23 PRO			Form <b>1040</b> (2022)

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SRI HARSHA

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

CHATTU

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 800-48-3557

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-19,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- /		
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
	The state of the s	8z		
9	Total other income. Add lines 8a through 8z		9	10 500
10	Compine lines i through / and y Enter here and on Form 1040-1040-SR	or 1040-NR line 8	1 7()	-19 500

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	12	
13	Health savings account deduction. Attach Form 8889	[	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[	17	
18	Penalty on early withdrawal of savings	[	18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

#### **SCHEDULE E** (Form 1040)

### Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022	
Attachment Sequence No. <b>13</b>	

Name(s) shown on return Your social security number SRI HARSHA 800-48-3557 CHATTU 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . If "Yes." did you or will you file required Form(s) 1099? . . . . . . . . . . . . . . . Physical address of each property (street, city, state, ZIP code) 1a IN 522006 krishna Nagar Guntur ANDHRA PRADESH Α B C **Fair Rental** 1b Type of Property **Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 800. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 800. Auto and travel (see instructions) 6 2, 100. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees Management fees . . . . . . . . 11 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,500. 14 14 Repairs . . . 15 Supplies 15 3,700. 16 16 Taxes 17 17 8,000. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . . 20,300. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 -19,500. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 19,500.) 800. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 20,300. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 19,500.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-19,500.

26

D-400 < Staple Al		of Yo	ur	022			ina D	ncome Department Pended Return			DOR Use Only		
			r fiscal year	peginning				and ending			Are you a ve	eteran?	Yes No X
SRI HAI		זט ה	CHAT	TU				Vour CG	SNI- 800	)483557		se a veteran?	
CHARLO	T NC 28							Spouse's SS		1403337		income tax re	matic extension to file you eturn, e.g., Form 1040?
Filing Statu		. Sing	le d of Household	,		ed Filing	-	☐ 3. Marri	ed Filing	Separately	Year spou		No X
	a resident o	of N.C	c. for the entir	e year?		Yes X	No			deceased t	axpayer.	Date of de	
			ent for the en			Yes	No C Edi			deceased s		Date of de	eath: gnating some or all of
your overp	ayment to	the F	und. To mak	e a contr	ibution,	enclose	Form I	NC-EDU and y	our payr	ment of \$	0.	To designa	ate your overpayment
								(See instruct					lent.
Select	box if retu	rn is	filed and sign	ned by E	xecutor,	Adminis	strator,	or Court-Appo	inted Pe	rsonal Repr	esentative.		
FS 1	PP	Y		DT	N	OC	N	TPRES	Y	SPRES	N	VT 1	N SVT 1
CHAT	2427		28262	DS	N	EA	N	TD			SD		FDEXT 1
SRI HAI	RSHA			CHAT'	ΓU				8004	483557		MECKI	
											NC	28262	2
2427 R	EDBIR	СН	DR						СН	ARLOTT	E		
06	1!	571	.00		16			0		26C		C	
07			0		18	Y		0		26E		C	
09			0		20A			8020		EU			
10A			0		20B			0		27		C	
10B			0		21A			0		29		C	
11 S	Y	I	N		21B			0		30		C	
11	-	127	50		21C			0		31		C	)
13	(	000	000		21D			0		32		C	)
14	1	443	50		26A			0		34		817	7
15		72	203		26B			0					
TN !	57142	421	.97		PN	6	789	559522		PP	P02	082703	3
Sign Re			X Remined this return f, they are true, c	fund D and accomporrect, and o		hedules an	81' nd statem		Check to disc	here if you a	uthorize the N n and attachn	nents with the	Department of Revenue paid preparer below.
Your Signature					Date	Spor	use's Sigr	nature (If filing join	t return, bo	th must sign.)	Date	_	242197 hone No. (Include area code)
PAID PREPARI	ER USE ONL	<b>Y</b> If p	orepared by a pe	rson other t	han taxpay	er, this cer	tification	is based on all info	ormation of t	which the prepa	rer has any kno	wledge.	
		M S	SAGAR GU	PT 0	3 01			659522					082703
Paid Preparer's	Signature				Date	· ·		ntact Phone Numb	`		10.0555	·	s FEIN, SSN, or PTIN
If	you ARE N	OT du		-				F REVENUE, P.: <b>0V to:</b> N.C. DE					IC 27640-0640

Name	(First 10 Characters) CHATTU Your Social Security Number	80048	33557
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	157100
7.	Additions to Federal Adjusted Gross Income	7.	(
8.	Add Lines 6 and 7	8.	15710
9.	Deductions From Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	1275
12.	a. Add Lines 9, 10b, and 11	12a.	1275
	b. Subtract Line 12a from Line 8	12b.	14435
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.000
14.	N.C. Taxable Income	14.	14435
15.	N.C. Income Tax	15.	720
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	720
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	720
20a.	Your tax withheld	20a.	802
North 20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	802
20a. 20b.			802
20a. 20b.	Spouse's tax withheld		802
20a. 20b. <b>Other</b> 21a.	Spouse's tax withheld  Tax Payments	20b.	802
20a. 20b. <b>Other</b> 21a. 21b.	Spouse's tax withheld  Tax Payments  2022 estimated tax	20b. 21a.	802
20a. 20b. <b>Other</b> 21a. 21b. 21c.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension	20b. 21a. 21b.	802
20a. 20b. <b>Other</b> 21a. 21b. 21c.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	802
20a. 20b. <b>Other</b> 21a. 21b. 21c. 21d.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d.	
20a. 20b. <b>Other</b> 21a. 21b. 21c. 21d.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments	20b. 21a. 21b. 21c. 21d. 22.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23.	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	802
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds	21a. 21b. 21c. 21d. 22. 23. 24.	802
20a. 20b. Other 21a. 21b. 21c. 22ld. 22. 23. 24. 25.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	802
20a. 20b. 21b. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Spouse's tax withheld  Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23  Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	802
20a. 20b. 21a. 21a. 21b. 21c. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	802
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. EU	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	802
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	802
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26d. EU 26e. 27. 28.	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  int of Refund to Apply to:	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to:  Amount of Line 28 to be applied to 2023 Estimated Income Tax	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28. Amou	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 27c. 28. Amou	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	802
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28. Amou	Tax Payments  2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	802 802 802