Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

ERO's signature ▶

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 number
RAKESH REDDY SANA	444-51-4454
Spouse's name	Spouse's social security number
VINDUPRIYA ETIKALA	982-98-2655
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	<u>1</u> 90,798.
2 Total tax	2 7,374.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 11,806.
4 Amount you want refunded to you	4,432.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice anyment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requousiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and the financial Military and Contact the Information for the income tax return (original or amended) I and Information in the payment (PIN) below is my signature for the income tax return (original or amended) I are	S. Treasury and its designated Financial cated in the tax preparation software for n to debit the entry to this account. This the authorization. To revoke (cancel) a ests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	1 4 4 5 4
I authorize GLOBAL TAXES LLC to enter or generate n	ny PIN Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	
□ I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Your signature ▶ Date ▶	ow authorizing. Check this box only od. The ERO must complete Part III
rour signature	0, 1,0,0
Spouse's PIN: check one box only	
X Lauthorize GLOBAL TAXES LLC to enter or generate n	ny PIN 8 2 6 5 5 as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	ow authorizing. Check this box only od. The ERO must complete Part III
Spouse's signature ► K' Uindup siya Date ►	01/10/2023
Practitioner PIN Method Returns Only—continue below	0111012023
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 4 9 6 6 1 9 8 9 Don't enter all zeros
certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ind	tting this return in accordance with the

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

2022
CULL.

OMB No. 1545-0074

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

Filing Status Check only one box.	If you	u checked the MFS box, enter the na	ame of y	d filing separately (Mour spouse. If you ch					spou	fying survi se (QSS) name if the	
		on is a child but not your dependent							Your soo	ial security	number
Your first name			Last nar	пе						1-4454	
RAKESH I			SANA								urity number
100000000000000000000000000000000000000		first name and middle initial	Last nar						The property and		
VINDUPRI			ETIK		-		And no			8-2655	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ins.			Apt. no.	1		ere if you, o	n Campaign or vour
703 SHAI					01.1		1535			f filing joint	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	9	ZIP code			this fund. C	
CHARLOT	CE				NC		28217			w will not o or refund.	hange
Foreign country	/ name		F	oreign province/state/c	ounty		Foreign postal	code	your tax	You	Spouse
Digital Assets	At an	ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	eive (as a	a reward, award, or passet (or a financial ir	oaym	ent for prope	rty or service asset)? (See	s); or ((b) sell, ctions.)	☐Yes	⊠No
		eone can claim: You as a de				2200 12000 12000					
Standard Deduction		Spouse itemizes on a separate return									
			_	THE COLD CALLED C	<u> </u>						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jan			∐ Is blir	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh			5		nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child	tax cn	edit (Credit for oth	er dependents
than four								Ц_			₫
dependents, see instruction	s				\perp			므			
and check								ᆜ			
here]							Ц			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	10	0,352.
111001110	b	Household employee wages not re	eported	on Form(s) W-2					1b		
Attach Form(s)	C	Tip income not reported on line 1a							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	struc	ctions)			1d	-	
W-2G and	e	Taxable dependent care benefits t	from For	m 2441, line 26 .					1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29	-				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruct	ions) .		-				1h		0.
W-2, see	i	Nontaxable combat pay election (s	see instr	uctions)		1					
instructions.	z	Add lines 1a through 1h						- 1-	12	10	0,352.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interes	t		2b		
if required.	3a	Qualified dividends	3a	1	b Or	dinary divide	nds		3b		
	4a	IRA distributions	4a		b Ta	xable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t		5b		
Deduction for—	6a	Social security benefits	6a		b Ta	xable amoun	t		6b		
Single or Mamed filing	c	If you elect to use the lump-sum e	lection r	nethod, check here (see i	nstructions)		. Г] [
separately,	7	Capital gain or (loss). Attach Sche-						. C	- 1		
\$12,950 Married filing	8	Other income from Schedule 1, lin							. 8	_	9,554.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	9	0,798.
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26									
\$25,900 Head of	11	Subtract line 10 from line 9. This is							11	9	0,798.
household,	12	Standard deduction or itemized						٠.	12		5,900.
\$19,400 If you checked	13	Qualified business income deduct				5-A			13		
any box under	14	Add lines 12 and 13							14	2	5,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer		s, enter -0 This is vo	our t				15		4,898.
see instructions.					_						

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	n(s): 1 🔲 881	4 2 4972	3 🗌		16	7,374.
Credits	17	Amount from Schedule 2, line						17	
	18	Add lines 16 and 17						18	7,374.
	19	Child tax credit or credit for other	her dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less,	enter -0				22	7,374.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is yo						24	7,374.
Payments	25	Federal income tax withheld fr						4.22	
	а	Form(s) W-2				25a	11,806		
	b	Form(s) 1099				25b			
	C	Other forms (see instructions)				25c			
	đ	Add lines 25a through 25c .						25d	11,806.
lf.vov.bovo.o	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. ElC.	28	Additional child tax credit from \$	Schedule 8812	2		28			
	29	American opportunity credit fro	om Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	15			31			
	32	Add lines 27, 28, 29, and 31. T	hese are your	total other pa	yments and refu	ındable credi	ts	32	
	33	Add lines 25d, 26, and 32. The	se are your to	otal payments		<u> </u>		33	11,806.
Refund	34	If line 33 is more than line 24, s	subtract line 2	4 from line 33.	This is the amour	it you cverpa i	d	34	4,432.
11010110	35a	Amount of line 34 you want ref	35a	4,432.					
Direct deposit?	b	Routing number 1 2 1 0							
See instructions.	ď	Account number 3 2 5 0							
	36	Amount of line 34 you want ap	plied to your	2023 estimate	dtax	36			
Amount	37	Subtract line 33 from line 24. T	his is the am o	ount you owe.					
You Owe		For details on how to pay, go t	o www.irs.go	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see inst	ructions) .		<u> </u>	38		\$215.5	
Third Party		you want to allow another p	erson to disc	cuss this retur	n with the IRS?				[64] - v
Designee		tructions					Complete		X No
	De na	signee's ne		Phone no.			ersonal iden umber (PIN)	tification	
Cian		der penalties of perjury, I declare that	t I have examina	ed this return and	accompanying sch	edules and state	ments, and t	to the bes	at of my knowledge and
Sign	bel	at the contract and and assume	te. Declaration	of preparer (other	than taxpayer) is ba	sed on all inform	ation of which	ch prepare	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation			nt you an Identity	
		· 12/2/3		01/10/2023				tection Pi e inst.)	IN, enter it here
Joint return? See Instructions.		72		1 ' '	JAVA DEVEI			<u></u>	
Keep a copy for	Sp	ouse's signature. If a joint return, bot	n must sign.	Date	Spouse's occupati			nt your spouse an ection PIN, enter it here	
your records.		E Vindupouye		OI 10 2023 HOMEMAKER					
	Ph	one no. (510) 396-4586		Email address	RICKYRAKESH	4B2@GMAIL.	COM		Committee of the second of the
Data	Pre		reparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM ST	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/10/202	3 P0208	2703	Self-employed
Preparer		n's name GLOBAL TAXE						one no. (678) 965-9522
Use Only		n's address 245 ROONEY		NSWICK N	08816			n's EIN	88-2145487
									- 1040 mass

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. **01**

Your social security number

RAKI	SH REDDY SANA & VINDUPRIYA ETIKALA	444-5	1-445	4
Pai	t I Additional Income			
4	Taxable refunds, credits, or offsets of state and local income taxes	[1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	E .	5	-9,554.
6	Farm income or (loss). Attach Schedule F	[6	
7	Unemployment compensation	[7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
C	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 8d ()		
е	Income from Form 8853			
f	Income from Form 8889			
9	Alaska Permanent Fund dividends 8g			
h	Jury duty pay			
ı	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see		No constant	
	instructions) 8m			
n	Section 951(a) inclusion (see instructions) 8n			
0	Section 951A(a) inclusion (see instructions) 80			
p	Section 461(I) excess business loss adjustment		1	
q	Taxable distributions from an ABLE account (see instructions) 8g			
1	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)		
ţ	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan 8t			
	Wages earned while incarcerated 8u			
Z	Other income. List type and amount:		7.44	
_	8z			
9	Total other income. Add lines 8a through 8z		9	0.55
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR,	iine 8	10	-9,554.

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basi officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	····
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
C	Date of original divorce or separation agreement (see instructions):		200	
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		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			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			
d		30 000000000000000000000000000000000000		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
q	Contributions by certain chaplains to section 403(b) plans 24g			
•	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
i	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)		70 000	
Z	Other adjustments. List type and amount:			
-	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	er here and on	26	
***********			Schedule	1 (Form 1040) 2022

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

•) snown on return						ř.	al security	number
	SH REDDY SANA & VINDUPRIYA ETIKALA						444-5	1-4454	
Par									
	Note: If you are in the business of renting personal prope	erty, use	Schedule	C. See	instru	ictions. If you	are an indi	vidual, rep	ort farm
A 1	rental income or loss from Form 4835 on page 2, line 40.		F===(=) 1	0000	\ !_				- VI NI.
	Did you make any payments in 2022 that would require you								
	f "Yes," did you or will you file required Form(s) 1099?			• •	• •	• • • •		те	S NO
1a	Physical address of each property (street, city, state, ZI	P code	e)						
A	H NO:2-98/1 NARSAKKAPALLY PARKAL, WARA	NGAL	TELANO	ANA	IN 5	06164			
В									
C									
1b	Type of Property 2 For each rental real estate property	ertv list	ted		Fa	ir Rental	Person	al Use	0.07
	(from list below) above, report the number of fair					Days	Da		QJV
A	3 personal use days. Check the Q			A		365		0	
В	if you meet the requirements to			В					
C	qualified joint venture. See instri	uctions	5.	C					П
Туре	of Property:						L		······································
	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	ilties	8	Other (desc	ribe)		
	,								
•						Propert	ies:		
Incon				Α		В			C
3	Rents received	3		5	60.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	57.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	58.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14	2,671.						
15	Supplies	15		3,2	70.				
16	Taxes	16							
17	Utilities	17		1,8	58.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,1	14.				
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		-9 , 5	54.				en yez
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(9,55	4.)	()()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		560.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10	,114.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any los	sses			. 24		A Service of the service of the
25	Losses. Add royalty losses from line 21 and rental real estat				nter to	ital losses hei	e 25 (9,554.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not	apply	to you, a	ilso en	ter th	is amount o	n		
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	in the tota	al on lir	ne 41	on page 2	- 26		-9,554.
-			MD			-9 554			

D-40 < Stap	le All	Pages	of Yo		2022			ina E	ncome Departmen	nt of Re		DOR Use Only				
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703	SHA	RVIE	W CI	R				1535	Your S	SN: 444	4514454	Were you gra	inted an au	tomatic	extension	to file your
				7 MECK		emmhar.	poter .				2982655	2022 federal		_	_	1040?
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Were	VOLL 3	reciden	93,000	ad of Hous	entire year?		fying Wid		піп.	Return fo	r deceased t	Year spou	se died: Date of	and .		
1	_		To the same		e entire year		Yes X	No	T. 100 100 100 100 100 100 100 100 100 10		r deceased s	E 1987	Date of			
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RAKE	SH	REDI	ΟY		SANA					444.	514454		MECK	(L		
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11			255	500		21C			0		31			0	***************************************	
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14			652	298		26A			0		34		77	7		
15			32	258		26B			Ó							
TN	5	1039	645	586		PN	6	7896	559522		PP	P02	08270	3		
		urn B			Refund Du			77	The same of the sa	ment l			0			
the best of	nd cert my kn	ny that I h owledge a	nd belief	<i>mined this r</i> f, they are t	eturn and accomp rue, correct, and c	enying sch omplete.	eduies and	ı stateme	ents, and to		c here if you au cuss this return					
	1	Blick	V-3		oilio	1202	3		F. Hindup	titla		notes la	23 510:	3061	586	
Your Signa	ature		27.00			Date		se's Sign	ature (If filing join	(X)- Y	th must sign.)	Date			No. (Include a	area code)
PAID PRE	PAREF	USEON	LY /f	prepared by	a person other th	an taxpayı	er, this cert	ification i	s based on all info	rmation of v	which the prepare	er has any know	rledge.	1		
					1.0		Y		<i>D</i>				in a second contract of	izit _		
SYAM Paid Prepa			AM S	SAGAR	GUPT 01	10 Date			659522 tact Phone Numb	er (Include	area code)	l lancount l		2082	703 , SSN, or PT	IN
100							сра			(,, [

Last Name (First 10 Characters) SANA Your Social Security Number 444514454

.,	D-400 Line-by-Line Information	
		00700
6. 7.	Federal Adjusted Gross Income 6. Additions to Federal Adjusted Gross Income 7.	90798 0
7. 8.	Additions to Federal Adjusted Gross Income 7. Add Lines 6 and 7.	90798
9.	Deductions From Federal Adjusted Gross Income 9.	90790
10.	Child Deduction	ŭ
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	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	25500
12.	a. Add Lines 9, 10b, and 11	25500
1207	b. Subtract Line 12a from Line 8	65298
13.	Part-year Residents and Nonresidents Taxable Percentage 13.	0.0000
14.	N.C. Taxable Income	65298
15.	N.C. Income Tax 15. Tax Credits 16.	3258
16. 17.	Tax Credits 16. Subtract Line 16 from Line 15 17.	0 3258
17.	Consumer Use Tax 18.	3236
10.	You certify that no Consumer Use Tax is due	Y
19.	Add Lines 17 and 18	3258
35.5.5		
<u>North</u>	Carolina Income Tax Withheld	
20a.	Your tax withheld 20a.	4035
20b.	Spouse's tax withheld 20b.	0
Otner	Tax Payments	\
		A
21a.	2022 estimated tax Paid with extension 21b.	0
21b. 21c.		0
21d.	Partnership 21c. S Corporation 21d.	0
22.	Additional Payments 22.	Ö
23.	Add Lines 20a through 22 23.	4035
24.	Previous Refunds 24.	0
25.	Subtract Line 24 from Line 23 25.	4035
26a.	Tax Due 26a.	0
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.	Pay this Amount 27.	0
28.	Overpayment 28.	777
Amou	nt of Refund to Apply to:	
2.0		20
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 N.C. Breast and Cervical Cancer Control Program 32.	0
32. 33.	N.C. Breast and Cervical Cancer Control Program 32. Add Lines 29 through 32 33.	0
34.	Amount to be Refunded 34.	7 7 7
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