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 number
ADVITH REDDY KOPPURAPU	780-60-1014
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 3	1, 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	
2 Total tax	2 12,992.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	= - /
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be su Under penalties of perjury, I declare that I have examined a copy of the income tax return	
my knowledge and belief, it is true, correct, and complete. I further declare that the all return (original or amended) I am now authorizing. I consent to allow my intermediate set to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for any delay in processing the return or refund, and (c) the date of any refund. If applicate Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in payment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Paymeusiness days prior to the payment (settlement) date. I also authorize the financial instit taxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (original contents) and the process of the payment (settlement) and the process of the income tax return (original contents).	rvice provider, transmitter, or electronic return originator (ERO) ceipt or reason for rejection of the transmission, (b) the reason able, I authorize the U.S. Treasury and its designated Financial institution account indicated in the tax preparation software for the financial institution to debit the entry to this account. This cial Agent to terminate the authorization. To revoke (cancel) a ment cancellation requests must be received no later than 2 utions involved in the processing of the electronic payment of sues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
<u> </u>	o enter or generate my PIN 0 1 0 1 4 as my
ERO firm name signature on the income tax return (original or amended) I am now aut	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original of if you are entering your own PIN and your return is filed using the Probelow.	or amended) I am now authorizing. Check this box only
Your signature ►	Date ▶
Spouse's PIN: check one box only	
to to to to to	o enter or generate my PIN as my
signature on the income tax return (original or amended) I am now auti	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original of if you are entering your own PIN and your return is filed using the Probelow.	or amended) I am now authorizing. Check this box only
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only-	—continue below
Part III Certification and Authentication — Practitioner PIN Meth	nod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selection	ted 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 electroni authorized to file for tax year indicated above for the taxpayer(s) indicated above. I co requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IR	onfirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — Se	

Don't Submit This Form to the IRS Unless Requested To Do So

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



OMB No. 1545-007

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

Filing Status Check only one box.	_	Single Married filing jointly uchecked the MFS box, enter the n	_	ed filing separately (N		_				spou	ifying su use (QSS name if	3)	Ü
one box.	-	on is a child but not your dependent	-	our spouse. It you or	ICCIN		QOO DOX,	CITC	1 1110	orilla 3	name ii	ше ч	uamymg
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial secu	rity nı	umber
ADVITH E	REDDY	Z	KOPP	URAPU					7	780-6	50-101	14	
		first name and middle initial	Last nar						-				y number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no).	- +				ampaign
750 POTE	ENZA	DR					В				nere if you	, ,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	ZIP code				if filing jo this func		
CHARLOT	ſΕ				NC		28262				ow will no		
Foreign country	y name		F	Foreign province/state/o	count	У	Foreign pos	tal co	de y	our tax	or refun		Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	pavn	nent for prope	rtv or servi	ces):	or (b) sell.			Jopouse
Assets		ange, gift, or otherwise dispose of a			-		-				Yes	; ×	No
Standard	Som	eone can claim: You as a de	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	•		<u> </u>							
Age/Blindnes:	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Ja	ınua	ry 2,	1958	☐ Is I	blind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	ck th	e box	if qualit	ies for (se	e inst	ructions):
If more	(1) Fi	rst name Last name		number		to you	Ch	ild ta	x cred	dit	Credit for	other c	dependents
than four													
dependents, see instruction	s —												
and check													
here												\Box	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	1	L02,	249.
	b	Household employee wages not re								1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a								1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e			
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 W-2, see	h	Other earned income (see instruct	ions) .			1				1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h	· ; ·							1z		L02,	249.
Attach Sch. B	2a	'	2a			axable interest				2b			
if required.	3a		3a			rdinary divide				3b			15.
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a	-	5a			axable amoun				5b			
Single or	6a	, _	6a			axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e			•	•			. Ц				
\$12,950	7	Capital gain or (loss). Attach Sche							. Ц	7			
Married filing jointly or	8	Other income from Schedule 1, lin								8	-		325.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		=	ome					9		91,	939.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This is	-	-						11			939.
\$19,400	12	Standard deduction or itemized								12		12,	950.
If you checked any box under	13	Qualified business income deduct								13	_		
Standard Deduction,	14									14			950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t	axable incom	ie			15		78,	989.

rm 1040 (2022	2)			Page
ax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,992.
redits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,992.
	19	Child tax credit or credit for other dependents from Schedule 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	12,992.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	12,992.
ayments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	16,052.
ou have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
lifying child,	27	Earned income credit (EIC)		
ich Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,052.
fund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,060.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,060.
ect deposit?	b	Routing number 0 4 4 0 0 0 0 3 7 c Type: ▼ Checking Savings		
e instructions.	d	Account number 3 1 5 7 2 0 2 3 2		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
mount ou Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
ird Party esignee		you want to allow another person to discuss this return with the IRS? See tructions	elow.	X No
-		signee's Phone Personal identif	cation _	
	nar	ne no. number (PIN)		

								•			
	Designee's name			Phone no.	9			onal identification ber (PIN)	П	\top	\Box
Sign Here		ties of perjury, I declare re true, correct, and con									
пеге	Your signatu	re		Date	Your oc	cupation		If the IRS se Protection P	,		,
Joint return?					SOFT	WARE D	EVELOPER	(see inst.)			
See instructions. Keep a copy for your records.	Spouse's sig	nature. If a joint return,	both must sign.	Date	Spouse	's occupation	on	If the IRS sel			
your records.	Phone no.	(937) 432-710	3	Email address	ADVI	HREDDY	775@GMAIL.C	(see inst.)			
D : 1	Preparer's na	ame	Preparer's signa	ture			Date	PTIN	Che	k if:	
Paid Proparer	SYAM PRIYA RA	AM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	02/04/2023	P02082703		Self-en	nployed

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Preparer

Use Only

Phone no. (678) 965-9522

Firm's EIN

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

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

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

ADVITH REDDY KOPPURAPU

Your social security number
780-60-1014

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	ich Schedule E .	5	-10,325.
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		
- 1	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			
	instructions)	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 (<u>)</u>	
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-10.325

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		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		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	F	24i	-	
j	<u> </u>	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	na_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

BAA

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.

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

Attachment Sequence No. 1

OMB No. 1545-0074

2022
Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Name(s) shown on return
ADVITH REDDY KOPPURAPU

780-60-1014

Part	Income or Loss From Rental Real Estate at Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use		e C. See	instru	ctions. If you a	are an indiv	idual, rep	ort farm	1
	Did you make any payments in 2022 that would require you f "Yes," did you or will you file required Form(s) 1099?	u to file	٠,							No No
1a	Physical address of each property (street, city, state, Z							10		-
				110						
A B	OLD ALWAL, SECUNDERABAD HYDERA TELANGA	.NA .	IN 5000	JIU						
C										
1b	Type of Property (from list below) 2 For each rental real estate propabove, report the number of fair				Fa	ir Rental Days	Person		QJ	IV
Α	personal use days. Check the C			Α		215		0	Г	1
В	if you meet the requirements to			В						i
С	qualified joint venture. See instr	uctions	S.	С					Ī	i
уре	of Property:						I.			
1	Single Family Residence 3 Vacation/Short-Term Removed 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
ncon	ne:			Α		<u>.</u> В			С	
3	Rents received	3		5.	50.					
4	Royalties received	4								
xper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,0	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees									
11	Management fees	11		1,2	75.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	_								
14	Repairs			3,2						
15	Supplies			3,1	50.					
16	Taxes									
17	Utilities			2,2	00.					
18	Depreciation expense or depletion									
19	Other (list) Total expenses. Add lines 5 through 19	19		10 0	7.5					
20		- 1		10,8	/5.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	:		-10,3	25.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		(10,32	5.)	()(,		
23a	Total of all amounts reported on line 3 for all rental prop	erties			23a		550.			
b	Total of all amounts reported on line 4 for all royalty pro				23b					
С	Total of all amounts reported on line 12 for all properties	· .			23c					
d	Total of all amounts reported on line 18 for all properties	S			23d					
е	Total of all amounts reported on line 20 for all properties	· .			23e	10	, 875.			
24	Income. Add positive amounts shown on line 21. Do no		-							
25	Losses. Add royalty losses from line 21 and rental real esta	ate loss	ses from li	ne 22. E	nter to	otal losses he	ere 25 (LO , 32	25.
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a						on 26	-	-10,3	325

Form **8582**

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2022

Attachment
Sequence No. 858

Name(s) shown on return Identifying number ADVITH REDDY KOPPURAPU 780-60-1014 2022 Passive Activity Loss Part I Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 10,325.) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . 1d -10,325. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -10,325.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . 10,325. 5 Enter \$150,000. If married filing separately, see instructions 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 102,264. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 47,736. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 23,868. 8 9 Enter the **smaller** of line 4 or line 8 9 10,325. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 10,325. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) OLD ALWAL, SECUNDERABAD 0. 10,325. 10,325.

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

10,325.

Page 2

Form 8582 (202	2)									Page 2
Part V	Complete This Part Be	fore P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•
			Currer	nt year		Prior y	ears	Overa	all g	ain or loss
	Name of activity	(8	a) Net income (line 2a)		Net loss ne 2b)	(c) Unal loss (lin	lowed le 2c)	(d) Gain		(e) Loss
Total. Enter	on Part I, lines 2a, 2b, and 2	С								
Part VI	Use This Part if an Am		s Shown on F	Part II,	Line 9. S	ee instruc	ctions.			
	Name of activity	Fo ar to	rm or schedule nd line number be reported on ee instructions)) Loss	(b) Ra		(c) Specia		(d) Subtract column (c) from column (a).
OLD ALWA	AL, SECUNDERABAD		E Ln 22		10,325.	1.0000	0000	10,32	25.	0.
Total Part VII	Allocation of Unallowe				10,325.	1.0	0	10,32	25.	0.
an viii	Name of activity	<u> </u>	Form or sche and line nur to be reporte (see instruct	edule nber ed on		_0\$\$	(b) Ratio	(0	e) Unallowed loss
Total .								1.00		
Part VIII	Allowed Losses. See in	struct	ions.				1			
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS	(b) Ur	nallowed loss		(c) Allowed loss
									+	
									+	
									1	
			•							

Total

< Sta	ple Al	(50) I Pages nd W-2	of Yo	our	2022			<u>l</u> ina D		Tax Return t of Revenue	DOR Use Only			
				or fiscal year	beginning	q		_	and ending		Are you a	veteran?	Yes	No X
1		REDD'		KOPI	PURAPU			D	\/ O1	ON 700601014		ouse a vetera		No L
1		TENZA TNC 2		MECKL				В	Your St Spouse's St	SN: 780601014 SN:			omatic extension return, e.g., Fo	
	g Statu		1. Sing				ed Filing	-		ied Filing Separately		Yes	No X	
10/22				of Househo			fying Wid	7		Return for deceased		ouse died:	d 0-	
1	•			C. for the ent ent for the e	•		Yes X Yes C	No No	\neg	Return for deceased		Date of Date of		
					-					vment Fund by maki	-			
1 -		•								our payment of \$ tions for information		-	nate your ove	rpayment
										on April 15, 2023, ar			ident.	
	Select	box if re	turn is	filed and sig	ned by E	xecutor,	Adminis	strator,	or Court-Appo	pinted Personal Rep	resentative).		
FS	1	PP	Y		DT	N	OC	N	TPRES	Y SPRES	S N	VT	N SV	T N
KOP	P	750		28262	DS	N	EA	N	TD		SD		FDI	EXT N
ADV:	ITH	REDI	YC		KOPP	URAP	U			780601014		MECK	_	
											NC	2826	2	
750	POT	ΓENZ <i>I</i>	A DF	?					В	CHARLOTT	Έ			
06			919	939		16			0	26C			0	7
07				0		18	Y		0	26E			0	0201
09				0		20A			4611	EU				5002
10A				0		20B			0	27			0	
10B				0		21A			0	29			0	
11	S	Y	I	N		21B			0	30			0	
11			127	750		21C			0	31			0	
13			000	000		21D			0	32			0	
14			791			26A			0	34		65	9	
15				952		26B			0					
TN	-	93743	3271	L03		PN	6	7896	659522	PP	P0	208270	13	
		turn B rtify that I h nowledge a		mined this return f, they are true,	efund D n and accomp correct, and		nedules an	659 ad stateme		ment Due Check here if you a to discuss this retu	authorize the	O e North Caroli hments with the	na Department he paid prepare	of Revenue r below.
Your Qi	gnature					Date	Sno	use's Sign	nature (If filing joir	nt return, both must sign.)	Date		4327103 Phone No. (Inclu	de area code)
		R USE ON	LY If	prepared by a p	erson other t					ormation of which the preparation			. I HOUG INO. (IIICIU	ac area coue)
_		IYA R Signature	AM S	SAGAR GU	JPT 0	2 04 Date			659522	per (Include area code)			2082703 er's FEIN, SSN, or	PTIN
	- paioi 3	2.g. iature		If RFF	:UND mail		· ·			O. BOX R, RALEIGH,	NC 27634-0	· · · · · · · · · · · · · · · · · · ·	2. 2.1, 2011, 01	
	lf y	ou ARE	NOT di							PT. OF REVENUE, P.C			NC 27640-064	0

	(First 10 Characters) KOPPURAPU Your Social Security Number	78060	71011
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	9193
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	9193
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.	127.
12.	a. Add Lines 9, 10b, and 11	12a.	127.
	b. Subtract Line 12a from Line 8	12b.	791
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.00
14.	N.C. Taxable Income	14.	791
15.	N.C. Income Tax	15.	39
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	39.
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	39.
20a.	Your tax withheld	20a.	46
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	463
20b.			461
20b. Other	Spouse's tax withheld		46
20b. Other 21a.	Spouse's tax withheld Tax Payments	20b.	46
20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2022 estimated tax	20b. 21a.	46
20b.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension	20b. 21a. 21b.	46:
20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	46
20b. 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation	20b. 21a. 21b. 21c. 21d.	
20b. 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments	21a. 21b. 21c. 21d. 22.	
20b. 21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	46
20b. 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.	46
20b. 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.	46
21a. 21b. 221c. 221d. 22. 23. 24. 25. 26a. 226b.	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.	46
20b. 21a. 21b. 221c. 221d. 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.	46
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 226c.	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 Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	46
20b. 21a. 21b. 21c. 22ld. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	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 Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	46
20b. 21a. 21b. 21c. 22ld. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	46.
20b. 21a. 21b. 221c. 221d. 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	46
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28.	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 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.	463
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28.	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 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:	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	46
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 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:	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	46
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 unt of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	46:
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. EU 26e. 27. 28. Amou 29. 30. 31.	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 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.	46:
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28. Amou	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 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 N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	46:
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. EU 26e. 27. 28. Amou 29. 30. 31.	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 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.	46: