

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name ADITYA KAMBHAMPATI	Social security number 511-81-9034
Spouse's name BINDU MADHAVI PALADUGU	Spouse's social security number 131-06-4173

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	167,956.
2 Total tax	2	21,421.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,442.
4 Amount you want refunded to you	4	21.
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

1	9	0	3	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

6	4	1	7	3
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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- 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:

Personal information section including name (ADITYA KAMBHAMPATI), spouse name (BINDU MADHAVI), address (9451 AVERY LILAC LN INDIAN LAND SC 29707), and social security numbers (511-81-9034 and 131-06-4173).

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)? [] 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 for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z listing various income sources and their amounts, such as 1a Total amount from Form(s) W-2, box 1 (\$184,120).

Table for Deductions and Adjustments with rows 2a through 15, including taxable interest, dividends, IRA distributions, pensions, capital gain, and total income adjustments, ending with taxable income of 142,056.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	22,486.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	22,486.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	1,065.
	21	Add lines 19 and 20	21	1,065.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,421.
	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	21,421.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	21,442.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	21,442.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, 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. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,442.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	21.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	21.
Direct deposit? See instructions.	b	Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 218366018		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____	_____	SOFTWARE ENGINEER	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
_____	_____	STUDENT	_____
Phone no. (518) 506-0504	Email address BITS.ADITYA@GMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/14/2023	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816			(678) 965-9522
Firm's EIN				84-3171965

**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 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
ADITYA KAMBHAMPATI & BINDU MADHAVI PALADUGU

Your social security number
511-81-9034

Part I Additional Income

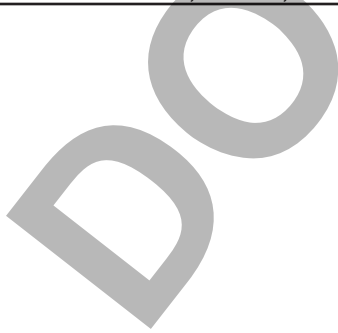
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-16,164.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL 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 nonqualified 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	-16,164.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
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)	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 tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26



**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

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

ADITYA KAMBHAMPATI & BINDU MADHAVI PALADUGU

Your social security number

511-81-9034

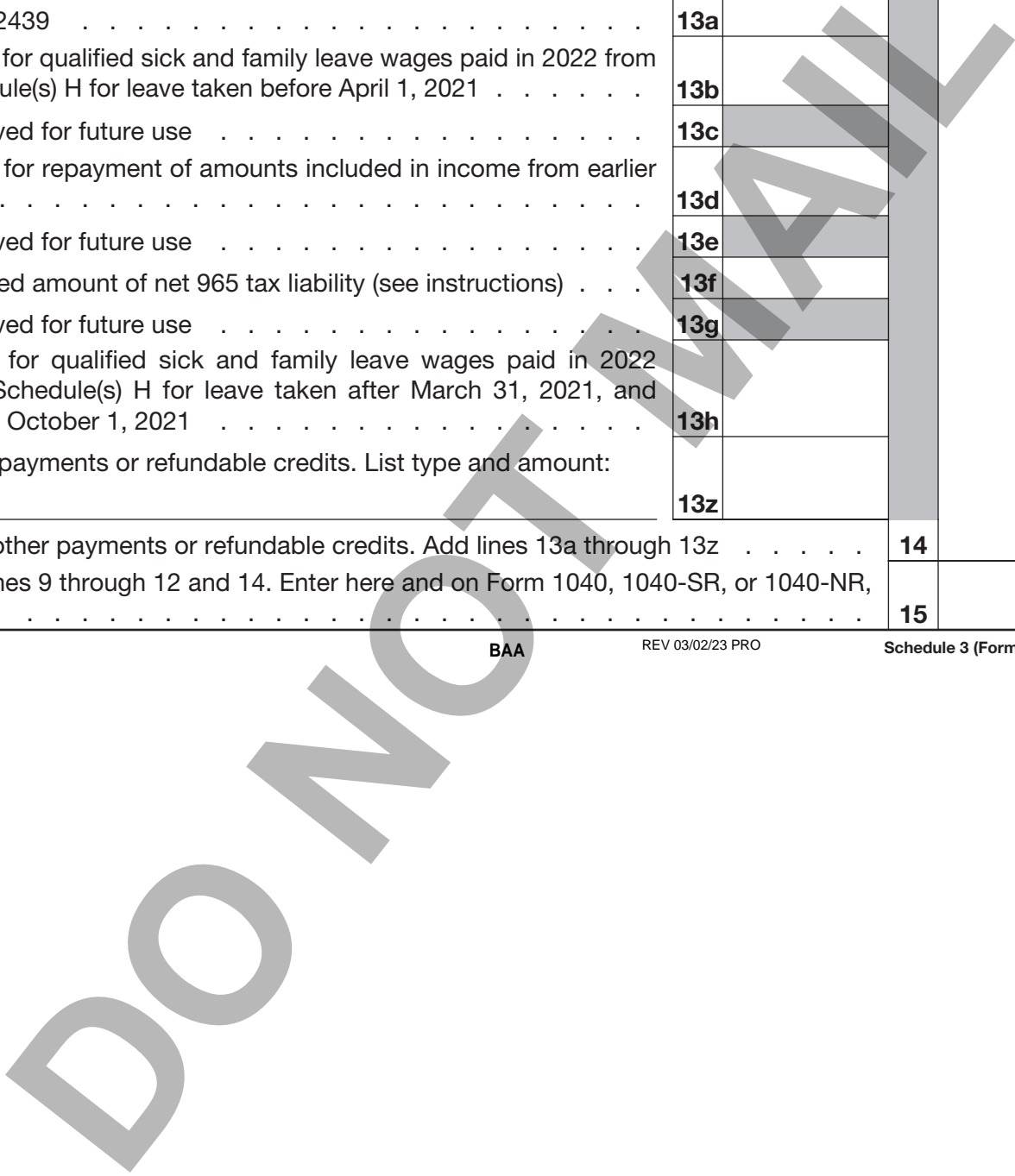
Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1,065.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,065.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9
10	Amount paid with request for extension to file (see instructions)		10
11	Excess social security and tier 1 RRTA tax withheld		11
12	Credit for federal tax on fuels. Attach Form 4136		12
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b	
c	Reserved for future use	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Reserved for future use	13g	
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h	
z	Other payments or refundable credits. List type and amount: _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z		14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15



**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 for instructions and the latest information.

Name(s) shown on return

ADITYA KAMBHAMPATI & BINDU MADHAVI PALADUGU

Your social security number

511-81-9034

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 Vani Nagar, Malkajgiri HYDERABAD TELANGANA IN 500047

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	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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
3 Rents received	3 600.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,200.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,000.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 3,340.		
15 Supplies	15 2,660.		
16 Taxes	16		
17 Utilities	17 4,200.		
18 Depreciation expense or depletion	18 4,364.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 16,764.		
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 -16,164.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (16,164.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 600.		
b Total of all amounts reported on line 4 for all royalty properties	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 4,364.		
e Total of all amounts reported on line 20 for all properties	23e 16,764.		
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 (16,164.)		
26 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	26 -16,164.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-16,164.

Schedule E (Form 1040) 2022

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

ADITYA KAMBHAMPATI & BINDU MADHAVI PALADUGU

Your social security number

511-81-9034



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	8,845.
11	Enter the smaller of line 10 or \$10,000	11	8,845.
12	Multiply line 11 by 20% (0.20)	12	1,769.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	180,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	167,956.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	12,044.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	20,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	0.602
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	1,065.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,065.

Name(s) shown on return ADITYA KAMBHAMPATI & BINDU MADHAVI PALADUGU	Your social security number 511-81-9034
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) BINDU MADHAVI PALADUGU</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 131-06-4173</p>		
<p>22 Educational institution information (see instructions)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>a. Name of first educational institution UNC Charlotte, Student Accounts Office</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 9201 University City Blvd. CHARLOTTE NC 28223</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 56-0791228</p> </td> <td style="width:50%; border: none;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p>a. Name of first educational institution UNC Charlotte, Student Accounts Office</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 9201 University City Blvd. CHARLOTTE NC 28223</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 56-0791228</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
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<p>23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p>			
<p>25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p>26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	8,845.
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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"/>
ADITYA KAMBHAMPATI BINDU MADHAVI PALADUGU 9451 AVERY LILAC LN Your SSN: 511819034 INDIAN SC 29707 Spouse's SSN: 131064173		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 <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:		Year spouse died:
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:		
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
KAMB	9451	29707	DS	N	EA	N	TD			SD				FDEXT	N
ADITYA				KAMBHAMPATI				511819034							
BINDU MADHAVI				PALADUGU				131064173		SC	29707				
9451 AVERY LILAC LN								INDIAN LAND							
06		167956		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				0		EU					
10A		0		20B			702			27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				21B		0				0	
11		25500		21C				0		31				0	
13		00977		21D				0		32				0	
14		13918		26A				0		34				7	
15		695		26B				0							
TN	5185060504			PN			6789659522			PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>7</u> <input type="checkbox"/> Payment Due <u>0</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 _____
5185060504 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY 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 <u>03 14 23</u> <u>6789659522</u>	<u>P02082703</u>
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.	167956
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	167956
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.	142456
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0977
14.	N.C. Taxable Income	14.	13918
15.	N.C. Income Tax	15.	695
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	695
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	695

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	702

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.	702
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	702
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.	7

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.	Amount to be Refunded	34.	7

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) **KAMBHAMPAT** Your Social Security Number **511819034**

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 Y PYT N 22 16409
 NRS Y PYS N 23 167956

Part A. Residency Status

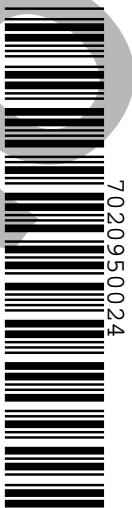
Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

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 Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1. 184120	16409
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets 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. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -16164	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 167956	16409
North Carolina Adjustments		
17. Additions	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A 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) KAMBHAMPAT	Your Social Security Number	511819034
---	-----------------------------	-----------

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

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A 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 or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. 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 Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 167956	16409

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 16409
23. Enter the Amount From Column A, Line 21		23. 167956
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.0977

DO NOT MAIL



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Print or type. First name and middle initial: ADITYA, Last name: KAMBHAMPATI, Your social security number: 511-81-9034, Spouse's first name, if married filing jointly: BINDU MADHAVI, Last name: PALADUGU, Spouse's social security number: 131-06-4173, Mailing address (number and street, PO Box): 9451 AVERY LILAC LN, Daytime phone number: (518) 506-0504, City: INDIAN LAND SC, State: SC, ZIP: 29707, Tax Year: 2022

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Balance. Rows include Federal taxable income (142,056.00), SC tax (7,614.00), Use Tax (0.00), Total Tax (7,614.00), SC Income Tax Withheld (10,380.00), Refundable credits (0.00), Refund (2,766.00), and Balance due (0.00).

Part II Bank information for Refund or Balance Due

9. Routing number (RTN): 071000013 (Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.) 10. Bank account number (BAN): 218366018 (1-17 digits) 11. Type of account: [X] Checking [] Savings

For Balance Due:

12. Payment Withdrawal Date: _____ Payment Withdrawal Amount \$: _____

Part III Declaration of taxpayer

- 13. [X] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. [] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment.

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Your signature _____ Date _____ Spouse's signature (If married filing jointly, BOTH must sign) _____ Date _____

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years.

ERO's Use Only: ERO signature: 03-14-2023, Check if also paid preparer: [], Check if self-employed: [], PTIN: P02082703, Firm name (or yours if self-employed), address, ZIP: GLOBAL TAXES LLC, 245 ROONEY CT, E BRUNSWICK, NJ 08816, FEIN: 88-2145487, Phone: (678) 965-9522

Paid Preparer's Use Only: Preparer signature: 03-14-2023, Check if self-employed: [], PTIN: P02082703, Firm name (or yours if self-employed), address, ZIP: SYAM PRIYA RAM SAGAR GUPTA TALLAM, 245 ROONEY CT E BRUNSWICK NJ 08816, FEIN: 84-3171965, Phone: (678) 965-9522



2022 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number			Check if deceased <input type="checkbox"/>
511	81	9034	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
131	06	4173	



For the year January 1 - December 31, 2022, or fiscal tax year beginning _____, 2022 and ending _____, 2023

First name and middle initial ADITYA		Last name KAMBHAMPATI		Suffix
Spouse's first name, if married filing jointly BINDU MADHAVI		Last name PALADUGU		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 9451 AVERY LILAC LN			County code 29
City INDIAN LAND	State SC	ZIP 29707	Daytime phone number with area code (518) 506-0504	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period.
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2022 federal return 0

Number of dependents claimed that were under the age of 6 years as of December 31, 2022 _____

Number of taxpayers age 65 or older as of December 31, 2022 _____

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 511-81-9034

2022

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars	142,056	00
--	----------	----------------	----------------	-----------

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions)	a	00		
b Out-of-state losses Type: _____	b	00		
c Expenses related to National Guard and Military Reserve Income	c	00		
d Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e Other additions to income (attach explanation - see instructions)	e	00		
2 Total additions (add line a through line e)	2			00
3 Add line 1 and line 2 and enter the total here	3		142,056	00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00		
g Total and permanent disability retirement income, if taxed on your federal return	g	00		
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i 44% of net capital gains held for more than one year	i	00		
j Volunteer deductions (see instructions) Type: _____	j	00		
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k	00		
l Active Trade or Business Income deduction (see instructions)	l	00		
m Interest income from obligations of the US government	m	00		
n Certain nontaxable National Guard or Reserve pay	n	00		
o Social Security and/or railroad retirement, if taxed on your federal return	o	00		
p Retirement Deduction (see instructions)				
p-1 Taxpayer (date of birth: _____)	p-1	00		
p-2 Spouse (date of birth: _____)	p-2	00		
p-3 Surviving spouse (date of birth of deceased spouse: _____)	p-3	00		
p-4 Taxpayer (date of birth: _____)	p-4	00		
p-5 Spouse (date of birth: _____)	p-5	00		
p-6 Surviving spouse (date of birth of deceased spouse: _____)	p-6	00		
q Age 65 and older deduction (see instructions)				
q-1 Taxpayer (date of birth: _____)	q-1	00		
q-2 Spouse (date of birth: _____)	q-2	00		
r Negative amount of federal taxable income	r	00		
s Subsistence allowance (multiply _____ days by \$8)	s	00		
t Dependents under the age of 6 years on December 31 of the tax year	t	00		
u Consumer Protection Services	u	00		
v Other subtractions (see instructions)	v	00		
w South Carolina Dependent Exemption (see instructions)	w	00		
4 Total subtractions (add line f through line w)	4		0	00
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5		142,056	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	8,576	00	
7 TAX on Lump Sum Distribution (attach SC4972)	7	00		
8 TAX on Active Trade or Business Income (attach I-335)	8	00		
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		8,576	00



NON-REFUNDABLE CREDITS

Table with 5 columns: Line number, Description, Column 1, Column 2, Total. Rows include Child and Dependent Care, Two Wage Earner Credit, and Total nonrefundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 5 columns: Line number, Description, Column 1, Column 2, Total. Rows include SC income tax withheld, 2022 Estimated Tax payments, and Total refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 5 columns: Line number, Description, Column 1, Column 2, Total. Rows include Add line 16 through line 22, and adjustments for overpayment or amount due.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 5 columns: Line number, Description, Column 1, Column 2, Total. Rows include USE TAX due, Amount of line 24 to be credited, and BALANCE DUE.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure! Select one: [X] Direct Deposit, [] Debit Card, [] Paper Check

PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy! Select one: [] MyDORWAY, [] ACH Debit. For payments only: Withdrawal Date, Withdrawal Amount.

37 Type of Account: [X] Checking, [] Savings. Routing Number (RTN) 071000013, Bank Account Number (BAN) 218366018.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature, Date, Spouse's signature (if married filing jointly, BOTH must sign)

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [] No [X] Preparer's printed name: SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid Preparer's: Preparer signature SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 03-14-2023, Check if self-employed [], PTIN P02082703. Use Only: Firm name GLOBAL TAXES LLC, FEIN 84-3171965, address 245 ROONEY CT E BRUNSWICK NJ 08816, Phone (678)965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100. BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2022 TAX CREDITS

SC1040TC
(Rev. 8/4/22)
3913

Name A KAMBHAMPATI & B PALADUGU	Social Security Number 511-81-9034
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Most tax credits are computed on separate tax credit schedules. **Attach tax credit schedules for all tax credits you claim, along with the SC1040TC Worksheet and the SC1040TC, to your Income Tax return. The SCDOR may disallow your tax credits if you do not attach the necessary schedules to your return.**

For line 6 through line 15, enter the credit description, the associated code, and the dollar amount of the credit claimed. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 4.

Credit Description	Code	Amount
1. Total credit for taxes paid to another state (Attach SC1040TC worksheet for each state)	1. 100	\$ 695.00
2. Solar Energy or Small Hydropower System or Geothermal Machinery and Equipment Credit	2. 038	\$.00
3. Excess Insurance Premium Credit	3. 044	\$.00
4. New Jobs Credit	4. 004	\$.00
5. Qualified Conservation Contribution Credit.....	5. 019	\$.00
6. _____	6. ▶	\$.00
7. _____	7. ▶	\$.00
8. _____	8. ▶	\$.00
9. _____	9. ▶	\$.00
10. _____	10. ▶	\$.00
11. _____	11. ▶	\$.00
12. _____	12. ▶	\$.00
13. _____	13. ▶	\$.00
14. _____	14. ▶	\$.00
15. _____	15. ▶	\$.00
16. Total nonrefundable tax credits (add line 1 through line 15)	16. ▶	\$ 695.00
17. South Carolina Tax (from SC1040, line 10; SC1065, line 3, or SC1041, lines 8 and 9).....	17.	\$ 8,576.00
18. Enter the lesser of line 16 or line 17	18.	\$ 695.00

For an individual, enter this amount on SC1040, line 13.
For a Fiduciary, enter this amount on SC1041, line 10.
For a Partnership, enter this amount on SC1065, line 4.

SC1040 Filers: Include this form and a complete copy of your federal return with your SC1040. If claiming credit for taxes paid to another state, also include a copy of each tax return filed with another state.

SC1041 or SC1065 Filers: Include this form with your SC1041 or SC1065.



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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**CREDIT FOR TAXES
PAID TO ANOTHER STATE**

SC1040TC
(Rev. 8/4/22)
3913
2022

WORKSHEET FOR TAXES PAID TO North Carolina
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

	Dollars	Cents
1. South Carolina gross income (enter amount from instructions for line 1, E)	167,956	00
2. Portion of line 1 taxed by another state (see instructions)	16,409	00
3. Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%.....	9.77	%
4. Amount of South Carolina tax from SC1040, line 10.....	8,576	00
5. Tentative credit (multiply line 3 by line 4).....	838	00
6. Net tax due the other state on income from line 2 See instructions. Do not use withholding from W-2	695	00
7. Allowable credit (lesser of line 5 or line 6)..... Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.	695	00

WORKSHEET FOR TAXES PAID TO _____
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

	Dollars	Cents
1. South Carolina gross income (enter amount from instructions for line 1, E).....		00
2. Portion of line 1 taxed by another state (see instructions).....		00
3. Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%.....		%
4. Amount of South Carolina tax from SC1040, line 10.....		00
5. Tentative credit (multiply line 3 by line 4).....		00
6. Net tax due the other state on the income from line 2 See instructions. Do not use withholding from W-2		00
7. Allowable credit (lesser of line 5 or line 6)..... Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.		00

Credit For Taxes Paid to Another State

A Description of this copy of Schedule TC North Carolina
 B **QuickZoom** to another copy of Schedule TC **→**

Worksheet for Taxes Paid To (enter name of state) NC North Carolina

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

1	South Carolina gross income (enter amount from instructions for line 1, E)	1	<u>167,956.</u>
2	Portion of line 1 taxed by another state	2	<u>16,409.</u>
3	Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%	3	<u>9.77 %</u>
4	Amount of South Carolina tax from SC1040, line 10	4	<u>8,576.</u>
5	Tentative credit. (multiply line 3 by line 4)	5	<u>838.</u>
6	Net tax due the other state on income from line 2 See instructions. Do not use withholding from W-2	6	<u>695.</u>
7	Allowable credit (lesser of line 5 or line 6) Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.	7	<u>695.</u>

