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

	5					
Submi	ssion Identification Number (SID)					
Taxpaye	er's name	Social secur	ity numl	ber		
SHI	VA PRASAD BATTIPALLI	448-99	002	1		
Spouse		Spouse's so			ber	
Part	, ,	r year you	are au	thorizir	ng.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1	I	70	25.6
1	Adjusted gross income		1			256.
2	Total tax		2			209.
3			3			428.
4 5	Amount you want refunded to you		5		⊥,:	219.
Part	,	kaan a co	-	OUR re	turr	<u>,, </u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
return (to send for any Agent t paymer authori paymer busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abordoriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmiding return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uso initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the patch of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended) I as a control of the income tax return (original or amended).	itter, or elect ection of the .S. Treasury icated in the on to debit the the authorizuests must be processing coayment. I fu	ronic re transminand its tax preperently cation. The pereceing the electron	turn orig ssion, (b designat paration to this a To revok ved no lectronic cknowled	inato the ed Fi softw ccour ce (ca later payr dge ti	r (ERO) reason nancial vare for nt. This incel) a than 2 ment of hat the
	nic Funds Withdrawal Consent.				_	
	yer's PIN: check one box only	5	0 0	0 2 3	1	
×	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	ř E		digits, b	ut	as my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zero	os	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodology.	od. The ER	O mus			
Your s	ignature ▶ Date ▶	01/25/2023				
Snous	se's PIN: check one box only	_				
Ороца	I authorize to enter or generate	my DIN			Π.	as my
	ERO firm name	_	nter five	digits, bu		as IIIy
	signature on the income tax return (original or amended) I am now authorizing.			er all zero		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
Part						
EDO!-	FEIN /DIN Estate and the FEIN fall and because for all the standard DIN 2.2	2 4 0				
EKO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6			
		Don't er	ner all Ze	eros		
authori	with the above numeric entry is my PIN, which is my signature for the electronic individual income to the form that year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this re	urn in a	accordai	nce w	
FRO'°	signature ▶ Date ▶					
LI 10 S	ERO Must Retain This Form — See Instructions					
	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

2022	
------	--

OMB No. 1545-0074 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 (Nour spouse. If you ch						spou	ise (QSS)	-
	-	on is a child but not your dependent	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,					
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial security	/ number
SHIVA PI	RASAI		BATT	IPALLI					4	148-9	99-0021	-
If joint return, s	pouse's	first name and middle initial	Last nar	ne					S	pouse's	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. n	0.				n Campaign
9920 BOI	NITA	LN					520				ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	e	ZIP code				if filing joint this fund. C	
CHARLOT	ΓE				NC		28262				ow will not	
Foreign country	y name		F	oreign province/state/o	county	у	Foreign pos	stal co	ode y	our tax	or refund.	Spouse
Digital		ny time during 2022, did you: (a) rec			-		-					
Assets		ange, gift, or otherwise dispose of a					asset)? (Se	e in	struct	ions.)	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before J	anua	ıry 2,	1958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	eck th	e box	if qualif	ies for (see i	nstructions):
If more	(1) Fi	rst name Last name		number		to you	Cł	nild ta	ax cred	dit	Credit for oth	er dependents
than four]
dependents, see instruction:	s ——]
and check]
here]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	8	7,806.
	b	Household employee wages not re	•	. ,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	oorted or	n Form(s) W-2 (see ir	nstru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits 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 instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z	8	7,806.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b		
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	election n	nethod, check here ((see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here				7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8		8,550.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	ome					9	7	9,256.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, li	ne 26						10		
Head of	11	Subtract line 10 from line 9. This is	s your ac	ljusted gross incon	ne					11	7	9,256.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12	1	2,950.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our t a	axable incom	ne			15	6	6,306.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16	10,209.
Credits	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	10,209.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	e8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,209.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	10,209.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11	,428.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	11,428.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	11,428.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you ov	erpaid		34	1,219.
	35a	Amount of line 34 you want							35a	1,219.
Direct deposit?	b	Routing number 0 8 1				Checkin	g 🗌 S	Savings		
See instructions.	d	Account number 3 5 5	0 1 0 7	4 6 6 5	5 6					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, 9		•					37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions	•				Yes. Co	mplete b	elow.	⊠ No
		signee's		Phone				nal identif	ication	
		me		no.				er (PIN)		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com								
11010	Yo	ur signature		Date	Your occupation					nt you an Identity
laint vatuus 0					SOFTWARE I	TNCTNE	FD	(see		N, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sian.	Date	Spouse's occupat		LIK	If the	IRS ser	nt your spouse an
Keep a copy for your records.	-1-								ity Prote	ection PIN, enter it here
	Ph	one no. (573) 388-666	0	Email address	SHIVAPRASAD.BA	TTIPALLI(GMAIL.CO	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid										Self-employed
Preparer	Fir	m's name GLOBAL TAX	KES LLC					Phon	e no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	08816			Firm'	s EIN	88-2145487
										1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence 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.

	10101100 0011100		Sequence No. O
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SHIV	VA PRASAD BATTIPALLI	448-99	-0021
Pai	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes		1
2a	Alimony received		2a

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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. Att		5	-8 , 550.
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 ()	
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	
IN .	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SE	or 1040-NR line 8	10	-8.550

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis 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			
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	, , , , , , , , , , , , , , , , , , ,	24a		
b	Deductible expenses related to income reported on line 8I from the			
		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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
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 E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

2022	
Attachment Sequence No. 13	

Your social security number

SHIV	/A PRASAD BATTIPALLI						448-9	9-0021	-	
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use Sch	hedule	C. See	instru	ctions. If you a	re an indi	vidual, rep	ort farm	
_	Did you make any payments in 2022 that would require you	to file For	·m/a\ 1/	2002 0	oo ina	tructions			es 🛛 No	_
В			• •	• •	• •			. <u> </u>	es 🗌 NO	_
1a	Physical address of each property (street, city, state, ZIF	P code)								
Α	ANAJPUR NALGONDA TELANGANA IN 508213									
В										
С										
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Persor	nal Use	QJV	
	(from list below) above, report the number of fair					Days	Da	ıys	QUV	
A	g personal use days. Check the Quif you meet the requirements to f		ıly	Α		365		0		
В	qualified joint venture. See instru			В						
C	qualified joint vertical electrical	.01.01.01		С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren		Land			Self-Rental				
2	Multi-Family Residence 4 Commercial	6	Royal	ties	8	Other (descr	ibe)			
						Properti				-
Incon	ne:			Α		В			С	-
3	Rents received	3		4	50.					-
4	Royalties received	4								_
Expe										_
5	Advertising	5			İ					
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		9	00.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		1,8	00.					
15	Supplies	15		2,3	00.					
16	Taxes	16								
17	Utilities	17		2,5	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		9,0	00.					_
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			0 -	_					
	file Form 6198	21		-8, 5	50.					_
22	Deductible rental real estate loss after limitation, if any,			0	(1		,		,
	on Form 8582 (see instructions)	22 (8,55		(150	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		450.			
b	Total of all amounts reported on line 4 for all royalty prop				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		000			
e	Total of all amounts reported on line 20 for all properties				23e	9	,000.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	/		_
25	Losses. Add royalty losses from line 21 and rental real estat							(8,550.	_)
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 10/0) line 5. Otherwise include this ar						"		_0 550	

D-400 < Staple Al	l Pages d			_		a Departm	ent (ax Return of Revenue	DOR Use Only			
Return a			fiscal year begini	ning	<u></u>	Amended Ret 2 and endin			Are you a	votoran?	Yes No	<u>X</u>
SHIVA I	•		BATTIPAI	-		Z and chain	<u> </u>		1	use a veteran?	Yes No	\neg
9920 BC					5			ı: 448990021	, ,		atic extension to file	, I
CHARLO?	7.7					Spouse			2022 federa		urn, e.g., Form 10 ² No X	40?
Filing Statu	~ = '	1. Single 1. Head o	of Household		ed Filing Jo fying Widov		Married	Filing Separately	Year spo	use died:	N0 [Δ]	
Were you a			for the entire year		Yes X	No 🔲 🛚	Ret	urn for deceased		Date of de	ath:	
			t for the entire ye		Yes L	No L		urn for deceased				
1			,					ent Fund by maki	Ü	ū	· ·	- 1
1 .	•						-	ur payment of \$ ns for information		•	te your overpayn	nent
	-						-	April 15, 2023, a			ent.	
Select	box if retu	ırn is file	ed and signed by	Executor,	Administra	ator, or Court-A	Appoin	ted Personal Rep	resentative			
FS 1	PP	Y	Γ	N To	OC	N TPRE	S	Y SPRES	S N	VT N	SVT	N
BATT	9920	2	28262 I	S N	EA	N TD			SD		FDEXT	N
SHIVA I	PRASA	D	BAT	TIPAL:	LI			448990021		MECKL		
									NC	28262		
9920 BO	ATINC	LN				5	20	CHARLOTT	'E			
06		7925	56	16			0	26C		0		 7
07		_	0	_18	Y	_	0	26E		_ 0	_ =	0 2 0 2 0
09				20A		368		EU	- 11		A E	150
0.9				ZUA		300		150	- 11			
10A			0	20B			0	27		0		
10B			0	21A			0	29		0		
11 S	Y	I	N	21B			0	30		0		
11		1275	50	21C			0	31		0		
13		0000	00	21D			0	32		0		
14		6650)6	26A			0	34		361		
15		331	. 9	26B			0					
TN 5	57338	8666	50	PN	67	8965952 	2	PP	882	2145487		
Sign Re			X Refund				Payn	Charle hara if you	authorizo tho	O North Carolina	Department of Boy	onuo.
the best of my k	nowledge an	d belief, th	hey are true, correct, a	and complete.	iedules alid s	latements, and to		Check here if you a to discuss this retu	rn and attach	ments with the	paid preparer belov	w.
Your Signature				Date	Spouse	's Signature (If filin	g joint re	eturn, both must sign.)	Date		86660 one No. (Include area	code)
PAID PREPARE	R USE ONL	Y If pre	epared by a person oth	er than taxpay	er, this certific	cation is based on a	all inform	ation of which the prepa	arer has any kn	owledge.		
					7!	700656565				000	45405	
Paid Preparer's	Signature			Date		789659522 r's Contact Phone I		(Include area code)			. 45487 FEIN, SSN, or PTIN	—
lf :	you ARE N	OT due	· ·					BOX R, RALEIGH, . OF REVENUE, P.0			C 27640-0640	•

Last Name (First 10 Characters) BATTIPALLI Your Social Security Number 448990021

D-400 Line-by-Line Information									
6.	Federal Adjusted Gross Income	6.	79256						
7.	Additions to Federal Adjusted Gross Income	7.	0						
8.	Add Lines 6 and 7	8.	79256						
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						
44	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.	12750						
12.	a. Add Lines 9, 10b, and 11 b. Subtract Line 12a from Line 8	12a. 12b.	12750						
13.		120.	66506 0.0000						
13. 14.	Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income	14.	66506						
15.	N.C. Income Tax	15.	3319						
16.	Tax Credits	16.	3319						
17.	Subtract Line 16 from Line 15	10. 17.	3319						
18.	Consumer Use Tax	18.	0						
10.	You certify that no Consumer Use Tax is due	10.	Y						
19.	Add Lines 17 and 18	19.	3319						
10.	Add Ellios I7 and Is	10.	3313						
North	Carolina Income Tax Withheld								
20a.	Your tax withheld	20a.	3680						
20b.	Spouse's tax withheld	20b.	0						
Other	Tax Payments 2022 estimated tax	21a.	0c						
21 a. 21b.	Paid with extension	21a. •	0						
21c.	Partnership	21c.	0						
21d.	S Corporation	21d.	0						
22.	Additional Payments	22.	0						
23.	Add Lines 20a through 22	23.	3680						
24.	Previous Refunds	24.	0						
25.	Subtract Line 24 from Line 23	25.	3680						
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.	361						
Amou	nt of Refund to Apply to:								
00	Amount of Line 20 to be emplied to 2022 Estimated Income Tou	22	^						
29. 20.	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. 33.	N.C. Breast and Cervical Cancer Control Program	32. 33.	0						
	Add Lines 29 through 32 Amount to be Refunded	33. 34.	3 61						
34.	Amount to be Retunded	J 4 .	201						