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.

Submission Identification Number (SID)

Taxpay	er's name	Social security number							
SRA	.VAN GUNDA	383-87-7620							
Spouse	s's name	Spouse's social security number							
Par	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	78,676.					
2	Total tax		2	10,077.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,548.					
4	Amount you want refunded to you		4	2,471.					
5	Amount you owe		5						
			-						

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

X	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	Er
$\overline{\mathbf{v}}$	Louthorizo	CTODAT	TAVEC	TTC	to optox or concrete row DIN	

Enter five digits, but don't enter all zeros									
7	7	6	2	0					

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am 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 hox only						
Sporte of the box only							
I authorize		to enter or generate my PIN					
-	ERO firm name		Enter five digits, bu				
signature on the income tax return (original or amended) I am now authorizing							s

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am 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 E	ate							 		
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					6 all zei	 9	89	

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 🕨	
 Don'	ERO Must Retain This Form — Se Submit This Form to the IRS Unless		
For Denomicarly Deduction Act Nation	a a very tex veture instructions		Farm 9970 (Day 01 0001)

E1040		artment of the Treasury-Internal Revenue Service S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly understand filing jointly understand the MFS box, enter the nation is a child but not your dependent	ame of your s	ng separately (N spouse. If you cl		_				spou	fying surv se (QSS) name if th	0
Your first name			Last name						Yo		cial security	v number
SRAVAN			GUNDA								7-7620	-
	ouse's	first name and middle initial	Last name						-			urity number
												,
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.				on Campaigr
304 CALD											ere if you, f filing ioint	or your tly, want \$3
		ce. If you have a foreign address, also co	mplete spaces	below.	Sta		ZIP c					Checking a
CHARLOTT					NC	-	282				w will not	change
Foreign country	name		Foreig	n province/state/o	coun	ty	Foreig	In postal cod	e you	ur tax	or refund.	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-				 ∏ Yes	X No
Standard		eone can claim: You as a de		Vour spouse		-						
Deduction		Spouse itemizes on a separate return										
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	🗌 ls bli	nd
Dependents	(see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see	instructions):
lf more	(1) Fi	rst name Last name		number		to you		Child tax	credit	(Credit for oth	ner dependents
than four]			
dependents, see instructions]			
and check]			
here 🗌]		[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see inst	tructions)			• •		•	1 a	g	0,137.
	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			nstru	uctions)	• •		·	1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi					• •		·	1e		
was withheld.	f	Employer-provided adoption bene	fits from Forr	m 8839, line 29	•		• •		·	1f		
If you did not	g	6	· · · ·		• •		• •		·	1g		
get a Form W-2, see	h	Other earned income (see instructi	/				···		•	1h	-	0.
instructions.	I	Nontaxable combat pay election (s	see instructio	ns)		1 i						0 1 2 7
	<u>z</u>	Add lines 1a through 1h	· · · ·	· · · · ·	 ь т	· · · ·	• •		·	1z	9	0,137.
Attach Sch. B if required.	2a	· ·	2a			axable interest Ordinary divider			·	2b 3b		
	3a		3a 4a			axable amount			•	30 4b		
Standard	4a 5a		5a			axable amount			•	40 5b		
Standard Deduction for –	6a		6a			axable amount			•	6b		
 Single or Married filing 	c	If you elect to use the lump-sum el							\Box	0.0		
separately,	7	Capital gain or (loss). Attach Sched					• •			7	-	-3,000.
\$12,950Married filing	8	Other income from Schedule 1, line					• •			8		-8,461.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		78,676.
surviving spouse,	10	Adjustments to income from Sched								10	1 '	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	7	78,676.
household,	12	Standard deduction or itemized	-	-						12		2,950.
\$19,400 • If you checked	13	Qualified business income deducti				5-A				13	1	
any box under Standard	14									14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	е.			15		5,726.
see instructions.				,								

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 🗌 881	4 2 4972	3		16	10	,077.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	10	,077.
	19	Child tax credit or credit for oth	er dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	10	,077.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is you	ur total tax					24	10	,077.
Payments	25	Federal income tax withheld fro								
	а	Form(s) W-2				25a 12	,548.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c						25d	12	,548.
Here have a	26	2022 estimated tax payments a	ind amount a	pplied from 20	21 return .			26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S				28				
	29	American opportunity credit fro				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1	5			31				
	32	Add lines 27, 28, 29, and 31. Th				undable credits		32		
	33	Add lines 25d, 26, and 32. Thes						33	12	,548.
Defined	34	If line 33 is more than line 24, si	-					34		,471.
Refund	35a	Amount of line 34 you want refu						35a	2	,471.
Direct deposit?	b	Routing number 1 2 1 0					Savings			
See instructions.	d	Account number 3 2 5 0					J			
	36	Amount of line 34 you want app				36				
Amount	37	Subtract line 33 from line 24. Th	-			-1				
You Owe	01	For details on how to pay, go to						37		
	38	Estimated tax penalty (see instr	-	-		38				
Third Party	Do	you want to allow another pe								
Designee		structions					omplete b	elow.	× No	
Ū	De	signee's		Phone			onal identif	cation		
	nai	ne		no.		numl	oer (PIN)			
Sign		der penalties of perjury, I declare that								
Here		ief, they are true, correct, and complet	e. Declaration o			ased on all information		• •		0
	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it he	
Joint return?					SOFTWARE 1	ENGINEER	(see i			
See instructions.	Sp	ouse's signature. If a joint return, both	n must sign.	Date	Spouse's occupat		If the	IRS ser	nt your spous	se an
Keep a copy for	- 1-	,					Ident	ity Prote	ection PIN, e	
your records.							(see i	nst.)		
	Ph	one no. (510) 556-9163		Email address	SRAVANGUPT	A21@GMAIL.CC				
Paid	Pre	eparer's name Pr	eparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/22/2023	P02082	2703	Self-er	mployed
Use Only	Fir	m's name GLOBAL TAXE	S LLC				Phon	e no. (678)965	-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-31	71965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest ir	nformation.		BAA	REV 02/10/23 PRO			Form 1	040 (2022)

BAA

SCHE	DULE 1	
(Form	1040)	

Department of the Treasury

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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 383-87-7620 SRAVAN GUNDA

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
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	ach Schedule E .	5	-8,461.
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		
	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		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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-8,461.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)			
	Attorney fees and court costs you paid in connection with an award		-	
1	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
÷	Housing deduction from Form 2555			
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		-	
IX.	1041)			
7	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		-	
			26	
				e 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20 / Attachment Sequence No. 12

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

SRAVAN GUNDA

Your social security number 383-87-7620

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						(2,597.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .	, ,	7	-2,597.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1,083.	4,582.			-3,499.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-		o to Part III	15	-3,499.
For F	Paperwork Reduction Act Notice, see your tax return instruction			5	Schedu	ile D (Form 1040) 2022

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -6,096.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form 8949 (2022)	Attachment Sequence No. 12A
------------------	-----------------------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SRAVAN GUNDA

Social security number or taxpayer identification number 383-87-7620

Page 2

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/19	12/01/22	1,083.	4,582.			-3,499.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and incline is checked), lir	lude on your ne 9 (if Box E	1,083.	4,582.			-3,499.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2022	
Attachment	

B If "Yes," did you or will you file required Form(s) 10997 Image: Content of the second	nternal I	Revenue Service		G	o to <i>www.irs.gov</i> /	/ScheduleE for	r instru	uctions a	nd the la	atest i	nformation.		Sequen	ce No. 13
Part I Income or Loss From Rental Real Real Estate and Royalties Meter length of the source of the sour	Vame(s)	shown on return										Your soc	ial security	number
Note: Hy ou are in the busines of renting personal property, use Schedule C: Se instructions	SRAV	AN GUNDA										383-8	87 <u>-</u> 7620	
A Did you make any payments in 2022 that would require you to file Form(s) 10997 See instructions	Part		or L	oss Fr	om Rental Rea	al Estate an	d Ro	yalties						
A Did you make any payments in 2022 that would require you to file Form(s) 10997 See instructions. □ Yes No a Physical address of each property (isteet, city, state, ZP code) Image: Code of the code of		Note: If yo rental inco	u are	in the bu loss fro	isiness of renting p m Form 4835 on p	personal proper page 2. line 40.	ty, use	Schedu	le C. See	e instru	ictions. If you	are an indi	ividual, rep	ort farm
B If "res," did you or will you file required Form(s) 1099?	A D						to file	Form(s)	1099? 5	See in	structions .		. 🗌 Ye	s 🛛 No
Ia Physical address of each property (street, city, state, ZIP code) A KANNEKAL, NIDAMANUR NALGONDA TELANGANA IN 508374 B C C C C C C C B C C C C C C C C B C C Days Personal Use Days CJV A 3 G O C C C C C C C C Single Family Residence 3 Vacation/Short-Term Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 6 Royatiles S Land 6 Royatiles 7 Self-Rental 8 Other (describe) C Sourcemet A B C C C S Advertising S Land 6 Sourcemet Forperties: S Advertising S S S S S S S Advertising S S S S S S S C S Advertising S S S S S														
A RANNEKAL, NIDAMANUR NALGONDA TELANGANA IN 508374 B C Fair Rental Personal Use days. Check the GAV box only if you meet the requirements to file as a personal use days. Check the GAV box only if you meet the requirements to file as a constructions. Fair Rental Personal Use days. Check the GAV box only if you meet the requirements to file as a constructions. A 365 0 0 A 3 3 A 365 0 0 0 ype of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) ype of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) xpenses: 5 A B C 3 510. 7 S Advertising 5 5 - - - - - 8 0 9 1 1,042. - - - - 10 Legal and other professional fees 10 - 11 - - - - - - - - - - - -		•												
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C Fair Rental (from list below) (from list below) B 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV A 3							<u> </u>	000074						
Ib 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 OUV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QuV B														
(rfom list below) above, report the number of fair rental and personal use days. Check the CAV box only if you meet the requirements to file as a qualified joint venture. See instructions. Days Days Curve ype of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 0 0 2 Multi-Family Residence 3 Vacation/Short-Term Rental 6 Royalties 8 Other (describe) 0 0 0 3 Rents received 3 5 1 0<		Type of Prope	rtv	2 Fo	reach rental rea	l estate prope	ertv list	ted		Fa	air Rental	Perso	nal Use	• • • •
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26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	24		•					-						
	25												(8,461.
	26													

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-8,461.

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26

	All Pages of	Your				e Tax Return ent of Revenue	Use		
Return	and W-2s H	lere			Amended Retu	'n	Only		
SRAVAN		2, or fiscal year b GUND2		۷	2 2 and ending		Are you a ve Is your spou	eteran? ise a veteran?	Yes No X Yes No No
	ALDERDALE OT NC 282				Your Spouse's	SSN: 383877620			c extension to file your n, e.g., Form 1040?
Filing Sta	atus 🛛 1. S	Single		ied Filing J	ointly 3. M	arried Filing Separately]	Yes 🗌 No	X
Were you		Head of Household N.C. for the entire		ifying Wido Yes X	No	Return for deceased	Year spou taxpaver.	use died: Date of death	۱.
Was your	r spouse a res	sident for the ent	tire year?	Yes	No 🗌 🗌	Return for deceased	spouse.	Date of death	1:
			-			owment Fund by maki d your payment of \$	-	-	ting some or all of your overpayment
to the Fu	ind, enter the	amount of your of	designation on P	age 2, Lir	ne 31. <i>(See instr</i>	uctions for information	about the F	und.)	
		-				ry on April 15, 2023, ai pointed Personal Rep			
FS 1	PP .	Y	DT N	OC	N TPRES	Y SPRES	S N	VT N	SVT N
GUND	304	28262	DS N	ΕA	N TD		SD		FDEXT N
SRAVAN	1		GUNDA			383877620		MECKL	
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304 CA	ALDERDA	LE LN				CHARLOTT	Έ		
06	7	8676	16		0	26C		0	
07		0	18	Y	0	26E		0	
09		0	20A		3883	EU			
10A		0	20B		0	27		0	4
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11 S	SY I	I N	21B		0	30		0	
11	1	2750	21C		0	31		0	
13	0	0000	21D		0	32		0	
14	6	5926	26A		0	34		593	
15		3290	26B		0				
TN	510556	9163	PN	67	89659522	PP	P02	082703	
	certify that I have	ow X Ref	fund Due	hedules and		ayment Due	- uthorizo the l	0	
the best of my	/ knowledge and b	belief, they are true, co	prrect, and complete.	lleuuroo arra	Statemento, una to	to discuss this retu	rn and attach	ments with the pair	partment of Revenue d preparer below.
Your Signature	re		Date	Spous	e's Signature (If filing	joint return, both must sign.)	Date	<u>510556</u> Contact Phone	9163 No. (Include area code)
PAID PREPAR	RER USE ONLY	lf prepared by a per	rson other than taxpay	ver, this certil	fication is based on all	information of which the prepa	arer has any kno	wledge.	
QVAM D	אגם געדס	I SAGAR GUI	ר ∩ר חים	23 6	789659522			P0208	2703

Date	Preparer's Contac

Paid Preparer's Signature

ct 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

REV 01/26/23 PRO

D-400 2022 Page 2 (50)

Last Name (First 10 Characters) GUNDA

Your Social Security Number

383877620

	B-400 Ente-by-Ente Monnation		
6.	Federal Adjusted Gross Income	6.	78676
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	78676
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.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	65926
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	65926
15.	N.C. Income Tax	15.	3290
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3290
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3290
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	3883
20b.	Spouse's tax withheld	20b.	0
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.	3883
20. 24.	Previous Refunds	23.	0
25.	Subtract Line 24 from Line 23	25.	3883
26a.	Tax Due	26a.	0000
20a. 26b.	Penalties	26b.	0
260. 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	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	593
<u>Amou</u>	int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
2 <i>3</i> . 30.	N.C. Nongame and Endangered Wildlife Fund	29. 30.	0
30. 31.	N.C. Education Endowment Fund	30.	
31. 32.	N.C. Breast and Cervical Cancer Control Program	31.	0
32. 33.	Add Lines 29 through 32	32. 33.	0
55.	Auu Lings 23 unough 32	33.	502

D-400 Line-by-Line Information

This page must be filed with the first page of this form.

Amount to be Refunded

34.

593

34.