

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>VARUN KUMAR REDDY GANGASANI | Social security number<br>865-71-6587 |
| Spouse's name                                  | Spouse's social security number       |

## 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 | 114,650. |
| 2 | Total tax . . . . .   | 2 | 18,244.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 19,799.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 1,555.   |
| 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 | 6 | 5 | 8 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
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 \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
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 [X] Single [ ] 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:

Form fields for personal information: Your first name and middle initial (VARUN KUMAR REDDY), Last name (GANGASANI), Your social security number (865-71-6587), Home address (500 REVERE CROSSING LANE, Cary, NC 27519), and Presidential Election Campaign options.

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b).

Table for Adjusted Gross Income (AGI) calculation, including rows 7 through 15, such as Capital gain or loss, Other income from Schedule 1, Adjustments to income, and Standard deduction or itemized deductions.

Table with columns for line numbers (16-24), descriptions (Tax, Credits), and amounts. Total tax is 18,244.

Table for Payments (lines 25-33). Includes federal income tax withheld (19,799) and total payments (19,799).

Table for Refund (lines 34-36). Shows overpaid amount of 1,555 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for preparer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone.

**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](http://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  
VARUN KUMAR REDDY GANGASANI

Your social security number  
865-71-6587

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -9,500. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -9,500. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

VARUN KUMAR REDDY GANGASANI

Your social security number

865-71-6587

**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** HASTINAPURAM SOUTH RANGAREDDY TELANGANA IN 500074

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .   | <b>3</b> 650.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 950.        |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,550.     |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,950.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,550.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,150.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 10,150.    |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -9,500.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 9,500. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 650.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 10,150.   |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 9,500. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -9,500.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service

See separate instructions.  
Attach to Form 1040, 1040-SR, or 1041.  
Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

VARUN KUMAR REDDY GANGASANI

Identifying number

865-71-6587

**Part I 2022 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |            |  |         |
|--|-----------|------------|--|---------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> | 0.         |  |         |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( 9,500. ) |  |         |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( )        |  |         |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |            |  | -9,500. |

**All Other Passive Activities**

|   |           |     |  |  |
|---|-----------|-----|--|--|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> |     |  |  |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | ( ) |  |  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | ( ) |  |  |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   | <b>2d</b> |     |  |  |

|  |          |  |  |         |
|--|----------|--|--|---------|
| <b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . . | <b>3</b> |  |  | -9,500. |
|--|----------|--|--|---------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |          |          |
|--|----------|----------|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> | 9,500.   |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> | 150,000. |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions<br><b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | <b>6</b> | 124,150. |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> | 25,850.  |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions   | <b>8</b> | 12,925.  |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .  | <b>9</b> | 9,500.   |

**Part III Total Losses Allowed**

|   |           |        |
|---|-----------|--------|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .  | <b>10</b> | 0.     |
| <b>11 Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> | 9,500. |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

| Name of activity                                    | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| HASTINAPURAM SOUTH                                  | 0.                       | 9,500.                 |                              |                      | 9,500.   |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c | 0.                       | 9,500.                 |                              |                      |          |

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

| Name of activity                                    | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c |                          |                        |                              |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity   | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------|---|----------|------------|-----------------------|--|
| HASTINAPURAM SOUTH | E Ln 22   | 9,500.   | 1.00000000 | 9,500.                | 0.                                       |
|                    |   |          |            |                       |  |
|                    |   |          |            |                       |  |
|                    |   |          |            |                       |  |
| <b>Total</b>       |   | 9,500.   | 1.00       | 9,500.                | 0.                                       |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
|                  |   |          |           |                    |
|                  |   |          |           |                    |
|                  |   |          |           |                    |
|                  |   |          |           |                    |
| <b>Total</b>     |   |          | 1.00      |                    |

**Part VIII Allowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
|                  |   |          |                    |                  |
|                  |   |          |                    |                  |
|                  |   |          |                    |                  |
|                  |   |          |                    |                  |
| <b>Total</b>     |   |          |                    |                  |



**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

|   |                               |  |
|---|-------------------------------|--|
| First Name & Middle Initial (if joint or combined return, enter both)<br><u>VARUN KUMAR REDDY</u> | Last Name<br><u>GANGASANI</u> | <b>B</b> Your Social Security Number<br><u>865-71-6587</u> |
| Present Home Address<br><u>500 REVERE CROSSING LANE APT # 106</u>                                 |                               | <b>A</b> Spouse's Social Security Number                   |
| City, State and Zip Code<br><u>CARY NC 27519</u>  |                               | Online Filed Return<br><input type="checkbox"/>            |

| <b>Part I Tax Return Information</b>  | <b>A Spouse</b> | <b>B Yourself</b> |
|---|-----------------|-------------------|
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)   |                 | 114,650.          |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) |                 | 114,650.          |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)               |                 | 90,602.           |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)           |                 | 4,952.            |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)          |                 | 5,170.            |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)                         |                 |                   |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)                                      |                 | 218.              |

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

|                |       |  |       |
|----------------|-------|--|-------|
| _____          | _____ | _____  | _____ |
| Your Signature | Date  | Spouse's Signature (If Filing Status 2 or 4, BOTH must sign) | Date  |

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

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

|  |                         |   |
|--|-------------------------|---|
| ERO's Signature<br><u>GLOBAL TAXES LLC</u>   | Date<br><u>02-22-23</u> | SSN/PTIN<br><u>882145487</u>  |
| Firm's name (or yours if self-employed)<br><u>245 ROONEY CT E BRUNSWICK NJ 08816</u> |                         | Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Address, City, State and Zip   | Date<br><u>02-22-23</u> | EIN<br><u>P02082703</u>   |
| Paid Preparer's Signature<br><u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>                | Date                    | SSN/PTIN  |
| Firm's name (or yours if self-employed)<br><u>245 ROONEY CT E BRUNSWICK NJ 08816</u> |                         | Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N  |
| Address, City, State and Zip   |                         | EIN<br><u>843171965</u>   |

# 2022 Virginia Nonresident Income Tax Return

Due May 1, 2023



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

|   |  |                        |                   |  |  |
|---|--|------------------------|-------------------|--|--|
| First Name<br>VARUN KUMAR REDDY   | MI   | Last Name<br>GANGASANI | Suffix            | Your Social Security Number<br>865-71-6587     | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only)  | MI   | Last Name              | Suffix            | Spouse's Social Security Number                | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route)<br>500 REVERE CROSSING LANE APT 106 |  |                        |                   | Your Birth Date (mm-dd-yyyy)<br>07 - 14 - 1994 |  |
| City, Town or Post Office<br>CARY   |  | State<br>NC            | ZIP Code<br>27519 | Spouse's Birth Date (mm-dd-yyyy)<br>- -        |  |
| State of Residence<br>NC  | <b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located.<br><input type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County |                        |                   |  | Locality Code                              |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Check Applicable Boxes</b> | <input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/> | <input type="checkbox"/> Name(s) or Address Different than Shown on 2021 VA Return | <input type="checkbox"/> Overseas on Due Date |
|                               | <input type="checkbox"/> Dependent on Another's Return                       | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman          | EIC Claimed on federal return<br>\$ _____ .00 |

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

|                |                                |            |                        |                        |
|----------------|--------------------------------|------------|------------------------|------------------------|
| You            | Spouse if Filing Status 2 or 3 | Dependents | <b>Total Section 1</b> |                        |
| 1              |                                |            | = 1                    | X \$930 = 930          |
| You 65 or over | Spouse 65 or over              | You Blind  | Spouse Blind           | <b>Total Section 2</b> |
|                |                                |            |                        | X \$800 =              |

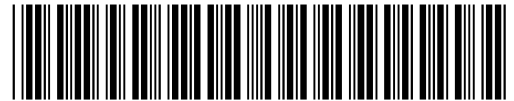
|     |  |     |        |    |
|-----|--|-----|--------|----|
| 1   | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....  | 1   | 114650 | 00 |
| 2   | Additions from Schedule 763 ADJ, Line 3. ....  | 2   |        | 00 |
| 3   | <b>Add Lines 1 and 2</b> .....   | 3   | 114650 | 00 |
| 4   | Age Deduction (See instructions and the Age Deduction Worksheet) ..... You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. .... | 4a  |        | 00 |
|     |  | 4b  |        | 00 |
| 5   | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....   | 5   |        | 00 |
| 6   | State income tax refund or overpayment credit reported as income on your federal return. ....  | 6   |        | 00 |
| 7   | Subtractions from Schedule 763 ADJ, Line 7.....  | 7   |        | 00 |
| 8   | <b>Add Lines 4a, 4b, 5, 6, and 7</b> .....   | 8   |        | 00 |
| 9   | <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....  | 9   | 114650 | 00 |
| 10  | Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....   | 10  |        | 00 |
| 11  | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....   | 11  | 8000   | 00 |
| 12  | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....   | 12  | 930    | 00 |
| 13  | Deductions from Schedule 763 ADJ, Line 9.....  | 13  |        | 00 |
| 14  | <b>Add Lines 10, 11, 12 and 13</b> .....   | 14  | 8930   | 00 |
| 15  | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....  | 15  | 105720 | 00 |
| 16  | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....  | 16  | 85.7   | %  |
| 17  | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....   | 17  | 90602  | 00 |
| 18  | Income Tax from Tax Table or Tax Rate Schedule.....  | 18  | 4952   | 00 |
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....  | 19a | 5170   | 00 |

LTD

\$ \_\_\_\_\_

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

XXXXXX



|  |                         |
|--|-------------------------|
| Your Name<br>VARUN KUMAR REDDY GANGASANI | Your SSN<br>865-71-6587 |
|--|-------------------------|

|     |   |     |      |    |
|-----|---|-----|------|----|
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.   | 19b |      | 00 |
| 20  | 2022 Estimated Tax Payments.  | 20  |      | 00 |
| 21  | 2021 overpayment credited to 2022 estimated tax.  | 21  |      | 00 |
| 22  | Extension Payment - submitted using Form 7601P.   | 22  |      | 00 |
| 23  | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.  | 23  |      | 00 |
| 24  | Total credits from Schedule OSC.  | 24  |      | 00 |
| 25  | Credits from Schedule CR, Section 5, Line 1A.   | 25  |      | 00 |
| 26  | <b>Total payments and credits. Add Lines 19a through 25.</b>  | 26  | 5170 | 00 |
| 27  | If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .  | 27  |      | 00 |
| 28  | If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .  | 28  | 218  | 00 |
| 29  | Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX.   | 29  |      | 00 |
| 30  | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.   | 30  |      | 00 |
| 31  | Other Voluntary Contributions from Schedule VAC, Section II, Line 14.   | 31  |      | 00 |
| 32  | Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21.<br>See instructions. Enclose 760C or 760F and check here. <input type="checkbox"/>   | 32  |      | 00 |
| 33  | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax).<br>See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>  | 33  |      | 00 |
| 34  | <b>Add Lines 29 through 33.</b>   | 34  |      | 00 |
| 35  | If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE</b> . Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . Check here if paying by credit or debit card - See instructions. <input type="checkbox"/> | 35  |      | 00 |
| 36  | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU</b> .   | 36  | 218  | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

|   |   |                                 |  |                                  |
|---|---|---------------------------------|--|----------------------------------|
| <b>DIRECT BANK DEPOSIT</b>                          | <b>Your Bank Routing Transit Number</b> | <b>Your Bank Account Number</b> | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only<br>No International Deposits | 0 5 3 0 0 0 1 9 6                       | 2 3 7 0 4 9 5 4 0 6 9 5         |  |                                  |

**Nonresident Allocation Percentage**

|  |    | A - All Sources |    | B - Virginia Sources |    |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc.   | 1  | 124150          | 00 | 98262                | 00 |
| 2. Interest income   | 2  |                 | 00 |                      | 00 |
| 3. Dividends   | 3  |                 | 00 |                      | 00 |
| 4. Alimony received  | 4  |                 | 00 |                      | 00 |
| 5. Business income or loss   | 5  |                 | 00 |                      | 00 |
| 6. Capital gain or loss/capital gain distributions   | 6  |                 | 00 |                      | 00 |
| 7. Other gains or losses   | 7  |                 | 00 |                      | 00 |
| 8. Taxable pensions, annuities and IRA distributions   | 8  |                 | 00 |                      |    |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.   | 9  | -9500           | 00 | 0                    | 00 |
| 10. Farm income or loss  | 10 |                 | 00 |                      | 00 |
| 11. Other income   | 11 |                 | 00 |                      | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.   | 12 |                 | 00 |                      |    |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.  | 13 |                 | 00 |                      | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here.   | 14 | 114650          | 00 | 98262                | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 |                 |    | 85.7%                |    |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

|   |   |   |                           |
|---|---|---|---------------------------|
| Your Signature  | Your Phone Number<br>(972) 261-4466                         | Date                                      |                           |
| Spouse's Signature (If a joint return, <b>both</b> must sign) | Spouse's Phone Number                                       | Preparer's PTIN<br>P02082703              | Vendor Code<br>1555       |
| Preparer's Name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM          | Firm's Name (or Yours if Self-Employed)<br>GLOBAL TAXES LLC | Preparer's Phone Number<br>(678) 965-9522 | Filing Election Code<br>7 |
|   |   |   | ID Theft PIN              |

**2022 Schedule INC/CG**

865716587

Report all W-2s, 1099s & VK-1s with VA Withholding



VARUN KUMAR GANGASANI

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 865716587           | W                   | 5170.             | 223507523        | 30223507523F001      | 98262.                         |

| Total VA Withholding           | SSN       | VA Withholding |
|--------------------------------|-----------|----------------|
| You                            | 865716587 | 5170.          |
| Spouse                         |           |                |
| Total # of W-2s, 1099s & VK-1s | 01        |                |

To avoid delays - be sure to enter all information, including the Employer's FEIN.

**D-400 (50)** 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

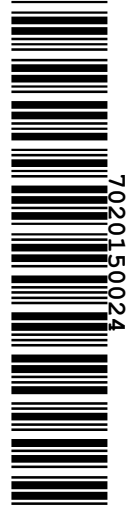
North Carolina Department of Revenue

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"/>  |
| VARUN KUMAR R GANGASANI<br>500 REVERE CROSSING LANE 106 Your SSN: 865716587<br>CARY NC 27519 WAKE Spouse's SSN:  |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately<br><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 checked="" type="checkbox"/> No <input 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 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                       | 1          | PP     | Y         | DT         | N  | OC | N    | TPRES     | Y | SPRES | N | VT   | N     | SVT       | N |
| GANG                     | 500        | 27519  | DS        | N          | EA | N  | TD   |           |   | SD    |   |      |       | FDEXT     | N |
| VARUN KUMAR R            |            |        | GANGASANI |            |    |    |      | 865716587 |   |       |   | WAKE |       |           |   |
|                          |            |        |           |            |    |    |      |           |   |       |   | NC   | 27519 |           |   |
| 500 REVERE CROSSING LANE |            |        |           |            |    |    | 106  | CARY      |   |       |   |      |       |           |   |
| 06                       |            | 114650 |           | 16         |    |    | 4358 | 26C       |   |       |   |      |       | 0         |   |
| 07                       |            | 0      |           | 18         | Y  |    | 0    | 26E       |   |       |   |      |       | 0         |   |
| 09                       |            | 0      |           | 20A        |    |    | 1092 | EU        |   |       |   |      |       |           |   |
| 10A                      |            | 0      |           | 20B        |    |    | 0    | 27        |   |       |   |      |       | 0         |   |
| 10B                      |            | 0      |           | 21A        |    |    | 0    | 29        |   |       |   |      |       | 0         |   |
| 11                       | S          | Y      | I         | N          |    |    | 21B  | 0         |   |       |   |      |       | 0         |   |
| 11                       |            | 12750  |           | 21C        |    |    | 0    | 31        |   |       |   |      |       | 0         |   |
| 13                       |            | 00000  |           | 21D        |    |    | 0    | 32        |   |       |   |      |       | 0         |   |
| 14                       |            | 101900 |           | 26A        |    |    | 0    | 34        |   |       |   |      |       | 365       |   |
| 15                       |            | 5085   |           | 26B        |    |    | 0    |           |   |       |   |      |       |           |   |
| TN                       | 9722614466 |        | PN        | 6789659522 |    |    |      | PP        |   |       |   |      |       | P02082703 |   |



|  |   |
|--|---|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>365</u> <input type="checkbox"/> <b>Payment Due</b> <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 _____                 |
| 9722614466<br>Contact Phone No. (Include area code)  |   |
| <b>PAID PREPARER USE ONLY</b> 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>02 22 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.   | 114650 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 114650 |
| 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. | 101900 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 101900 |
| 15. | N.C. Income Tax   | 15.  | 5085   |
| 16. | Tax Credits   | 16.  | 4358   |
| 17. | Subtract Line 16 from Line 15   | 17.  | 727    |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 727    |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 1092 |
| 20b. | Spouse's tax withheld | 20b. | 0    |

**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.  | 1092       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 1092       |
| 26a. | <b>Tax Due</b>                                       | 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.  | <b>Pay this Amount</b>                               | 27.  | <b>0</b>   |
| 28.  | <b>Overpayment</b>                                   | 28.  | <b>365</b> |

**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. | <b>Amount to be Refunded</b>                                 | 34. | <b>365</b> |

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) GANGASANI Your Social Security Number 865716587

Table with 8 columns: Line, Federal Gross Income, State/Country Code, Federal Gross Income, State/Country Code, Federal Gross Income, State/Country Code, Federal Gross Income. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Line number, Description, Amount. Rows include 1. Total income from all sources, 2. Portion of Line 1 that was taxed by another state or country, 3. Divide Line 2 by Line 1, 4. Total North Carolina income tax, 5. Multiply Line 4 by Line 3, 6. Amount of net tax paid to the other state or country, 7a. Credit for Income Tax Paid to Another State or Country, 7b. Number of states or countries for which a credit is claimed.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Line number, Description, Amount. Rows include 8a. An income-producing historic structure, 8b. Enter installment amount of credit, 9a. A nonincome-producing historic structure, 9b. Enter installment amount of credit, 10a. An income-producing historic mill facility, 10b. Enter amount of credit, 11a. A nonincome-producing historic mill facility, 11b. Enter installment amount of credit, 12. An income-producing historic structure, 13. A nonincome-producing historic structure.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table with 3 columns: Line number, Description, Amount. Rows include 14. Tax credits carried over from previous year, 15. Reserved for Future Use, 16. Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15, 17. North Carolina income tax, 18. Enter the lesser of Line 16 or Line 17, 19. Business incentive and energy tax credits, 20. Total Tax Credits to be Taken for Tax Year 2022.

