

# 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>DINESH GONUGUNTLA | Social security number<br>824-23-3093 |
| 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 | 104,044. |
| 2 | Total tax . . . . .   | 2 | 15,694.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 18,047.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 2,353.   |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 3 | 0 | 9 | 3 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  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:

|   |                         |   |
|---|-------------------------|---|
| Your first name and middle initial<br>DINESH  | Last name<br>GONUGUNTLA | <b>Your social security number</b><br>824-23-3093 |
| If joint return, spouse's first name and middle initial   | Last name               | <b>Spouse's social security number</b>            |
| Home address (number and street). If you have a P.O. box, see instructions.<br>10512 ADLIN AVENUE   |                         | Apt. no.  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>CHARLOTTE   |                         | State<br>NC                                       |
| Foreign country name  |                         | Foreign province/state/county                     |
| ZIP code<br>28262   |                         | Foreign postal code                               |
| <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                         |   |

**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  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

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name Last name |                             | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |  |
|--|--------------------------|-----------------------------|----------------------------|-------------------------|--|--|
|  | Child tax credit         | Credit for other dependents |                            |                         |  |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |  |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |  |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |  |  |
|  | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |  |  |

|                            |   |           |          |
|----------------------------|---|-----------|----------|
| <b>Income</b>              | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)                                       | <b>1a</b> | 114,650. |
|                            | <b>b</b> Household employee wages not reported on Form(s) W-2   | <b>1b</b> |          |
|                            | <b>c</b> Tip income not reported on line 1a (see instructions)  | <b>1c</b> |          |
|                            | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                        | <b>1d</b> |          |
|                            | <b>e</b> Taxable dependent care benefits from Form 2441, line 26  | <b>1e</b> |          |
|                            | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29                                    | <b>1f</b> |          |
|                            | <b>g</b> Wages from Form 8919, line 6   | <b>1g</b> |          |
|                            | <b>h</b> Other earned income (see instructions)   | <b>1h</b> | 0.       |
|                            | <b>i</b> Nontaxable combat pay election (see instructions)  | <b>1i</b> |          |
|                            | <b>z</b> Add lines 1a through 1h  | <b>1z</b> | 114,650. |
| Attach Sch. B if required. | <b>2a</b> Tax-exempt interest   | <b>2a</b> |          |
|                            | <b>3a</b> Qualified dividends   | <b>3a</b> | 1.       |
|                            | <b>4a</b> IRA distributions   | <b>4a</b> |          |
|                            | <b>5a</b> Pensions and annuities  | <b>5a</b> |          |
|                            | <b>6a</b> Social security benefits  | <b>6a</b> |          |
|                            | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions)                |           |          |
|                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here             | <b>7</b>  | -1,114.  |
|                            | <b>8</b> Other income from Schedule 1, line 10  | <b>8</b>  | -9,495.  |
|                            | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                   | <b>9</b>  | 104,044. |
|                            | <b>10</b> Adjustments to income from Schedule 1, line 26  | <b>10</b> |          |
|                            | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | <b>11</b> | 104,044. |
|                            | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)                            | <b>12</b> | 12,950.  |
|                            | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A                             | <b>13</b> |          |
|                            | <b>14</b> Add lines 12 and 13   | <b>14</b> | 12,950.  |
|                            | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | <b>15</b> | 91,094.  |

|                        |           |   |           |         |
|------------------------|-----------|---|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b> | 15,694. |
|                        | <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17   | <b>18</b> | 15,694. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812  | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8  | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20   | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b> | 15,694. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21  | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b> | 15,694. |

|                 |                                 |   |            |         |
|-----------------|---------------------------------|---|------------|---------|
| <b>Payments</b> | <b>25</b>                       | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>                        | Form(s) W-2   | <b>25a</b> | 18,047. |
|                 | <b>b</b>                        | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>                        | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>                        | Add lines 25a through 25c   | <b>25d</b> | 18,047. |
|                 | <b>26</b>                       | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b>                       | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b>                       | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b>                       | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b>                       | Reserved for future use   | <b>30</b>  |         |
| <b>31</b>       | Amount from Schedule 3, line 15 | <b>31</b>   |            |         |
|                 | <b>32</b>                       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b>                       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 18,047. |

|               |            |   |            |        |
|---------------|------------|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 2,353. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 2,353. |
|               | <b>b</b>   | Routing number 031309123 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 1390011150078  |            |        |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |        |

|                       |           |  |           |  |
|-----------------------|-----------|--|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions. | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)   | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |            |                                      |   |
|---|------------|--------------------------------------|---|
| Your signature _____  | Date _____ | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____         |
| Spouse's signature. If a joint return, <b>both</b> must sign. _____ | Date _____ | Spouse's occupation _____            | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |

Phone no. (484) 321-1101 Email address DCHOWDARY78@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/14/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>84-3171965                            |

No

**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  
DINESH GONUGUNTLA

Your social security number  
824-23-3093

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0.      |
| <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>  | -9,505. |
| <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 ABLE 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: _____   |           |         |
|           | Other Income from box 3 of 1099-Misc . . . . . 10.  | <b>8z</b> | 10.     |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 10.     |
| <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> | -9,495. |

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 D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://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.

|  |  |
|--|--|
| Name(s) shown on return<br>DINESH GONUGUNTLA | Your social security number<br>824-23-3093 |
|--|--|

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)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 81.                              | 338.                            |   | -257.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | -257.   |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 408.                             | 1,265.                          |  | -857.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | -857.   |

**Part III Summary**

|   |           |            |
|---|-----------|------------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b> | -1,114.    |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |           |            |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>   | <b>18</b> |            |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>   | <b>19</b> |            |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>   |           |            |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>   | <b>21</b> | ( 1,114. ) |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>  |           |            |





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

**Social security number or taxpayer identification number**

DINESH GONUGUNTLA

824-23-3093

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g), enter a code in column (f).<br><b>See the separate instructions.</b> |                             | (h)<br><b>Gain or (loss)</b><br>Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|---|---|-----------------------------|---|
|   |  |   |  |  |   | (f)<br>Code(s) from instructions  | (g)<br>Amount of adjustment |   |
|   | Robinhood Securities LLC                                     | 11/20/22                                | 12/10/22   | 408.   | 1,265.  |   |                             | -857.   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
|   |  |   |  |  |   |   |                             |   |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . |  |   |  | 408.   | 1,265.  |   |                             | -857.   |

**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)**

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

DINESH GONUGUNTLA

Your social security number

824-23-3093

**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** PLOT NO:1-96A ANANTAPUR ANDHRA PRADESH IN 515001

**B**  
**C**

| 1b       | Type of Property<br>(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   |                  |                          |     |
| <b>A</b> | 3                                     |   | <b>A</b>   | 365 | 0                | <input type="checkbox"/> |     |
| <b>B</b> |                                       |   | <b>B</b>   |     |                  | <input type="checkbox"/> |     |
| <b>C</b> |                                       |   | <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) \_\_\_\_\_

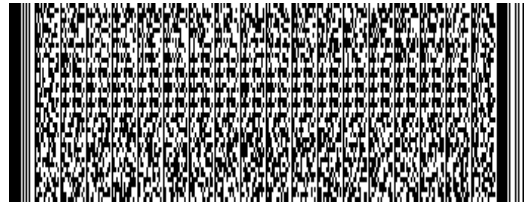
| Income:   | Properties:          |   |   |
|---|----------------------|---|---|
|   | A                    | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 510.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b> 250.        |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 860.        |   |   |
| <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> 1,285.     |   |   |
| <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> 2,685.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,250.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,685.     |   |   |
| <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> 10,015.    |   |   |
| <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> -9,505.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 9,505. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 510.      |   |   |
| <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> 10,015.   |   |   |
| <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> ( 9,505. ) |   |   |
| <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> -9,505.    |   |   |

State of Rhode Island Division of Taxation  
**2022 Form RI-1040NR**  
 Nonresident Individual Income Tax Return



22100415550101

Your social security number: 824-23-3093  
 Spouse's social security number: \_\_\_\_\_  
 Your first name: DINESH MI Last name: GONUGUNTLA Suffix: \_\_\_\_\_  
 Spouse's name: \_\_\_\_\_ MI Last name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address: 10512 ADLIN AVENUE  
 City, town or post office: CHARLOTTE State: NC ZIP code: 28262  
 City or town of legal residence: OUT OF STATE  
 Check each box that applies. Otherwise, leave blank.  
 Primary deceased?  Spouse deceased?  New address?  Amended Return? \*   
 ELECTORAL CONTRIBUTION: If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)  Yes  
 If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.



**FILING STATUS**  
 Check one

Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

**INCOME, TAX AND CREDITS**

Rhode Island Standard Deduction  
 Single **\$9,300**  
 Married filing jointly or Qualifying widow(er) **\$18,600**  
 Married filing separately **\$9,300**  
 Head of household **\$13,950**

|     |   |     |        |    |
|-----|---|-----|--------|----|
| 1   | Federal AGI from Federal Form 1040 or 1040-SR, line 11 .....  | 1   | 104044 | 00 |
| 2   | Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.  | 2   | 0      | 00 |
| 3   | Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....  | 3   | 104044 | 00 |
| 4   | RI Standard Deduction from left. If line 3 is over \$217,050, see Standard Deduction Worksheet.....   | 4   | 9300   | 00 |
| 5   | Subtract line 4 from line 3. If zero or less, enter 0.....  | 5   | 94744  | 00 |
| 6   | Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,350 and enter result on line 6. If line 3 is over \$217,050, see Exemption Worksheet  | 6   | 4350   | 00 |
| 7   | RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....   | 7   | 90394  | 00 |
| 8   | RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....   | 8   | 3611   | 00 |
| 9   | RI percentage of allowable Federal credit from page 3, RI Sch I, line 25.....   | 9   |        | 00 |
| 10  | Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 ...  | 10  | 3611   | 00 |
| 11  | RI allocated income tax. Check only one box. <input type="checkbox"/> All income is from RI, enter amount from line 10 on this line. <input checked="" type="checkbox"/> Nonresident with income from outside RI, complete Sch II and enter result on this line. <input type="checkbox"/> Part-year resident with income from outside RI, complete Sch III and enter result on this line. | 11  | 1609   | 00 |
| 12  | Other Rhode Island Credits from RI Schedule CR, line 8 .....  | 12  |        | 00 |
| 13a | Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero) .....   | 13a | 1609   | 00 |
| b   | Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....  | 13b | 0      | 00 |
| 14  | RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. Contributions reduce your refund or increase your balance due   | 14  | 0      | 00 |
| 15a | USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check <input checked="" type="checkbox"/> to certify use tax amount on line 15a is accurate.   | 15a |        | 00 |
| b   | Individual Mandate Penalty (see instructions). Check <input checked="" type="checkbox"/> to certify full year coverage.   | 15b |        | 00 |
| 16a | TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b.....   | 16a | 1609   | 00 |

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

REV 01/31/23 PRO Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

1555

\* If filing an amended return, attach the Explanation of Changes supplemental page

**2022 Form RI-1040NR**

Nonresident Individual Income Tax Return - page 2



22100415550102

|   |  |
|---|--|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>DINESH GONUGUNTLA | Your social security number<br>824-23-3093 |
|---|--|

|   |     |      |    |
|---|-----|------|----|
| 16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....   | 16b | 1609 | 00 |
| 17 a RI 2022 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....  | 17a | 1843 | 00 |
| b 2022 estimated tax payments and amount applied from 2021 return....   | 17b |      | 00 |
| c Nonresident withholding on real estate sales in 2022.....   | 17c |      | 00 |
| d RI earned income credit from page 3, RI Schedule EIC, line 38.....  | 17d |      | 00 |
| e Other payments.....   | 17e |      | 00 |
| f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....   | 17f | 1843 | 00 |
| g Previously issued overpayments (if filing an amended return).....   | 17g |      | 00 |
| h NET PAYMENTS. Subtract line 17g from line 17f.....  | 17h | 1843 | 00 |
| 18 a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....  | 18a |      | 00 |
| b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies.....          | 18b | 0    | 00 |
| c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️   | 18c | 0    | 00 |
| 19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... 😊 | 19  | 234  | 00 |
| 20 Amount of overpayment to be refunded.....  | 20  | 234  | 00 |
| 21 Amount of overpayment to be applied to 2023 estimated tax.....   | 21  |      | 00 |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| Your signature                    | Your driver's license number and state     | Date       | Telephone number |
|-----------------------------------|--|------------|------------------|
|                                   | 000042856607 NC                            |            | (484) 321-1101   |
| Spouse's signature                | Spouse's driver's license number and state | Date       | Telephone number |
|                                   |  |            |                  |
| Paid preparer signature           | Print name                                 | Date       | Telephone number |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM |  | 02/14/2023 | (678) 965-9522   |
| Paid preparer address             | City, town or post office                  | State      | ZIP code PTIN    |
| 245 ROONEY CT                     | E BRUNSWICK                                | NJ         | 08816 P02082703  |



22100415550103

|   |  |
|---|--|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>DINESH GONUGUNTLA | Your social security number<br>824-23-3093 |
|---|--|

**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

|    |   |    |  |    |
|----|---|----|--|----|
| 22 | RI income tax from page 1, line 8 .....   | 22 |  | 00 |
| 23 | Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2..... | 23 |  | 00 |
| 24 | Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....                               | 24 |  | 00 |
| 25 | MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9.....              | 25 |  | 00 |

**RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS**

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.  
 RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.  
 RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

|    |   | \$1.00                   | \$5.00                   | \$10.00                  | Other                    |    |  |    |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|----|--|----|
| 26 | Drug program account <b>RIGL §44-30-2.4</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 |  | 00 |
| 27 | Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)                           |                          |                          |                          |                          | 27 |  | 00 |
| 28 | RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 |  | 00 |
| 29 | RI Council on the Arts <b>RIGL §42-75.1-1</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 |  | 00 |
| 30 | Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 |  | 00 |
| 31 | Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b><br>and Substance Use and Mental Health Leadership<br>Council of RI <b>RIGL §44-30-2.11</b> ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 |  | 00 |
| 32 | RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 |  | 00 |
| 33 | TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14.....   |                          |                          |                          |                          | 33 |  | 00 |

**RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT**

|    |   |    |     |    |
|----|---|----|-----|----|
| 34 | Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....  | 34 |     | 00 |
| 35 | Rhode Island percentage .....   | 35 | 15% |    |
| 36 | RI EARNED INCOME CREDIT. Multiply line 34 by line 35 .....  | 36 |     | 00 |
| 37 | Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000..... | 37 |     |    |
| 38 | TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.....  | 38 |     | 00 |



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| Name(s) shown on Form RI-1040NR | Your social security number |
|---------------------------------|-----------------------------|
| DINESH GONUGUNTLA               | 824-23-3093                 |

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS.  
 PART-YEAR RESIDENTS COMPLETE RI SCHEDULE III.**

**PART 1: ALLOCATION AND TAX WORKSHEET**

|    |   | Column A<br>Rhode Island |          | Column B<br>Federal |    |
|----|---|--------------------------|----------|---------------------|----|
| 1  | Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z .....   | 1                        | 46353 00 | 114650              | 00 |
| 2  | Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b.....  | 2                        | 0 00     | 3                   | 00 |
| 3  | Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3.....  | 3                        | 00       |                     | 00 |
| 4  | Sale or exchange of property from Federal Form 1040 or 1040-SR, line 7 or Federal Form 1040 or 1040-SR, Schedule 1, line 4 .....                                      | 4                        | 0 00     | -1114               | 00 |
| 5  | Pension and annuities; rents, royalties, etc. from Federal Form 1040 or 1040-SR, lines 4b and 5b, and Federal Form 1040 or 1040-SR, Schedule 1, line 5 .....          | 5                        | 0 00     | -9505               | 00 |
| 6  | Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6 .....   | 6                        | 00       |                     | 00 |
| 7  | Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Federal Form 1040 or 1040-SR, Schedule 1, lines 1, 2a, 7, and 9.....                             | 7                        | 0 00     | 10                  | 00 |
| 8  | TOTAL. Add lines 1 through 7.....   | 8                        | 46353 00 | 104044              | 00 |
| 9  | Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10.....  | 9                        | 00       |                     | 00 |
| 10 | Adjusted gross income. Subtract line 9 from line 8.....   | 10                       | 46353 00 | 104044              | 00 |
| 11 | Net modifications to Federal AGI from RI-1040NR, RI Schedule M, line 3.....   | 11                       | 00       |                     | 00 |
| 12 | Modified Federal AGI. Combine lines 10 and 11.<br>The amount in column B must equal the amount on RI-1040NR, page 1, line 3.....                                      | 12                       | 46353 00 | 104044              | 00 |
| 13 | Allocation. Divide line 12, col. A by line 12, col. B. If amount on line 12, col. A is greater than line 12, col. B, enter 1.0000. If zero or less, enter 0.0000..... | 13                       |          | 0.4455              |    |
| 14 | RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10.....   | 14                       |          | 3611                | 00 |
| 15 | <b>RI INCOME TAX.</b> Multiply line 14 by line 13. Enter here and on RI-1040NR, page 1, line 11. Check the <b>Nonresident</b> box                                     | 15                       |          | 1609                | 00 |

**2022 RI Schedule II**

Full Year Nonresident Tax Calculation



IMAGE ONLY

|                                 |                             |
|---------------------------------|-----------------------------|
| Name(s) shown on Form RI-1040NR | Your social security number |
| DINESH GONUGUNTLA               | 824-23-3093                 |

**PART 2: ALLOCATION OF WAGE AND SALARY INCOME TO RHODE ISLAND**

**NOTE: USE THIS SCHEDULE ONLY IF YOU WORKED FOR THE SAME EMPLOYER IN MORE THAN ONE STATE, AND YOUR WAGES OR SALARY INCOME HAS NOT BEEN ALLOCATED ON YOUR W-2**

|    |  |    |     |      |
|----|--|----|-----|------|
| 1  | Wages, salaries, tips, etc.....  | 1  |     | 00   |
| 2  | Total days in the year.....  | 2  | 365 | days |
| 3  | Sick leave days.....   | 3  |     | days |
| 4  | Vacation days.....   | 4  |     | days |
| 5  | Other nonworking days (Saturdays, Sundays, holidays, etc.).....  | 5  |     | days |
| 6  | Total nonworking days. Add lines 3, 4 and 5.....   | 6  |     | days |
| 7  | Total days worked in the year. Subtract line 6 from line 2.....  | 7  |     | days |
| 8  | Total days worked outside Rhode Island.....  | 8  |     | days |
| 9  | Days worked in Rhode Island. Subtract line 8 from line 7.....  | 9  |     | days |
| 10 | Allocation. Divide line 9 by line 7.....   | 10 |     |      |
| 11 | RI AMOUNT. Multiply line 1 by line 10. Enter here and include on RI-1040NR, Schedule II, line 1, column A..... | 11 |     | 00   |

**PART 3: BUSINESS ALLOCATION PERCENTAGE**

|   | Column A<br>RI amounts  | Column B<br>Total amounts | Column C<br>(Column A / Column B) |
|---|---|---------------------------|-----------------------------------|
| 1 | Real property owned.....  | 00                        | 00                                |
| 2 | Real property rented from others (8 x annual net rental rate).....  | 00                        | 00                                |
| 3 | Tangible personal property owned.....   | 00                        | 00                                |
| 4 | Total property. Add lines 1, 2 and 3, then divide column A by column B. Enter result in column C.....   | 00                        | 00                                |
| 5 | Wages, salaries and other personal service compensation paid during the year. Divide column A by column B and enter result in column C.....         | 00                        | 00                                |
| 6 | Gross sales of merchandise or charges for services during the year. Divide column A by column B and enter result in column C.....                   | 00                        | 00                                |
| 7 | Total of percentages in column C. Add lines 4, 5 and 6.....   |                           |                                   |
| 8 | BUSINESS ALLOCATION PERCENTAGE. Divide line 7 by three (3), or the number of percentages on lines 4, 5 and 6. Enter here and in column B below..... |                           |                                   |

**Enter the number and amount of each item of business income (or loss) reported on RI-1040NR, Schedule II, column B required to be allocated and multiply percentage to determine Rhode Island amount. Enter amounts from column C on corresponding lines on RI-1040NR, Schedule II, column A.**

|    | Column A<br>Income to be allocated              | Column B<br>From line 8 above | Column C<br>(Column A x Column B) |
|----|---|-------------------------------|-----------------------------------|
| 9  | Line number from RI-1040NR, Sch II, col B, line | 00                            | 00                                |
| 10 | Line number from RI-1040NR, Sch II, col B, line | 00                            | 00                                |
| 11 | Line number from RI-1040NR, Sch II, col B, line | 00                            | 00                                |
| 12 | Line number from RI-1040NR, Sch II, col B, line | 00                            | 00                                |
| 13 | Line number from RI-1040NR, Sch II, col B, line | 00                            | 00                                |

**2022 RI Schedule W**



22101015550101

|   |  |
|---|--|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>DINESH GONUGUNTLA | Your social security number<br>824-23-3093 |
|---|--|

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

| Column A                          | Column B  | Column C   | Column D   | Column E  |
|-----------------------------------|---|--|--|---|
| Enter "S" if Spouse's W-2 or 1099 | Enter 1099 letter code from chart   | Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099 | Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099 | Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES) |
| 1                                 |   | FLUXTEK SOLUTIONS INC  | 471164281  | 1843 00   |
| 2                                 |   |  |  | 00  |
| 3                                 |   |  |  | 00  |
| 4                                 |   |  |  | 00  |
| 5                                 |   |  |  | 00  |
| 6                                 |   |  |  | 00  |
| 7                                 |   |  |  | 00  |
| 8                                 |   |  |  | 00  |
| 9                                 |   |  |  | 00  |
| 10                                |   |  |  | 00  |
| 11                                |   |  |  | 00  |
| 12                                |   |  |  | 00  |
| 13                                |   |  |  | 00  |
| 14                                |   |  |  | 00  |
| 15                                |   |  |  | 00  |
| 16                                | Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a..... |  |  | 1843 00   |
| 17                                | Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld .....   |  |  | 1   |

Schedule W Reference Chart

| Form Type | Letter Code for Column B | Withholding Box | Form Type | Letter Code for Column B | Withholding Box | Form Type | Letter Code for Column B | Withholding Box |
|-----------|--------------------------|-----------------|-----------|--------------------------|-----------------|-----------|--------------------------|-----------------|
| W-2       |                          | 17              | 1099-G    | G                        | 11              | 1099-OID  | O                        | 14              |
| W-2G      | W                        | 15              | 1099-INT  | I                        | 17              | 1099-R    | R                        | 14              |
| 1042-S    | S                        | 17a             | 1099-K    | K                        | 8               | RI-1099E  | E                        | 11              |
| 1099-B    | B                        | 16              | 1099-MISC | M                        | 16              | RI-1099PT | P                        | 9               |
| 1099-DIV  | D                        | 16              | 1099-NEC  | N                        | 5               |           |                          |                 |



State of Rhode Island Division of Taxation  
**2022 RI Schedule E**  
 Exemption Schedule for RI-1040 and RI-1040NR



22105915550101

|  |                             |
|--|-----------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR | Your social security number |
| DINESH GONUGUNTLA                          | 824233093                   |

**EXEMPTIONS**

Complete this Schedule listing all individuals you can claim as a dependent.

**ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN**

**Failure to do so may delay the processing of your return.**

|    |          |                                     |
|----|----------|-------------------------------------|
| 1a | Yourself | <input checked="" type="checkbox"/> |
| b  | Spouse   | <input type="checkbox"/>            |

|    | (A) Name of Dependent | (B) Social Security Number | (C) Date of Birth | (D) Relationship |
|----|-----------------------|----------------------------|-------------------|------------------|
| 2a |                       |                            |                   |                  |
| b  |                       |                            |                   |                  |
| c  |                       |                            |                   |                  |
| d  |                       |                            |                   |                  |
| e  |                       |                            |                   |                  |
| f  |                       |                            |                   |                  |
| g  |                       |                            |                   |                  |
| h  |                       |                            |                   |                  |
| i  |                       |                            |                   |                  |
| j  |                       |                            |                   |                  |
| k  |                       |                            |                   |                  |
| l  |                       |                            |                   |                  |
| m  |                       |                            |                   |                  |

**Exemption Number Summary**

|    |  |    |   |
|----|--|----|---|
| 3  | Enter the number of boxes checked on lines 1a and 1b .....   | 3  | 1 |
| 4a | Enter the number of children from lines 2a through 2m who lived with you .....                                     | 4a | 0 |
| b  | Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation ..... | 4b | 0 |
| c  | Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.                      | 4c | 0 |
| 5  | Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6 .                   | 5  | 1 |

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

Form header section containing taxpayer information (DINESH GONUGUNTLA), filing status (Single), SSN (824233093), and various checkboxes for resident status and education fund contributions.

Table with columns for tax line items (FS, PP, DT, OC, TPRES, SPRES, VT, SVT) and values for each category, including a vertical barcode on the right side.

Sign Return Below section with checkboxes for Refund Due (checked) and Payment Due, followed by signature lines for taxpayer and preparer (SYAM PRIYA RAM SAGAR GUPT).

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 104044 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 104044 |
| 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. | 91294  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 91294  |
| 15. | N.C. Income Tax   | 15.  | 4556   |
| 16. | Tax Credits   | 16.  | 1609   |
| 17. | Subtract Line 16 from Line 15   | 17.  | 2947   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 2947   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 3150 |
| 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.  | 3150       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 3150       |
| 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>203</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>203</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) GONUGUNTLA Your Social Security Number 824233093

Table with 8 columns: Line, Amount, Code, Count, Description, Amount, Count, Amount. 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: Description, Line, Amount. Rows include Total income from all sources, Portion of Line 1, Divide Line 2 by Line 1, Total North Carolina income tax, Multiply Line 4 by Line 3, Amount of net tax paid, Credit for Income Tax Paid, Number of states or countries.

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: Description, Line, Amount. Rows include An income-producing historic structure, Enter installment amount of credit, A nonincome-producing historic structure, An income-producing historic mill facility, A nonincome-producing historic mill facility, An income-producing historic structure, A nonincome-producing historic structure.

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

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

