Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| internal nevertue Service | |
|--|---|
| Submission Identification Number (SID) | |
| Taxpayer's name | Social security number |
| SHIVARAM REDDY CHINTA REDDY | 114-91-0499 |
| 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. | Center year you are authorizing.) |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | |
| 1 Adjusted gross income | 1 60,643. |
| 2 Total tax | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | |
| 4 Amount you want refunded to you | |
| 5 Amount you owe | |
| 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 an | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accopayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial i authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent. | In for rejection of the transmission, (b) the reason of the U.S. Treasury and its designated Financial of the U.S. Treasury and its designated Financial of the U.S. Treasury and its designated Financial of the U.S. Treasury and its designation software for institution to debit the entry to this account. This erminate the authorization. To revoke (cancel) a did not requests must be received no later than 2 d in the processing of the electronic payment of the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only | |
| | 20 my DIN 1 0 4 9 9 |
| X I authorize GLOBAL TAXES LLC to enter or ger | Enter five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | |
| Your signature ▶ Da | te > |
| Spouse's PIN: check one box only | |
| ☐ I authorize to enter or ger | porato my PIN |
| ERO firm name | nerate my PIN as my Enter five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | |
| Spouse's signature ▶ Da | te ▶ |
| Practitioner PIN Method Returns Only—continue | - |
| 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 included above to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ar requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practition in | m submitting this return in accordance with the |
| ERO's signature ▶ Da | te ▶ |
| FRO Must Retain This Form — See Instruction | |

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

| Filing Status Check only one box. | If yo | u checked the MFS box, enter the na | ame of y | ed filing separately (Nour spouse. If you cl | | _ | | | | spou | lifying sur use (QSS) name if t | | ıg |
|---|----------|---|----------------|--|--------------|-----------------|--------|---------------|--------------|---------|---------------------------------------|--|--|
| V | | on is a child but not your dependent | | | | | | | | , | -1-1 | | _ |
| Your first name | | | Last nar | | | | | | | | | - | |
| SHIVARAM | | | | TA REDDY | | | | | - | | 91-049 | | _ |
| If joint return, sp | oouse's | first name and middle initial | Last nar | me | | | | | * | pouse' | s social se | curity numb | er |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | | Apt. no. | F | Preside | ntial Electi | on Campaid | |
| | | EAF DRIVE | | | | | | • | - 1 | | nere if you | | , |
| | | ce. If you have a foreign address, also co | mplete si | paces below. | Stat | e | ZIP | code | | | | | |
| CHARLOTT | | , | | • | NC | | 2.8 | 215 | - 1 | 0 | | 0 | l |
| Foreign country | | | F | Foreign province/state/o | _ | | _ | ign postal co | | | or refund | | |
| | | | | | | | | | | | You | Spous | se |
| Digital | At an | ny time during 2022, did you: (a) rece | eive (as | a reward, award, or | payn | nent for prope | rty oi | services) | or (b |) sell, | | | _ |
| Assets | | ange, gift, or otherwise dispose of a | • | | | | • | , | | , | Yes | ⊠ No | |
| Standard | | eone can claim: You as a de | | | | | | | | | | | _ |
| Deduction | | Spouse itemizes on a separate return | | • | | | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 19 | 958 | Are blind Spo | use: | ☐ Was bor | n bet | ore Janua | ıry 2, | 1958 | ☐ Is b | lind | |
| Dependents | | - | | (2) Social security | | (3) Relationsh | 1. | | | | fies for (see | instructions | ;): |
| If more | | rst name Last name | | number | | to you | "P | Child ta | ax cred | dit | Credit for of | ther depender | ıts |
| than four | <u> </u> | | | | | | | | 7 | | | $\overline{\Box}$ | _ |
| dependents, | | | | | | | | | - | | | | _ |
| see instructions and check | S —— | | | | | | | Ī | - | | | $\overline{\Box}$ | _ |
| here \square | | | | | | | | | _ | | | \equiv | _ |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (see | e instructions) | | | | | | 1a | | | _ |
| IIICOIIIC | b | Household employee wages not re | eported o | on Form(s) W-2 | | | | | | 1b | | | |
| Attach Form(s) | С | Tip income not reported on line 1a | (see ins | structions) | | | | | | 1c | | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | orted or | n Form(s) W-2 (see ir | nstru | ctions) | | | | 1d | | | |
| W-2G and | е | Taxable dependent care benefits f | | | | | | | | 1e | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | n Form 8839, line 29 | | | | | | 1f | | | |
| If you did not | g | Wages from Form 8919, line 6 | | | | | | | | | | | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | | | | 1h | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | 1i | | | | | | | |
| instructions. | Z | Add lines 1a through 1h | | | | | | | | 1z | | ion Campaign I, or your ntly, want \$3 I. Checking a It change I. Spouse No | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Ta | axable interest | t | | | 2b | | | |
| if required. | 3a | Qualified dividends | 3a | | b O | rdinary divide | nds | | | 3b | | | |
| | 4a | IRA distributions | 4a | | b Ta | axable amoun | t. | | | 4b | | | |
| Standard | 5a | Pensions and annuities | 5a | | b Ta | axable amoun | t. | | | 5b | | | |
| Deduction for — Single or | 6a | Social security benefits | 6a | | b Ta | axable amoun | t. | | | 6b | | | |
| Married filing | С | If you elect to use the lump-sum el | ection n | method, check here (| (see i | nstructions) | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sched | dule D if | required. If not requ | iired, | check here | | | . 🗆 | 7 | | -104. | |
| Married filing | 8 | Other income from Schedule 1, line | e 10 . | | | | | | | 8 | | -6 , 572. | _ |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inc | ome | | | | | 9 | | 60,643. | mpaignur ant \$3 sing a ge Spouse No 0. 19. 04. 72. 43. 43. 450. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Schei | dule 1, li | ine 26 | | | | | | 10 | | | _ |
| Head of | 11 | Subtract line 10 from line 9. This is | your ac | djusted gross incon | ne | | | | | 11 | | 60,643. | |
| household, \$19,400 | 12 | Standard deduction or itemized | deducti | ions (from Schedule | A) | | | | | 12 | | 12,950. | _ |
| If you checked | 13 | Qualified business income deducti | | | | | | | | 13 | | | _ |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 12 , 950. | <u>, </u> |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 This is y | our t | axable incom | ne | | | 15 | | 47 , 693. | |

| Page 2 | |
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Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 17 Add lines 16 and 17 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 8,181. Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number 0 1 1 1 4 0 0 4 9 5 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 3 8 8 0 0 5 3 8 6 7 8 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See X No instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (603)203-2022Email address SHIVARAMREDDYC@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2023 P02082703 **Preparer**

Firm's name

Firm's address

Use Only

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Phone no. (678) 965-9522

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
114-91-0499

| Par | t I Additional Income | | | |
|---------|--|-----------------------|---------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E . | 5 | -6,572. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | 1 5 | 8a () | | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| į | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| - 1 | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | , | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | 0- / | | |
| | 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | 04 | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | 5 | 8u | | |
| Z | Other income. List type and amount: | 0- | | |
| 0 | | 8z | 0 | |
| 9 10 | Total other income. Add lines 8a through 8z | | 9 10 | -6,572. |
| IU | Combine lines i unough i and 3. Enter here and on Foith 1040, 1040-5h, | or road-ind, little o | ΙU | -b,5/Z. |

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

| Par | Adjustments to Income | | | |
|-----|---|---------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-t | | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | | 24c | | |
| d | | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 24e | | |
| f | | 24f | | |
| g | , | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | · | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | - 41 | | |
| | F | 24i | | |
| j | <u> </u> | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | S.4. | | |
| | | 24k | | |
| Z | Other adjustments. List type and amount: | | | |
| 05 | | 24z | 05 | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | | 00 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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 for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment

| | IVARAM REDDY CHINTA REDDY | | | | | | 0499 |
|--------------|---|---------------------|-------------------------|-------------------|------------------|----------|--|
| | ou dispose of any investment(s) in a qualified opportunity | fund during the ta | x year? | X | | | |
| | es," attach Form 8949 and see its instructions for additiona | | | | | | |
| Pai | Short-Term Capital Gains and Losses—Ge | nerally Assets I | Held One Year | or Les | s (se | e ins | tructions) |
| lines | nstructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | | (g) ustmen | | (h) Gain or (loss) Subtract column (e) from column (d) and |
| This whol | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) line 2 | 8949, , colum | | combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | | | |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | 316. | 420. | | | | -104. |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (le | oss) from Forms 4 | 684, 6781, and 88 | 324 . | | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | S corporations, | estates, and tr | rusts f | rom | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | our Capital Loss | Carry | over | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | • | ` ' | • | _ | 7 | -104. |
| Par | t II Long-Term Capital Gains and Losses—Ger | nerally Assets H | leld More Than | One \ | Year | (see i | nstructions) |
| | nstructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | | (g) ustmen | | (h) Gain or (loss) Subtract column (e) from column (d) and |
| This whol | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) | | Part II, | combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | , | 11 | |
| | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | ions, estates, and | trusts from Scheo | dule(s) l | K-1 | 12 13 | |
| | Long-term capital loss carryover. Enter the amount, if any | , from line 13 of y | | | | 14 | () |
| 15 | Net long-term capital gain or (loss). Combine lines 8a | through 14 in co | lumn (h). Then, go | o to Pa | rt III | 15 | , |

BAA

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

Part III Summary

| 16 | Combine lines 7 and 15 and enter the result | 16 | | -104. |
|----|--|----|---|-------|
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | | |
| 17 | Are lines 15 and 16 both gains? Yes. Go to line 18. | | | |
| | No. Skip lines 18 through 21, and go to line 22. | | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | | |
| 10 | If you are required to complete the Unrecentured Section 1950 Cain Weekshoot (see | | | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | | | |
| | No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | | |
| | • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) | 21 | (| 104.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | | | |
| | ➤ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | | |
| | | | | |

8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return

SHIVARAM REDDY CHINTA REDDY

Social security number or taxpayer identification number

114-91-0499

Before you check Box A, B, or C 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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) 🔀 (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss

| (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | enter a code in column (f). See the separate instructions. | | If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | Gain or (loss) Subtract column (e) | |
|---|--|--------------------------------|-------------------------------------|--|---|---------------------------------------|--|--|------------------------------------|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | | | |
| Robinhood Crypto LLC | 01/01/22 | 12/01/22 | 316. | 420. | | | -104. | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Totalo Add the amounts in activities | (d) (a) (a) (a) | d (b) (oubtroot | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and inc is checked), lir | lude on your ne 2 (if Box B | 316. | 420. | | | -104. | | | |

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(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 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Attachment Sequence No. 13 Your social security number

| SHIV | VARAM REDDY CHINTA REDDY | | | | | | 114- | 91-0499 | |
|----------------------|--|--------------|--|---------------|--------|--------------------|------------|---------------|-----------------|
| Part | | | | _ | | | | | |
| | Note: If you are in the business of renting personal p rental income or loss from Form 4835 on page 2, line | roperty, use | e Schedul | e C. See | instru | ctions. If you a | are an inc | dividual, rep | ort farm |
| Α [| Did you make any payments in 2022 that would require | | Form(s) | 10992.5 | See in | structions | | | s X No |
| | f "Yes," did you or will you file required Form(s) 1099? | | | | | | | | |
| | Physical address of each property (street, city, state | | | | | | | | |
| | | | <u>, </u> | 270 | | | | | |
| A | DHARMAPURAM NIDMANGOR NALGONDA, TELA | ANGANA | IN 508. | 2 / 8 | | | | | |
| B C | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate p | roporty lic | tad | | Ea | ir Rental | Doroc | nal Use | |
| ID | (from list below) above, report the number of | | | | Га | Days | D | QJV | |
| Α | personal use days. Check the | ne QJV bo | x only | Α | | 365 | | 0 | |
| В | if you meet the requirements | | | В | | | | | |
| С | qualified joint venture. See in | nstruction | S. | С | | | | | |
| Туре | of Property: | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term | Rental | 5 Land | b | 7 | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roy | alties | 8 | Other (desc | ribe) | | |
| | | | | | | Propert | | | |
| Incon | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | | 80. | | | | |
| 4 | Royalties received | | | | | | | | |
| Exper | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 5 | 40. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | | | | | | | | |
| 10 | Legal and other professional fees | | | | | | | | |
| 11 | Management fees | | | 1,1 | 29. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instruction | · — | | | | | | | |
| 13 | Other interest | | | 1 0 | 2.0 | | | | |
| 14 | Repairs | | | | 29. | | | | |
| 15 16 | Supplies | 15 | | 2,4 | 00. | | | | |
| 17 | Utilities | | | 1,0 | 8.8 | | | | |
| 18 | Depreciation expense or depletion | | | 1,0 | | | | | |
| 19 | Other (list) | 10 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | | | 7,0 | 52. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties | | | | | | | 1 | |
| | result is a (loss), see instructions to find out if you m | | | | | | | | |
| | file Form 6198 | | | -6 , 5 | 72. | | | | |
| 22 | Deductible rental real estate loss after limitation, if a | | | | | | | | |
| | on Form 8582 (see instructions) | | [(| 6,57 | 72.) | (| |)(|) |
| 23a | Total of all amounts reported on line 3 for all rental p | • | | | 23a | | 480. | | |
| b | Total of all amounts reported on line 4 for all royalty | | | | 23b | | | | |
| G | Total of all amounts reported on line 12 for all proper | | | | 23c | | | - | |
| d | Total of all amounts reported on line 18 for all proper | | | | 23d | _ | 7,052. | - | |
| e 24 | Total of all amounts reported on line 20 for all proper Income. Add positive amounts shown on line 21. D | | | | 23e | | . 24 | _ | |
| 2 4 25 | Losses. Add royalty losses from line 21 and rental real | | • | | nter t | ntal losses he | | | 6 , 572. |
| 26 | Total rental real estate and royalty income or (lo | | | | | | | \ | 0,0,2. |
| 20 | here. If Parts II, III, IV, and line 40 on page 2 do | • | | | | | I | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include the | | | | | | 26 | | -6.572 |

Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

How to Pay Taxes Online

To pay your tax via our online payment portal please visit www.ncdor.gov or use your mobile device to scan the QR code below.



How to Pay Taxes Using Paper

If you are unable to pay online, complete the voucher (below), cut across the dotted line, and send the completed voucher and your check or money order to the NCDOR. If you pay taxes online, DO NOT submit the paper voucher.







| NC-40 9-16-09 | (50) | | | | | | | |
|------------------|----------|---------|--------|-------------|-------|-----------------|---------------|-------------------------------|
| CHIN | 1190 | 28215 | For ca | lendar year | 2023 | or fiscal tax y | ear beginning | |
| SHIVA | RAM REDI |) | CHINTA | REDDY | | 114910499 | and ending | |
| 11908 | RED LEA | F DRIVE | | | | | 04 | T DUE DATE 15 23 THIS PAYMENT |
| CHARL | OTTE | | NC | 28215 | MECKL | | \$ | 349.00 |

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

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| NC-40 9-16-09 | (50) | | ual Esti Carolina De | | ncome Ta | ax | | |
|------------------|----------|---------|--------------------------------|-------------|----------|-----------------|---------------|----------------------------------|
| CHIN | 1190 | 28215 | For ca | lendar year | 2023 | or fiscal tax y | ear beginning | |
| SHIVA | RAM REDD |) | CHINTA | REDDY | | 114910499 | and ending | |
| 11908 | RED LEA | F DRIVE | | | | | 06 | IT DUE DATE 15 23 F THIS PAYMENT |
| CHARL | OTTE | | NC | 28215 | MECKL | | \$ | 349.00 |

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| NC-40 9-16-09 | (50) | | | | | | | |
|------------------|----------|---------|--------|-------------|-------|-----------------|---------------|-------------------------------|
| CHIN | 1190 | 28215 | For ca | lendar year | 2023 | or fiscal tax y | ear beginning | |
| SHIVA | RAM REDD |) | CHINTA | REDDY | | 114910499 | and ending | |
| 11908 | RED LEA | F DRIVE | | | | | AMOUNT OF | T DUE DATE 15 23 THIS PAYMENT |
| CHARL | OTTE | | NC | 28215 | MECKL | | \$ | 349.00 |

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

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| NC-40 9-16-09 | (50) | Individual Estimated Income Tax North Carolina Department of Revenue | | | | | | |
|-------------------------|-----------------|--|--------|-------------|-------|-----------------|---------------|-------------------------------|
| CHIN | 1190 | 28215 | For ca | lendar year | 2023 | or fiscal tax y | ear beginning | |
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| CHARL | OTTE | | NC | 28215 | MECKL | | \$ | 349.00 |

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov and select file and pay or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

- 1. Make your check or money order payable in U.S. dollars to the NC Department of Revenue. Note: The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure the courtesy box and legal line on your check match.
- 3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
- 4. Make sure your check or money order is signed.
- 5. Make sure your name, address, and daytime phone number appear on your check or money order.
- Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Important Reminders

- **Do not** submit this voucher if you submitted an electronic payment.
- Do not staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold this voucher or check.
- Do not use a photocopy of this voucher.
- Do not use another person's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.





28215

Cut Here



Individual Income Payment Voucher D-400V (50) 9-16-08

North Carolina Department of Revenue

REV 01/26/23 PRO

114910499

CHIN

1190

28215

SHIVARAM REDD

CHINTA REDDY

NC

11908 RED LEAF DRIVE

For Calendar Year

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

\$

1395.00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 03 02 23

CHARLOTTE

Phone: (678)965-9522



2022

Mail to:

NCDOR, PO Box 25000. Raleigh, NC 27640-0640

| D-400 (50) 8-8-22 202 < Staple All Pages of Your Return and W-2s Here | | dual Income rolina Departmen Amended Return | | DOR Use Only | |
|--|---------------------------------------|--|--|---|--|
| For calendar year 2022, or fiscal year begin | | 2.2 and ending | I | Are you a veteran? | Yes No X |
| SHIVARAM REDD CHINTA 11908 RED LEAF DRIVE | REDDY | Your S | | Is your spouse a veteran' Nere you granted an auto | Yes No matic extension to file your |
| CHARLOT NC 28215 MECKL | | Spouse's S | SN: 2 | 2022 federal income tax r | eturn, <u>e.g</u> ., Form 1040? |
| Filing Status X 1. Single 4. Head of Household | 2. Married Fil 5. Qualifying | • | ed Filing Separately | Yes L Year spouse died: | No X |
| Were you a resident of N.C. for the entire year | ar? Yes | X No D F | eturn for deceased ta | xpayer. Date of d | |
| Was your spouse a resident for the entire y N.C. Education Endowment Fund: You ma | | | eturn for deceased sp ment Fund by making | | |
| your overpayment to the Fund. To make a | contribution, encl | ose Form NC-EDU and y | our payment of \$ | 0. To design | nate your overpayment |
| to the Fund, enter the amount of your designation. Select box if you, or if married filing join | | | | | dent. |
| Select box if return is filed and signed by | | = | · | | |
| FS 1 PP Y | DT N O | C N TPRES | Y SPRES | N VT | N SVT N |
| CHIN 1190 28215 | DS N EA | A N TD | S | SD | FDEXT N |
| SHIVARAM REDD CH | INTA REDI | PΥ | 114910499 | MECK | L |
| | | | | NC 2821 | 5 |
| 11908 RED LEAF DRIVE | | | CHARLOTTE | | |
| 06 60643 | 16 | 0 | 26C | (| |
| 07 0 | 18 Y | 0 | 26E | (| |
| 09 0 | 20A | 995 | EU | | 500 |
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| 11 12750 | 21C | 0 | 31 | (| 0 |
| 13 00000 | 21D | 0 | 32 | (| 0 |
| 14 47893 | 26A | 1395 | 34 | (| 0 |
| 15 2390 | 26B | 0 | | | |
| TN 6032032022 | PN | 6789659522 | PP | P02082703 | 3 |
| Sign Return Below Refund | | | ment Due | 1395 | |
| I declare and certify that I have examined this return and at the best of my knowledge and belief, they are true, correct, | ccompanying schedule and complete. | s and statements, and to | Check here if you aut to discuss this return | thorize the North Carolinary and attachments with the | a Department of Revenue e paid preparer below. |
| | | | | | 032022 |
| Your Signature PAID PREPARER USE ONLY If prepared by a person of | | Spouse's Signature (If filing joing sertification is based on all info | | | Phone No. (Include area code) |
| | | | | | |
| SYAM PRIYA RAM SAGAR GUPT Paid Preparer's Signature | 03 02 23 Date F | 6789659522 Preparer's Contact Phone Numb | er (Include area code) | | 082703 's FEIN, SSN, or PTIN |
| If REFUND, If you ARE NOT due a refund, mail re | | C. DEPT. OF REVENUE, P. | | | NC 27640-0640 |

| 7. A 8. A 9. D 10. C a b 11. N 11. D 12. a. b 13. P 14. N 15. N 16. T 17. S 18. C Y 19. A lorth Ca | Federal Adjusted Gross Income Additions to Federal Adjusted Gross Income Add Lines 6 and 7 Deductions From Federal Adjusted Gross Income Child Deduction a. Enter the number of qualifying children for whom you were allowed. b. Enter the amount of the child deduction N.C. Standard Deduction N.C. Itemized Deduction Deduction amount a. Add Lines 9, 10b, and 11 b. Subtract Line 12a from Line 8 Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income N.C. Income Tax Tax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 Arolina Income Tax Withheld | | 6. 7. 8. 9. 10a. 10b. 11. 11. 12a. 12b. 13. 14. 15. 16. 17. | 1275 1275 1275 4789 0.000 4789 239 |
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| 12. a. b 13. P 14. N 15. N 16. T 17. S 18. C Y 19. A lorth Ca | a. Add Lines 9, 10b, and 11 b. Subtract Line 12a from Line 8 Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income N.C. Income Tax Tax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 12a. 12b. 13. 14. 15. 16. | 1275 4789 0.000 4789 239 |
| b 13. P 14. N 15. N 16. Ti 17. S 18. C Y 19. A 10rth Ca | D. Subtract Line 12a from Line 8 Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income N.C. Income Tax Tax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 12b. 13. 14. 15. 16. | 4789 0.000 4789 239 |
| 13. P 14. N 15. N 16. Ti 17. S 18. C Y 19. A 10orth Ca | Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income N.C. Income Tax Fax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 13. 14. 15. 16. 17. | 0.000 4789 239 |
| 14. N 15. N 16. Ti 17. S 18. C Y 19. A lorth Ca | N.C. Taxable Income N.C. Income Tax Tax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 14. 15. 16. 17. | 4789 239 |
| 15. N 16. Ti 17. S 18. C Y 19. A lorth Ca | N.C. Income Tax Tax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 15. 16. 17. | 239 |
| 16. Ta 17. S 18. C Y 19. A 10orth Ca | Fax Credits Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 16. 17. | |
| 17. S 18. C Y 19. A lorth Ca | Subtract Line 16 from Line 15 Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 17. | 239 |
| 18. C Y 19. A lorth Ca | Consumer Use Tax You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | | 239 |
| Y 19. A lorth Ca 20a. Y 20b. S | You certify that no Consumer Use Tax is due Add Lines 17 and 18 | | 18. | |
| 19. A lorth Ca | Add Lines 17 and 18 | | | |
| orth Ca | | | | |
| 20a. Y 20b. S | arolina Income Tax Withheld | | 19. | 239 |
| | x Payments | | | |
| | | | | |
| 21a. 2 | 2022 estimated tax | | 21a. | |
| 21b. P | Paid with extension | | 21b. | |
| | Partnership | | 21c. | |
| | S Corporation | | 21d. | |
| | Additional Payments | | 22. | |
| | Add Lines 20a through 22 | | 23. | 99 |
| | Previous Refunds | | 24. | |
| 25. S | Subtract Line 24 from Line 23 | | 25. | 99 |
| | Tax Due | | 26a. | 139 |
| | Penalties | | 26b. | |
| ec. Ir | nterest | | 26c. | |
| | Add Lines 26b and 26c and enter the total on 26d | | 26d. | |
| | Exception to Underpayment of Estimated Tax | | EU | |
| | nterest on the Underpayment of Estimated Income Tax | | 26e. | |
| | Pay this Amount | | 27. | 139 |
| 28. O | Overpayment | | 28. | |
| mount | of Refund to Apply to: | | | |
| 29. A | Amount of Line 28 to be applied to 2023 Estimated Income Tax | | 29. | |
| | N.C. Nongame and Endangered Wildlife Fund | | 30. | |
| | V.C. Education Endowment Fund | | 31. | |
| | N.C. Breast and Cervical Cancer Control Program | | 32. | |
| | Add Lines 29 through 32 | | 33. | |
| | Amount to be Refunded | | 34. | |