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

Submission Identification Number (SID) Tax Parer's name MORRYA CHIGURUPATI Socuse's name Parel 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 filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross isome 2 Total tax	Internal Revenue Service Go to www.irs.gov/Form8879 for the latest information	1.	
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Spouse's social security number	Taxpayer's name	Social security	y number
Part II 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 84, 488. 2 701al tax 2 2 11, 353. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 12, 496. 4 Amount you want refunded to you 4 1, 143. 5 Amount you want refunded to you 5 5 8 Amount you want refunded to you 5 5 8 Amount you want refunded to you 5 5 9 Amount you want refunded to you 5 5 9 Amount you want refunded to you 5 5 10 Amount you want refunded to you 5 5 11 Adjusted by Fart II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provides, transmitter, or electronic return originate return (original or amended) I am now authorizing, I consent to allow my intermediate service provides, transmitter, or electronic return originate (END) for any delay in processing the return or refund, and 6 the date of any refund. If applicable, I authorize the IU.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal clinect debut; entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes were on this return and/apent at 1.886.33–4357. Payment can taxed that the sub-reparation software for payment of my federal taxes were on this return and/apent at 1.886.33–4357. Payment can taxed that the sub-reparation on the refundable appearance in the sub-reparation in the sub-reparation software for payment, I material accounts and the sub-reparation in the sub-reparation software for payment, I material accounts and the sub-reparation in the sub-reparation software for payment, I mater	MOURYA CHIGURUPATI	832-89-	4246
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am	submitting this retur	rn in accordance with the
	ERO's signature ▶ Date	•	

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

2022

OMB No. 1545-0074

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately	y (MFS)	☐ Head of	household (HOH)		lifying su		
Check only one box.	-	u checked the MFS box, enter the roon is a child but not your dependen	-	our spouse. If you	u check	ed the HOH or	QSS box, enter t		use (QSS name if	,	ng
Your first name	and mi	ddle initial	Last na	ne				Your so	cial secu	rity number	—
MOURYA			CHIG	URUPATI				832-8	39-42	46	
	pouse's	first name and middle initial	Last na					Spouse'	s social s	security numb	ber
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	tion Campai	 ign
409 DYE	RSVII	LLE DR						1	•	u, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	oaces below.	Sta	te	ZIP code		0,	ointly, want \$ d. Checking a	
MORRISV	ILLE				NC	2	27560			ot change	u
Foreign country	y name		F	oreign province/sta	ate/count	ty	Foreign postal code	your tax	or refun	_	
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award.	or payr	ment for prope	rtv or services): o	r (b) sell.	100	ı Spou	—
Assets		ange, gift, or otherwise dispose of	•				, ,	. ,	☐ Yes	s 🛛 No	
Standard		eone can claim: You as a de		<u>-</u> _		a dependent	, ,	·			_
Deduction		Spouse itemizes on a separate retu	•		us alien						
Age/Blindness	s You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bor	n before January	2, 1958	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check the I	oox if quali	fies for (se	e instruction	s):
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credit for	other depende	ents
than four											_
dependents, see instruction	s ——										
and check											
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		94,500	•
	b	Household employee wages not r	•					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	. 1c			_					
attach Forms	d	· , , , , , , , , , , , , , , , , , , ,									_
W-2G and 1099-R if tax	е	Taxable dependent care benefits	. <u>1e</u>								
was withheld.	f	Employer-provided adoption bene	. 1f			—					
If you did not	g	Wages from Form 8919, line 6.						. 1g			—
get a Form W-2, see	h	Other earned income (see instruction	,					. 1h	-	0	<u>•</u>
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i				04 500	
	<u>z</u>	Add lines 1a through 1h						. 1z		94,500	<u>•</u>
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes		. 2b			—
ii required.	3a	Qualified dividends	3a			ordinary divide		. 3b			—
	4a	IRA distributions	4a			axable amoun		. 4b			—
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun axable amoun		. 5b			—
Single or	6a	Social security benefits If you elect to use the lump-sum e	6a	nothed shook ha			t	. 6b			—
Married filing separately,	С 7	,		•	,	,					
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								_10 012	—
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 8		-10,012 84,488	_
Qualifying surviving spouse,	10	Adjustments to income from Sche		•				. 10		04,400	·
\$25,900	11	Subtract line 10 from line 9. This is						. 11		01 100	—
Head of household,	12	Standard deduction or itemized	-					. 12		84,488 12,950	
\$19,400 If you checked	13	Qualified business income deduction		,	,			. 13		12,330	·
any box under	14							. 14		12,950	_
Standard Deduction,	15	Subtract line 14 from line 11. If ze								71,538	
see instructions.				.,	, oui (13		, + , 556	·

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	11,353.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,353.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,353.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	11,353.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 1:	2,496.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	12,496.
	26	2022 estimated tax payment						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29		1	
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	12,496.					
	34	If line 33 is more than line 24						34	1,143.
Refund	35a	Amount of line 34 you want				•		35a	1,143.
Direct deposit?	b	Routing number 1 1 1			c Type:		Savings	55a	1,113.
See instructions.	d	Account number 4 8 8					Savings		
	36	Amount of line 34 you want a				36			
Amount			••			30			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
rou owe	38	Estimated tax penalty (see in	31						
Third Party		you want to allow another				38			
Designee		structions	•				omplete k	selow.	X No
Doolgiloo		signee's		Phone			sonal identi		
	nar			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here		ur signature		Date	Your occupation	If the	· · · e IRS ser	nt you an Identity	
					COEMMADE	ENCINEED		ection P inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, t	oth must sign	Date	SOFTWARE Spouse's occupa				l l l l l l l l l l l l l l l l l l l
Keep a copy for	Spi	ouse's signature. If a joint return, i	John must sign.	Date	Spouse's occupa			ection PIN, enter it here	
your records.						(see	inst.)		
	Ph	one no. (919) 628-513	3	Email address	MOURYA.CH@I	PROTONMAIL.C	OM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/09/2023	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX							(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	84-3171965
Go to www.irs.aa	ov/Forn	n1040 for instructions and the late			BAA	REV 03/02/23 PRO			Form 1040 (2022)
									()

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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	Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your so										
MOUF	OURYA CHIGURUPATI 832-8										
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. Att	5	-10,012.								
6	Farm income or (loss). Attach Schedule F			6							
7	Unemployment compensation			7							
8	Other income:										
а	Net operating loss	8a ()								
b	Gambling	8b									
С	Cancellation of debt	8c									
d	Foreign earned income exclusion from Form 2555	8d ()								
е	Income from Form 8853	8e									
f	Income from Form 8889	8f									
g	Alaska Permanent Fund dividends	8g									
h	Jury duty pay	8h									
i	Prizes and awards	8i									
j	Activity not engaged in for profit income	8j									
k	Stock options	8k									
I	Income from the rental of personal property if you engaged in the rental										
	for profit but were not in the business of renting such property	81									
m	Olympic and Paralympic medals and USOC prize money (see										
	instructions)	8m									
	Section 951(a) inclusion (see instructions)	8n									
0	Section 951A(a) inclusion (see instructions)	80									
р	Section 461(I) excess business loss adjustment	8p									
q	Taxable distributions from an ABLE account (see instructions)	8q									
r	Scholarship and fellowship grants not reported on Form W-2	8r									
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (١								
		05 (
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t									
	Wages earned while incarcerated	8u									
u z	Other income. List type and amount:	Ju									
~	other income. List type and amount.	8z									
9	Total other income. Add lines 8a through 8z			9							

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

10

-10,012.

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	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		
	En En		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

	RYA CHIGURUPATI						832-8	9-4246				
Par												
_	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	are an indiv	vidual, rep	ort farm			
Λ	Did you make any payments in 2022 that would require you	to file	Form(a) 1	0002 6	`aa ina	tw.otiono			s 🛛 No			
D	f "Yes," did you or will you file required Form(s) 1099? .			• •	• •			. L Ye	S NO			
1a	Physical address of each property (street, city, state, ZIP code)											
Α	9-253/A, 2ND LANE SVN COLONY, GUNTUR A	ANDHR	A PRAI	ESH :	IN 5	22006						
В												
С												
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da	QJV				
Α	g personal use days. Check the Qu			Α		365		0				
В	if you meet the requirements to f			В		3 0 0						
С	qualified joint venture. See instru	ictions		С								
Type	of Property:											
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l	7	Self-Rental						
	Multi-Family Residence 4 Commercial		6 Roya			Other (desc	ribe)					
						Properti	es:					
Incon				Α		В			С			
3	Rents received	3		5	71.							
_ 4	Royalties received	4										
Expe		_										
5	Advertising	5										
6	Auto and travel (see instructions)	6		0 7	2.2							
7	Cleaning and maintenance	7		2,7	33.							
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		1,4	58.							
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13		1 0	- <i>1</i>							
14	Repairs	14		1,9								
15	Supplies	15		2,1	0 / .							
16	Taxes	16		2 2	2.1							
17	Utilities	17		2,3	31.							
18	Depreciation expense or depletion	18										
19 20	Other (list) Total expenses. Add lines 5 through 19	19		10 5	0.2							
		20		10,5	03.							
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must											
	file Form 6198	21		-10,0	12							
22	Deductible rental real estate loss after limitation, if any,	21		10/0								
~~	on Form 8582 (see instructions)	22	(10,01	2 1	(١	(,			
23a	Total of all amounts reported on line 3 for all rental prope				23a	\	571.	\				
b	Total of all amounts reported on line 4 for all royalty prop				23b		J/1.					
C	Total of all amounts reported on line 12 for all properties				23c							
d	Total of all amounts reported on line 18 for all properties				23d							
e	Total of all amounts reported on line 20 for all properties				23e	1 ∩	,583.					
24	Income. Add positive amounts shown on line 21. Do no				200	10	. 24					
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter t	 Intal losses ha	-	(10,012.			
26	Total rental real estate and royalty income or (loss).							1	<u> </u>			
20	here. If Parts II, III, IV, and line 40 on page 2 do not											
	Schedule 1 (Form 1040) line 5. Otherwise include this ar		•						_10 012			

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074 Attachment

Sequence No. **52**

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

MOURYA CHIGURUPATI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 832-89-4246

Betoi	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Ins	surance Contracts, i	t requ	ired.
Part	HSA Contributions and Deduction. See the instructions before con and both you and your spouse each have separate HSAs, complete			
1	Check the box to indicate your coverage under a high-deductible health plan see instructions		X Se	lf-only ☐ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including unextended due date of your tax return that were for 2022. Do not include emcontributions through a cafeteria plan, or rollovers. See instructions	ployer contributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every more were, or were considered, an eligible individual with the same coverage, enter family coverage). All others , see the instructions for the amount to enter	3	3,650.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 20 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any ti include any amount contributed to your spouse's Archer MSAs	4	0.	
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate h			•
	coverage under an HDHP at any time during 2022, see the instructions for the am		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse under an HDHP at any time during 2022, enter your additional contribution amour		7	0.
8	Add lines 6 and 7		8	3,650.
9		9 1,000.		•
10	Qualified HSA funding distributions	·		
11	Add lines 9 and 10		11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	2,650.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form	n 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See	instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your sport a separate Part II for each spouse.	ouse each have sepa	arate I	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also contributions (and the earnings on those excess contributions) included on withdrawn by the due date of your return. See instructions	line 14a that were	14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enteramount in the total on Schedule 1 (Form 1040), Part I, line 8f	-0 Also, include this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Tax (see instructions), check here			
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions incl are subject to the additional 20% tax. Also, include this amount in the total of 1040), Part II, line 17c	on Schedule 2 (Form	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Covera completing this part. If you are filing jointly and both you and your sp complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 104	40), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total of 1040). Part II, line 17d.	on Schedule 2 (Form		

BAA

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.
- 6. 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?

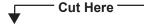
If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

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.



9-16-08





REV 01/26/23 PRO

Individual Income Payment Voucher D-400V (50)

North Carolina Department of Revenue

For Calendar Year

832894246 409 27560 CHIG

MOURYA CHIGURUPATI

409 DYERSVILLE DR

MORRISVILLE

NC 27560

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 03 09 23 Phone: (678)965-9522

AMOUNT OF THIS PAYMENT

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

78.00



2022

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0640

D-40	le All		of Yo	our	022	_		<u>i</u> na D	ncome epartmen	_		DOR Use Only			
For ca	alenda RYA		2022, c	or fiscal year CHIG	beginning GURUPA			_	and ending	2N+ 83	2894246		eteran? use a veteran? anted an automatio	Yes No	
1	RISV	NC 2) WAKE	Г	2 Marri	ed Filing	.lointly	Spouse's SS	SN:	Separately		income tax return	, e.g., Form 10	-
			4. Hea	id of Househol C. for the enti		5. Quali	fying Wid	low(er)			r deceased t	Year spou			
Was	your s	pouse a	reside	ent for the er	ntire year	>	Yes	No		eturn fo	r deceased :	spouse.	Date of death		all of
your	overpa	yment t	to the F	und. To ma	ke a contr	ibution,	enclose	Form N	NC-EDU and y (See instruc	our pay	ment of \$	0.	To designate	•	
		-							f the country or Court-Appo				izen or resident.		
FS	1	PP	Y		DT	N	OC	N	TPRES	Y	SPRES	N	VT N	SVT	N
CHIG	+	409		27560	DS	N	EA	N	TD			SD		FDEXT	' N
MOUR	.YA				CHIG	JRUP	ATI			832	894246		WAKE		
												NC	27560		
409	DYE	RSVI	LLE	E DR						MO	RRISVI	LLE			
06			844	188		16			0		26C		0		
07				0		18	Y		0		26E		0		0201
09				0		20A			3502		EU				5002
10A				0		20B			0		27		78		
10B				0		21A			0		29		0		
11	S	Y	I	N		21B			0		30		0		
11			127	750		21C			0		31		0		
13			000	000		21D			0		32		0		
14			717	738		26A			78		34		0		
15			35	580		26B			0						
TN	9	1962	2851	.33		PN	6	7896	559522		PP	P02	082703		
		tify that I h owledge a		mined this return f, they are true, o	and accomporrect, and		nedules an	d stateme		Chec to dis	k here if you a	uthorize the N	8 North Carolina Dep ments with the paid	partment of Rev	/enue w.
Your Sign						Date	•		ature (If filing join			Date		5133 No. (Include area	g code)
PAID PR	EPARE	R USE ON	ILY If	prepared by a pe	erson other t	han taxpay	er, this cer	tification	is based on all info	ormation of	which the prepa	rer has any kno	wledge.		
		IYA R Signature	AM S	SAGAR GU	PT 0	3 09 Date			659522 ntact Phone Numb	er (Include	area code)		Preparer's FEII	2703 N, SSN, or PTIN	
	If y	ou ARE	NOT di		-				REVENUE, P. OV to: N.C. DE)1 , RALEIGH, NC 2	7640-0640	

Last Name (First 10 Characters) CHIGURUPAT 832894246 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 84488 6. 7. Additions to Federal Adjusted Gross Income 7. 0 8. Add Lines 6 and 7 8. 84488 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. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 11. 12750 a. Add Lines 9, 10b, and 11 12750 12. 12a. b. Subtract Line 12a from Line 8 12b. 71738 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0000 14. N.C. Taxable Income 14. 71738 15. N.C. Income Tax 15. 3580 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 3580 17. 17. Consumer Use Tax 18. 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 3580 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 3502 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 2022 estimated tax 21a. 0 21a. Paid with extension 0 21b. 21b. 0 21c. Partnership 21c. S Corporation 21d. 21d. 0 22. Additional Payments 22. 0 23. Add Lines 20a through 22 23. 3502 24. Previous Refunds 24. 0 3502 25. Subtract Line 24 from Line 23 25. Tax Due 78 26a. 26a. 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 27. Pay this Amount 27. 78 0 28. Overpayment 28. 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 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 0 33. Add Lines 29 through 32 33. 34. 0 Amount to be Refunded 34