#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Тахрау	ver's name	Social security	y numb	er
SID	DHARTHA MULAMPALLI	799-03-	-3093	3
Spouse	e's name	Spouse's soci	al secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you ar	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			0 /
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	80,489.
2	Total tax		2	10,473.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,256.
4	Amount you want refunded to you		4	1,783.
5		[	5	

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

X	l authorize	GLOBAL	TAXES	T.T.C	to enter or generate my PIN	3
	1 authorize		1111110		to enter or generate my ring	Er
				ERO firm name		

	3	3	0	9	3	as			
Enter five digits, but don't enter all zeros									

my

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

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

Your signature 🕨

Date

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature >	Date I				 	 		
Practitioner PIN Method Returns Only—continu	e be	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	_	 6 all zei	 9	89	

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

ERO's signature >		Date 🕨	
ERO Must Re Don't Submit This Fo			
For Paperwork Reduction Act Notice, see your tax return i	nstructions. RAA	- REV 02/24/23 PRO	Form <b>8879</b> (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		m   20	22	OMB No. 1545-	-0074	IRS Use	only-	-Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly under the MFS box, enter the non is a child but not your dependent	ame of ye	d filing separatel our spouse. If yo	,			,	, -	spou	lifying surv use (QSS) name if th	0
		, ,								V		
Your first name		ddie initial	Last nan								cial securit	•
SIDDHART		first name and middle initial	Last nan	MPALLI							3 - 309	े curity number
n joint return, sp	ouse s		Last han	ne						Spouse	s social set	Junty number
Homo addross /	numbo	er and street). If you have a P.O. box, see		20				Apt. no.		Ducaida	stiel Electio	
			Instructio	115.			′	ърг. по.			ntial Election nere if you,	on Campaign
		DNSHIRE LN <b>,</b> ce. If you have a foreign address, also cc	molete sr	aces below	Sta	ato	ZIP o	ode				itly, want \$3
MORRISVI			inpiete sp	aces below.	N		275			0		Checking a
Foreign country			E	oreign province/sta		-		n postal c			ow will not or refund.	0
i oreign country	name			oreign province/st		cy.	roroig	n postar c		your tu	You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-				Yes	No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spo	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stat	tus alier	1						
Ago/Blindnoss	Vou	Were born before January 2, 1	059	Are blind	Spouse	: 🗌 Was bor	n hofe	oro Janu	0000	1059	🗌 ls bl	ind
			930	-	•		11					instructions):
Dependents		instructions): irst name Last name		(2) Social sect number	urity	(3) Relationsh to you	ip ('	Child 1				her dependents
lf more than four	(1) 11	Lasthame				,		ornia		Juit		
dependents,											[	<u> </u>
see instructions											[	<u> </u>
and check here											[	<u> </u>
	1a	Total amount from Form(s) W-2, b	ov 1 (see	instructions)						1a		<u> </u>
Income	b	Household employee wages not re	``	,					• •	1b		<u>, , , , , , , , , , , , , , , , , , , </u>
Attach Form(s)	c	Tip income not reported on line 1a						• •	• •	10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d		
W-2G and	e	Taxable dependent care benefits f								1e		
1099-R if tax	f	Employer-provided adoption bene		-						1f	-	
was withheld. If you did not	g	Wages from Form 8919, line 6 .		-						1g		
get a Form	h	Other earned income (see instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instru	uctions)		1i						
	z	Add lines 1a through 1h								1z	8	88,580.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest				2b		2.
if required.	3a	Qualified dividends	3a	4.	bC	Ordinary divider	nds .			3b		4.
	4a	IRA distributions	4a		bТ	axable amount	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amount	t			5b		
• Single or	6a	Social security benefits	6a		bТ	axable amount	t			6b		
Married filing	С	If you elect to use the lump-sum e	lection m	nethod, check he	ere (see	instructions)			. 🗆			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not r	required	, check here			. 🗆	7		3.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8		-8,100.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			l incom	е				9		80,489.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		
Head of household,	11	Subtract line 10 from line 9. This is	-						· ·	11		80,489.
\$19,400	12	Standard deduction or itemized								12		12,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct			orm 899	95-A			· ·	13		
Standard	14	Add lines 12 and 13								14		<u>12,950.</u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	, enter -0 This	is your	taxable incom	е.			15		67 <b>,</b> 539.

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

Form **1040** (2022)

Form 1040 (2022	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any	r from Form(s): 1 🗌 8814	4 <b>2</b> 4972 <b>3</b>		16	10,473.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	10,473.
	19	Child tax credit or credit for other	dependents from Schedu	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If ze	ro or less, enter -0			22	10,473.
	23	Other taxes, including self-employ	yment tax, from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your	total tax			24	10,473.
Payments	25	Federal income tax withheld from					
,	а	Form(s) W-2			<b>25a</b> 12,2	256.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions) .			25c		
	d	Add lines 25a through 25c				<b>2</b> 5d	12,256.
	26	2022 estimated tax payments and				26	
If you have a qualifying child,	27	Earned income credit (EIC)		1	27		
attach Sch. EIC.	28	Additional child tax credit from Sch			28		
	29	American opportunity credit from		-	29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15		-	31		
	32	Add lines 27, 28, 29, and 31. Thes		L		32	
	33	Add lines 25d, 26, and 32. These	•	-			12,256.
Defined	34	If line 33 is more than line 24, sub				34	
Refund	35a	Amount of line 34 you want refun			•	. 🗌 <b>3</b> 5a	1,783.
Direct deposit?	b	Routing number 1 0 4 0			hecking 🗌 Sa	_	
See instructions.	d	Account number 8 5 1 6				<u>J</u>	
	36	Amount of line 34 you want applie		ed 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 w				37	
	38	Estimated tax penalty (see instruct		1	38		
Third Party	Do	you want to allow another pers	on to discuss this retur	rn with the IRS? S	See		
Designee						plete below	. 🗙 No
•		signee's	Phone			l identification	
	nai	ne	no.		number	(PIN)	
Sign		der penalties of perjury, I declare that I h ef, they are true, correct, and complete.					
Here							, ,
	YO	ur signature	Date	Your occupation			ent you an Identity PIN, enter it here
Joint return?				BUSINESS AN	IALYST	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> m	nust sign. Date	Spouse's occupation	1		ent your spouse an
Keep a copy for your records.						Identity Pro	tection PIN, enter it here
your recorde.					• • • • •	(See Inst.)	
		one no. (727) 437-6342	Email address	SIDDHU.GANA			Ob a she ife
Paid			arer's signature			TIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAN		GUPTA TALLAM	03/04/2023 P	02082703	
Use Only		n's name GLOBAL TAXES		- 00016			(678) 965-9522
			E BRUNSWICK N			Firm's EIN	84-3171965
Go to wanter in a	ov/Form	10/0 for instructions and the latest info	rmation				Earm 1040 (2022)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

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 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	Your social security number
SIDDHARTHA MULAMPALLI	799-03-3093
Part L Additional Incomo	

1       Taxable refunds, credits, or offsets of state and local income taxes       1         2a       Alimony received       2a         bate of original divorce or separation agreement (see instructions):       3         3       Business income or (loss). Attach Schedule C       3         4       4         5       Rental real estate, royatiles, partnerships, S corporations, trusts, etc. Attach Schedule E       5         6       7         7       0ther genos or (losse). Attach Schedule F       6         7       0         8       Other noome:       8a (         9       Gambling       8a (         9       Total other noome exclusion from Form 2555       8d (         9       Total other none from Form 8889       8e         9       Total other none from the business of renting such property       8i         9       Total other income or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8e         9       Total other income. Add lines 8a through 8z       8u       8u         9       Total other income. Add lines 8a through 8z       8u       8u         9       Total other income. Add lines 8a through 8z       8u       8u       9u         10       -e.10.00.	Par	Additional income			
b Date of original divorce or separation agreement (see instructions): 3   3 Business income or (loss). Attach Schedule C 3   4	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
3       Business income or (loss). Attach Form 4797       3         4       Other gains or (losses). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -8,100.         6       Farm income or (loss). Attach Schedule F.       6       7         7       Unemployment compensation       7         8       Net operating loss       8         •       Cancellation of debt       8         •       Cancellation of debt       8         •       Bag       8         9       Income from Form 8833       8         1       Income from Form 8889       8         9       Activity not engaged in for profit income       8         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       8         1       Income from the rental of personal property if you engaged in the rental for profit loculus (see instructions)       8         1       Inclusion (see instructions)       8       8         1       Inclusion (see instructions)       8       8         2       Section 9514(a) inclusion (see instructions)       8       8         3       Se	2a			2a	
4	b				
5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -8,100.         6       G       7         7       0       0         8       0       0         9       Other income:       8a       7         9       Total other income:       8a       7         9       Total other income.       8a       7         9       Total other income. Add lines 8a through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9	3	Business income or (loss). Attach Schedule C		3	
6       Farm income or (loss). Attach Schedule F.       6         7       Unemployment compensation .       7         8       Other income:       8a ( )         9       Anter operating loss .       8a ( )         9       Cancellation of debt .       8c         6       7       8d ( )         9       Cancellation of debt .       8c         1       Come from Form 8683 .       8e         9       Alaska Permanent Fund dividends .       8g         1       Income from Form 8889 .       8f         9       Alaska Permanent Fund dividends .       8i         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 .       8h         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 .       8m         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 .       8m         1       Botom \$51(a) inclusion (see instructions) .       8m         2       Section 951(a) inclusion (see instructions) .       8n         3       Section 951(a) inclusion form an ABLE account (see instructions) .       8g      <	4	Other gains or (losses). Attach Form 4797		4	
7       Unemployment compensation       7         8       Other income:       8a ( )         a       Net operating loss       8b         c       Cancellation of debt       8c         d       Foreign earned income exclusion from Form 2555       8d ( )         d       Foreign earned income exclusion from Form 2555       8d ( )         e       Income from Form 8853       8e         f       Income from Form 8853       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       8i         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         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       8i         m       Olympic and Paralympic medals and USOC prize money (see smstructions)       8m         o       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8a         g       Taxable distributions from an ABLE account (see instructions) <th>5</th> <th>Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att</th> <th>ach Schedule E .</th> <th>5</th> <th>-8,100.</th>	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-8,100.
8       Other income:       a       Net operating loss       a         a       Net operating loss       b       Bb         b       Gambling       b       Bb         c       Cancellation of debt       b       Bc         d       Foreign earned income exclusion from Form 2555       Bd (       b         e       Income from Form 8853       Bf       Bd         f       Income from Form 8889       Bf       Bg         g       Alaska Permanent Fund dividends       Bf       Bd         i       Prizes and awards       Bh       Bi         i       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in the rental of personal property i fyou engaged in the rental for profit but were not in the business of renting such property       Bi       Bi <t< th=""><th>6</th><th>Farm income or (loss). Attach Schedule F</th><th></th><th>6</th><th></th></t<>	6	Farm income or (loss). Attach Schedule F		6	
a Net operating loss       8a (         b Gambling	7			7	
b       Gambling       Bb         c       Cancellation of debt       Bc         d       Foreign earned income exclusion from Form 2555       Bd         d       Income from Form 8853       Be         f       Income from Form 8889       Bf         g       Alaska Permanent Fund dividends       Bg         h       Jury duty pay       Bh         i       Prizes and awards       Bi         j       Activity not engaged in for profit income       Bi         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       Bk         m       Olympic and Paralympic medals and USOC prize money (see instructions)       Bn         n       Section 951(a) inclusion (see instructions)       Bn         o       Section 951(a) inclusion (see instructions)       Bn         g       Taxable distributions from an ABLE account (see instructions)       Br         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       Bs         t       Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan       Bt         u       Wages earned while incarcerated       Ba       Ba         other income. List t	8				
c Cancellation of debt   d Foreign earned income exclusion from Form 2555   e Income from Form 8853   f Income from Form 8853   g Alaska Permanent Fund dividends   h Jury duty pay   i Prizes and awards   j Activity not engaged in for profit income   k Stock options   l 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   m Olympic and Paralympic medals and USOC prize money (see instructions)   n Section 951(a) inclusion (see instructions)   o Section 951(a) inclusion (see instructions)   o Section 951(a) inclusion (see instructions)   o Section 461(l) excess business loss adjustment   g Taxable distributions from an ABLE account (see instructions)   s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1 a or 1d   u Wages earned while incarcerated   z Other income. List type and amount:   g Total other income. Add lines 8a through 8z   10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	а		8a (	)	
d       Foreign earned income exclusion from Form 2555       8d ( )         e       Income from Form 8853       86         f       Income from Form 8889       86         g       Alaska Permanent Fund dividends       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       8i         j       Activity not engaged in for profit income       8i         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       8i         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8g         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 ( )         u       Wages earned while incarcerated       8u         d       Total other i	b		8b		
e       Income from Form 8853       86         f       Income from Form 8889       8f         g       Alaska Permanent Fund dividends       8g         h       Jury duty pay       8h         i       Prizes and awards       8h         j       Activity not engaged in for profit income       8j         j       Activity not engaged in for profit income       8j         j       Activity not engaged in for profit income       8j         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951A(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8a         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       8a (         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:	С		8c		
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       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       More from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on	d			)	
g Alaska Permanent Fund dividends       8g         h Jury duty pay       8h         i Prizes and awards       8i         j Activity not engaged in for profit income       8i         j Activity not engaged in for profit income       8i         j Activity not engaged in for profit income       8i         j Activity not engaged in for profit income       8i         j Activity not engaged in for profit income       8i         j Activity not engaged in for profit income       8i         m Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n Section 951(a) inclusion (see instructions)       8n         o Section 951A(a) inclusion (see instructions)       8n         g Taxable distributions from an ABLE account (see instructions)       8g         g Taxable distributions from an ABLE account (see instructions)       8r         s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         u Wages earned while incarcerated       8u         g Other income. List type and amount:       8u         g       Total other income. Add lines 8a through 8z       8u         g       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       <	е			_	
h       Jury duty pay	f				
i       Prizes and awards       i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8j         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8q         g       Taxable amount of Medicaid waiver payments included on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         u       Wages earned while incarcerated       8t         g       Total other income. List type and amount:       8z         g       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10	g				
j       Activity not engaged in for profit income       8j         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8l         n       Section 951(a) inclusion (see instructions)       8n         o       Section 461(l) excess business loss adjustment       8g         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 (         u       Wages earned while incarcerated       8u       8u         z       Other income. List type and amount:       8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       -8,100.	h				
k       Stock options	i				
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)       81         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8g         g       Taxable distributions from an ABLE account (see instructions)       8r         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 (         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       -8,100.	j			-	
for profit but were not in the business of renting such property       8         m Olympic and Paralympic medals and USOC prize money (see instructions)       8         n Section 951(a) inclusion (see instructions)       8         o Section 951A(a) inclusion (see instructions)       8         p Section 461(l) excess business loss adjustment       8         q Taxable distributions from an ABLE account (see instructions)       8         q Taxable distributions from an ABLE account (see instructions)       8         r Scholarship and fellowship grants not reported on Form W-2       8         s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8         t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8         u Wages earned while incarcerated       8         z Other income. List type and amount:       8         m Total other income. Add lines 8a through 8z       8         10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       -8,100.			8k	_	
m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 951A(a) inclusion (see instructions)       8o         p       Section 951A(a) inclusion (see instructions)       8o         p       Section 461(l) excess business loss adjustment       8g         q       Taxable distributions from an ABLE account (see instructions)       8g         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 (         u       Wages earned while incarcerated       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10	I				
instructions)       8m         n       Section 951(a) inclusion (see instructions)         o       Section 951A(a) inclusion (see instructions)         p       Section 951A(a) inclusion (see instructions)         p       Section 461(l) excess business loss adjustment         q       Taxable distributions from an ABLE account (see instructions)         q       Taxable distributions from an ABLE account (see instructions)         r       Scholarship and fellowship grants not reported on Form W-2         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d         10       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan         u       Wages earned while incarcerated         z       Other income. List type and amount:         g       Total other income. Add lines 8a through 8z         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			81	_	
n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 461(l) excess business loss adjustment       8p         q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. Add lines 8a through 8z       9       -8,100.	m				
o       Section 951A(a) inclusion (see instructions)       80         p       Section 461(l) excess business loss adjustment       8p         q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10				_	
<ul> <li>p Section 461(l) excess business loss adjustment</li> <li>q Taxable distributions from an ABLE account (see instructions)</li> <li>r Scholarship and fellowship grants not reported on Form W-2</li> <li>s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d</li> <li>t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan</li> <li>u Wages earned while incarcerated</li> <li>2 Other income. List type and amount:</li> <li>9 Total other income. Add lines 8a through 8z</li> <li>10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8</li> <li>10 -8,100.</li> </ul>				-	
q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         2       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10	-			_	
<ul> <li>r Scholarship and fellowship grants not reported on Form W-2</li> <li>s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d</li></ul>	•			-	
<ul> <li>s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d</li></ul>				-	
1040, line 1a or 1d       10         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8s       (       )         u       Wages earned while incarcerated       10       8t       8u       8u         y       Total other income. List type and amount:       8z       8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       -8,100.			8r	-	
t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       8z         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10	S		0- (		
a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10			05 (	4	
u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10	L		0+		
z       Other income. List type and amount:       8z       9         9       Total other income. Add lines 8a through 8z				-	
9       Total other income. Add lines 8a through 8z		•	ou	-	
9Total other income. Add lines 8a through 8z	2		87		
<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> -8, 100.	q	Total other income. Add lines 8a through 8z		9	
		Combine lines 1 through 7 and 9. Enter here and on Form 1040 1040-SF	. or 1040-NR line 8		-8.100
			., e. re ie ru , ino o	-	

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	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					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/24/23 F	PRO	Schedu	le 1 (Form 1040) 2022

### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

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

SIDDHARTHA MULAMPALLI

Your social security number

799-03-3093

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and 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 <b>Box A</b> checked	28.	25.			3.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions						( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	mn (h). If you have	e any long-	7	3.

### 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.		(d)	(e)	<b>(g)</b> Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Schee	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part III

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 3.
	<ul> <li>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.</li> </ul>	
	• 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.	
	• 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.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	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	18
19	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	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 02/24/23 PRO	Schedule D (Form 1040) 2022

8949

Department of the Treasury

# Sales and Other Dispositions of Capital Assets

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.



Internal Revenue Service Name(s) shown on return

Name(s) shown on return	Social security number or taxpayer identification number
SIDDHARTHA MULAMPALLI	799-03-3093

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.

X (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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	28.	25.			3.
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), <b>lir</b>	lude on your ne 2 (if Box B	28.	25.			3.

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.

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

(Form 1040)		(From	rental real estat	te, royalties, partners	hips, S	corporati	ons, es	states,	trusts, REMI	Cs, etc.)	90	<b>799</b>
	nent of the Treasury Revenue Service			Attach to Form 1040, irs.gov/ScheduleE for					nformation.		Attachm Sequen	nent ce No. <b>13</b>
Name(s)	) shown on return			•						Your socia	al security	
SIDD	HARTHA MUL	AMPALI	LI							799-0	3-3093	
Part	Income	or Los	s From Rent	al Real Estate an	d Ro	valties						
	Note: If yo rental inco	ou are in t ome or los	the business of r ss from <b>Form 48</b>	enting personal proper 35 on page 2, line 40.	ty, use	Schedule					-	
				at would require you d Form(s) 1099?								
1a	Physical addr	ress of e	ach property (	street, city, state, ZIF	code	e)						
Α	133 SRT S.	AIDABA	AD COLONY	HYDERABAD TELA	ANGAI	NA IN 5	0005	9				
<u>C</u>								-				
1b	Type of Prope (from list below			ital real estate prope t the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	3			e days. Check the Q			Α		365		0	
В				he requirements to f			В					
С			qualmed join	t venture. See instru	ICTIONS	5. 	С					
Туре	of Property:	-										
	Single Family R			ion/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Comr	nercial		6 Roya	lties	8	Other (desc	ribe)		
									Propert			
Incom	ne:						Α		В			С
3	Rents received	t			3		4	50.				
4	Royalties rece	ived .			4							
Exper												
5	Advertising				5							
6	Auto and trave	el (see in	structions) .		6							
7	Cleaning and I	maintena	ance		7		9	50.				
8	Commissions				8							
9	Insurance .				9							
10	0				10							
11	Management f	ees .			11		1,2	50.				
12				. (see instructions)	12							
13	Other interest				13							
14	Repairs				14		2,6					
15					15		2,1	50.				
16					16							
17					17		1,5	50.				
18		expense	or depletion .		18							
19				40	19		0 5	- 0				
20			•	19	20		8,5	50.				
21		s), see ir	nstructions to f	nd/or 4 (royalties). If find out if you must	21		-8,1	00.				
22	Deductible rer	ntal real	estate loss aft	er limitation, if any,	22	(		)0.)	(	)	(	)
23a			-	3 for all rental prope				23a		450.		,
b			-	4 for all royalty prop				23b				
С			-	12 for all properties				23c				
d			-	18 for all properties				23d				
е			-	20 for all properties				23e	8	3,550.		
24			-	vn on line 21. <b>Do no</b>		ide any lo	sses			. 24		
25	Losses. Add r	oyalty los	sses from line 2	1 and rental real estat	te loss	es from lin	ne 22. E	Enter to	otal losses he	re <b>25</b>	(	8,100.)
26	Total rental re	eal esta	te and royalty	income or (loss).	Comb	ine lines 2	24 and	25. E	inter the resu	ult		

**Supplemental Income and Loss** 

SCHEDULE E

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

Schedule E (Form 1040) 2022

26

.

-8,100.

OMB No. 1545-0074

<b>D-40</b> < Stap Retu	le All	• •	of Yo	bur	2022			<u>li</u> na D	ncome epartmer	nt of R	Return evenue	DOR Use Only		
	alenda	ar year 2		or fiscal ye	ar beginning LAMPALL	-			and ending			Are you a vo	eteran? ise a veteran?	Yes No X Yes No D
1424	l LA	NGST		IRE LN )WAKE					Your S Spouse's S			Were you gr	anted an autom	uatic extension to file your aurn, e.g., Form 1040?
Filing			1. Sing		nold		ied Filing ifying Wi	-			Separately	Year spou	Yes 🗌 I	No
	-		t of N.O	C. for the e			Yes Xes				or deceased t	axpayer.	Date of de Date of de	
N.C. E	Educa	tion End	dowme	ent Fund: `	You may co	ntribute	to the N	N.C. Edu	ication Endo	wment F	und by makir	ng a contrib	ution or desig	nating some or all of
to the	Fund	, enter t	the am	ount of yo	ur designati	on on P	age 2, I	Line 31.		ctions fo	r information		und.)	te your overpayment
		-							-		15, 2023, an ersonal Repr		izen or reside	ent.
FS	1	PP	Y		DT	N	OC	Ν	TPRES	Y	SPRES	Ν	VT N	SVT N
MULA		1424	1	27560	) DS	Ν	EA	Ν	TD			SD		FDEXT N
SIDD	HAR	THA			MULAI	MPAL	LI			799	033093		WAKE	
												NC	27560	
1424	LA	NGSI	FONS	SHIRE	LN					MC	RRISVI	LLE		
06			804	189		16			0		26C		0	
07				0		18	Y		0		26E		0	
09				0		20A			3863		EU			
10A				0		20B			0		27		0	
10B				0		21A			0		29		0	
11	S	Y	I	Ν		21B			0		30		0	
11			127	750		21C			0		31		0	
13			000	000		21D			0		32		0	
14			677	739		26A			0		34		483	
15			33	380		26B			0					
TN	7	2743	3763	342		PN	6	57896	59522		PP	P02	2082703	
I declare	and cer	tify that I howledge a	ave exa	mined this ret	Refund D um and accomp e, correct, and c	anying sc	hedules a	483 nd stateme		yment Cheo to dis	ck here if you a	uthorize the I n and attachr	ments with the	Department of Revenue paid preparer below.
Your Sigr				properted to	noroce etters t	Date		-	ature (If filing joi			Date	Contact Ph	one No. (Include area code)
PAID PRI	FARE	R USE ON	1LT //	prepared by a	person other ti	iari taxpay	rer, TNIS Ce	πιπςατίοη Ι	s pased on all inf	ormation o	f which the prepa	rer nas any kho	wieuge.	
SYAM Paid Prep			AM S	SAGAR G	JUPT 0	3 04 Date	_		659522 Itact Phone Num	ber <i>(Includ</i>	e area code)			82703 FEIN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

## D-400 2022 Page 2 (50)

Last Name (First 10 Characters)	MULAMPALLI
Last Name (First To Onaracters)	

Your Social Security Number

799033093

	*		
6.	Federal Adjusted Gross Income	6.	80489
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	80489
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.	67739
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	67739
15.	N.C. Income Tax	15.	3380
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3380
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3380
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	3863
20b.	Spouse's tax withheld	20b.	0
<u>Other</u>	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.	3863
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3863
26a.	Tax Due	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.	Pay this Amount	27.	0
28.	Overpayment	28.	483
<u>Amou</u>	int 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.	Amount to be Refunded	34.	483

D-400 Line-by-Line Information

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