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)

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Тахрау	ver's name	Social securi	ty numbe	er		
VIK	XAS VELLAMPALLI	106-93	-4154			
Spouse	o's name	Spouse's soo	Spouse's social security number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you a	are auth	horizing.)		
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	70 , 675.		
2	Total tax		2	8,310.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,842.		
4	Amount you want refunded to you		4	1,532.		
5	Amount you owe		5	,		
Part			y of yo	our 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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN	5

3	4	1	5	4	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as 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	
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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 ►			
Practitioner PIN Method Returns Only—continue below				
Part III Certif	ation and Authentication – Practitioner PIN Method Only			
ERO's EFIN/PIN. E	ter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros			

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

ERO's signature >	nature Date Date					
ERO Must Retain This Fo Don't Submit This Form to the II						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)			

Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes Xes Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (a) Relationship (d) Check the box if qualifies for (see instructions): If more tin four Last name number Immediate	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 202	2	OMB No. 1545	-0074	IRS Use	Only	—Do not w	vrite or staple	in this space.
One box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying periods a child but not your dependent: Your fint name and middle initial Your social security number Your fint name and middle initial URLIAMPALLIT 106-93-e1154 Hjoint return, spouse's first name and middle initial Ust name Spouse's social security number Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 10452 GLENNDERE CREEK CIRCLE Child the origin address, also complete spaces below. State Presidential Election Campaign CHARLOTTE Foreign nonthing 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset()? See instructions. Yeu Spouse Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, second for Spouse filterists on a separate return or you are a dual-status allen Age/Bindness You: Yeu Yeu Spouse Deduction Gpouse filterists on a separate return or you are a dual-status allen Image: second for duality 2, 1958 Image: second for duality 2, 19	•	XS	Single	Married	d filing separately (MFS)	Head of	nouse	nold (HO	H)		, 0	0
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If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 10.52 GLENNEREE CREEK CIRCLE NC 228.62 Deader filing jointly, want 33 CREARLOTTE NC 228.62 Deader filing jointly, want 33 Foreign country name Foreign province/state/country Presidential asset(7) (See instructions) Vou Spouse Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, accord wat or or foreid) Vou Spouse Not accord foreid asset(7) Foreign province/state/state Vou Spouse Not accord foreid asset(7) Not accord foreid asset(7) Not accord foreid foreid foreid asset(7) Not accord foreid	Your first name a	and mi	ddle initial	Last nam	ie						Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spoce if filing jointly, want 35 (by, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code topose if filing jointly, want 35 (b) codesing a post office. If you have a foreign address, also complete spaces below. State ZIP code topose if filing jointly, want 35 (b) codesing a post office. If you have a foreign address, also complete spaces below. NC 28.262 (b) codesing a post office. If you have a foreign address, also complete spaces below. NC 28.262 (b) codesing a post office. If you have a foreign address, also complete spaces below. NC 28.262 (b) codesing a post office. If you have a foreign address, also complete spaces below. NC 28.262 (b) codesing address, you are your your tax or infund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You is you are your your tax or infund. You is you your tax or infund. Dependents Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: (b) restinate informed in four dependents, see instructions): (a) code address of you prove that and the prove of the dependent than four dependents, see instructions): (a) code address of the dependent see instructions). (b) check the being the dependent care benefits from Form S838, ine 29 (b) check the being the dependent care benefits from Form S838, ine 29 (b) check the being the dependen	VIKAS			VELLA	AMPALLI						106-	93-415	4
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City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filing jointly, want S3 tog to this fund. Checking a tog tog tog				instruction	ns.			A	pt. no.				
CHARLOTTE Value 28 0262 Foreign province/state/county Foreign postal code you is spouse Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Ves No Standard Someone can calmit: You as a dependent You was a dependent Yes No Standard Someone can calmit: You as a dependent Yes No No Age/Bindness You: Was born before danuary 2, 1958 Are bind Spouse: (a) Check the box if qualifies for (see instructions); If more If a total amount from Form(s) W-2, box 1 (see instructions) 1 Or total accelt Cettor developendent Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a W-20 and totak Medical dayeirp ayments not reported on Form(s) W-2. 1b 1a Total amount from Form(s) W-2, for mathematican exact forms W-20 and totak Fereigne Forwided adpolion benefits from Form 2441, line 26 1a <													
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4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Deduction for- • Single or Married filing separately, \$12,950 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) 1 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 7 • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 70, 675. 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 70, 675. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 14 Add lines 12 and 13 14 12, 950. 15 57, 725	Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest				2b		
Standard Deduction for- 5a Pensions and annuities	if required.	3a	Qualified dividends	3a	26.	bC	Ordinary divider	nds .			. 3b)	26.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Other income from Schedule 1, line 10 . . . 9 70, 675. 10 Adjustments to income from Schedule 1, line 26 . . . 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) . . . 11 70, 675. 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 12,950. .		4a	IRA distributions	4a		bΤ	axable amoun	t			. 4b)	
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 Married filing ion (loss). Attach Schedule D if required. If not required, check here Married filing ionity or Qualifying surviving spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing ion (loss). Attach Schedule 1, line 10 Married filing ion (loss). Attach Schedule 1, line 10 Married filing ion (loss). Attach Schedule 1, line 10 Married filing ion (loss). Attach Schedule 1, line 26 Married filing 10 Married filing ion (loss). Attach Schedule 1, line 26 Married filing ion (loss). Attach Schedule 1, line 26 Married filing ion (loss). Attach Schedule 1, line 26 Married filing 11 Subtract line 10 from line 9. This is your adjusted gross income Married filing 12 Married filing 13 Married filing 14 Married Married Married Married 14 Married Married Married 15 Married Married M	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t			. 5b)	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a		bΤ	axable amoun	t		• _	6b	•	
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, theor required, theorem required, theor required, theorem required, theorem requir	Married filing	С	-							. [
Jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970, 675.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1170, 675.12Standard deduction or itemized deductions (from Schedule A)1212, 950.13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income		7	Capital gain or (loss). Attach Sche	dule D if ı	required. If not req	uired	l, check here			. L	7		
Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 70, 675. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 70, 675. I fyou checked any box under Standard Ouclified 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. I fyou checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. I fyou checked any box under Standard 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 57, 725		8	Other income from Schedule 1, lin	e10 .						•	. 8		-6,900.
\$25,900 10 Adjustments to income nom obligation of the due 1, inte 20 11 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 70,675. • If you checked any box under standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 12 12,950. • If you checked any box under standard 14 12,950. 14 12,950. • If you checked any box under standard 14 12,950. 14 12,950. • If you checked any box under standard 14 12,950. 15 57,725	Qualifying				•	com	е			•			70,675.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 14 12,950. 14 12,950. 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 57,725	\$25,900		•							•			
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 57,725	household				•					•			
any box under Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 57 725	\$19,400									•			12,950.
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 57.725	any box under				Form 8995 or Form	n 899	95-A			•			
	Standard							· ·	· ·	•			
		15	Suptract line 14 from line 11. If zer	ro or less,	, enter -0 This is	our /	taxable incom	е.	• •	•	15	• .	s/,725.

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

Form **1040** (2022)

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	8	,310.
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	8	,310.
	19	Child tax credit or credit for oth	her dependent	s from Sched	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	f zero or less, e	enter -0				22	8	,310.
	23	Other taxes, including self-emp	oloyment tax, f	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is yo	•					24	8	,310.
Payments	25	Federal income tax withheld from								
	а	Form(s) W-2				25a	,842.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	ç	,842.
	26	2022 estimated tax payments						26		,
If you have a L qualifying child,	27	Earned income credit (EIC) .		•		27				
attach Sch. EIC.	28	Additional child tax credit from §				28				
)	29	American opportunity credit fro				29				
	30	Reserved for future use		·		30				
	31	Amount from Schedule 3, line				31		-		
	32	Add lines 27, 28, 29, and 31. T						32		
	33	Add lines 25d, 26, and 32. The		-			• •	33	C	,842.
	34	If line 33 is more than line 24, s						34		,532.
Refund	35a	Amount of line 34 you want ref				•		35a		,532.
Direct deposit?	b	Routing number 0 8 1 9					Savings	Jour		,
See instructions.	d	Account number 2 9 1 C					ouvingo			
	36	Amount of line 34 you want ap				36				
Amount	37	Subtract line 33 from line 24. T								
You Owe	31	For details on how to pay, go t						37		
	38	Estimated tax penalty (see inst				38		07		
Third Party		you want to allow another p								
Designee		structions					omplete b	below.	× No	
200.9.100	De	signee's		Phone			onal identi			
	nar			no.			ber (PIN)			
Sign		der penalties of perjury, I declare that								
Here	bel	ief, they are true, correct, and comple	ete. Declaration o	of preparer (other	than taxpayer) is ba	ased on all information	on of which	n prepar	er has any k	nowledge.
THEFE	Yo	ur signature		Date	Your occupation				nt you an Id	
Laiat water 0					SOFTWARE	DEVELOPER		inst.)	IN, enter it I	
Joint return? See instructions.	Sp	ouse's signature. If a joint return, bot	t h must sign	Date	Spouse's occupat		`	,	nt your spou	l l l
Keep a copy for	op		in must sign.	Date	opouse s occupat				ection PIN,	
your records.							(see	inst.)		
	Ph	one no. (217) 417-5347		Email address	VICKY.VELLAM	PALLI@GMAIL.C	MC			
Daid	Pre	eparer's name P	reparer's signati	ure		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA I	RAM <u>S</u> AGAR	GUPTA TALLAM	02/22/2023	P0208	2703	Self-e	mployed
Preparer	Fin	n's name GLOBAL TAXE	IS LLC				Phor	ne no. (678)96	5-9522
Use Only	Fin	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	's EIN		171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest i	information.		BAA	REV 02/10/23 PRO			Form	040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VIKAS VELLAMPA	-4154		

Par	t 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	ach Schedule E .	5	-6,900.
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	_	
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			
	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	_	
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-SF	k, or 1040-NR, line 8	10	-6,900.

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

Schedule 1 (Form 1040) 2022

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	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
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	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships	, S corporations,	estates, trusts,	REMICs, etc.
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Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Your soci	al security number
	Attachment Sequence No. 13

Name(s) shown on return						Your soci	al security	number	
VIKA	IKAS VELLAMPALLI							106-93-4154		
Part	Income or Loss From Rental Real Estate an 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 S	alties Schedule	C. See	instruc	tions. If you	are an indiv	vidual, rep	ort farm	
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions									
1a	Physical address of each property (street, city, state, ZIF									
A	H.NO:10-3-219/B MAMILLAGUDEM, KHAMMAM T			N 50'	7001					
B			511111 1							
С										
1b		For each rental real estate property listed Fair Rental above, report the number of fair rental and Days						Personal Use Days		
Α	3 personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	qualified joint venture. See institu	ictions.		С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert				
Incon	ne:	_		Α		B			С	
3	Rents received	3		4	50.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		6	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,3						
15	Supplies	15		1,8	50.					
16		16		1 5	FO					
17 18		17 18		1,5	50.					
10	Depreciation expense or depletion	19								
20	Total expenses. Add lines 5 through 19	20		7,3	50					
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		-6,9	υυ.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (6,90	0.)()	()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		450.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
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		7 250			
e 24	Total of all amounts reported on line 20 for all properties				23e		7,350.			
24 25	Income. Add positive amounts shown on line 21. Do no Losses. Add royalty losses from line 21 and rental real estat		-		 Interto	· · · · ·	. 24 ere 25	(6 900 1	
25 26	Total rental real estate and royalty income or (loss).							(6,900.)	
20	here. If Parts II, III, IV, and line 40 on page 2 do not									

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-6,900.

< Staple A	(50) Ill Pages of and W-2s	of Yo	bur	022	-	-	<u>oli</u> na D	ncome epartmer	nt of R	Return evenue	DOR Use Only				
For calence			or fiscal year					and ending			Are you a v				
VIKAS 10452	GLENME	RE	VELI CREEK CI	LAMPAL IRCLE	LI			Your S	SN: 10	6934154	Is your spo Were you g			Yes No	
CHARLO Filing State					2 Marr	ied Filin	g Jointly	Spouse's S	SN:	Separately				, <u>e.g</u> ., Form 104	
	4	1. Hea	d of Househo			ifying W	/idow(er)				•	use died:			
			C. for the enti ent for the er	•	?	Yes Yes	X No No			or deceased to or deceased s			of death of death		
				-						und by makir /ment of \$	-		-	ting some or a /our overpayr	
to the Fun	nd, enter th	e am	ount of your	designat	on on F	Page 2,	Line 31.	(See instrue	ctions fo	<i>r information</i> 15, 2023, ar	about the l	=und.)			
										ersonal Repr			esident.		
FS 1	PP	Y		DT	Ν	OC	Ν	TPRES	Y	SPRES	Ν	VT	Ν	SVT	Ν
VELL	1045		28262	DS	Ν	ΕA	Ν	TD			SD			FDEXT	N
VIKAS				VELL.	AMPA	LLI			106	5934154		MEC	KL		
											NC	282	62		
10452	GLENM	ERE	E CREEF	K CIR	CLE				CH	IARLOTT	E				
06		706	575		16			0		26C			0		
07			0		18	Y		0		26E			0		0203
09			0		20A			3190		EU					5002
10A			0		20B			0		27			0		
10B			0		21A			0		29			0		
11 S	Y	Ι	Ν		21B			0		30			0		
11		127	750		21C			0		31			0		
13		000	000		21D	1		0		32			0		
14		579	925		26A			0		34		3	00		
15		28	390		26B			0							
TN	21741	753	347		PN		67896	59522		PP	PO2	20827	03		
	eturn Be			efund D		hedules	30 (yment		uthorizo tho	0 North Car	olina Dor	partment of Rev	(00)10
the best of my l	knowledge an	d belie	mined this return f, they are true, o	correct, and	complete.							iments with	the paid	d preparer belov	
Your Signature	•				Date	Sp	oouse's Sign	ature (If filing joi	int return, k	ooth must sign.)	Date		74175 act Phone	5347 No. (Include area	a code)
PAID PREPAR	ER USE ONL	Y lf	prepared by a p	erson other t	han taxpa	yer, this c	certification i	s based on all in	formation c	f which the prepa	rer has any kn	owledge.			
SYAM PF Paid Preparer's		M S	SAGAR GU	O Tqu	2 22 Date			659522 htact Phone Num	ber (Includ	e area code)			02082 arer's FEII	2703 N, SSN, or PTIN	
											10.07004.00				

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)

Your Social Security Number

106934154

6.	Federal Adjusted Gross Income	6.	70675
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	70675
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.	Ν
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	57925
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	57925
15.	N.C. Income Tax	15.	2890
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2890
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2890
<u>North</u>	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	3190
20b.	Spouse's tax withheld	20b.	0
Other	Tou Doursonto		
Other	Tax Payments		
21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21u. 21b.	0
21b. 21c.	Partnership	210. 21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	3190
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3190
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	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
200.	Pay this Amount	200.	0
28.	Overpayment	28.	300
20.	Overpayment	20.	000
<u>Amou</u>	Int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	20	0
29. 30.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29. 30.	0
30. 31.	N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	30. 31.	0
31. 32.	N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program	31.	0
32. 33.	0	32. 33.	0
33. 34.	Add Lines 29 through 32 Amount to be Refunded	33. 34.	300
34.		04.	200

D-400 Line-by-Line Information

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