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 Statu | s 🔀 S | Single Married filing jointly | Marrie | ed filing separately | y (MFS) | ☐ Head of | household (HOH) | | lifying su use (QSS | |
|----------------------------------|---------------|--|-------------|----------------------|-----------|-----------------------------------|---|--------------|------------------------|----------------------------------|
| Check only one box. | • | u checked the MFS box, enter the n on is a child but not your dependent | , | our spouse. If you | u check | ed the HOH or | QSS box, enter th | | • | , |
| Your first name | and mi | ddle initial | Last nar | me | | | | Your so | cial secu | rity number |
| NIKHIL | REDI | Υ | GADD | AM | | | | 834-4 | 40-141 | 10 |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | Spouse's | s social s | ecurity number |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | Preside | ntial Elect | tion Campaign |
| 718 MIN | GLEWO | OOD DR | | | | | 11407 | I | • | u, or your |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | omplete sp | caces below. | Sta | te | ZIP code | | 0, | intly, want \$3 I. Checking a |
| CHARLOT' | ΓE | | | | NC | | 28262 | box belo | ow will no | ot change |
| Foreign countr | y name | | F | oreign province/sta | ate/count | ty | Foreign postal code | your tax | or refund | |
| Digital | | ny time during 2022, did you: (a) rec | • | | | | , | . , | | |
| Assets | exch | ange, gift, or otherwise dispose of a | | <u>-</u> _ | | | asset)? (See instru | ıctions.) | Yes | S ⊠ No |
| Standard Deduction | _ | eone can claim: | • | | | a dependent | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 958 | Are blind | Spouse | : Was bor | n before January 2 | 2, 1958 | ☐ Is b | blind |
| Dependent | s (see | instructions): | | (2) Social secu | ırity | (3) Relationsh | ip (4) Check the b | ox if qualif | fies for (se | e instructions): |
| If more | (1) Fi | rst name Last name | | number | | to you | Child tax c | redit | Credit for o | other dependents |
| than four | | | | | | | | | | |
| dependents, see instruction | s —— | | | | | | | | | |
| and check _ | | | | | | | | | | |
| here L | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ` | , | | | | . 1a | 1 | L17 , 772. |
| A44(-) | b | Household employee wages not re | • | | | | | . 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | | | | | | . 1c | | |
| attach Forms | d | Medicaid waiver payments not rep | | ` , | e instru | ıctions) | | . 1d | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits | | • | | | | . 1e | | |
| 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 instruct | , | | | | | . 1h | - | 0. |
| instructions. | i | Nontaxable combat pay election (| see instr | uctions) | | <u>1i</u> | | 4- | 1 | 117 770 |
| AU | Z | Add lines 1a through 1h Tax-exempt interest | | · · · · i | L T | avabla interce | | . 1z | | L17,772. |
| Attach Sch. B if required. | 2a | ' | 2a 3a | | | axable interes Ordinary divide | | . 2b | | |
| | 3a 4a | | 4a | | | axable amoun | | 41. | | |
| Standard | 5a | | 5a | | | axable amoun | | . 5b | | |
| Deduction for— | 6a | | 6a | | | axable amoun | | . 6b | | |
| Single or Married filing | С | If you elect to use the lump-sum e | | nethod check he | | | Γ | . 00 | | |
| separately, | 7 | Capital gain or (loss). Attach Sche | | · | , | , | [| 7 | | |
| \$12,950 Married filing | 8 | Other income from Schedule 1, lin | | | | | | . 8 | — | -10,800. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | . 9 | | L06,972. |
| surviving spouse, | 10 | Adjustments to income from Sche | | • | | | | . 10 | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | . 11 | | L06,972. |
| household, \$19,400 | 12 | Standard deduction or itemized | - | | | | | . 12 | | 12,950. |
| If you checked | 13 | Qualified business income deduct | ion from | Form 8995 or Fo | rm 899 | 5-A | | . 13 | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | . 14 | | 12,950. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or less | s, enter -0 This i | s your t | taxable incom | ne | . 15 | | 94,022. |
| | , | | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | | Page 2 |
|---------------------------------|------|--|--------------------|---------------------|------------------------|-------------|-----------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form | n(s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | 16,402. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 16,402. |
| | 19 | Child tax credit or credit for other dependen | its 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 zero or less, | enter -0 | | | | 22 | 16,402. |
| | 23 | Other taxes, including self-employment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | 24 | 16,402. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 1 | 8,318. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 18,318. |
| If you have a | 26 | 2022 estimated tax payments and amount a | applied from 20 | 021 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | 2 | | 28 | | | |
| | 29 | American opportunity credit from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your | r total other pa | ayments and refu | ndable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your to | otal payments | | | | 33 | 18,318. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | 24 from line 33. | This is the amour | nt you overpaid | | 34 | 1,916. |
| 11010110 | 35a | Amount of line 34 you want refunded to you | | 3 is attached, chec | k here | 🗆 | 35a | 1,916. |
| Direct deposit? | b | Routing number 0 8 1 9 0 4 8 | | | Checking | Savings | | |
| See instructions. | d | Account number 2 9 1 0 2 8 8 | 6 1 9 (| 6 2 | | | | |
| | 36 | Amount of line 34 you want applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the am e For details on how to pay, go to <i>www.irs.go</i> | • | | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another person to disc structions | | | | Complete | below. | × No |
| | | signee's | Phone | | | sonal ident | ification | |
| | naı | | no. | | | nber (PIN) | | |
| Sign Here | | der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration | | | | | | |
| TICIC | Yo | ur signature | Date | Your occupation | | | | nt you an Identity |
| | | | | SOFTWARE E | NCTNEED | | ection Pi | N, enter it here |
| Joint return? See instructions. | Sn | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupati | | , | • | nt your spouse an |
| Keep a copy for your records. | Op | ouco o ognacio. Il a joint totalii, boti i liati oigi. | Bato | opouce e cocupan | 511 | Ider | | ection PIN, enter it here |
| | Ph | one no. (618) 954-8971 | Email address | NIKHILGADDA | M02@GMAIL.C | OM | | |
| Poid | Pre | eparer's name Preparer's signate | ture | | Date | PTIN | | Check if: |
| Properer | SYAN | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/24/2023 | P0208 | 2703 | Self-employed |
| Preparer | Fin | m's name GLOBAL TAXES LLC | | | | Pho | ne no. (| 678)965-9522 |
| Use Only | Fin | m's address 245 ROONEY CT E BRU | JNSWICK N | J 08816 | | Firn | ı's EIN | 84-3171965 |
| | | | | | | | | 1010 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

| Name | s) shown on Form 1040, 1040-SR, or 1040-NR | | Your so | ocial s | ecurity number |
|--------|--|--------------|---------|---------|----------------|
| NIKH | 834-4 | 10-14 | 10 | | |
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule | Ε. | 5 | -10,800. |
| 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 (| , | | |
| e | 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 8j | | - | |
| J k | Activity not engaged in for profit income | 8k | | - | |
| Ī | Income from the rental of personal property if you engaged in the rental | OK | | - | |
| ' | for profit but were not in the business of renting such property | 81 | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | OI . | | | |
| | 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 | | | |
| | Wages earned while incarcerated | 8u | | | |
| Z | Other income. List type and amount: | Q-7 | | | |
| | | | | | |

-10,800.

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

| Par | II Adjustments to Income | | | |
|----------|---|----------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | | | |
| | 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 | , ,, ,, , , , , , , , , , , , , , , , | 4a | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | | 4b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | · | 4c | | |
| d | | 4d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 4e | | |
| f | | 24f | | |
| g | , | 4g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | , | 4h | | |
| 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 | | | |
| | | 24i | _ | |
| J | | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 41- | | |
| _ | , | 4k | _ | |
| Z | Other adjustments. List type and amount: | 4z | | |
| 25 | | | 05 | |
| 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 . E | | 26 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | <u> </u> | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number NIKHIL 834-40-1410 GADDAM REDDY Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. 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, ZIP code) 11-11-202/1, KOTHAPET SAROORNAGAR, RR DIST TELANGANA IN 500035 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 950. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,550. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,650. 14 14 Repairs . . . 2,850. 15 Supplies 15 16 16 Taxes 17 17 2,350. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 11,350. 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 -10,800. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,800.) 550. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 11,350. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,800. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

26

-10,800.

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Name(s) shown on return Identifying number NIKHIL REDDY 834-40-1410 GADDAM Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 10,800. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -10,800.**All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -10,800.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 10,800. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 117,772. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 32,228. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 16,114. Enter the **smaller** of line 4 or line 8 9 9 10,800. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 10,800. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 11-11-202/1, KOTHAPET 0. 10,800. 10,800.

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

10,800.

Form 8582 (2022)

| , | | | | | | | | | . 490 🗕 |
|--|----------|--|-------------------|--------------------|------------------------|---------------|-----------------------|-------|--|
| Part V Complete This Part Befor | еР | art I, Lines 2 | a, 2b, | and 2c. S | ee instruc | tions. | | | |
| A1 | | Currer | nt year | | Prior ye | ears | Overa | ll ga | ain or loss |
| Name of activity | (a | Net income (line 2a) | (b) (li | Net loss ne 2b) | (c) Unall loss (lin | owed e 2c) | (d) Gain | | (e) Loss |
| | - | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | | |
| Part VI Use This Part if an Amoun | | | Part II, | , Line 9. S | ee instruc | tions. | | | |
| Name of activity | an to | rm or schedule ad line number be reported on se instructions) | (a |) Loss | (b) Ra | itio | (c) Special allowance | | (d) Subtract column (c) from column (a). |
| 11-11-202/1,КОТНАРЕТ | | E Ln 22 | | 10,800. | 1.0000 | 0000 | 10,80 | 0. | 0. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | 10,800. | 1.00 |) | 10,80 | 0. | 0. |
| Part VII Allocation of Unallowed L | .oss | Form or sche | | S. | | | | | |
| Name of activity | | and line nun to be reporte (see instruct | nber ed on | (a) l | _OSS | (| b) Ratio | (с |) Unallowed loss |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | 1.00 | | |
| Part VIII Allowed Losses. See instr | ucti | | | | | | | | |
| Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | _oss | (b) Ur | nallowed loss | (| c) Allowed loss |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | _. | | | | | | | |

VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2022

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

| Virg | inia Submission | Identificat | ion Numl | ber (SID) | | | | | | | | | | | | T | | | | |
|----------------------------------|---|---|--|--|---|--|---|---|--|--|---|---|-------------------------------|--|--------------------------------------|--|--|--|---|------------------------|
| | | | | | | | | | | | | | | | | | | | | |
| First I | Name & Middle Ir | itial (if joint | or combir | ned return, | enter b | oth) | Last N | ame | ! | | | | | | | B You | ır Social | Security | Number | |
| NIK | HIL REDD | Y | | | | | GADE | MAC | | | | | | | | 83 | 84-40- | -1410 |) | |
| | ent Home Addres | | 7 D. II. | 11407 | | | | | | | | | | | | | | | curity Numbe | er |
| | MINGLEWO State and Zip Co | | 7 L. I. # | 11407 | | | | | | | | | | | | | Onl | line File | d Return | |
| - | RLOTTE | , do | NC | 2826 | 2 | | | | | | | | | | | | Oili | | a rectain | |
| Part | I Tax Retu | rn Informa | ation | | | | | | | | | | | | | Α | Spouse | | B Yours | self |
| 1. | Federal Adjust | ted Gross In | come (Fo | orm 760CG | i, Line 1 | l; 760F | PY, Line | 1, cc | olumn | ıs A & E | B; For | m 76 | 3, Line | 1) | | | | | 106, | 972. |
| 2. | Virginia Adjust | ed Gross In | come (Fo | rm 760CG | i, Line 9 |); 760P` | Y, Line | 10, c | olumr | ns A & l | B; Foi | rm 76 | 3, Line | 9) | | | | | 106, | 972. |
| 3. | Taxable Incom | ne (Form 76 | OCG, Line | e 15; 760P | Y, Line | 16, coli | umns A | & B; | Form | 763, L | ine 1 | 7) | | | | | | | 15, | 000. |
| 4. | Virginia Incom | e Tax (Form | 1 760CG, | Line 18; 76 | 60PY, L | .ine 17, | column | s A 8 | & B; F | orm 76 | 3 Lin | e 18) | | | | | | | | 620. |
| 5. | Withholding (F | orm 760CG | , Line 19a | a &19b; 76 | 0PY, Lir | nes 19a | a & 19b; | ; Forr | m 763 | 3, Lines | 19a | & 19b |) | | | | | | | 854. |
| 6. | Amount you O | we (Form 7 | 60CG, Lir | ne 35; Forn | n 760PY | Y, Line | 35; For | m 76 | 3, Lin | e 35) | | | | | | | | | | |
| 7. | Refund (Form | 760CG, Lin | e 36; 760 | PY, Line 3 | 6; Form | 1 763, L | ine 36) | | | | | | | | | | | | | 234. |
| Part | II Declarati | on of Tax | payer | | | | | | | | | | | | | | | | | |
| 8a. | appointr the territ | nent of the o orial jurisdic | other spou ction of the | use as an a e United S | agent to tates at | receiv any po | e the re pint in the | fund. e pro | . I ce | rtify tha | t the | trans | action | does r | not dire | ectly inv | | | s an irrevoca estitution out | |
| 8b. | | want direct | | • | | | • | | | | | | | | | | 1 4 ! - | £ l | Stille all and the state of the state of | 4 |
| 8c. | the finar estimate necessa | ncial institution ed tax. I also | on accour o authoriz r inquiries | nt indicated ze the finan s and resol | d on my ncial inst lve issue | 2022 \ titutions es relat | /irginia i s involve ted to th | incon ed in e pay | ne tax the p ymen | return rocessi t. I cer | for paing of tify the | ayme the e | nt of m lectror | ny state nic pay | e taxe: ment | s owed of taxes | on this ret to receiv | turn and e confid | ithdrawal en l/or a payme lential inform ncial instituti | nt of ation |
| the a know sent trans | lare under penalt mounts describe rledge and belief to the Internal Re mitter as validati ature pen, or com | d in Part Í al , my return i evenue Serv on of my ele | bove agre s true, co vice (IRS) ectronicall | ee with the prrect and co by my electly filed Virg | amount complete ctronic r | ts show e. I cor return c | n on the nsent the originato | e cori at my or (EF | respo y retu RO) a | nding li rn inclu nd by t | ines d ding t he IR | of my this do S to \ | 2022 \ eclarat /irginia | /irginia tion an Tax. | a indivi d acco This o | idual inc ompanyi declarati | ome tax on the second on is to be on the second on the sec | return. Iules and e retaind | To the best of statements ed by the EF | of my s be RO or |
| | | Signature | | | Da | | <u> </u> | | | | | e (If F | iling S | atus 2 | or 4, B | OTH mus | st sign) | | Date | |
| Part | | on of Elec | | | _ | | • | | | • | | | | | | | | | | |
| taxpa of all Indiv that | lare that I have reayer's signature of forms and inform idual Income Tax have examined complete. Declap, mechanical definitions | on Form VA- nation to be Returns (Table the above to ration of pre | -8453 beformed by the second s | ore submit the IRS and 2022) and a return and based on a | tting this nd Virgin any requ I accomp Ill inform | s return nia Tax uiremer ipanying nation o | to the li and have its spec g schedu of which | ntern ve fol ified l ules a prepa | nal Re llowed by Vir and so arer haram. | venue d all oth rginia T tateme | Servioner received fax. If ax. If ax. | ce (IR quirer I am nd to vledge | (S) and nents also the the be | d Virgi as des he Pai st of n | nia Ta cribed d Prep ny kno | x. I hav I in Hand parer, un wledge | e provide dbook for der pena and belie | ed the ta Electron Ities of p f, they a | xpayer with nic Filers of perjury, I dec re true, corre | a copy lare ect, |
| | 's Signature | T T C | | | | | | | | Date | | | | | | | SSN/PT | ĪN | | |
| Firm | BAL TAXES s name (or yours ROONEY C | if self-emp | | E BRUI | MCWT(| ~r | N T | | 8816 | | | _ | Paic | l Prepa | | □Y □ | | Self-emp | loyed?□Y | □N |
| | ess, City, State a | | | E BRUI | NOWIC | <u> </u> | INO | 00 | | | | _ | | | | 8821 | 45487 EIN | | | |
| Paid | Preparer's Signa | iture | | | | | | | |) 2 – 2 ² Date | 4-23 | 3_ | | | | P020 | 32703 SSN/PT | īN | | |
| SYA | M PRIYA R. s name (or yours | AM SAGA | | PTA TA | LLAM | | | | | | | _ | Self | -emnlc | ved? | □ Y [| | | | |
| | ROONEY C | · | - , , | E BRUI | NSWTC | CK | NJ | 0.8 | 8816 | -) | | | 5011 | Jp.0 | • | | 71965 | | | |
| | ess, City, State a | | | | | <u> </u> | 110 | | <i>,</i> <u>, , , , , , , , , , , , , , , , , , </u> | <u>, </u> | | _ | | | | J 1 J 1 | EIN | | | |
| 1555 | • | • | | | | | F | REV 03 | 2/17/23 | 3 PRO | | | | | | | | | | |

763Page 1



Enclose a complete copy of your federal tax return and all other required Virginia enclosu

| | znologo a comp | | . , | | x rotarri aria a | iii otilei require | 9 | | o.oou.c | | | | | | |
|---------------|--|---------------|------------------------------|-----------|----------------------|--------------------------|----------|---------|-----------------------|-------------------|--------------|-------------|----------------|------------------|-------|
| First N | | | | МІ | Last Name | | Suffi | х | Your Soci | | • | nber | | Check decease | |
| NIKI Spous | HIL REDDY se's First Name (Filing | Status 2 Onl | y) | MI | GADDAM Last Name | | Suffi | х | Spouse's | | | Number | | Check | |
| | | | | | | | | | | | | | | deceas | sed |
| | nt Home Address (Nu MINGLEWOOD | | | oute) | | | | | Birth Date n-dd-yyyy) | 0 2 | 2 - | 2 8 | - 1 9 9 | 9 7 | |
| | own or Post Office | DR AFI | 11407 | | State | ZIP Code | Spo | use's l | Birth Date | | | | | | |
| CHAF | RLOTTE | | | | NC | 28262 | <u>'</u> | | n-dd-yyyy) | | | | | | |
| State | of Residence | | Important - is located. | Name | e of Virginia City o | or County in which | principa | al plac | e of busine | ess, empl | oymeı | nt, or inco | me source | Locality Cod | de |
| NC | | | MECKLE | NBU | RG | | | | | | | City OR | X County | 117 | |
| | | | nded Return Reason Cod | _ [| | Name(s) or Shown on 2 | | | | an | | Overs | eas on Du | e Date | |
| Ch | eck Applicable Boxes | | rteason cou | - ۲ | | OHOWIT OH 2 | OZI V | AING | um | | | | | | |
| | boxes | Depe | endent on An | othe | r's Return | Qualifying F Merchant S | | | erman, o | r | | IC Clain | ned on fede | | |
| | Filing Status Ente | r Filing Stat | us Code in b | ox b | elow. | | | | otions Ad | dd Sectio | \$ ons 1 | and 2. | Enter the s | 00 um on Line | 12. |
| | _ | • | ead of house | | | | | You | Spous | | | | | | |
| 1 | | | | | must have Virg | | | 100 | 2 or | 3 | , portuoi | | \neg | Total Section | on 1 |
| _ 1 | _ | | Has No Incoi parate Retur | | rom Any Sourc | ce | | 1 | + | + | | = | 1 X \$930 | = 93 | 0 |
| If Filin | g Status 3 or 4, en | - | • | | ıse's Social Se | curity Number | | You 6 | 5 Spouse 6 | 65 You r Blind | Spor Blir | | | Total Sect | ion 2 |
| | top of form and en | | | | | - | | | + | + | + |]=[| X \$800 | = | |
| | | | | | | | | | | | | | | | |
| 1 | Adjusted Gross In | come from | federal returi | 1 - N | ot federal taxal | ble income | | | | | | 1 | | 106972 | 00 |
| 2 | Additions from Sc | hedule 763 | ADJ, Line 3. | | | | | | | | | 2 | | | 00 |
| 3 | Add Lines 1 and | 2 | | | | | | | | | | 3 | | 106972 | 00 |
| 4 | Age Deduction (S | ee instructio | ons and the A | \ge [| Deduction Work | ksheet) | | | | \ | You | 4a | | | 00 |
| | Enter Birth Dates and Your Spouse's | above. Ente | er Your Age E | edu 4h | ction on Line 4 | a | | | | Sno | use | 4b | | | 00 |
| 5 | Social Security Ac | | | | | | | | | | | 5 | | | 00 |
| 6 | State income tax | | | | | | | - | | | | 6 | | | 00 |
| 7 | Subtractions from | | . , | | • | , | | | | | | 7 | | | 00 |
| 8 | Add Lines 4a, 4b | | | | | | | | | | | 8 | | | 00 |
| 9 | Virginia Adjusted | | | | | | | | | | | 9 | | 106972 | 00 |
| 10 | Itemized Deduction | | , , | | | | | | | | | 10 | | | 00 |
| 11 | If you do not claim | | | | | | | | | | | 11 | | 8000 | 00 |
| 12 | Exemption amour | | | | | | | | | | | 12 | | 930 | 00 |
| 13 | Deductions from S | | | | · | | | | | | | 13 | | | 00 |
| 14 | Add Lines 10, 11 | | | | | | | | | | | 14 | | 8930 | 00 |
| 15 | Virginia Taxable Ir | | | | | | | | | | | 15 | | 98042 | 00 |
| 16 | Percentage from I | | | | | | | | | | | 16 | | 15.3 | % |
| 17 | Nonresident Taxal | | | | | | | | | | | 17 | | 15000 | 00 |
| 18 | Income Tax from | Tax Table or | Tax Rate So | hed | ule | | | | | | | 18 | | 620 | 00 |
| 19a | Your Virginia incor | me tax withl | neld. Enclose | e For | ms W-2, W-2G | 6, 1099, and VK- | 1 | | | | | 19a | | 854 | 00 |
| | Dept. of Taxation F 1044 Rev. 07/22 | or Local Use | LTD | | \ \$ | | | | | | | 1 | VV | YYY | 1 |

2022 FORM 763 Page 2

| 2022 | FORM 763 Page 2 | | | | | | | | | |
|---------|---|--------------------------|----------------------------------|---------------------|-------------------|----------------|---------|--------------------|------------------|----------|
| Your N | | VI | Your SSN 834-40-1410 | | | | | | | |
| 19b | Spouse's Virginia income ta | | | 99. and VK- | 1 | | 19b | | | 00 |
| 20 | 2022 Estimated Tax Payme | | | | | | | | | 00 |
| 21 | 2021 overpayment credited | | | | | | | | | 00 |
| 22 | Extension Payment - submi | | | | | | | | | 00 |
| 23 | Credit for Low-Income Indiv | | | | | | | | | 00 |
| 24 | Total credits from Schedule | | | | | | | | | 00 |
| 25 | Credits from Schedule CR, | | | | | | | | | 00 |
| | | | | | | | | | 0.5.4 | + - |
| 26 | Total payments and credit | | _ | | | | | | 854 | + |
| 27 | If Line 18 is larger than Line | | | | | | | | | 00 |
| 28 | If Line 26 is larger than Line | | | | | | | | 234 | + |
| 29 | Amount of overpayment on L | | | | | | | | | 00 |
| 30 | Virginia529 and ABLE Cont | ributions from Sch | edule VAC, Part I, Line 6 | | | | 30 | | | 00 |
| 31 | Other Voluntary Contributio | | | | | | 31 | | | 00 |
| 32 | Addition to Tax, Penalty, and See instructions. | | | | | | 32 | : | | 00 |
| 33 | Sales and Use Tax is due or | | | | | () | 22 | | | - |
| | See instructions | | | | | | 33 | | | 00 |
| 34 | Add Lines 29 through 33. | | | | | | 34 | | | 00 |
| 35 | If you owe tax on Line 27, a Line 34 is larger than Line 2 www.tax.virginia.gov | 28, enter the difference | ence. AMOUNT YOU OW | /E . Enclose | payment or p | pay at | 35 | | | 00 |
| 36 | If Line 28 is larger than Line | 34, subtract Line 3 | 4 from Line 28. This is the | amount to be | e REFUNDED | TO YOU. | 36 | | 234 | 1 00 |
| | Direct Deposit section below | • | • | | | l Cha | aldia a | | · | <u>'</u> |
| | tic Accounts Only | ur Bank Routing T | ransit Number | Your Ban | k Account Nu | mber Che | cking | X S | Savings | |
| No Inte | rmational Deposits 0 | 8 1 9 0 | 4 8 0 8 | 2 9 1 | 0 2 8 | 8 6 1 | 9 | 6 2 | | |
| Nonr | resident Allocation Perc | entage | | | A - A | II Sources | | B - Virg | jinia Sources | s |
| | Wages, salaries, tips, etc | • | | 1 | | 117772 | 00 | | 16340 | 00 |
| 2. | Interest income | | | 2 | | | 00 | | | 00 |
| 3. | Dividends | | | 3 | | | 00 | | | 00 |
| 4. | Alimony received | | | 4 | | | 00 | | | 00 |
| 5. | Business income or loss | | | 5 | | | 00 | | | 00 |
| 6. | Capital gain or loss/capital g | ain distributions | | 6 | | | 00 | | | 00 |
| 7. | Other gains or losses | | | 7 | | | 00 | | | 00 |
| 8. | Taxable pensions, annuities | and IRA distribution | ons | 8 | | | 00 | | | |
| 9. | Rents, royalties, partnership | s, estates, trusts, | S corporations, etc | 9 | | -10800 | 00 | | 0 | 00 |
| 10. | Farm income or loss | | | 10 | | | 00 | | | 00 |
| 11. | Other income | | | 11 | | | 00 | | | 00 |
| | Interest on obligations of oth | | • | | | | 00 | | | |
| | Lump-sum and accumulation | | | | | | 00 | | | 00 |
| | TOTAL - Add Lines 1 through | | | | | 106972 | 00 | | 16340 | 00 |
| | Nonresident allocation perce percentage to one decimal p | | | | | | | | 15.3% | % |
| □ I (' | We) authorize the Dept. of Taxa | ation to discuss this | return with my (our) prepar | er. | I agree to ob | tain my Form | 1099-G | at www.tax | cvirginia.gov. | |
| | /e), the undersigned, declare under | penalty provided by la | aw that I (we) have examined the | | | (our) knowledg | | true, correct, a | and complete ret | urn. |
| Your Si | gnature | | | Your Phon | 954-897 | 7.1 | Date | | | |
| Spouse | 's Signature (If a joint return, both mu | st sign) | | | Phone Number | | | er's PTIN 82703 | Vendor Code | |
| Prepare | er's Name | Firm's Name (o | r Yours if Self-Employed) | Preparer's | Phone Number | | | lection Code | ID Theft PIN | |
| SYAM | PRIYA RAM SAGAR GUPTA TA | LLAM GLOBAL | TAXES LLC | (678) | 965-952 | 22 | 7 | | | |

2022 Schedule INC/CG

834401410

Report all W-2s, 1099s & VK-1s with VA Withholding

NIKHIL REDD GADDAM



| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|-----------------------------|
| Г | | | | | |
| 834401410 | M | 854. | 861564085 | 30861564085F001 | 16340. |

 Total VA Withholding
 SSN
 VA Withholding

 You
 834401410
 854.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

| | ple Al | (50) I Pages nd W-2 | s of Yo | | 2022 | | | <u>i</u> na D | | Tax Return of Revenue | | OOR Ise Only | | | | |
|----------|----------|----------------------------------|-----------|-----------------------------|----------------------|-----------|--------------------|---------------|-------------------------|--|------------|--------------------|--------------------|---|-------------|-------------|
| For c | alend | ar year | 2022, | | ar beginning | | | _ | and ending | | Are yo | ou a veter | an? | Yes | ☐ No ☐ | X |
| 1 | | REDD NGLEW | | | DDAM | | | 1140 | 7 Vous 00 | SN: 834401410 | | | a veteranî | | No L | |
| 1 | | | | DK 2 MECKL | | | | 1140 | Spouse's SS | | 1 1 | • | come tax r | matic extensi eturn, <u>e.g</u> ., F | , | - 1 |
| Filing | Statu | ıs X | 1 | - | L | | ed Filing | - | 3. Marrie | ed Filing Separately | | | | No X | | \dashv |
| Were | e vou a | resider | | ad of House C. for the e | noid entire year? | | fying Wid Yes X | | | eturn for deceased | | spouse er. [| died: Date of d | eath: | | |
| Was | your s | spouse a | a resid | ent for the | entire year | ? | Yes | No | R | eturn for deceased | spouse | e. [| Date of d | | | \dashv |
| 1 | | | | | - | | | | | ment Fund by making our payment of \$ | - | | | ignating sor ate your ov | | - 1 |
| to the | e Fund | d, enter | the an | nount of yo | our designati | on on Pa | age 2, L | ine 31. | (See instruct | ions for information | about | the Fund | d.) | | | _ |
| | | - | | | | | | | - | on April 15, 2023, ar Inted Personal Repi | | | n or resid | dent. | | |
| | | | | | | | | | | | | | | | | |
| FS | 1 | PP | Y | | DT | N | OC | N | TPRES | Y SPRES | S N | | VT 1 | N SV | T | Ν |
| GADI |) | 718 | | 28262 | 2 DS | N | EA | N | TD | | SD | | | FD | EXT | N |
| NIKE | HIL | RED: | DY | | GADD | MA | | | | 834401410 | | | MECK1 | _ | | _ |
| | | | | | | | | | | |] | NC : | 28262 | 2 | | |
| 718 | MIN | IGLE | WOOI | D DR | | | | | 11407 | CHARLOTT | Έ | | | | | |
| 06 | | | 1069 | 972 | | 16 | | | 620 | 26C | | | (|) | | 1 7 |
| 07 | | | | 0 | | 18 | Y | | 0 | 26E | | | (|) | | 0201 |
| 09 | | | | 0 | | 20A | | | 4544 | EU | | | | | | 5002 |
| 10A | | | | 0 | | 20B | | | 0 | 27 | | | (|) | | ■ 24 |
| 10B | | | | 0 | | 21A | | | 0 | 29 | | | (|) | | |
| 11 | S | Y | I | N | | 21B | | | 0 | 30 | | | (|) | | |
| 11 | | | 12 | 750 | | 21C | | | 0 | 31 | | | (|) | | |
| 13 | | | 000 | 000 | | 21D | | | 0 | 32 | | | (|) | | |
| 14 | | | 942 | 222 | | 26A | | | 0 | 34 | | | 462 | 2 | | |
| 15 | | | 4 | 702 | | 26B | | | 0 | | | | | | | |
| TN | (| 5189 | 5489 | 971 | | PN | 6 | 7896 | 559522 | PP |] | P020 | 82703 | 3 | | |
| | | turn E | | | Refund D | | andulas an | 462 | | ment Due | auth ari=e | 0 | th Caralin | Donartman | of Davas | |
| the best | of my k | nowledge | and belie | ef, they are tru | ie, correct, and | complete. | iedules all | u staterni | erits, and to | Check here if you a to discuss this retu | rn and a | attachmen | nts with the | e paid prepar | er below. | ue |
| Your Sig | nature | | | | | Date | Spor | ısa's Sigr | nature (If filing ioint | return, both must sign.) | D | ate | | 548971 Phone No. (Incl | ude area co | <u></u> |
| | | R USE O | NLY /i | prepared by | a person other t | | | | | rmation of which the prepa | | | | | 0.00 | |
| | | | | SAGAR (| GUPT 0 | 2 24 | | | 659522 | | | | | 082703 | | _ |
| Paid Pre | eparer's | Signature | | | | Date | <u> </u> | | | er (Include area code) | | | Preparer' | s FEIN, SSN, o | r PTIN | \dashv |
| | lf y | ou ARE | NOT d | | | | | | | D. BOX R, RALEIGH, I PT. OF REVENUE, P.C | | | ALEIGH, N | NC 27640-06 | 40 | |

Last Name (First 10 Characters) GADDAM 834401410 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 106972 6. 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 106972 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. 94222 Part-year Residents and Nonresidents Taxable Percentage 0.0000 13. 13. 14. N.C. Taxable Income 14. 94222 15. N.C. Income Tax 15. 4702 16. Tax Credits 620 16. Subtract Line 16 from Line 15 4082 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. 4082 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 4544 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. 4544 24. Previous Refunds 24. 0 25. Subtract Line 24 from Line 23 25. 4544 Tax Due 26a. 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. Ω 27. Pay this Amount 27. 0 462 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. \cap 33. Add Lines 29 through 32 33. 34. 462 Amount to be Refunded 34

D-400TC (50)

2022 Individual Income Tax Credits

DOR Use Only

8-8-22

2. 3. North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

| Last Nan | ne (First 10 Characters) | GADDAM | | Your S | ocial Security Number | 834401410 | |
|----------|--------------------------|--------|---|--------|-----------------------|-----------|---|
| 01 | 106972 | 07в | 1 | 10A | 0 | 13 | 0 |
| 02 | 16367 | 08A | 0 | 10B | 0 | 14 | 0 |
| 04 | 4702 | 08B | 0 | 11A | 0 | 15 | 0 |
| 06 | 620 | 09A | 0 | 11B | 0 | 19 | 0 |
| 07A | 620 | 09B | 0 | 12 | 0 | | |

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

1. Total income from all sources while a resident of N.C. modified by N.C. adjustments to

| federal gross income | 1. | 106972 |
|--|----|--------|
| Portion of Line 1 that was taxed by another state or country | 2. | 16367 |
| Divide Line 2 by Line 1 | 3. | 0.1530 |
| Total North Carolina income tax (From Form D-400, Line 15) | 4. | 4702 |

- Total North Carolina income tax (From Form D-400, Line 15)
 Multiply Line 4 by Line 3
- 6. Amount of net tax paid to the other state or country on the income shown on Line 2
 7a. Credit for Income Tax Paid to Another State or Country
 7b. Number of states or countries for which a credit is claimed
 7b. 1
- Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken. **Note:** For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

| 8a. | An income-producing historic structure (Article 3D) | 8a. | 0 |
|------|--|------|---|
| 8b. | Enter installment amount of credit | 8b. | 0 |
| 9a. | A nonincome-producing historic structure (Article 3D) | 9a. | 0 |
| 9b. | Enter installment amount of credit | 9b. | 0 |
| 10a. | An income-producing historic mill facility (Article 3H) | 10a. | 0 |
| 10b. | Enter amount of credit | 10b. | 0 |
| 11a. | A nonincome-producing historic mill facility (Article 3H) | 11a. | 0 |
| 11b. | Enter installment amount of credit | 11b. | 0 |
| 12. | An income-producing historic structure (Article 3L) | 12. | 0 |
| 13. | A nonincome-producing historic structure (Article 3L) | 13. | 0 |
| | (If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.) | | |



719

5.

| Part 3 | 3. Computation of Total Tax Credits to be Taken for Tax Year 2022 |
|--------|---|
| 14. | Tax credits carried over from previous year |

| 14. | Tax credits carried over from previous year | 14. | 0 |
|-----|--|-----|------|
| 15. | Reserved for Future Use | 15. | 0 |
| 16. | Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15 | 16. | 620 |
| 17. | North Carolina income tax (From Form D-400, Line 15) | 17. | 4702 |
| 18. | Enter the lesser of Line 16 or Line 17 | 18. | 620 |
| 19. | Business incentive and energy tax credits | 19. | 0 |
| | (Attach Form NC-478 and any required supporting schedules to the front of Form D-400.) | | |
| 20. | Total Tax Credits to be Taken for Tax Year 2022 | 20. | 620 |