

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name SUMAN KUMAR ENDLA	Social security number 762-90-4748
Spouse's name SUHASINI MUTA	Spouse's social security number 879-85-2083

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	62,574.
2 Total tax	2	1,990.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,783.
4 Amount you want refunded to you	4	3,793.
5 Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	4	7	4	8
---	---	---	---	---

 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 ▶ Suman Date ▶ 03/13/2023

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	2	0	8	3
---	---	---	---	---

 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.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual 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 Retain This Form — See Instructions
 Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only 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 person is a child but not your dependent:

Your first name and middle initial SUMAN KUMAR		Last name ENDLA	Your social security number 762-90-4748	
If joint return, spouse's first name and middle initial SUHASINI		Last name MUTA	Spouse's social security number 879-85-2083	
Home address (number and street). If you have a P.O. box, see instructions. 16 PEARSALL FARM LN			Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. CLAYTON		State NC	ZIP code 27527	
Foreign country name		Foreign province/state/county	Foreign postal code	

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.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
		SARAYU	ENDLA	697-08-9118	Daughter	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	71,948.	
	b Household employee wages not reported on Form(s) W-2	1b		
	c Tip income not reported on line 1a (see instructions)	1c		
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d		
	e Taxable dependent care benefits from Form 2441, line 26	1e		
	f Employer-provided adoption benefits from Form 8839, line 29	1f		
	g Wages from Form 8919, line 6	1g		
	h Other earned income (see instructions)	1h	0.	
	i Nontaxable combat pay election (see instructions) 1i			
	z Add lines 1a through 1h	1z	71,948.	
	2a Tax-exempt interest 2a	2b Taxable interest	2b	4.
	3a Qualified dividends 3a	b Ordinary dividends	3b	
	4a IRA distributions 4a	b Taxable amount	4b	
	5a Pensions and annuities 5a	b Taxable amount	5b	
	6a Social security benefits 6a	b Taxable amount	6b	
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>				
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	-738.		
8 Other income from Schedule 1, line 10	8	-8,640.		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	62,574.		
10 Adjustments to income from Schedule 1, line 26	10			
11 Subtract line 10 from line 9. This is your adjusted gross income	11	62,574.		
12 Standard deduction or itemized deductions (from Schedule A)	12	25,900.		
13 Qualified business income deduction from Form 8995 or Form 8995-A	13			
14 Add lines 12 and 13	14	25,900.		
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	36,674.		

Table with columns for line numbers (16-24) and amounts. Includes 'Tax and Credits' section with sub-rows for tax amounts and total tax.

Table with columns for line numbers (25-33) and amounts. Includes 'Payments' section with sub-rows for federal income tax withheld, EIC, and total payments.

If you have a qualifying child, attach Sch. EIC.

Table with columns for line numbers (34-36) and amounts. Includes 'Refund' section with sub-rows for overpaid amount and routing/account numbers.

Table with columns for line numbers (37-38) and amounts. Includes 'Amount You Owe' section with sub-rows for amount owed and estimated tax penalty.

Third Party Designee section. Includes a checkbox for 'Yes' or 'No' and fields for designee name, phone number, and PIN.

Sign Here section. Includes a declaration of preparer and fields for signature, date, occupation, and spouse information.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, firm name, address, and EIN.

**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
SUMAN KUMAR ENDLA & SUHASINI MUTA

Your social security number
762-90-4748

Part 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. Attach Schedule E	5	-8,640.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	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	
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	8l	
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 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ 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 nonqualified 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-SR, or 1040-NR, line 8	10	-8,640.

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

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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		
c	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:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	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	
e	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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return: **SUMAN KUMAR ENDLA & SUHASINI MUTA**
Your social security number: **762-90-4748**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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 Box A checked	498.	1,240.	4.	-738.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -738.

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) 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 Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-738.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 2em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(738.)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
SUMAN KUMAR ENDLA & SUHASINI MUTA

Social security number or taxpayer identification number
762-90-4748

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis as reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	498.	1,240.	W	4.	-738.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				498.	1,240.		4.	-738.

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Name(s) shown on return

SUMAN KUMAR ENDLA & SUHASINI MUTA

Your social security number

762-90-4748

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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	304 B, PRAJA SAI GARDEN BANDLAGUDA KEESARA, HYDERABAD, TELANGANA IN 501301
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A 3		310	0	<input type="checkbox"/>
B				<input type="checkbox"/>
C				<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 510.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 650.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,240.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,500.		
15 Supplies	15 2,900.		
16 Taxes	16		
17 Utilities	17 1,860.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 9,150.		
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 -8,640.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,640.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 510.		
b Total of all amounts reported on line 4 for all royalty properties	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		
e Total of all amounts reported on line 20 for all properties	23e 9,150.		
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 (8,640.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 -8,640.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,640.

Schedule E (Form 1040) 2022

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

SUMAN KUMAR ENDLA & SUHASINI MUTA

762-90-4748

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	62,574.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d		0.
3	Add lines 1 and 2d	3		62,574.
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5		2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8		2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9		400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. } • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10		0.
11	Multiply line 10 by 5% (0.05)	11		0.
12	Is the amount on line 8 more than the amount on line 11?	12		2,000.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the Credit Limit Worksheet A	13		3,990.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14		2,000.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
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Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return SUMAN KUMAR ENDLA & SUHASINI MUTA	Taxpayer identification number 762-90-4748
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer’s dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child’s custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

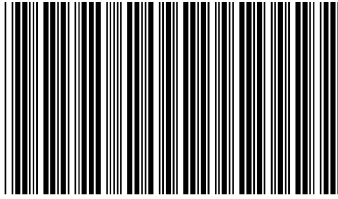
Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer’s responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer’s eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer’s responses, to determine the taxpayer’s eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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0130201010

2022 NJ-1040NR-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400.

Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Nonresident Payment Voucher
NJ-1040NR-V

762-90-4748 ENDL 879-85-2083
ENDLA SUMAN KUMAR & MUTA SUHASINI
16 PEARSALL FARM LN
CLAYTON NC 27527

1555 2022

Make your check payable to "State of New Jersey – TGI".
Write your Social Security number and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

250.00



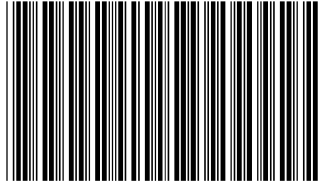
2022 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year
Beginning _____, 2022 Ending _____, 2023

1555

NJ-1040NR
2022
Page 1



040NV01220

Your Social Security Number
762904748

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/ CU partner last name only if different.)
ENDLA SUMAN KUMAR & MUTA SUHASINI

Spouse's/ CU Partner's Social Security Number
879852083

State of Residency (outside NJ)
NORTH CAROLINA

Home Address (Number and Street, incl. apt. # or rural route)
16 PEARSALL FARM LN

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
Y2242559	CA	CLAYTON	NC	27527

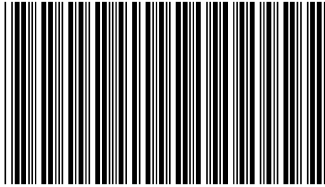
This is an amended return
 Federal extension application attached or enter confirmation number _____
 The address above is a foreign address
 Your address has changed
 Death certificate for deceased taxpayer is attached (See instructions page 9)
 I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/ CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes	No
Yes	No





040NV02220

Name(s) as shown on Form NJ-1040NR
ENDLA SUMAN KUMAR & MUTA SUHASINI

Your Social Security Number
762904748

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return _____
- 4. Head of Household Name and SSN of Spouse/CU Partner _____
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

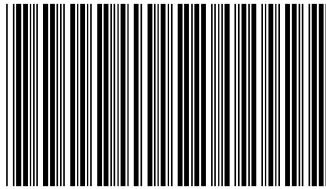
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children						10.	1
11. Number of other dependents						11.	
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	1 13c.

Dependent Information

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. ENDLA SARAYU	697089118	2016
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	32848 .	15.	32848 .
16. Interest	16.	4 .	16.	0 .
17. Dividends	17.	. .	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	. .	18.	. .
19. Net gains or income from disposition of property (From line 68)	19.	0 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	. .	21.	. .
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	. .	22.	. .
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	. .	23.	. .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	. .	24.	. .
25. Alimony and separate maintenance payments received	25.	. .	25.	. .
26. Other – State Nature and Source _____	26.	. .	26.	. .
27. TOTAL INCOME (Add lines 15 through 26)	27.	32852 .	27.	32848 .



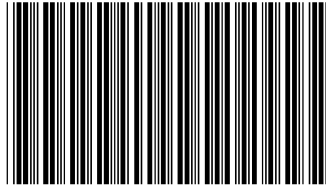
040NV03220

Name(s) as shown on Form NJ-1040NR
ENDLA SUMAN KUMAR & MUTA SUHASINI

Your Social Security Number
762904748

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	32852 .	29. 32848
30. Total Exemption Amount (See Instructions)	30.	3500 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	3500 .	
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	29352 .	
40. Tax on amount on line 39 (From Tax Table)	40.	444 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>99.99</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		444 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.	.	.
44. Gold Star Family Counseling Credit (See Instructions)	44.	.	.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.	.	.
46. Total Credits (Add lines 43, 44, and 45)	46.	.	.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		444 .
48. Interest on Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	48.		.
49. Total Tax Due (Add line 47 and line 48)	49.		444 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	194 .	
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



040NV04220

Name(s) as shown on Form NJ-1040NR
ENDLA SUMAN KUMAR & MUTA SUHASINI

Your Social Security Number
762904748

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	194 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.	250 .
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	.
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
			NOTE: An entry on lines 60 through 61F will reduce your tax refund
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	250 .
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR ENDLA SUMAN KUMAR & MUTA SUHASINI	Your Social Security Number 762904748
---	--

Part I	Net Gains or Income From Disposition of Property	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.
---------------	---	---

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65. ROBINHOOD SECURITI	01/01/2022	12/31/2022	498	1236	-738

66. Capital Gains Distribution	66.	
67. Other Net Gains.....	67.	
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)	68.	0

Part II	Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
----------------	---	---

69. Amount reported on line 15 in column A required to be allocated	69.	
70. Total days in taxable year	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.	
72. Total days worked in taxable year (subtract line 71 from line 70)	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	

75. **Allocation Formula** _____ x _____ = _____ (Include this amount on line 15, col. B)
 (Enter amount from line 69) (Salary earned inside N.J.)

Part III	Allocation of Business Income to New Jersey	(See instructions if other than Formula Basis of allocation is used.)
-----------------	--	---

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2022

Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)	4.	

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	304 B, PRAJA SAI GARDEN	762904748	1	-8,640.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)	4.		-8,640.

Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

Part IV Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)	4.		
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)	5.		

Name(s) as shown on Form NJ-1040NR ENDLA SUMAN KUMAR & MUTA SUHASINI	Social Security Number 762-90-4748
---	---------------------------------------

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2022

		Column A		Column B	
Part I Income (Loss)		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-8,640.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2021			5b.	()
6.	Totals	6a.	0.	6b.	-8,640.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
Part III Loss Carryforward to Tax Year 2023					
12.	Loss Carryforward to Tax Year 2023	12.		(8,640.

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

REV 01/24/23 PRO

PA-40 - 2022
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

762904748 879852083

ENDLA

SUMAN KUMAR Occupation SOFTWARE E

SUHASINI Occupation SOFTWARE E

MUTA

16 PEARSALL FARM LN

CLAYTON NC 27527

408-609-6074 99999

N Extension. N Amended Return.
P Residency Status. PA Resident/Nonresident/Part-Year Resident
from 010122 to 042922
J Single, Married/Filing Jointly, Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (39100), 1b (0), 1c (39100), 2 (4), 3 (0), 4 (0), 5 (-742), 6 (0), 7 (0), 8 (0), 9 (39104), 10 (0), 11 (39104).



PA-40 - 2022

Social Security Number

762904748 Name(s) SUMAN KUMAR ENDLA

- 12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2021 PA Income Tax return.
- 15 2022 Estimated Installment Payments. REV-459B included. N
- 16 2022 Extension Payment.
- 17 Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)
- 18 **Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: **01 Unmarried or Separated 02 Married 03 Deceased**
- 19b Dependents, Section II, Line 2, **PA Schedule SP**
- 20 Total Eligibility Income from Section III, Line 11, **PA Schedule SP.**
- 21 **Tax Forgiveness Credit** from Section IV, Line 16, **PA Schedule SP.**

- 22 Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**
- 23 Total Other Credits. Submit your **PA Schedule OC** and/or **PA Schedule DC.**
- 24 **TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.
- 25 **USE TAX.** Due on internet, mail order or out-of-state purchases. See instructions.
- 26 **TAX DUE.** If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 **TOTAL PAYMENT DUE.** See the instructions.
- 29 **OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 **Refund** – Amount of Line 29 you want as a check mailed to you. **REFUND**
- 31 **Credit** – Amount of Line 29 you want as a credit to your 2023 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12									
13									
14									
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18									
19a	00								
19b	00								
20									
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22									
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27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
----------------	---------------------------------------

Preparer's Name and Telephone Number	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	031023

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703



PA SCHEDULE A
Interest Income

2201210024

PA-40 A (EX) 06-22 (1)
PA Department of Revenue

2022

OFFICIAL USE ONLY

Name (if filing jointly, use name shown first on the PA-40) SUMAN KUMAR ENDLA	Social Security Number (shown first) 762-90-4748
--	---

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer Spouse Joint

1. Interest income reported on your federal return. See instructions.	1.	\$	4
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$	
3. Other addition adjustments. See instructions. Description: _____	3.	\$	
4. Add Lines 1, 2 and 3.	4.	\$	4
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$	
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$	
7. Interest income from direct obligations of the U.S. government.	7.	\$	0
8. Other reduction adjustments. See instructions. Description: _____	8.	\$	
9. Add Lines 5, 6, 7 and 8.	9.	\$	0
10. Subtract Line 9 from Line 4.	10.	\$	4
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$	
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$	
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	\$	
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	\$	
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	\$	
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$	4

1555
REV 03/01/23 PRO



2201210024

2201210024

PA SCHEDULE D 2201310022
 Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-22 (I)
 PA Department of Revenue **2022**

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule: SUMAN KUMAR ENDLA
 Social Security Number (shown first): 762-90-4748

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/22	12/31/22	498.	1,240.	<input checked="" type="checkbox"/> LOSS 742.
					<input type="checkbox"/> LOSS
					<input type="checkbox"/> LOSS
					<input type="checkbox"/> LOSS
					<input type="checkbox"/> LOSS
					<input type="checkbox"/> LOSS
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					<input type="checkbox"/> LOSS
					<input type="checkbox"/> LOSS
2. Net gain (loss) from above sales.					<input checked="" type="checkbox"/> LOSS 742.
3. Gain from installment sales from PA Schedule D-1.					<input type="checkbox"/> 3.
4. Taxable distributions from C corporations. Enter total distribution					<input type="checkbox"/>
. Minus adjusted basis					<input type="checkbox"/>
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.					<input type="checkbox"/> LOSS 5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1					<input type="checkbox"/> LOSS 6.

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					<input type="checkbox"/> 7.
8. Taxable distributions from partnerships from REV-999.					<input type="checkbox"/> 8.
9. Taxable distributions from PA S corporations from REV-998.					<input type="checkbox"/> 9.
10. Taxable gain from exchange of insurance contracts.					<input type="checkbox"/> 10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).					<input checked="" type="checkbox"/> LOSS 11. 742.



PA SCHEDULE E
Rents and Royalty Income (Loss)

2201410020

PA-40 E (EX) 06-22 (1)
PA Department of Revenue

2022

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule
SUMAN KUMAR ENDLA

Social Security Number (shown first) or EIN
762-90-4748

Sales Tax License Number (if applicable). See the instructions. _____ Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A 3	304 B, PRAJA SAI GARDEN	YES <input type="radio"/> NO <input checked="" type="radio"/>	304 B, PRAJA SAI GARDEN BANDLAGUDA, KEESARA, HYDERABAD, TELANGANA, 501301,
B		YES <input type="radio"/> NO <input type="radio"/>	
C		YES <input type="radio"/> NO <input type="radio"/>	

Property type: 1. Single family residence 3. Vacation/short-term rental 5. Land 7. Self-rental
2. Multi-family residence 4. Commercial 6. Royalties 8. Other, describe: _____

SECTION II INCOME & EXPENSES

	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	<input checked="" type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J
Line b: Is the property rental location in PA?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Line c: Is the property rented for any period less than 30 days?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Income: 1. Rent received	510		
2. Royalties received			
Expenses: 3. Advertising			
4. Automobile and travel			
5. Cleaning and maintenance	650		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees	1,240		
10. Mortgage interest			
11. Other interest			
12. Repairs	2,500		
13. Supplies	2,900		
14. Taxes - not based on net income			
15. Utilities	1,860		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	9,150		
Income or Loss: 19. Income - Subtract Line 18 from Line 1 or 2			
20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0

REV 03/01/23 PRO

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2201410020

2201410020



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

**If you have relocated during the tax year, please supply additional information.*

Tax Year 22

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

***If you need additional space - please see back of form.*

LAST NAME, FIRST NAME, MIDDLE INITIAL ENDLA, SUMAN KUMAR	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL MUTA, SUHASINI	
STREET ADDRESS (No PO Box, RD or RR) 16 PEARSALL FARM LN		
SECOND LINE OF ADDRESS		
CITY CLAYTON	STATE NC	ZIP CODE 27527

DAYTIME PHONE NUMBER	RESIDENT PSD CODE 7 2 0 1 0 2	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted.</p> <p>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</p> <p><input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;">7 6 2 9 0 4 7 4 8</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>	<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;">8 7 9 8 5 2 0 8 3</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>
--	--	---

1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)	39100 .00	0 .00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)	0 .00	0 .00
3. Other Taxable Earned Income *	0 .00	0 .00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)	39100 .00	0 .00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	0 .00	0 .00
6. Net Loss (Enclose PA Schedules*)	0 .00	0 .00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)	0 .00	0 .00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	39100 .00	0 .00
9. Total Tax Liability (Line 8 multiplied by 1.0000)	391 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	391 .00	0 .00
11. Quarterly Estimated Payments/Credit From Previous Tax Year	0 .00	0 .00
12. Out-of-State or Philadelphia Credits (include supporting documentation)	0 .00	0 .00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)	391 .00	0 .00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)	0 .00	0 .00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account) <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	0 .00	0 .00
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)	0 .00	0 .00
17. Penalty after April 15* (multiply Line 16 by)	0 .00	0 .00
18. Interest after April 15* (multiply Line 16 by)	0 .00	0 .00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)	0 .00	0 .00

*See Instructions REV 03/01/23 PRO

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.		
YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM	PHONE NUMBER (678) 965-9522	

Make Check Payable To: **Mail To:**



PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 11-22

2022

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary Taxpayer (SUMAN KUMAR ENDLA) and Secondary Taxpayer (SUHASINI MUTA).

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2022 (whole dollars only)

Table with 2 columns: Line Number and Amount. Rows 1-5 showing tax return details like Adjusted PA taxable income, PA tax liability, and total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 04748 as my signature on my tax year 2022 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 52083 as my signature on my tax year 2022 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name
SUMAN KUMAR ENDLA

Social Security Number
762-90-4748

Federal Forms W-2

# of W2	* N T / X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	SICL AMERICA INC 61-1773696	39,100.	39,100. 1,200.	PA
2	X	T	<input type="checkbox"/>	YES TECHNOLOGIES LLC 35-2650464		32,848. 0.	NJ
2	X	T	<input type="checkbox"/>	YES TECHNOLOGIES LLC 35-2650464		27,568. 0.	NC
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2	39,100.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6	60,416.	
Withholding	1,200.	

Federal Forms W-2: Local Tax

# of W2	* N T / X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1	<input type="checkbox"/>	T	61-1773696	720102	39,100.	391.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	39,100.	
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	391.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation.
Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan.
Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above
Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|--|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability
(including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . .	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	39,100.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13.	1,200.	_____

Total gross compensation to Form PA-40 line 1a 39,100.

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

D-400 (50) 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

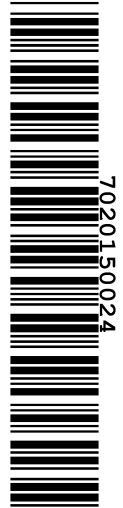
North Carolina Department of Revenue

Amended Return

DOR Use Only

For calendar year 2022, or fiscal year beginning <u>22</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SUMAN KUMAR ENDLA SUHASINI MUTA		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
16 PEARSALL FARM LN Your SSN: 762904748		Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CLAYTON NC 27527 JOHNS Spouse's SSN: 879852083		
Filing Status	<input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately	Year spouse died:
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/> Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/> Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y		DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
ENDL	16	P	27527		DS	N	EA	N	TD		SD				FDEXT	N
SUMAN KUMAR				ENDLA					762904748				JOHNS			
SUHASINI				MUTA					879852083		NC	27527				
16 PEARSALL FARM LN									CLAYTON							
06		62574			16				0		26C				0	
07		0			18	Y			0		26E				0	
09		0			20A				1186		EU					
10A		1			20B				0		27				0	
10B		2000			21A				0		29				0	
11	S	Y	I	N	21B				0		30				0	
11		25500			21C				0		31				0	
13		04406			21D				0		32				0	
14		15454			26A				0		34				415	
15		771			26B				0							
TN		4086096074			PN				6789659522		PP				P02082703	



Sign Return Below	<input checked="" type="checkbox"/> Refund Due <u>415</u>	<input type="checkbox"/> Payment Due <u>0</u>
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
		Contact Phone No. (Include area code) <u>4086096074</u>
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.		
SYAM PRIYA RAM SAGAR GUPT	<u>03 10 23</u>	<u>6789659522</u>
Paid Preparer's Signature _____	Date _____	Preparer's Contact Phone Number (Include area code) _____
		Preparer's FEIN, SSN, or PTIN <u>P02082703</u>
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 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	62574
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	62574
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.	1
	b. Enter the amount of the child deduction	10b.	2000
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	27500
	b. Subtract Line 12a from Line 8	12b.	35074
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.4406
14.	N.C. Taxable Income	14.	15454
15.	N.C. Income Tax	15.	771
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	771
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	771

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1186
20b.	Spouse's tax withheld	20b.	0

Other 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.	1186
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1186
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.	415

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.	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.	415

D-400 Sch PN (50)

8-17-22

2022 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **ENDLA** Your Social Security Number **762904748**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	04 30 22	12 31 22	22	27568
NRS	N	PYS	Y	04 30 22	12 31 22	23	62574

Part A. Residency Status

Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-Year Resident Date N.C. residency began: 04 30 22 Date N.C. residency ended: 12 31 22				Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-Year Resident Date N.C. residency began: 04 30 22 Date N.C. residency ended: 12 31 22			
---	--	--	--	---	--	--	--

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income	COLUMN A		COLUMN B	
	Total Income from all sources		Amount of Column A subject to N.C. tax	
1. Wages, Salaries, Tips, Etc.	1.	71948	27568	
2. Taxable Interest	2.	4	0	
3. Taxable Dividends	3.	0	0	
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0	
5. Alimony Received	5.	0	0	
6. Business Income or (Loss)	6.	0	0	
7. Capital Gain or (Loss)	7.	-738	0	
8. Other Gains or (Losses)	8.	0	0	
9. Taxable Amount of IRA Distributions	9.	0	0	
10. Taxable Amount of Pensions and Annuities	10.	0	0	
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	-8640	0	
12. Farm Income or (Loss)	12.	0	0	
13. Unemployment Compensation	13.	0	0	
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14.	0	0	
15. Other Income	15.	0	0	
16. Total Income	16.	62574	27568	
North Carolina Adjustments				
Enter the amount from Form D-400 Schedule S Amount of Column A subject to N.C. tax				
17. Additions				
a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0	
b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0	
c. Bonus Depreciation	17c.	0	0	
d. IRC Section 179 Expense	17d.	0	0	
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0	
18. Total Additions	18.	0	0	

Last Name (First 10 Characters) ENDLA	Your Social Security Number 762904748
--	--

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 62574	27568

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21	22.	27568
23. Enter the Amount From Column A, Line 21	23.	62574
24. Part-Year Residents and Nonresident Taxable Percentage	24.	0.4406