Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpaver's name

| Taxpay | er's name | Social security | y numbe | er | | | | | |
|-------------------------------|---|-----------------|---------|-------------|--|--|--|--|--|
| AMA | RNATH REDDY NALLABALLE | 385-53-8547 | | | | | | | |
| Spouse's name Spouse's social | | | | rity number | | | | | |
| Par | Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) | | | | | | | | |
| Enter | 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 | 101,512. | | | | | |
| 2 | Total tax | [| 2 | 14,762. | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | [| 3 | 17,936. | | | | | |
| 4 | Amount you want refunded to you | [| 4 | 3,174. | | | | | |
| 5 | Amount you owe | | 5 | | | | | | |
| Par | 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

| X | I authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |
|---|-------------|--------|-------|---------------|-----------------------------|----|
| | | - | | ERO firm name | | En |

| | 3 | 8 | 5 | 4 | 7 | | | | |
|--|---|---|---|---|---|--|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | |

my

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

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

Your signature ►

Date 🕨 _

| Spouse's PIN: check | cone box only | | | |
|---------------------|---------------|-----------------------------|------------------------|-------|
| I authorize | | to enter or generate my PIN | | as my |
| | ERO firm name | | Enter five digits, but | |

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 | ate | | | | | | | |
|---|-----|----|---|--|---|---------|---|--|
| Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | |
| 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 | | 6 | 9 8 | 9 | |

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 ► |
|-------------------|--|
| | ain This Form — See Instructions m to the IRS Unless Requested To Do So |
| | |

| 1040 | | rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta 2 | | urn 20 | 22 | OMB No. 1545 | -0074 | IRS Use | Only— | Do not w | rite or staple | in this space. |
|---|----------|--|------------|---------------------|----------|---------------------|---------|--------------|--------|-------------|---|---|
| Filing Status Check only one box. | | Single D Married filing jointly | _ | ed filing separatel | | | | | , L | spou | lifying surv use (QSS) name if th | 0 |
| | | on is a child but not your dependent | t: | | | | | | | | | |
| Your first name | and mi | ddle initial | Last nar | me | | | | | | | cial securit | |
| AMARNATH | | | NALL. | ABALLE | | | | | | | 53-854 | |
| lf joint return, sp | ouse's | first name and middle initial | Last nar | ne | | | | | : | Spouse' | s social seo | curity number |
| Home address (| numbe | r and street). If you have a P.O. box, see | instructio | ons. | | | 4 | Apt. no. | | Preside | ntial Electio | on Campaign |
| | | LAZADAVIDSON | | | | | | | - | | nere if you, | 1 0 |
| | | ce. If you have a foreign address, also co | omplete sp | baces below. | Sta | ate | ZIP c | ode | | | | tly, want \$3 |
| DAVIDSON | | | | | N | С | 280 | 36 | | | this fund. | Checking a change |
| Foreign country | | | F | oreign province/st | ate/cour | nty | | in postal co | | | or refund. | 0 |
| | | | | | | | | | | | You | Spouse |
| Digital | | y time during 2022, did you: (a) rec | | | | | - | | | | _ | |
| Assets | | ange, gift, or otherwise dispose of a | - | | | | asset) | ? (See in: | struc | tions.) | Yes | X No |
| Standard | | eone can claim: 🗌 You as a de | • | | | a dependent | | | | | | |
| Deduction | <u> </u> | Spouse itemizes on a separate retur | n or you | were a dual-stat | us alier | 1 | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind | Spouse | e: 🗌 Was bo | rn befo | ore Janua | ıry 2, | 1958 | 🗌 ls bl | ind |
| Dependents | (see | instructions): | | (2) Social sec | urity | (3) Relationsh | nip (4 |) Check th | e bo | c if qualit | fies for (see | instructions): |
| If more | (1) Fi | rst name Last name | | number | - | to you | | Child ta | ax cre | dit | Credit for ot | her dependents |
| than four | | | | | | | | [| | | [| |
| dependents, see instructions | | | | | | | | | | | [| |
| and check | | | | | | | | | | | [| |
| here | | | | | | | | | | | [| |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) | | | | | | 1 a | 10 |)4,770. |
| | b | Household employee wages not re | | | | | • • | | | 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | | | | | • • | • • | | 1c | | |
| attach Forms | d | Medicaid waiver payments not rep | | | e instr | uctions) | • • | | | 1d | _ | |
| W-2G and 1099-R if tax | e | Taxable dependent care benefits | | - | | | • • | • • | | 1e | | |
| was withheld. | t | Employer-provided adoption bene | | | | | • • | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | • • | • • | | 1g | | |
| get a Form W-2, see | h : | Other earned income (see instruct | | · · · · · | | · · · · | | • • | | 1h | | 0. |
| instructions. | i | Nontaxable combat pay election (Add lines 1a through 1h | see msin | uctions) | • • | 1 i | | | | 4- | 10 | 04,770. |
| Attach Sch. B | z 2a | Ŭ I | 2a | | h] | Faxable interes | • • | • • | • • | 1z 2b | 10 | <u>, , , , , , , , , , , , , , , , , , , </u> |
| if required. | 2a 3a | | 3a | 75. | | Ordinary divide | | • • | • • | 20 3b | | 128. |
| | 4a | - | 4a | | | Faxable amoun | | • • | • • | 4b | | 120. |
| Standard | 5a | | 5a | | | Faxable amoun | | | • • | 5b | | |
| Deduction for – | 6a | | 6a | | | Faxable amoun | | | | 6b | | |
| Single or Married filing | c | If you elect to use the lump-sum e | | nethod. check he | | | | | . r | | | |
| separately, | 7 | Capital gain or (loss). Attach Sche | | | | | | | | 7 | | 6,259. |
| \$12,950Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | 8 | - | -9,645. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | 9 | |)1,512. |
| surviving spouse, | 10 | Adjustments to income from Sche | | - | | | | | | 10 | | <u>.</u> |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | | 11 | 10 |)1,512. |
| household, \$19,400 | 12 | Standard deduction or itemized | - | | | | | | | 12 | | 12,950. |
| If you checked | 13 | Qualified business income deduct | | | , | 95-A | | | | 13 | | 9. |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | L2,959. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or less | s, enter -0 This | is your | taxable incom | ne. | | | 15 | | 38,553. |
| | | | | | | | | | | | | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|------------------------------------|---------|--|---------------------|---------------------|------------------|-------------------------|--------------|---------|-----------------------------------|---------------|
| Tax and | 16 | Tax (see instructions). Check if | any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 14, | ,762. |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 14, | ,762. |
| | 19 | Child tax credit or credit for ot | ther dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. I | f zero or less, | enter -0 | | | | 22 | 14, | ,762. |
| | 23 | Other taxes, including self-em | ployment tax, | from Schedule | e 2, line 21 . | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is yo | our total tax | | | | | 24 | 14, | ,762. |
| Payments | 25 | Federal income tax withheld f | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 17 | ,936. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 17, | ,936. |
| Here have a | 26 | 2022 estimated tax payments | and amount a | pplied from 20 | 21 return | | | 26 | | - |
| If you have a qualifying child, | 27 | Earned income credit (EIC) . | | | | 27 | | | | - |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit fr | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line | | | | 31 | | - | | |
| | 32 | Add lines 27, 28, 29, and 31. | | | | | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. The | | | | | | 33 | 17, | ,936. |
| Defined | 34 | If line 33 is more than line 24, | | | | | | 34 | | ,174. |
| Refund | 35a | Amount of line 34 you want re | | | | | | 35a | 3, | 174. |
| Direct deposit? | b | Routing number 1 2 1 | | | | | Savings | | | |
| See instructions. | d | Account number 3 2 5 | | | | | J | | | |
| | 36 | Amount of line 34 you want ap | · · · · | | · · · · · | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. | | | | | | | | |
| You Owe | 07 | For details on how to pay, go | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see ins | - | - | | 38 | | | | |
| Third Party | Do | you want to allow another p | | | | | | | | |
| Designee | | 1 | | | | | omplete b | elow. | X No | |
| Ū | De | signee's | | Phone | | | onal identif | ication | | |
| | nai | ne | | no. | | num | ber (PIN) | | | |
| Sign | | der penalties of perjury, I declare that | | | | | | | | |
| Here | | ief, they are true, correct, and compl | ete. Declaration of | | | ased on all information | | • • | | 0 |
| | Yo | ur signature | | Date | Your occupation | | | | nt you an Idei IN, enter it he | |
| Joint return? | | | | | SENIOR SOFT | WARE ENGINE | 1 | | | |
| See instructions. | Sp | ouse's signature. If a joint return, bo | th must sign. | Date | Spouse's occupat | | | IRS se | nt your spous | e an |
| Keep a copy for | | 0 | 0 | | | | | | ection PIN, er | ter it here |
| your records. | | | | | | | (see | nst.) | | |
| | | one no. (510) 934-5873 | | Email address | N.AMARRED | DY@GMAIL.CC | | | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM S | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/08/2023 | P02082 | 2703 | Self-err | nployed |
| Use Only | Fir | m's name GLOBAL TAXI | ES LLC | | | | Phor | e no. | (678) 965 | -9522 |
| | Fir | m's address 245 ROONEY | CT E BRU | NSWICK N | J 08816 | | Firm' | s EIN | 84-31 | 71965 |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the latest | information. | | BAA | REV 02/24/23 PRO | | | Form 1(| 040 (2022) |

BAA

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

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 2 '((2 Attachment

| Internal Revenue Service | Go to <i>www.irs.gov/Form1040</i> for instructions and the latest information. | | Sequence No. 01 |
|--------------------------|--|----------|------------------------|
| Name(s) shown on Fo | rm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| AMARNATH REDDY | NALLABALLE | 385-53 | -8547 |

| Par | t I Additional Income | | | |
|-----|--|----------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E . | 5 | -9,645. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | - | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | - | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | - | |
| Z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR | , or 1040-NR, line 8 | 10 | -9,645. |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | | |
|--------|--|------------------|------|----------|----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | asis governi | ment | | |
| | officials. Attach Form 2106 | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 . | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | Jury duty pay (see instructions) | la | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | |
| | rental of personal property engaged in for profit | łb | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| ام | | | | | |
| d | Reforestation amortization and expenses | +a | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | le | | | |
| £ | | fe 4f | | | |
| f g | | +i lg | | | |
| • | Attorney fees and court costs for actions involving certain unlawful | ' 9 | | | |
| | discrimination claims (see instructions) | 1h | | | |
| | Attorney fees and court costs you paid in connection with an award | T11 | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | | 4i | | | |
| i | Housing deduction from Form 2555 | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | ., | | | |
| | | łk | | | |
| z | Other adjustments. List type and amount: | | | | |
| | | 4z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. E | | d on | | |
| | | | | 26 | |
| | | REV 02/24/23 PRO | : | Schedule | e 1 (Form 1040) 2022 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

20 2 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

AMARNATH REDDY NALLABALLE

Your social security number

385-53-8547

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)

| | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss f | | (h) Gain or (loss) Subtract column (e) from column (d) and |
|--------------|---|---------------------------------------|-------------------|---|-----|--|
| This whol | art I, (g) | 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 | 9,183. | 7,624. | - 6 | 60. | 1,499. |
| 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 (I | oss) from Forms 4 | 684, 6781, and 88 | | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | usts from | 5 | | | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | our Capital Loss | Carryover | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | - | | | 7 | 1,499. |

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmer to gain or loss Form(s) 8949, line 2, colum | s from Part II, | (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 from Forms 4684, 6781, and 8824 | | | | 11 | | | | |
| 12 | Net long-term gain or (loss) from partnerships, S corporat | ions, estates, and | trusts from Scheo | dule(s) K-1 | 12 | | | | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | Carryover | 14 | () | | | | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | - | | o to Part III | 15 | 4,760. | | | |
| For F | Paperwork Reduction Act Notice, see your tax return instruction | | | | Schedu | ile D (Form 1040) 2022 | | | |

| Part | III Summary | |
|------|--|------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 6,259. |
| | • 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? | |
| | Yes. Go to line 18. 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? X 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. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 02/24/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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 AMARNATH REDDY NALLABALLE Social security number or taxpayer identification number 385-53-8547

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 was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | Date acquired dianaged of calca prices of the formation o | | | | See the separate instructions. | | | |
|---|---|--|-------------------------------------|--|-------------------------------------|---------------------------------------|---|--|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | | |
| ROBINHOOD SECURITIES LL | 01/01/22 | 07/01/22 | 9,183. | 7,624. | E | -60. | 1,499. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box | tal here and inc e is checked), lir | lude on your ne 2 (if Box B | 9,183. | 7,624. | | -60. | 1,499. | | |

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

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

| Form 8949 (2022) | Attachment Sequence No. 12A | Page 2 |
|------------------|-----------------------------|---------------|
| | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AMARNATH REDDY NALLABALLE

Social security number or taxpayer identification number 385-53-8547

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| 1 (a) Description of pro | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a c See the sep | (h) Gain or (loss) Subtract column (e) | | |
|---|-----------------------------------|--|--------------------------------|--|--|--|---------------------------------------|---|
| (Example: 100 sh. XYZ Co.) | | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| ROBINHOOD SECURIT | IES LL | 01/01/22 | 12/30/22 | 9,771. | 5,418. | W | 407. | 4,760. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts negative amounts). Ente Schedule D, line 8b (if B above is checked), or line | er each tota ox D above | I here and incl is checked), lin | lude on your le 9 (if Box E | 9,771. | 5,418. | | 407. | 4,760. |

Note: If you checked Box D 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.

REV 02/24/23 PRO

| | EDULE E | | Supplementa | | | | OMB No. 1545-0074 | | | | | | |
|------------|---|-------------|--|--------------------------|-----------|--------|-------------------|--------------------|-----------|--------------|----------------|--|--|
| (Form | 1040) | | | | | | | | | | | | |
| | nent of the Treasury Revenue Service | | Attachm Sequend | ient ce No. 13 | | | | | | | | | |
| Name(s |) shown on return | | | | | | | ١ | our soci | ial security | number | | |
| | NATH REDDY | NALLA | BALLE | | | | | | 385-5 | 3-8547 | | | |
| Part | | | From Rental Real Estate an | | | • | | | | | | | |
| | | | e business of renting personal proper from Form 4835 on page 2, line 40. | ty, use | Schedule | C. See | e instrue | ctions. If you are | e an indi | vidual, rep | ort farm | | |
| Α [| | | nts in 2022 that would require you | to file | Form(s) 1 | 099? 5 | See ins | structions | | . 🗌 Ye | s 🛛 No | | |
| | • | | | | . , | | | | | | | | |
| 1 a | Physical addr | ess of ea | ch property (street, city, state, ZIF | P code | e) | | | | | | | | |
| Α | 20-3-2/6A | SIVA J | JYOTHI NAGAR TIRUPATHI, | AND | HRA PRA | ADESH | IN . | 517501 | | | | | |
| В | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| 1b | Type of Prope | | For each rental real estate prope | Fa | | | nal Use | QJV | | | | | |
| - | (from list below | N) | above, report the number of fair personal use days. Check the Q | | | | | Days | Da | ays | | | |
| | 3 | | if you meet the requirements to f | | | A B | | 365 | | 0 | | | |
| C | | | qualified joint venture. See instru | ictions | S. | C | | | | | | | |
| | of Property: | | | | | • | | | | | | | |
| | Single Family R | esidence | 3 Vacation/Short-Term Ren | tal | 5 Land | | 7 | Self-Rental | | | | | |
| | Multi-Family Re | | 4 Commercial | | 6 Roya | alties | | Other (describ | ce) | | | | |
| | | | | | - | | | Propertie | | | | | |
| Incon | | | | | | Α | | B | 3. | | С | | |
| 3 | | 4 | | 3 | | | 50. | | | | <u> </u> | | |
| 4 | | | | 4 | | - | | | | | | | |
| Exper | | | | | | | | | | | | | |
| 5 | Advertising . | | | 5 | | | | | | | | | |
| 6 | Auto and trave | l (see inst | tructions) | 6 | | | | | | | | | |
| 7 | • | | псе | 7 | | 9 | 50. | | | | | | |
| 8 | | | | 8 | | | | | | | | | |
| 9 | | | | 9 | | | | | | | | | |
| 10 | | | ional fees | 10 | | | | | | | | | |
| 11 | | | | 11 | | 1,3 | 50. | | | | | | |
| 12 13 | 00 | • | to banks, etc. (see instructions) | 12 13 | | | | | | | | | |
| 14 | | | | 14 | | 2.4 | 10. | | | | | | |
| 15 | • | | | 15 | | | 00. | | | | | | |
| 16 | | | | 16 | | | | | | | | | |
| 17 | Utilities | | | 17 | | 1,9 | 85. | | | | | | |
| 18 | Depreciation e | xpense o | r depletion | 18 | | | | | | | | | |
| 19 | | | | 19 | | | | | | | | | |
| 20 | • | | es 5 through 19 | 20 | | 10,1 | 95. | | | | | | |
| 21 | | | e 3 (rents) and/or 4 (royalties). If | | | | | | | | | | |
| | | | structions to find out if you must | 04 | | -9,6 | 15 | | | | | | |
| 22 | | | state loss after limitation, if any, | 21 | | 0, د | -J. | | | | | | |
| 22 | | | ructions) | 22 | (| 9.64 | 15.) | (| ١ | (| ١ | | |
| 23a | | | orted on line 3 for all rental prope | L | | | 23a | N | 550. | (|) | | |
| b | | | orted on line 4 for all royalty prop | | | | 23b | | - | | | | |
| С | | | orted on line 12 for all properties | | | | 23c | | | | | | |
| d | Total of all am | ounts rep | orted on line 18 for all properties | | | | 23d | | | | | | |
| е | | • | orted on line 20 for all properties | | | | 23e | 10, | 195. | | | | |
| 24 | | • | mounts shown on line 21. Do no | | | | | | 24 | | | | |
| 25 | | | es from line 21 and rental real estat | | | | | | | (| 9,645.) | | |
| 26 | | | e and royalty income or (loss). | | | | | | | | | | |
| | | | and line 40 on page 2 do not , line 5. Otherwise, include this ar | | | | | | 26 | | -9,645. | | |
| For Pa | | | tice, see the separate instructions. | | NE | | | -9,645. | | hedule F (Fr | orm 1040) 2022 | | |

| Form 8995 |
|------------------|
|------------------|

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

| Go to www.irs.gov/Form8995 for instructions and the latest inform | ation |
|---|-------|

20**22** Attachment Sequence No. **55**

O<u>MB No. 1545-2294</u>

AMARNATH REDDY NALLABALLE

Your taxpayer identification number

385-53-8547

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | | Qualified business income or (loss) |
|---------|--|------------------------------------|----|--|
| | | | | |
| i | | | | |
| | | | | |
| ii | | | | |
| | | | | |
| iii | | | | |
| iv | | | | |
| | | | | |
| v | | | | |
| | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 () | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) | | | |
| | (see instructions) | 6 46. | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior | - (| | |
| 0 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero | 7 () | | |
| 8 | or less, enter -0 | 8 46. | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 | 9. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and | | 10 | 9. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 88,562. | | |
| 12 | | 12 4,835. | | |
| 13 | , | 13 83,727. | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | 16,745. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions) | | 15 | 9. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than | | 16 | (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a | | | |
| | zero, enter -0 | | 17 | (0.) |
| For Pri | | 24/23 PRO | | Form 8995 (2022) |

| | ole Ali | Pages | of Yo | bur | 2022 | - | - | olina E |)epartmer | nt of R | Return evenue | DOR Use Only | | | | |
|-----------|---|---------------|----------------|----------------------|-----------------|------------|-----------|-----------------|-----------------------|-------------|--------------------------------------|-------------------------|------------------|----------------------|---------------------------|----------|
| | Return and W-2s Here Amended Return For calendar year 2022, or fiscal year beginning 2.2 and ending Are you a veteran? Yes No | | | | | | | | | | | | | | | |
| | | 'H REI | | | LABALLI | | | | | | | Is your spor | | | | |
| | | | | ADAVIDS | ON | | | | | | I | Were you gr | | | | |
| | <u>IDSC</u> Statu | | 1. Sing | <u>MECKL</u> | | 2. Marri | ed Filing | | Spouse's S | | Separately | 2022 federa | Yes | No No | | 040? |
| FIIII | Jolalu | ~ = | | gie ad of Househo | old 🗌 | 5. Quali | - | | — 5. War | neu rinng | Separately | Year spou | | | <u></u> | |
| | | | | C. for the en | 5 | | Yes 2 | No | | | or deceased t | axpayer. | Date of | | | |
| | | | | ent for the e | | | Yes L | | | | or deceased s | | Date of | | | |
| | | | | | - | | | | NC-EDU and | | und by makir | - | | - | ng some or our overpay | |
| | | | | | | | | | | | r information | | | <u>j. 16.00</u> j. 1 | a. ereipaj | , |
| | | | | | | | | | | | 15, 2023, an | | izen or re | sident. | | |
| | Select | DOX IT ret | <u>turn is</u> | filed and sig | gned by Ex | (ecutor, | Aamini | strator, | or Court-App | ointea P | ersonal Repr | esentative. | | | | |
| FS | 1 | PP | Y | | DT | N | OC | Ν | TPRES | Y | SPRES | Ν | VT | Ν | SVT | Ν |
| NALI | _ | 1981 | L | 28036 | DS | Ν | ΕA | Ν | TD | | | SD | | | FDEX' | T N |
| AMAF | RNAI | 'H RE | EDD | | NALLZ | ABAL | LE | | | 385 | 538547 | | MECH | | | |
| | | | | | | | | | | | | NC | 2803 | 36 | | |
| 1981 | L TC | PAZ | PLA | AZADAV | IDSON | | | | | DA | VIDSON | | | | | |
| 06 | | 1 | L015 | 512 | | 16 | | | 0 | | 26C | | | 0 | | |
| 07 | | | | 0 | | 18 | Y | | 0 | | 26E | | | 0 | | 0201 |
| 09 | | | | 0 | | 20A | | | 4680 | | EU | | | | | 5002 |
| 10A | | | | 0 | | 20B | | | 0 | | 27 | | | 0 | | |
| 10B | | | | 0 | | 21A | | | 0 | | 29 | | | 0 | | |
| 11 | S | Y | Ι | Ν | | 21B | | | 0 | | 30 | | | 0 | | |
| 11 | | | 127 | 750 | | 21C | | | 0 | | 31 | | | 0 | | |
| 13 | | | 000 | | | 21D | | | 0 | | 32 | | | 0 | | |
| 14 | | | 887 | 762 | | 26A | | | 0 | | 34 | | 25 | 51 | | |
| 15 | | | | 129 | | 26B | | | 0 | | | | | | | |
| TN | | 51093 | | | | PN | (| | 659522 | | PP | P02 | 208270 |)3 | | |
| I declare | e and cei | tify that I h | ave exa | mined this retur | efund D | anying sci | hedules a | 25 nd statem | | ment | | uthorize the | 0 North Carol | ina Depa | artment of R | evenue |
| the best | of my kr | iowledge a | and belie | f, they are true, | correct, and c | complete. | | | | to di | ck here if you a scuss this retur | n and attach | ments with | the paid | preparer bel | low. |
| | | | | | | | | | | | | | | 9345 | | |
| Your Sig | | R USE ON | ILY If | prepared by a l | person other th | Date | | • | nature (If filing joi | | oth must sign.) f which the prepa | Date rer has any kno | | t Phone N | lo. (Include an | ea code) |
| | _ | | | | | , , | | | | | , , , , , | , | J | | | |
| | | | AM S | SAGAR GI | JPT O | 3 08 | | | 659522 | | | | | 2082 | | |
| Paid Pre | eparer's | Signature | | | | Date | Pre | parer's Co | ntact Phone Num | ber (Includ | e area code) | | Prepar | er's FEIN, | SSN, or PTIN | 1 |

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

REV 01/26/23 PRO

D-400 2022 Page 2 (50)

| Last Name (First 10 Characters) | NALLABALLE |
|---------------------------------|------------|
| | |

Your Social Security Number

385538547

| 7. Additions to Federal Adjusted Gross Income 7. 8. Add Lines 5 and 7 8. 10151 9. Deduction 9. 10. 10. Child Deduction 10. 10. 11. Child Deduction 10. 10. 12. Child Deduction 10. 11. 13. C. Standard Deduction 11. 11. 14. N.C. Standard Deduction 11. 11. 15. N.C. Interaized Deduction 11. 12. 16. Add Lines 9. 10b, and 11 12. 12.2515 16. Statistical Line 16 from Line 8 12. 8.8765 15. N.C. Income Tax 15. 44.2 16. Tax. Credits 16. 17. 44.24 17. Subtract Line 16 from Line 15 17. 44.22 18. Vou certify that no Consumer Use Tax 18. 19. 19. Add Lines 17 and 18 19. 44.22 North Carolina Income Tax 18. 19. 14.22 10. Scoprografion 216. <t< th=""><th></th><th></th><th></th><th></th></t<> | | | | |
|---|-------------|---|------|--------|
| 8. Add Lines 6 and 7 8. 10151 9. Deductions From Federal Adjusted Gross Income 9. 11 0. Child Deduction 10. 11 a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 100. 11 b. Enter the number of qualifying children for whom you were allowed a federal child tax credit 100. 11 b. Enter the number of qualifying children for whom you were allowed a federal child tax credit 100. 11 c. Standard Deduction 11. 12 11. Deduction amount 11. 12751 a. Add Lines 9, 100, and 11 122. 86776. 13. Partyear Residents and Nonresidents Taxable Percentage 13. 0. 0.0001 14. NC. Taxable Income 14. 88765 15. NC. Income Tax 15. 412. 16. Tax Credits 16. 11 70. Ucrity Whath O Consumer Use Tax is due 19. 442. 19. Add Lines 17 and 18 19. 442. 20a. Your lax withheld 20b. 11 21a. 2022 estimated tax 21a. 12 21a. 2022 estimated tax | 6. | Federal Adjusted Gross Income | 6. | 101512 |
| 9. Deductions From Federal Adjusted Gross income 9. 10. 10. Child Deduction . Enter the number of qualifying children for whom you were allowed a federal child tax credit 108. 111. 11. N.C. Standard Deduction 111. 121. 111. 121. | 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 10. Child Deduction 10. 10. a. Enter the anomat of the child deduction 100. 10. 11. N.C. Standard Deduction 11. 11. 11. N.C. Standard Deduction 11. 11. 11. N.C. Standard Deduction 11. 12. 12. a. Add Lines 9, 100, and 11 12. 12. 13. Deduction amount 11. 12. 14. N.C. Tismical Deduction 13. 0., 0000 15. N.C. Income Tax 15. 6422 16. Tax Credits 16. 17. 4222 16. Tax Credits 18. 11. 74. 17. Subtract Line 15 from Line 15 17. 422 18. Consumer Use Tax 18. 19. 440 70. Subtract Line 12 and 18 19. 4422 18. Ontor Tax withheld 20a. 4681 20a. Your tax withheld 20a. 4681 21a. 2022 estimated tax 21a. 10. 21a. 2022 estimat | 8. | Add Lines 6 and 7 | 8. | 101512 |
| a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. b. Enter the amount of the child deduction 11. 1. N.C. Schard Deduction 11. 11. Deduction amount 11. 12. a. Add Lines 9, 10b, and 11 12a. 13. Part-year Residents and Noresidents Taxable Percentage 13. 14. N.C. Taxable Income 14. 15. N.C. Income Tax 15. 16. Tax Credits 16. 17. Subtract Line 15 from Line 15 17. 18. Consumer Use Tax 18. 19. Add Lines 17 and 18 19. 20a. Your tax withheld 20a. 20b. Spouse is at withheld 20a. 21c. 2022 estimated tax 21a. 21b. Paid with extension 21b. 21c. 2022 estimated tax 21a. 21c. Paid with extension 21c. 21c. Provious Refunds 26a. 22. Additional Payments 22c. 23. Add Lines 20a through 22. 23. 24. Scoperation 21a. 25. Subtract Line 16 thon Line 23. 25. 26. Interes | 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| b. Enter the amount of the child deduction 10b. 11. N.C. Standard Deduction 11. 11. N.C. Itemized Deduction 11. 11. Deduction amount 11. 1275 12. a. Add Lines 9, 109, and 11 122. 1275 13. Part-year Residents and Norresidents Taxable Percentage 13. 0,0000 14. NC. Income Tax 15. 4422 15. N.C. Income Tax 15. 4422 16. Tax. Credits 16. 17. 4422 16. Tax. Credits 16. 17. 4422 17. Subtract Line 16 from Line 15 17. 4422 18. Consumer Use Tax 18. 19. 4442 19. Add Lines 17 and 18 19. 4422 North Carolina Income Tax Withheld 20a. 4681 20b. Spouse's tax withheld 20a. 4681 21b. Paid with extension 216. 10. 21a. 2022 estimated tax 216. | 10. | Child Deduction | | |
| 11. NC. Isenvized Deduction 11. 11. 11. Deduction amount 11. 1275 12. a. Add Lines 9, 106, and 11 12. 1275 13. Part-year Residents and Nonresidents Taxable Percentage 13. 0.0000 14. N.C. Taxable Income 14. 8876 15. N.C. Income Tax 15. 4422 16. Tax Credits 16. 17. 17. Subtract Line 16 from Line 15 16. 17. 18. Consumer Use Tax 18. 19. You carlify that no Consumer Use Tax is due 20. 4681 20a. You tax withheld 20a. 4681 20b. Spouse's tax withheld 20b. 10. 21a. 202 estimated tax 21a. 10. 21b. Paid with extension 21d. 10. 10. 21a. 202 estimated tax 21a. 10. 10. 21a. 202 estimated tax 21a. 10. 10. 21a. 202 estimated tax 21a. 10. 10. | | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| 11. N.C. Itemized Deduction 11. 1275 12. a. Add Lines 9, 10b, and 11 122 how 1275 b. Subtract Line 12a from Line 8 12b. 8.8376. 13. Party ser Residents and Nonresidents Taxable Percentage 13. 0.0000 14. N.C. Traxable Income 144. 8876. 15. N.C. Income Tax 15. 4422 16. Tax Credits 16. 17. 17. Subtract Line 16 from Line 15 17. 4422 18. Consumer Use Tax is due 19. 4421 19. Add Lines 17 and 18 19. 4422 North Carolina Income Tax Withheld 20a. Your tax withheid 20a. 4681 20b. Spouse's tax withheid 20b. 10. Other Tax Payments 21a. 202 estimated tax 21a. 10. 21a. 202 estimated tax 21a. 10. 10. 21b. Paid with extension 21b. 10. 10. 10. 21a. 202 estimated tax 21a. 10. 10.< | | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. Deduction amount 11. 12751 12. a. Add Lines 9, 10b, and 11 12a. 12751 12. b. Subtract Line 128 from Line 8 12b. 88766 13. Partysear Residents and Nonresidents Taxable Percentage 13. 0.0001 14. N.C. Taxable Income 14. 88766 15. N.C. Income Tax 15. 6422 16. Tax Credits 16. 17. 17. Subtract Line 16 from Line 15 17. 4422 18. Consumer Use Tax 18. 19. Vou certify that In Consumer Use Tax is due 7. 7. 20a. Your tax withheld 20a. 4680 20b. Spouse's tax withheld 20b. 7. 21a. 202 estimated tax 21a. 10. 21a. 202 estimated tax 21a. | 11. | N.C. Standard Deduction | 11. | Y |
| 12. a. Add Lines 9, 10b, and 11 12a. 1275 b. Subtract Line 12a from Line 8 12b. 88766. 13. Part-year Residents and Nonresidents Taxable Percentage 13. 0. 0000 14. N.C. Taxable Income 14. 8876. 15. N.C. Income Tax 15. 442. 16. Tax Corecits 16. 17. 17. Subtract Line 16 from Line 15 17. 442. 18. Consumer Use Tax 18. 19. You certify that no Consumer Use Tax is due 20. 19. 442. North Carolina Income Tax Withheld 20a. 46.81 20b. 20b. Spouse's tax withheld 20a. 46.81 21a. 2022 estimated fax 21a. 10. 21b. Paid with extension 21b. 10. 21c. Pathership 21c. 10. 21d. Scoporation 21d. 10. 21d. Scoporation 21d. 10. 21d. Scoporation 21d. 10. 21d. Scoporation 21d.< | 11. | N.C. Itemized Deduction | 11. | N |
| b. Subtract Line 12a from Line 8 12b. 88763 13. Partyser Residents and Nonresidents Taxable Percentage 13. 0.0000 14. N.C. Trax Der Tex 15. 4422 15. N.C. Income Tax 15. 4422 16. Tax Credits 16. 17. 17. Subtract Line 16 form Line 15 17. 4422 18. Consumer Use Tax 18. 17. 19. Add Line 17 and 18 19. 4422 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 4688 20b. Sopuse's tax withheld 20b. 10. Other Tax Payments 21a. 202 estimated tax 21a. 10. 21a. 202 estimated tax 21a. 10. 21a. 202 estimated tax 21a. 10. 21a. 21a. 21a. 10. 21a. 21a. 21a. 11. 21a. 21a. 21a. 11. < | 11. | Deduction amount | 11. | 12750 |
| 13. Part-year Residents and Nonresidents Taxable Percentage 13. 0.000 14. N.C. Taxable Income 14. 88765 15. N.C. Toxable Income 14. 88765 16. N.C. Toxable Income 15. 4421 17. Subtract Line 16 from Line 15 17. 4421 18. Consumer Use Tax 18. 17. Subtract Line 16 from Line 15 17. 4421 18. Consumer Use Tax is due 19. 4422 North Carolina Income Tax Withheld 20a. 4681 20b. Spouse's tax withheld 20a. 4681 20b. Spouse's tax withheld 20b. 11 21a. 2022 estimated tax 21a. 21 21b. Paid with extension 21a. 21 21c. Partnership 21c. 11 21d. S Corporation 21d. 11 21d. Subtract Line 24 from Line 23 25. 4688 26a. Tax Due 26a. 11 26b. And Lines 26b and 28c and enter the total on 28d 26b. 11 26c. Interest 26c. 11 27b. Paid with extension 27. 10 27b. Paid with extension | 12. | a. Add Lines 9, 10b, and 11 | 12a. | 12750 |
| 14. N.C. Taxable Income 14. 887 60 15. N.C. Income Tax 15. 442 16. Tax 16. 17. 4421 17. Subtract Line 16 from Line 15 17. 4422 18. Consumer Use Tax 18. 17. 4422 19. Add Lines 17 and 18 19. 4422 North Carolina Income Tax Withheld 20a. You reark withheld 20a. 4681 20a. You reark withheld 20a. 21a. 202. 10. 20a. 20a. 21a. | | b. Subtract Line 12a from Line 8 | 12b. | 88762 |
| 15. N.C. Income Tax 15. 4422 16. Tax Credits 16. 17. 17. Subtract Line 16 from Line 15 17. 4422 18. Consumer Use Tax 18. 18. You certify that no Consumer Use Tax is due 19. 4422 North Carolina Income Tax Withheld 20a. 4681 20a. Your tax withheld 20a. 4681 20b. Spouse's tax withheld 20b. 16. 21a. 202 estimated tax 21a. 21a. 10. 21a. 202 estimated tax 21a. 10. 10. 21a. 2040 inth extension 21a. 10. </td <td>13.</td> <td>Part-year Residents and Nonresidents Taxable Percentage</td> <td>13.</td> <td>0.0000</td> | 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 16. Tax Credits 16. 17. 442: 18. Consumer Use Tax 18. 18. 19. 19. Add Lines 17 and 18 19. 442: North Carolina Income Tax Withheld 20a. You certify that no Consumer Use Tax is due 20. 468. 20a. You tax withheld 20a. 468. Other Tax Payments 21a. 202. 21a. 10. 21a. 202. 21a. 11. 11. 21a. 202. 21a. 11. 11. 21a. 202. 21a. 21a. 11. 21a. 202. 21a. 21a. 11. 21a. 202. 21a. 12. 11. 21a. 202. 21a. 12. 12. 21a. 202. 21a. 12. 12. 21a. 202. 21a. 12. 12. 21a. 21a. 21a. 12. 12. 21a. 202. 21a. 21a. 12. <tr< td=""><td>14.</td><td>N.C. Taxable Income</td><td>14.</td><td>88762</td></tr<> | 14. | N.C. Taxable Income | 14. | 88762 |
| 16. Tax Credits 16. 17. 442: 18. Consumer Use Tax 18. 18. 18. 19. 19. Add Lines 17 and 18 19. 442: 19. 442: North Caroline Income Tax Withheld 20a. You certify that no Consumer Use Tax is due 20a. 468: 20b. Spouse's tax withheld 20a. 468: Other Tax Payments 21a. 202 estimated tax 21a. 10. 21a. 202 estimated tax 21a. 11. 21a. 202 estimated tax 21a. 12. 21d. Soporation 21d. 12. | 15. | N.C. Income Tax | 15. | 4429 |
| 18. Consumer Use Tax You certify that no Consumer Use Tax is due 18. 19. 19. Add Lines 17 and 18 19. 4422 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 4681 20b. Spouse's tax withheld 20a. 4681 20b. Spouse's tax withheld 20b. 18. Other Tax Payments 21a. 2022 estimated tax 21a. 14. 21b. Paid with extension 21b. 18. 21c. Partnership 21c. 16. 21d. S Corporation 21d. 17. 21. Additional Payments 22. 16. 23. Add Lines 20a through 22 23. 46681 24. Previous Refunds 24. 16. 25. Subtract Line 24 from Line 23 25. 46681 26a. 18. 26. 17. 26b. Penallies 26b. 18. 18. 26c. Interest 26c. 17. 18. 26b. Interest 26c. 17. 18. 26b. Interest 26c. 18. 25. 26c. Interest 26c. | 16. | | 16. | 0 |
| 18. Consumer Use Tax You certify that no Consumer Use Tax is due 18. 18. 19. Add Lines 17 and 18 19. 4421 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 4681 20b. Spouse's tax withheld 20b. 20b. Other Tax Payments 21a. 2022 estimated tax 21a. 21a. 21b. Paid with extension 21b. 10. 21c. Paid with extension 21d. 10. 21a. Scopporation 21d. 10. 21a. Additional Payments 22. 10. 21a. Additional Payments 22. 10. 21b. Paid with extension 21d. 10. 21c. Payments 22. 10. 21a. Add Lines 20a through 22 23. 4681 23. Add Lines 20a through 22 23. 4681 24. Previous Refunds 24. 10. 25. Subtract Line 24 from Line 23 26. 10. 26a. Interest 26a. 10. 10. 26b. Penalties 26b. 10. 10. 26b. Interest 26b. | 17. | Subtract Line 16 from Line 15 | 17. | 4429 |
| You certify that no Consumer Use Tax is due 19. 4dd 2 19. Add Lines 17 and 18 19. 4dd 2 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 4681 20b. Spouse's tax withheld 20b. 20b. 20b. Other Tax Payments 21a. 202 estimated tax 21a. 21a. 21a. 21b. 21a. 21a. 21a. 21a. 21a. 21a. 21a. 21a. 21a. 21b. 21a. 21a. <td>18.</td> <td>Consumer Use Tax</td> <td>18.</td> <td>0</td> | 18. | Consumer Use Tax | 18. | 0 |
| 19. Add Lines 17 and 18 19. 4422 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 4688 20b. Spouse's tax withheld 20b. 4688 20b. Spouse's tax withheld 20b. 4688 Other Tax Payments 21a. 2022 estimated tax 21a. 21a. 21b. 21b. 21b. 21b. 21b. 21c. 21b. 21c. 21c. 21c. 21c. 21c. 21c. 21c. 21c | | You certify that no Consumer Use Tax is due | | Y |
| North Carolina Income Tax Withheld 20a. 4 681 20b. Spouse's tax withheld 20b. 1 20b. Spouse's tax withheld 20b. 1 21a. 202 estimated tax 21a. 1 21a. 202 estimated tax 21a. 1 21b. Paid with extension 21b. 1 21c. Partnership 21c. 1 21a. Additional Payments 22. 1 21a. Additional Payments 22. 1 21b. Partnership 21c. 1 1 22. Additional Payments 22. 1 1 23. Add tines 20 through 22 23. 4688 2 1 24. Previous Refunds 25. 4688 2 1 1 25. Subtract Line 24 from Line 23 25. 4688 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td>19.</td> <td>•</td> <td>19.</td> <td></td> | 19. | • | 19. | |
| 20a. Your tax withheld 20a. 4683 20b. Spouse's tax withheld 20b. 1 Other Tax Payments 21a. 2022 estimated tax 21a. 21b. 21a. 21b. 21b. 21b. 21b. 21b. 21b. 21b. 21b | | | | |
| 20b. Spouse's tax withheld 20b. Other Tax Payments 21a. 21a. 21a. 202 estimated tax 21a. 21a. 21b. Paid with extension 21b. 21b. 21c. Paid with extension 21b. 21c. 21c. 21c. Paid with extension 21d. 21c. 21c. 21a. S Corporation 21d. 21c. 21c. 21c. 21d. S Corporation 21d. 21d. 21d. 22. 4680 22. Add Lines 20a through 22 23. 4680 24. 4680 23. Add Lines 20a through 22 25. 4680 | North | Carolina Income Tax Withheld | | |
| 20b. Spouse's tax withheld 20b. 1 Other Tax Payments 21a. 21b. 21b. 21b. 21b. 21b. 21b. 21a. 21b. 21b. 21a. 21b. | 00- | Marca Casar 20th and | 00- | 4.600 |
| Other Tax Payments 21a. 2022 estimated tax 21a. 21a. 21a. 21a. 21a. 21a. 21a. 21a. 21b. 21b. 21b. 21b. 21b. 21b. 21b. 21b. 21c. 21b. 21c. 21c. 21c. 21c. 21c. 21d. 21c. 22. 21d. 22. 21d. 22. 21d. 21d. 22. 21d. 21d. 22. 21d. 21d. 22. 21d. | | | | |
| 21a. 21a. 21a. 21b. Paid with extension 21b. 21b. 21c. Pathership 21c. 21c. 21d. S Corporation 21d. 21d. 22. Additional Payments 22. 23. 23. Add Lines 20a through 22 23. 4688 24. 25. Subtract Line 24 from Line 23 25. 4688 26a. 74. 26a. 26a. 26a. 26b. Penalties 26b. 26c. 26d. 26d. 26c. Interest 26d. 26d. 26d. 26d. 26c. Interest 26e. 26d. 27. 27. 26d. 26d. | 206. | Spouse's tax withheid | 206. | 0 |
| 21b. Paid with extension 21b. 22b. 21b. 22b. 26b. 22b. 26b. 26b. 26b. 26b. 26c. 26b. 26c. 26b. 26b. 26b. 26b. 26b. 26b. 27b. 27b. 27b. 27b. 27b. 27b. 27b. 27b. 27b. | 210 | 2022 estimated tax | 210 | 0 |
| 21c. Partnership 21c. 0 21d. S Corporation 21d. 0 22. Additional Payments 22. 0 23. Add Lines 20a through 22 23. 4680 24. Previous Refunds 24. 0 25. Subtract Line 24 from Line 23 25. 4680 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. 0 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 0 27. Pay this Amount 27. 0 28. 255 Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 0 0 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 0 0 31. N.C. Breast and Cervical Cancer Control Program 32. 0 33. | | | | 0 |
| 21d. S Corporation 21d. 0 22. Additional Payments 22. 0 23. Add Lines 20a through 22 23. 4680 24. Previous Refunds 24. 0 25. Subtract Line 24 from Line 23 25. 4680 26a. Tax Due 26a. 0 26b. Penalties 26b. 0 26c. Interest 26b. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 26e. Interest on the Underpayment of Estimated Tax EU 26e. 0 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 0 27. Pay this Amount 27. 0 28. 255 Amount of Refund to Apply to: 28. 255. 25. 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. Breast and Cervical Cancer Control Program 32. 0 33. <t< td=""><td></td><td></td><td></td><td>0</td></t<> | | | | 0 |
| 22. Additional Payments 22. 4 23. Add Lines 20a through 22 23. 4680 24. Previous Refunds 24. 4 25. Subtract Line 24 from Line 23 25. 4680 26a. Tax Due 26a. 4 26b. Penalties 26b. 4 26c. Interest 26c. 4 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 4 27. Pay this Amount 27. 4 28. Overpayment 27. 4 29. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 4 29. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 4 29. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 4 30. N.C. Nongame and Endangered Wildlife Fund 30. 4 31. N.C. Education Endowment Fund 31. 4 32. N.C. Breast and Cervical Cancer Control Program 32. 4 33. Add Lines 29 through 32 33. 4 | | | | - |
| 23. Add Lines 20 through 22 23. 4680 24. Previous Refunds 24. 00 25. Subtract Line 24 from Line 23 25. 4680 26a. Tax Due 26a. 00 26b. Penalties 26b. 00 26c. Interest 26c. 00 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 00 26e. Interest 26e. 00 27. Pay this Amount 27. 00 28. Overpayment 28. 255 Amount of Refund to Apply to: 29. 00 29. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 00 30. N.C. Nongame and Endangered Wildlife Fund 30. 00 31. N.C. Education Endowment Fund 31. 00 32. N.C. Breast and Cervical Cancer Control Program 32. 00 33. Add Lines 29 through 32 33. 00 | | • | | 0 |
| 24. Previous Refunds 24. 44. 25. Subtract Line 24 from Line 23 25. 4680 26a. Tax Due 26a. 4680 26b. Penalties 26b. 4680 26c. Interest 26c. 4680 26c. Interest 26c. 4680 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 460 EU Exception to Underpayment of Estimated Tax EU 26e. 460 26e. Interest on the Underpayment of Estimated Income Tax 26e. 460 460 27. Pay this Amount 27. 460 460 460 28. Overpayment 28. 255 460 4 | | | | 0 |
| 25. Subtract Line 24 from Line 23 25. 4680 26a. Tax Due 26a. 26a. 26b. 26b. Penalties 26b. 26b. 26c. 26c. 26c. 26d. 27. 26e. 26d. 27. 28. 27. 28. 255. 28. 255. Amount of Line 28 to be applied to 2023 Estimated Income Tax 29. 29. 20. | | | | |
| 26a. Tax Due26a.26b. Penalties26b.26c. Interest26c.26d. Add Lines 26b and 26c and enter the total on 26d26d.26d. EUException to Underpayment of Estimated Tax26e. Interest on the Underpayment of Estimated Income Tax26e.27. Pay this Amount27.28. Overpayment28.25.Amount of Refund to Apply to:29. Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30. N.C. Nongame and Endangered Wildlife Fund30.31. N.C. Education Endowment Fund31.32. N.C. Breast and Cervical Cancer Control Program32.33. Add Lines 29 through 3233. | | | | 0 |
| 26b.Penalties26b.26b.26c.Interest26c.26c.26d.Add Lines 26b and 26c and enter the total on 26d26d.26d.26e.Interest on the Underpayment of Estimated TaxEU26e.Interest on the Underpayment of Estimated Income Tax26e.26e.27.Pay this Amount27.28.28.Overpayment28.252Amount of Refund to Apply to:29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30.N.C. Nongame and Endangered Wildlife Fund30.0.31.N.C. Education Endowment Fund31.0.32.N.C. Breast and Cervical Cancer Control Program32.0.33.Add Lines 29 through 3233.0. | | | | |
| 26c.Interest26c.026d.Add Lines 26b and 26c and enter the total on 26d26d.0EUException to Underpayment of Estimated TaxEU26e.Interest on the Underpayment of Estimated Income Tax26e.027.Pay this Amount27.028.Overpayment28.25.Amount of Refund to Apply to:29.029.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30.N.C. Nongame and Endangered Wildlife Fund30.031.N.C. Breast and Cervical Cancer Control Program32.033.Add Lines 29 through 3233.0 | | | | 0 |
| 26d.Add Lines 26b and 26c and enter the total on 26d26d.0EUException to Underpayment of Estimated TaxEU26e.Interest on the Underpayment of Estimated Income Tax26e.027.Pay this Amount27.028.Overpayment28.255Amount of Refund to Apply to:29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30.N.C. Nongame and Endangered Wildlife Fund30.031.N.C. Breast and Cervical Cancer Control Program32.033.Add Lines 29 through 3233.0 | | | | 0 |
| EUException to Underpayment of Estimated TaxEU26e.Interest on the Underpayment of Estimated Income Tax26e.027.Pay this Amount27.028.Overpayment28.25.Amount of Refund to Apply to:29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30.N.C. Nongame and Endangered Wildlife Fund30.031.N.C. Education Endowment Fund31.032.N.C. Breast and Cervical Cancer Control Program32.033.Add Lines 29 through 3233.0 | | | 26c. | 0 |
| 26e.Interest on the Underpayment of Estimated Income Tax26e.027.Pay this Amount27.028.Overpayment28.25.Amount of Refund to Apply to:29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30.N.C. Nongame and Endangered Wildlife Fund30.031.N.C. Education Endowment Fund31.032.N.C. Breast and Cervical Cancer Control Program32.033.Add Lines 29 through 3233.0 | | | | 0 |
| 27.Pay this Amount27.28.Overpayment28.25.Amount of Refund to Apply to:29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.0.30.N.C. Nongame and Endangered Wildlife Fund30.0.31.N.C. Education Endowment Fund31.0.32.N.C. Breast and Cervical Cancer Control Program32.0.33.Add Lines 29 through 3233.0. | | | EU | |
| 28.Overpayment28.25.Amount of Refund to Apply to:29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.030.N.C. Nongame and Endangered Wildlife Fund30.031.N.C. Education Endowment Fund31.032.N.C. Breast and Cervical Cancer Control Program32.033.Add Lines 29 through 3233.0 | | | | 0 |
| Amount of Refund to Apply to:29.29.30.30.31.31.32.33.33.34.35.36.37.38.39.39.39.30.31.32.33.33.34.35.36.37.38.39.39.39.39.39.39.39.39.39.39.39.39.39.39.39.39.39.39.30.31.32.33.33. | 27. | Pay this Amount | | 0 |
| 29.Amount of Line 28 to be applied to 2023 Estimated Income Tax29.30.N.C. Nongame and Endangered Wildlife Fund30.31.N.C. Education Endowment Fund31.32.N.C. Breast and Cervical Cancer Control Program32.33.Add Lines 29 through 3233. | 28. | Overpayment | 28. | 251 |
| 30.N.C. Nongame and Endangered Wildlife Fund30.31.N.C. Education Endowment Fund31.32.N.C. Breast and Cervical Cancer Control Program32.33.Add Lines 29 through 3233. | <u>Amoι</u> | int of Refund to Apply to: | | |
| 30.N.C. Nongame and Endangered Wildlife Fund30.31.N.C. Education Endowment Fund31.32.N.C. Breast and Cervical Cancer Control Program32.33.Add Lines 29 through 3233. | 00 | Amount of Line 20 to be emplied to 2000 Estimated Income Terr | | 0 |
| 31.N.C. Education Endowment Fund31.32.N.C. Breast and Cervical Cancer Control Program32.33.Add Lines 29 through 3233. | | | | 0 |
| 32.N.C. Breast and Cervical Cancer Control Program32.33.Add Lines 29 through 3233. | | | | 0 |
| 33. Add Lines 29 through 32 33. 0 | | | | 0 |
| | | - | | 0 |
| 34 Amount to be Refunded 34 25 | | - | | 0 |
| | 34. | Amount to be Refunded | 34. | 251 |

D-400 Line-by-Line Information