

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) ▶

| | |
|-----------------------------------|---------------------------------------|
| Taxpayer's name SAILAJA KETHAM | Social security number 491-89-5315 |
| Spouse's name | Spouse's social security number |

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 | 108,669. |
| 2 Total tax | 2 | 16,810. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 18,132. |
| 4 Amount you want refunded to you | 4 | 1,322. |
| 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

| | | | | |
|---|---|---|---|---|
| 9 | 5 | 3 | 1 | 5 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

Enter five digits, but don't enter all zeros

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 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 [X] 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:

Form fields for personal information: Your first name and middle initial (SAILAJA), Last name (KETHAM), Your social security number (491-89-5315), Home address (1125 PREWITT RANCH DR, HOLLY SPRINGS, NC, 27540), and Presidential Election Campaign options.

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 [X] 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

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for Attach Sch. B and Standard Deduction for, including rows 2a through 6a for tax-exempt interest, qualified dividends, IRA distributions, pensions, and social security benefits.

Table for Standard Deduction for (continued) and Total Income, including rows 7 through 15 for capital gain, other income, total income, adjusted gross income, and taxable income.

Tax and Credits table with rows 16-24. Total tax calculated as 16,810.

Payments table with rows 25-33. Total payments calculated as 18,132.

Refund table with rows 34-36. Amount of refund calculated as 1,322.

Amount You Owe table with rows 37-38. Total amount owed calculated as 15,488.

Third Party Designee section with fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

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"/> |
| SAILAJA KETHAM 1125 PREWITT RANCH DR HOLLY S NC 27540 DURHA | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your SSN: 491895315 Spouse's SSN: _____ | | 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"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | Year spouse died: _____ | |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <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 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 | 1 | PP | Y | DT | N | OC | N | TPRES | Y | SPRES | N | VT | N | SVT | N |
| KETH | 1125 | 27540 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| SAILAJA | | | | KETHAM | | | | | 491895315 | | | DURHA | | | |
| | | | | | | | | | | | | NC | 27540 | | |
| | 1125 | PREWITT RANCH DR | | | | | | HOLLY SPRINGS | | | | | | | |
| 06 | | 108669 | | 16 | | | | 0 | | 26C | | | | 0 | |
| 07 | | 0 | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | | 0 | | 20A | | | | 4942 | | EU | | | | | |
| 10A | | 0 | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | | 0 | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | | 12750 | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | | 00000 | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | | 95919 | | 26A | | | | 0 | | 34 | | | | 156 | |
| 15 | | 4786 | | 26B | | | | 0 | | | | | | | |
| TN | 6602386864 | | | PN | | | 6789659522 | | | PP | | | | P02082703 | |



| | | |
|---|--|--|
| Sign Return Below | <input checked="" type="checkbox"/> Refund Due <u>156</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>6602386864</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 | 04 04 23 | 6789659522 |
| 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. | 108669 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 108669 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 12750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 12750 |
| | b. Subtract Line 12a from Line 8 | 12b. | 95919 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 95919 |
| 15. | N.C. Income Tax | 15. | 4786 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 4786 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 4786 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 4942 |
| 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. | 4942 |
| 24. | Previous Refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 4942 |
| 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. | 156 |

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. | 156 |