Department of the Treasury Calendar Year — Internal Revenue Service

Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

295.

REV 02/24/23 PRO

1555

730-83-9374 SONUCHOWDARY NARRA

1125 PREWITT RANCH DR HOLLY SPRINGS NC 27540

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

295.

REV 02/24/23 PRO

1555

730-83-9374 SONUCHOWDARY NARRA

1125 PREWITT RANCH DR HOLLY SPRINGS NC 27540

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

295.

REV 02/24/23 PRO

1555

730-83-9374 SONUCHOWDARY NARRA

1125 PREWITT RANCH DR HOLLY SPRINGS NC 27540

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

295.

REV 02/24/23 PRO

1555

730-83-9374 SONUCHOWDARY NARRA

1125 PREWITT RANCH DR HOLLY SPRINGS NC 27540

8879 **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Internal Revenue Service Control of the latest morniations	•	
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
SONUCHOWDARY NARRA	730-83-	9374
Spouse's name	Spouse's socia	al security number
, ,	nter year you ar	e autnorizing.)
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.	I	100.054
1 Adjusted gross income	H	1 160,054.
 Total tax		2 29,140. 3 30.876.
4 Amount you want refunded to you		00/0701
5 Amount you want retained to you		4 1,736.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fo for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended).	he U.S. Treasury an t indicated in the tar titution to debit the ninate the authorizat requests must be the processing of the payment. I furth	d its designated Financial x preparation software for entry to this account. This cion. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	3	9 3 7 4
X I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN Ente	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Your signature ► Date	>	
Output la DIN short and have the		
Spouse's PIN: check one box only	. 511	
I authorize to enter or gener	-	as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		-
Chausa's signature N		
Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only	-10 VV	
Certification and Addientication — Fractitioner File 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 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retur	n in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instructions	·	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n	_	ed filing separately (N		_				spou	lifying suuse (QSS	3)	
OHE DOX.	-	son is a child but not your dependent	-	our spouse. If you c	HOOK		1 QOO DO	t, ente	i iiie c	illiu 3	maine ii	li le c	lualityirig
Your first name	and mi	iddle initial	Last na	me					Y	our so	cial secu	rity n	umber
SONUCHO	IDAR'	Y	NARR	A					17	30-8	33-93	74	
		s first name and middle initial	Last na						-				ty number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	Pi	reside	ntial Elec	tion (Campaign
1125 PRI	EWIT	I RANCH DR								Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	plete spaces below. State ZIP							if filing jo this fund		
HOLLY SI	PRINC	GS			NC		27540)			ow will no		
Foreign countr	y name		F	Foreign province/state/	count	у	Foreign p	ostal co	de yo	our tax	or refun	d.	
											You	ı [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-				Yes	· [>	No
Standard		eone can claim: You as a de				a dependent	, (,			
Deduction	_	Spouse itemizes on a separate retur		•									
		Were born before January 2, 1			ouse:	Was bo	rn before	Janua	ry 2, 1	958	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) C	heck th	e box i	f quali	fies for (se	e inst	tructions):
If more	•	irst name Last name		number		to you	Child tax c		x cred	it	Credit for	other (dependents
than four													
dependents,													
see instruction and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a		160,	,054.
	b	Household employee wages not re	eported	on Form(s) W-2.						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see i	nstru	ctions)				1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6							1g				
get a Form	h	Other earned income (see instruct	ther earned income (see instructions)							1h	_		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	Z	Add lines 1a through 1h	· ; ·							1z		160,	<u>,054.</u>
Attach Sch. B	2a	· –	2a			axable interes				2b			
if required.	3a		3a			rdinary divide				3b			
	4a		4a			axable amoun				4b	_		
Standard Deduction for—	5a		5a			axable amoun				5b	_		
Single or	6a	,	6a			axable amoun	ıt		·	6b	-		
Married filing separately,	_C	·	um election method, check here (see instructions)										
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
 Married filing jointly or 	8	Other income from Schedule 1, line 10								9	+	1.00	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										rρΩ,	,054.
\$25,900	10	Adjustments to income from Sche							•	10		1.60	
Head of household,	11	Subtract line 10 from line 9. This is	-	-					•	11	_		,054.
\$19,400	12	Standard deduction or itemized				 5_Λ				12			<u>,950.</u>
If you checked any box under	13 14	Qualified business income deduct Add lines 12 and 13							•	13		1 2	050
Standard Deduction,	15	Subtract line 14 from line 11. If zer		 s enter-O- This is v					•	14			<u>,950.</u> ,104.
see instructions.	13	Subtract line 14 HOITI line 11. If Zer	0 01 168	o, ontor -o Itilo 15 y	Jui L	unable IIICUII			•	13			, 104.

		Page 2
	16	29,140.
	17	
	18	29,140.
	19	•
	20	
	21	
	22	29,140.
	23	0.
	24	29,140.
		·
76.		
	25d	30,876.
	26	
	32	
	33	30,876.
	34	1,736.
	35a	1,736.
ings		
	37	
loto h	olow	X No
identifi	cation	△ INU
ideniiii PIN)	cation	

Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	29,140.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	29,140.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	29,140.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	29,140.	
Payments	25	Federal income tax withheld	I from:			1 1				
	а	Form(s) W-2				25a 30	, 876	•		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	30,876.	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31	•	-	-			32		
	33	Add lines 25d, 26, and 32. T						33	30,876.	
Refund	34	If line 33 is more than line 24						34	1,736.	
	35a	•							1,736.	
Direct deposit?	b	Routing number 1 0 1								
See instructions.	d	Account number 1 5 2								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Designee	ins	structions				. Yes. C	omplete	below.	X No	
		Designee's Phone no.						tification		
Sign	Un	der penalties of perjury, I declare		ed this return and		edules and stateme				
Here	be	lief, they are true, correct, and com	iplete. Declaration of		. <i></i>	sed on all informati			, ,	
	Yo	ur signature		Date Your occupation					nt you an Identity IN, enter it here	
Joint return?								e inst.)	IIV, CITICI II TICIC	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	Date	Spouse's occupati		the IRS sent your spouse an dentity Protection PIN, enter it her				
your records.							(se	e inst.)		
	Ph	one no. (660) 238-383	1	Email address	SONUNARRA	GMAIL.COM				
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Proporor	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/01/2023	P0208	<u>327</u> 03	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	none no. (678) 965-9522		
USE OIIIY	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965	

Form 1040 (2022)

	ole Al	(50) Il Pages e and W-2s	of Yo	our	022	-		lina D		Tax Retuit of Revenue		DOR Use Only				
				or fiscal year	peginning	1			and ending		Are	you a ve	eteran?		Yes 🔲	No X
1		OWDARY		NARR	A								se a vetera		Yes 🗌	No 🔲
1		REWITT S NC 2		NCH DR					Your S Spouse's S	SN: 73083937 SN:			inted an au income tax			
	Statu		<u> </u>			2. Marri	ed Filing	Jointly	\neg	ied Filing Separatel	\neg		Yes	No [1010.
<u> </u>				nd of Household			fying Wic					ear spou	se died:			
1	•			C. for the entir ent for the en	•		Yes X	No No	\neg	Return for deceas Return for deceas		•	Date of Date of			
										vment Fund by m					ng some o	or all of
		•								your payment of		0.		gnate yo	ur overpa	ayment
										tions for informat on April 15, 2023				eident		
		-				-			-	ointed Personal R			2011 01 103	siderit.		
FS	1	PP	Y		DT	N	OC	N	TPRES	Y SPR	ES	N	VT	N	SVT	N
NARF	?	1125		27540	DS	N	EΑ	N	TD		SD				FDEX	T N
SONU	JCH(OWDAR	Y		NARR	A				7308393	74		WAKE	Ξ		
												NC	2754	10		
1125	5 PI	REWIT	T F	RANCH D	R					HOLLY S	SPRI	NGS				
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09				0		20A			7473	EU						5002
10A				0		20B			0	27				0		4
10B				0		21A			0	29				0		
11	S	Y	Ι	N		21B			0	30				0		
11			127	750		21C			0	31				0		
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14		1	473	304		26A			0	34			12	23		
15			73	350		26B			0							
TN	(66023	838	331		PN	6	7896	559522	PP		P02	08270)3		
		turn Be		MINION X Remarks Return In the street of the	fund D		nedules an	120 ad stateme		/ment Due Check here if ye	ou autho	rize the N	0 North Caroli	ina Depa	rtment of F	Revenue
the best	of my k	nowledge an	id belie	f, they are true, c	orrect, and o	complete.				to discuss this r	eturn an	d attachn	nents with t	the paid p	oreparer be	elow.
Your Sig	nature					Date	Spor	use's Sigr	nature (If filing join	nt return, both must sign	n.)	Date		23838 tt Phone N	o. (Include a	area code)
PAID PF	REPARE	R USE ONL	Y If	prepared by a pe	rson other t	nan taxpay	er, this cei	rtification	s based on all info	ormation of which the p	reparer ha	as any kno	wledge.			
0377	4 DD	T 77 71 77 77 77 77 77 77 77 77 77 77 77	\ N.F	יים מגם מני	ош О	o 01	22	6700	CEDEDO				D0	2000	702	
		LYA RA Signature	AIVI S	SAGAR GU	T.T. 0	3 01 Date	_		659522 ntact Phone Numb	per (Include area code)				2082 er's FEIN,	SSN, or PTI	N
	If	you ARE N	IOT di							O. BOX R, RALEIG				, NC 276	40-0640	

st Name (First 10 Characters) NARRA		Social Security Number	730839374				
	D-400 Line-by-Line Information						
6.	Federal Adjusted Gross Income		6.	160054			
7.	Additions to Federal Adjusted Gross Income		7.	0			
8.	Add Lines 6 and 7		8.	160054			
9.	Deductions From Federal Adjusted Gross Income		9.	100034			
10.	Child Deduction		9.	C			
10.	a. Enter the number of qualifying children for whom you were allowed a federal child to	tay aradit	10a.	0			
	b. Enter the amount of the child deduction	lax credit	10a. 10b.	C			
11.	N.C. Standard Deduction		11.	Y			
11.	N.C. Itemized Deduction		11.	J.			
11.	Deduction amount		11.	12750			
12.	a. Add Lines 9, 10b, and 11		12a.	12750			
12.	b. Subtract Line 12a from Line 8		12b.	147304			
13.	Part-year Residents and Nonresidents Taxable Percentage		13.	0.0000			
14.	N.C. Taxable Income		14.	147304			
15.	N.C. Income Tax		15.	7350			
16.	Tax Credits		15. 16.				
10. 17.	Subtract Line 16 from Line 15			7250			
17.			17. 18.	7350			
10.	Consumer Use Tax		10.	(
40	You certify that no Consumer Use Tax is due		40	725			
19.	Add Lines 17 and 18		19.	7350			
North	Carolina Income Tax Withheld						
20a.	Your tax withheld		20a.	7473			
20b.	Spouse's tax withheld		20b.	(
21a.	Tax Payments 2022 estimated tax		21a.	C			
21b.	Paid with extension		21b.	(
21c.	Partnership		21c.	C			
21d.	S Corporation		21d.				
22.	Additional Payments		210.	(
	•						
23. 24.	Add Lines 20a through 22 Previous Refunds		23.	7473			
24. 25.	Subtract Line 24 from Line 23		24. 25.	7473			
	Tax Due						
26a. 26b.	Penalties		26a. 26b.	(
				(
26c.	Interest		26c.	(
26d.	Add Lines 26b and 26c and enter the total on 26d		26d.	(
EU	Exception to Underpayment of Estimated Tax		EU				
26e.	Interest on the Underpayment of Estimated Income Tax		26e.	(
27.	Pay this Amount		27.	100			
28.	Overpayment		28.	123			
Amou	unt of Refund to Apply to:						
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax		29.	(
30.	N.C. Nongame and Endangered Wildlife Fund		30.	(
31.	N.C. Education Endowment Fund		31.	(
32.	N.C. Breast and Cervical Cancer Control Program		32.	(
33.	Add Lines 29 through 32		33.	(
34.	Amount to be Refunded		34.	123			
o -1 .			Ų I.				