

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 SRIPAL REDDY PALAVAI	Social security number 322-13-8793
Spouse's name SPANDANA PALWAI	Spouse's social security number 627-53-0093

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	156,031.
2 Total tax	2	16,796.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	19,322.
4 Amount you want refunded to you	4	2,526.
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

3	8	7	9	3
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 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 GLOBAL TAXES LLC to enter or generate my PIN

3	0	0	9	3
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 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.

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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [] Single [X] 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:

Personal information section including name (SRIPAL REDDY), last name (PALAVAI), social security number (322-13-8793), spouse's name (SPANDANA), spouse's SSN (627-53-0093), and home address (201 TRAUTZ LN, HOLLY SPRINGS, NC 27540).

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)? [] 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

Dependents table 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. Lists SAMANVI and SAHANVI as daughters.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2 is 209,862. Other income is 0. Total income is 209,862.

Table for tax-exempt interest (2a), qualified dividends (3a), IRA distributions (4a), pensions and annuities (5a), and social security benefits (6a).

Table for taxable interest (2b), ordinary dividends (3b), taxable amounts (4b, 5b, 6b), capital gain or loss (7), other income (8), total income (9), adjusted gross income (11), standard deduction (12), and taxable income (15).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	19,859.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,859.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15,859.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	937.
	24	Add lines 22 and 23. This is your total tax	24	16,796.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	19,322.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	19,322.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	19,322.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,526.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,526.
Direct deposit? See instructions.	b	Routing number 053000219 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 2303374116		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation SR MANAGER RND	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation SAS PROGRAMMER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (984) 377-1397	Email address SRIPAL27@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/04/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Your social security number
322-13-8793

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-49,607.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,664.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____ See Stmt 13.	8z	13.
9	Total other income. Add lines 8a through 8z	9	13.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-60,258.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26



**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Your social security number
322-13-8793

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input checked="" type="checkbox"/>	8	937.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			937.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor SRIPAL REDDY PALAVAI		Social security number (SSN) 322-13-8793
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	B Enter code from instructions 5 1 9 2 0 0	
C Business name. If no separate business name, leave blank. PALAVAI SOFTWARE SERVICES	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 201 TRAUTZ LN City, town or post office, state, and ZIP code HOLLY SPRINGS, NC 27540		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2022, check here <input type="checkbox"/>		
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>		1	24,090.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	24,090.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	24,090.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	24,090.

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8		
9 Car and truck expenses (see instructions)	9	7,866.	
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17		
18 Office expense (see instructions)	18		
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22		
23 Taxes and licenses	23		
24 Travel and meals:			
a Travel	24a		6,231.
b Deductible meals (see instructions)	24b		6,100.
25 Utilities	25		6,000.
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		47,500.
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		73,697.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		-49,607.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		-49,607.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			
	32a	<input checked="" type="checkbox"/>	All investment is at risk.
	32b	<input type="checkbox"/>	Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 02/17/2017

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 13,000 **b** Commuting (see instructions) _____ **c** Other 6,000

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

BACK END OFFICE EXPENSES	46,000.
GAS	700.
TOLLS	300.
MAINTAINANCE	500.
48 Total other expenses. Enter here and on line 27a	48 47,500.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Your social security number

322-13-8793

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	21,879.	34,135.		-12,256.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	178.	150.		28.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -12,228.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	46,485.	39,908.		6,577.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 6,577.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-5,651.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

322-13-8793

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.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/22	12/31/22	178.	150.			28.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			178.	150.			28.

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Your social security number

322-13-8793

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

A 405 BOSCAWEN LN CARY NC 27519

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		244		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 17,200.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,000.		
8 Commissions	8		
9 Insurance	9 1,936.		
10 Legal and other professional fees	10		
11 Management fees	11 1,200.		
12 Mortgage interest paid to banks, etc. (see instructions)	12 6,157.		
13 Other interest	13		
14 Repairs	14 1,000.		
15 Supplies	15		
16 Taxes	16 3,484.		
17 Utilities	17		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 14,777.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 2,423.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 () () ()		
23a Total of all amounts reported on line 3 for all rental properties	23a 17,200.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c 6,157.		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 14,777.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	2,423.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 ()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	2,423.	

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

2,423.

Schedule E (Form 1040) 2022

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

322-13-8793

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D for SS FINANCIALS & SERVICES INC.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes rows for Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes rows for Totals and summary lines 35-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table for Part V with columns for line numbers and amounts. Includes lines 40-43 for net farm rental income, total income, and reconciliations.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

322-13-8793

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	156,031.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	156,031.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5		4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8		4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9		400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10		0.
11	Multiply line 10 by 5% (0.05)	11		0.
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12		4,000.
13	Enter the amount from the Credit Limit Worksheet A	13		19,859.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14		4,000.

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

Part II-A Additional Child Tax Credit for All Filers

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

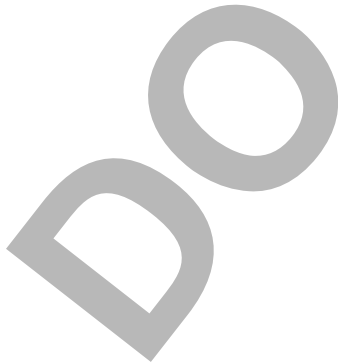
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27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

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
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Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.

Name(s) shown on return

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Identifying number

322-13-8793

Part I Total Investment Interest Expense

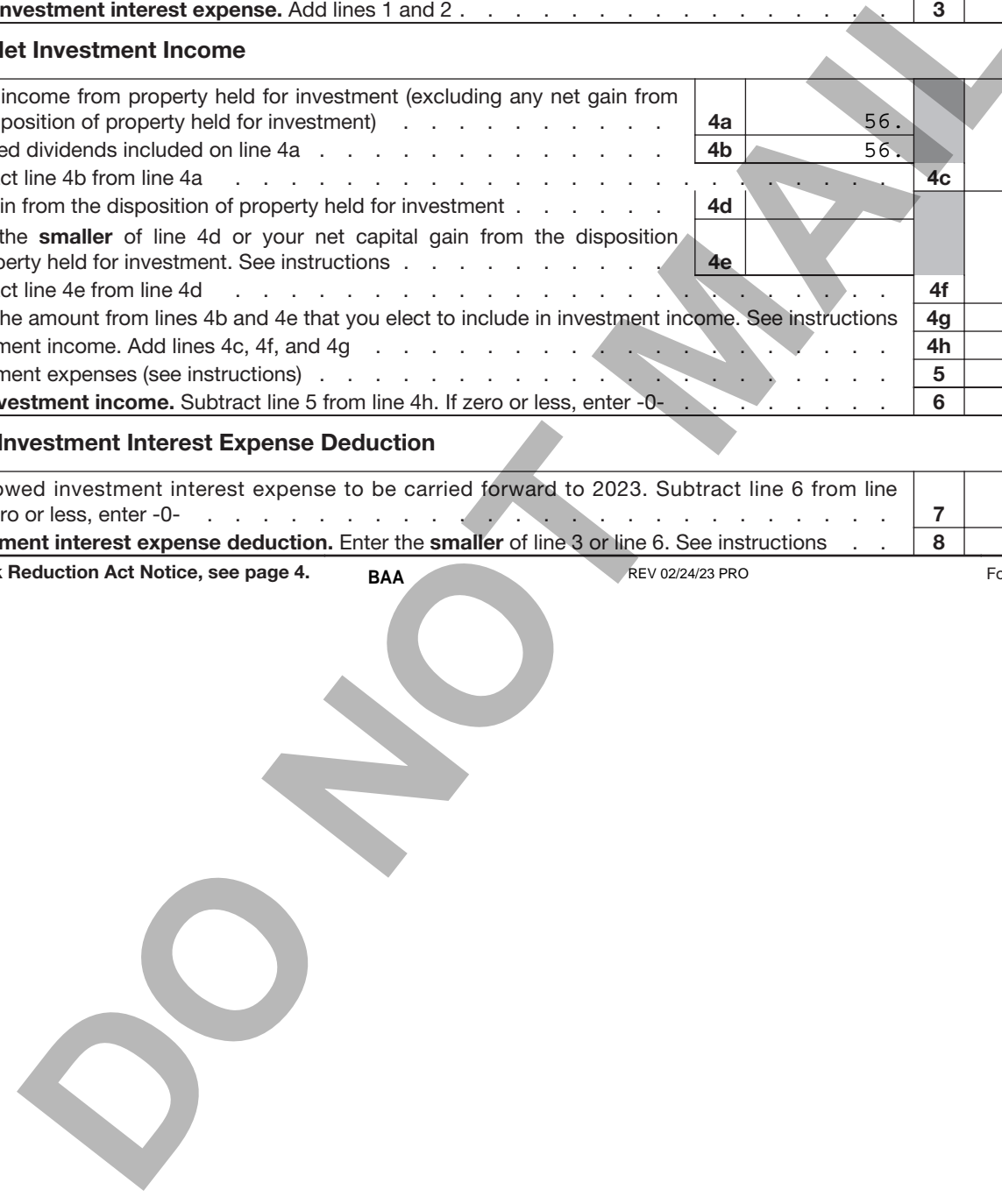
1 Investment interest expense paid or accrued in 2022 (see instructions)	1	668.
2 Disallowed investment interest expense from 2021 Form 4952, line 7	2	
3 Total investment interest expense. Add lines 1 and 2	3	668.

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	56.		
b Qualified dividends included on line 4a	4b	56.		
c Subtract line 4b from line 4a			4c	0.
d Net gain from the disposition of property held for investment	4d			
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
f Subtract line 4e from line 4d			4f	0.
g Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h Investment income. Add lines 4c, 4f, and 4g			4h	0.
5 Investment expenses (see instructions)			5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	0.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 3. If zero or less, enter -0-	7	668.
8 Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	0.



Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
322-13-8793

SRIPAL REDDY PALAVAI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6 7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,300.
9	Employer contributions made to your HSAs for 2022	9 5,738.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 5,738.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,562.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 _____

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SRIPAL REDDY PALAVAI & SPANDANA PALWAI		Taxpayer identification number 322-13-8793
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM		Preparer tax identification number P02082703

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tax History Report

▶ Keep for your records

2022

Name(s) Shown on Return

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Five Year Tax History:					
	2018	2019	2020	2021	2022
Filing status				MFJ	MFJ
Total income				150,190.	156,031.
Adjustments to income					
Adjusted gross income				150,190.	156,031.
Tax expense				6,822.	10,000.
Interest expense . . .				6,822.	13,962.
Contributions				600.	500.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				25,700.	25,900.
Exemption amount . .				0.	0.
QBI deduction				0.	
Taxable income				124,490.	130,131.
Tax				18,871.	19,859.
Alternative min tax . .					
Total credits				5,950.	4,000.
Other taxes					937.
Payments				14,658.	19,322.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund				1,737.	2,526.
Effective tax rate % . .				8.60	10.16
**Tax bracket %				22.0	22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2022

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SRIPAL REDDY PALAVAI & SPANDANA PALWAI) and Social Security Number (322-13-8793)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 222496 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

Table with 2 columns: Description (QuickZoom to the Federal Information Worksheet to enter PIN numbers, Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and value (38793, 30093, 02/06/2023)

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Schedule 1
Line 8

Other Income Statement

2022

Statement L8

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

	(a) Taxpayer	(b) Spouse
a Net operating loss carryover from a prior year		
b 1 Winnings from Form W-2G		
2 Gambling winnings not reported on Form W-2G		
3 Total gambling winnings.		
c Income from the Cancellation of Debt:		
1 From Form 1099-C:		
a Amount of debt canceled from box 2		
b Amount of canceled debt excluded from income		
c Taxable amount of canceled debt.		
2 From Schedule(s) K-1		
d Foreign earned income and housing exclusion, from Form 2555		
e Taxable distributions from Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC		
4 Total Form 8853		
f Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA		
2 Last month rule and qualified HSA funding distribution amt		
3 Total Form 8889		
g Alaska Permanent Fund.		
h Jury duty pay		
i 1 Winnings (prizes, etc.) from Form 1099-MISC, box 3.		
2 Other non-gambling awards and prizes		
j Income from "not for profit" activities (hobbies):		
1 Hobby income from Form 1099-K		
2 Other hobby income not reported elsewhere		
3 Total income from "not for profit" activities (hobbies):		
j Does not apply to Form 1040NR		
k Employer stock compensation income for non-employee		
l Income from rental of personal property		
1 Rent from personal property from Form 1099-MISC box 1.		
2 Rent from personal property from Form 1099-K box 1		
3 Other rent from personal property		
4 Total Income from the rental of personal property		
m Olympic/Paralympic medals and USOC prize money**		
n Section 965 deferred foreign income (Form 965)		
o Global intangible low-taxed income (Form 8992)		
p Limitation on business losses (Form 461)		
q ABLE account distributions		
r Scholarship and fellowship grants not reported on Form W-2		
s Nontaxable amount of Medicaid waiver payments		
t Nonqualified pension/annuity		
u Wages while incarcerated.		

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Your Social Security No. 322-13-8793
---	---

Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name Flagstar Bank, FSB	1 Mortgage interest received from payer(s) 6,157.
Street address 5151 Corporate Drive	2 Outstanding mortgage principal 297,999.84
City State ZIP code TROY MI 48098-2639	3 Mortgage origination date 03/19/2021
Telephone number	4 Refund of overpaid interest
RECIPIENT'S federal identification number 38-2734984	5 Mortgage insurance premiums 436.08
PAYER'S/BORROWER'S name SRIPAL REDDY PALAVAI	6 Points paid on purchase of principal residence
Street address 405 BOSCAWEN LN	8 Address of the property securing this mortgage (if different than your mailing address shown)
City State ZIP code CARY NC 27519	Street address 405 BOSCAWEN LN
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	City State ZIP code CARY NC 27519
9 If the property securing the mortgage has no address, provide a description of the property below	10 Property tax 3,484.
Account number	11 Mortgage Acquisition Date

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

- 1** Mortgage was used to finance (check one):
- | | | |
|--|---|--|
| a <input type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input checked="" type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity ↩
- | | |
|--|-----------------|
| a Schedule C, Business | _____ |
| b Schedule F, Farm | _____ |
| c Schedule E, Rental or Royalty | 405 BOSCAWEN LN |
| d Form 4835, Farm Rental | _____ |

Rental of Owner-Occupied or Vacation Home

- 1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA
- 2** If yes, complete lines 2a and 2b:
- | | |
|--|--------|
| a Mortgage interest qualifying for main or second home treatment | 6,157. |
| b Mortgage interest not qualifying for main or second home treatment | _____ |

Mortgage Insurance Premiums Information

- 1** Did the home loan close after December 31, 2006? Yes No

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Your Social Security No. 322-13-8793
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Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name DRAPER AND KRAMER MORTGAGE CORP	1 Mortgage interest received from payer(s) <u>1,038.</u>
Street address 1431 OPUS PLACE SUITE 200	2 Outstanding mortgage principal <u>614,640.00</u>
City State ZIP code DOWNERS GROVE IL 60515	3 Mortgage origination date <u>04/14/2022</u>
Telephone number	4 Refund of overpaid interest
RECIPIENT'S federal identification number 36-3873650	5 Mortgage insurance premiums
PAYER'S social security number 322-13-8793	6 Points paid on purchase of principal residence
PAYER'S/BORROWER'S name SRIPAL REDDY PALAVAI	8 Address of the property securing this mortgage (if different than your mailing address shown)
Street address 201 TRAUTZ LN	Street address 201 TRAUTZ LN
City State ZIP code HOLLY SPRINGS NC 27540	City State ZIP code HOLLY SPRINGS NC 27540
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	9 If the property securing the mortgage has no address, provide a description of the property below
Account number	10 Property tax
_____	11 Mortgage Acquisition Date
_____	_____

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

1 Mortgage was used to finance (check one):

a <input checked="" type="checkbox"/> Main home	b <input type="checkbox"/> Second home	c <input type="checkbox"/> Business activity
d <input type="checkbox"/> Rental activity	e <input type="checkbox"/> Farm activity	f <input type="checkbox"/> Farm rental activity
g <input type="checkbox"/> Royalty activity	h <input type="checkbox"/> Other	

2 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity ↩

a Schedule C, Business	_____
b Schedule F, Farm	_____
c Schedule E, Rental or Royalty	_____
d Form 4835, Farm Rental	_____

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA

2 If yes, complete lines 2a and 2b:

a Mortgage interest qualifying for main or second home treatment _____

b Mortgage interest **not** qualifying for main or second home treatment _____

Mortgage Insurance Premiums Information

1 Did the home loan close after December 31, 2006? Yes No

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Your Social Security No. 322-13-8793
---	---

Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name The Huntington National Bank	1 Mortgage interest received from payer(s) 12,924.
Street address 5555 Cleveland Ave - GW1N08 City State ZIP code COLUMBUS OH 43231 Telephone number	2 Outstanding mortgage principal 614,640.00
RECIPIENT'S federal identification number PAYER'S social security number 322-13-8793	3 Mortgage origination date 04/14/2022
PAYER'S/BORROWER'S name SRIPAL REDDY PALAVAI Street address 201 TRAUTZ LN City State ZIP code HOLLY SPRINGS NC 27540	4 Refund of overpaid interest
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	5 Mortgage insurance premiums 501.97
9 If the property securing the mortgage has no address, provide a description of the property below	6 Points paid on purchase of principal residence
Account number	8 Address of the property securing this mortgage (if different than your mailing address shown) Street address 201 TRAUTZ City State ZIP code HOLLY SPRINGS NC 27540
	10 Property tax 2,932.
	11 Mortgage Acquisition Date 04/27/22

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

- 1** Mortgage was used to finance (check one):
- | | | |
|--|---|--|
| a <input checked="" type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity ↩
- | | |
|--|-------|
| a Schedule C, Business | _____ |
| b Schedule F, Farm | _____ |
| c Schedule E, Rental or Royalty | _____ |
| d Form 4835, Farm Rental | _____ |

Rental of Owner-Occupied or Vacation Home

- 1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA
- 2** If yes, complete lines 2a and 2b:
- | | |
|--|-------|
| a Mortgage interest qualifying for main or second home treatment | _____ |
| b Mortgage interest not qualifying for main or second home treatment | _____ |

Mortgage Insurance Premiums Information

- 1** Did the home loan close after December 31, 2006? Yes No

Part I – Personal Information

Taxpayer:
 Last name PALAVAI
 First name SRIPAL REDDY
 Middle initial Suffix
 Social security no. 322-13-8793
 Occupation SR MANAGER RND
 Date of birth 06/05/1981 (mm/dd/yyyy)
 Age as of 1-1-2023 41
 Date of death
 Legally blind
 E-mail address SRIPAL27@GMAIL.COM
 Work phone (984) 377-1397 Ext
 Cell phone (984) 377-1397
 Home phone (984) 377-1397
 Fax number

Spouse:
 Last name (if different) PALWAI
 First name SPANDANA
 Middle initial Suffix
 Social security no. 627-53-0093
 Occupation SAS PROGRAMMER
 Date of birth 03/16/1988 (mm/dd/yyyy)
 Age as of 1-1-2023 34
 Date of death
 Legally blind
 E-mail address SRIPAL27@GMAIL.COM
 Work phone Ext
 Cell phone (984) 377-1397
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (984) 377-1397
 Print phone number on Form 1040 Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address 201 TRAUTZ LN Apt no.
 City HOLLY SPRINGS State NC ZIP code 27540
Foreign Address: Check this box to use foreign address
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 Child's First name MI Last Name Suff
 Child's social security number
- 5 Qualifying surviving spouse
 - Year spouse died 2020 2021
 - Enter the qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2022		Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Child Disa bled Code		
SAMANVI PALAVAI		877-82-9508 Daughter	09/04/2011	11 E		12			
SAHANVI PALAVAI		737-05-0074 Daughter	12/19/2013	9 E		12			

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2022

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SRIPAL REDDY PALAVAI & SPANDANA PALWAI) and Social Security Number (322-13-8793)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Input boxes for Taxpayer and Spouse

Note: Alabama does not allow this option Louisiana does not allow this option for extensions

Taxpayer/Spouse did not provide driver's license or state id information

- Input boxes for Taxpayer and Spouse

Note: Alabama, New York and Ohio do not allow this option Louisiana does not allow this option for extensions

Check to confirm transferred driver's license or state id information (which appears in green) is correct []

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state NC
License number 000043103376
Issue date 08/26/2021
Expiration date 06/05/2029
Does not expire []
NY Document number (first 3 chars)*

Spouse:

Issuing state NC
License number 000049206410
Issue date 09/02/2021
Expiration date 07/02/2023
Does not expire []
NY Document number (first 3 chars)*

State Identification Card Detail

Taxpayer:

Issuing state
Identification number
Issue date
Expiration date
Does not expire []
NY Document number (first 3 chars)*

Spouse:

Issuing state
Identification number
Issue date
Expiration date
Does not expire []
NY Document number (first 3 chars)*

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

DO NOT MAIL

Electronic Filing Information Worksheet

2022

Keep for your records

Name(s) Shown on Return

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number

322-13-8793

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required.
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name: GLOBAL TAXES LLC
ERO Address: 245 ROONEY CT
City: E BRUNSWICK, State: NJ, ZIP Code: 08816
Country:
ERO Electronic Filers Identification Number (EFIN): 222496
ERO Employer Identification Number: 88-2145487
ERO Social Security Number or PTIN:

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Address: 245 ROONEY CT
City: E BRUNSWICK, State: NJ, ZIP Code: 08816
Country:
Social Security Number or PTIN: P02082703
Employer Identification Number: 84-3171965
Phone Number: (678)965-9522, Fax Number:
E-mail Address: SYAM@GTAXFILE.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City selection: California, Colorado, Georgia, Michigan, See TB266

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-02) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-02), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) ., Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, Form 8864.

Superseded Returns

A refund or payment from the original return may need to be applied to the superseded balance due The amount entered here will flow to the balance due section of the information worksheet. Enter a negative number if the superseded return will generate a refund. Enter zero if the superseded return has an even balance. Amount you are paying with this superseded return

CAUTION: Important information about Superseded Return Payments

If you made a payment with your original return or scheduled a payment to be made at a later date, the payment will still be processed unless a call is made to cancel the payment. To cancel a scheduled payment, call the IRS at 1-888-353-4537. The cancellation request must be received no later than 11:59 p.m., Eastern Time at least two business days prior to the scheduled payment date. This change cannot be made online at this time.

► Keep for your records

Name(s) Shown on Return
 SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
 322-13-8793

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
AUROBINDO PHARMA USA INC		50,050.	4,647.	50,050.	2,270.
IQVIA RDS, INC	X	74,751.	4,230.	74,751.	3,308.
SYNEOS HEALTH LLC	X	5,005.	843.	5,005.	230.
VERIC BIO		80,056.	9,602.	80,056.	3,667.
Totals		209,862.	19,322.	209,862.	9,475.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C . . .			
b	W2 box 1 inmate or halfway house wages . . .			
c	All other W2 box 1 wages	130,106.	79,756.	209,862.
d	Foreign wages included in total wages			
e	Unreported tips	0.	0.	0.
2	Total federal tax withheld	14,249.	5,073.	19,322.
3 & 7	Total social security wages/tips	141,094.	85,796.	226,890.
4	Total social security tax withheld	8,748.	5,319.	14,067.
5	Total Medicare wages and tips	141,094.	85,796.	226,890.
6	Total Medicare tax withheld	2,046.	1,244.	3,290.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	36,074.	16,707.	52,781.
b	Elective deferrals to qualified plans	10,989.	6,040.	17,029.
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d 1	Elective deferrals to government 457 plans			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	25,085.	10,667.	35,752.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	130,106.	79,756.	209,862.
17	Total state tax withheld	5,937.	3,538.	9,475.
19	Total local tax withheld			

Keep for your records

Name as shown on return
SRIPAL REDDY PALAVAI

Social Security Number
322-13-8793

Employer EIN 20-0962874
Employer Name AUROBINDO PHARMA USA INC
Name (continued)
Street Address or P. O. Box 279 Princeton Hightstown Rd
City East Windsor State NJ ZIP 08520
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 50,050 .
2 Federal income tax withheld 4,647 .
3 Social security wages 54,322 .
4 Social sec tax withheld 3,368 .
5 Medicare wages and tips 54,322 .
6 Medicare tax withheld 788 .
7 Social security tips
8 Allocated tips

13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes codes C, D, DD and corresponding amounts. Includes instructions for Box 12 code and a checkbox for state/local government.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Includes values for NC, 600720571, 50,050, and 2,270.

I confirm that the state withholding identification number(s) are accurate X

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 9
10 Dependent care benefits (Check if employer furnished care at work)
10 Dependent care benefits — Amount forfeited from flexible spending account
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)
11

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SRIPAL REDDY PALAVAI 322-13-8793 Page 2
Employer Name AUROBINDO PHARMA USA INC

Part I - Statutory employees

A Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line C.
C Double-click to link to Schedule C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:

D Enter your designated housing or parsonage allowance
E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
F If no FICA was withheld, check the applicable box below
1 Pay self-employment tax on housing or parsonage allowance only
2 Pay self-employment tax on W-2 income only
3 Pay self-employment tax on W-2 income and housing allowance
4 Exempt from SE tax and have an approved exemption Form 4361

Non-Clergy:

G If no FICA was withheld, check the applicable box below
1 Pay self-employment tax on this W-2 income
2 Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer
2 Tips less than \$20 in a month which were not required to be reported
3 Value of non-cash tips, such as tickets or passes, not reported to employer
4 Actual amount of allocated tips if different than the amount in box 8
5 Tips paid out through a tip-sharing arrangement
6 Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV - Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI - Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments
b Amount of wages from box 1 excludable as difficulty of care payments.
c Excludable difficulty of care payments received from this payer and not in box 1

Part VII - Additional Information for Electronic Filing and Certain States (See Help)

L a Third-party sick pay
Non-standard W-2 (handwritten, typewritten, or altered in any way)
Corrected W-2
Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 322-13-8793
First name SRIPAL REDDY M.I. PALAVAI Last name Suff.
Address 201 TRAUTZ LN City HOLLY SPRINGS St NC ZIP code 27540
Foreign Province/County Foreign Postal Code
Foreign Country

Keep for your records

Name as shown on return
SPANDANA PALWAI

Social Security Number
627-53-0093

Employer EIN 56-1323952
Employer Name IQVIA RDS, INC
Name (continued)
Street Address or P. O. Box 2400 ELLIS ROAD
City . DURHAM State NC ZIP . 27703
Foreign Province/County
Foreign Postal Code
Foreign Country

[X] Spouse's W-2 [] Do not transfer this W-2 to next year
[X] Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 74,751. 2 Federal income tax withheld 4,230.
3 Social security wages 80,791. 4 Social sec tax withheld 5,009.
5 Medicare wages and tips 80,791. 6 Medicare tax withheld 1,171.
7 Social security tips 8 Allocated tips

13 b [X] Retirement plan
[] Foreign source income eligible for exclusion on Form 2555
[] Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes codes C, D, DD and amounts 106., 6,040., 10,556. Includes text: If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax, M: Enter amount attributable to RRTA Tier 2 tax, P: Double-click to link to Form 3903, line 4, R: Enter MSA contribution for Taxpayer/Spouse, W: Enter HSA contribution for Taxpayer/Spouse, G: [] Employer is not a state or local government. Is this an elective deferral? Yes [] No []

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Values: NC, 032014561, 74,751., 3,308.

I confirm that the state withholding identification number(s) are accurate [X]

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 9
10 Dependent care benefits (Check if employer furnished care at work) . . . [] 10
Dependent care benefits — Amount forfeited from flexible spending account . . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs). 11

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

SPANDANA PALWAI

627-53-0093 Page 2

Employer Name . . . IQVIA RDS, INC

Part I - Statutory employees

A [] Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line C.
C Double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:
D Enter your designated housing or parsonage allowance D
E Enter the smallest of (a) your designated housing or parsonage allowance,
(b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from SE tax and have an approved exemption Form 4361
Non-Clergy:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer H1
2 Tips less than \$20 in a month which were not required to be reported H2
3 Value of non-cash tips, such as tickets or passes, not reported to employer H3
4 Actual amount of allocated tips if different than the amount in box 8 H4
5 Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are
only subject to Medicare tax

Part IV - Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI - Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments []
b Amount of wages from box 1 excludable as difficulty of care payments.
c Excludable difficulty of care payments received from this payer and not in box 1

Part VII - Additional Information for Electronic Filing and Certain States (See Help)

L a [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 627-53-0093
First name M.I. Last name Suff.
SPANDANA PALWAI
Address City St ZIP code
201 TRAUTZ LN HOLLY SPRINGS NC 27540
Foreign Province/County Foreign Postal Code
Foreign Country

Keep for your records

Name as shown on return SPANDANA PALWAI Social Security Number 627-53-0093

Employer EIN 33-0723120
Employer Name SYNEOS HEALTH LLC
Street Address or P. O. Box 1030 SYNC STREET
City MORRISVILLE State NC ZIP 27560-1547

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 5,005.
2 Federal income tax withheld 843.
3 Social security wages 5,005.
4 Social sec tax withheld 310.
5 Medicare wages and tips 5,005.
6 Medicare tax withheld 73.
7 Social security tips

13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for Box 12 codes A, M, P, R, W, G and a checkbox for 'Employer is not a state or local government'.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Values: NC, 600243259, 5,005., 230.

I confirm that the state withholding identification number(s) are accurate [X]

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 9
10 10 Dependent care benefits (Check if employer furnished care at work)
11 11 Distributions from Section 457 and other nonqualified plans

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

SPANDANA PALWAI	627-53-0093	Page 2
Employer Name SYNEOS HEALTH LLC		

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee B New for 2022: A Schedule C is mandatory. Proceed to line C. C Double-click to link to Schedule C	C	
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Part II – Clergy, church employees, members of recognized religious sects

Clergy only:		
D Enter your designated housing or parsonage allowance E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value F If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance 4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361	D E	
Non-Clergy:		
G If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on this W-2 income 2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029		

Part III – Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer 2 Tips less than \$20 in a month which were not required to be reported 3 Value of non-cash tips, such as tickets or passes, not reported to employer 4 Actual amount of allocated tips if different than the amount in box 8 5 Tips paid out through a tip-sharing arrangement 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	H1 H2 H3 H4 H5	
--	---	--

Part IV – Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI – Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments

b Amount of wages from box 1 excludable as difficulty of care payments. _____

c Excludable difficulty of care payments received from this payer and not in box 1 _____

Part VII – Additional Information for Electronic Filing and Certain States (See Help)

L a Third-party sick pay
 Non-standard W-2 (handwritten, typewritten, or altered in any way)
 Corrected W-2
 Income from Paid Family Leave
 Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 627-53-0093

First name M.I. Last name Suff.
 SPANDANA PALWAI

Address City St ZIP code
 201 TRAUTZ LN HOLLY SPRINGS NC 27540

Foreign Province/County Foreign Postal Code

Foreign Country

Keep for your records

Name as shown on return
SRIPAL REDDY PALAVAI

Social Security Number
322-13-8793

Employer EIN 20-8185347
Employer Name VERIC BIO
Name (continued)
Street Address or P. O. Box 1249 SOUTH RIVER RD 107
City . CRANBURY State NJ ZIP . 08512
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 80,056. 2 Federal income tax withheld 9,602.
3 Social security wages 86,772. 4 Social sec tax withheld 5,380.
5 Medicare wages and tips 86,772. 6 Medicare tax withheld 1,258.
7 Social security tips 8 Allocated tips

13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes codes C, D, W, DD and their corresponding amounts. Also includes text for Box 12 code is: A, M, P, R, W, G.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Includes values for NC, 600927724, 80,056., and 3,667.

I confirm that the state withholding identification number(s) are accurate X

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 9
10 Dependent care benefits (Check if employer furnished care at work)
10 Dependent care benefits — Amount forfeited from flexible spending account
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs). 11

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SRIPAL REDDY PALAVAI 322-13-8793 Page 2
Employer Name VERIC BIO

Part I - Statutory employees

A [] Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line C.
C Double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:
D Enter your designated housing or parsonage allowance D
E Enter the smallest of (a) your designated housing or parsonage allowance,
(b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from SE tax and have an approved exemption Form 4361
Non-Clergy:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer H1
2 Tips less than \$20 in a month which were not required to be reported H2
3 Value of non-cash tips, such as tickets or passes, not reported to employer H3
4 Actual amount of allocated tips if different than the amount in box 8 H4
5 Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are
only subject to Medicare tax

Part IV - Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI - Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments []
b Amount of wages from box 1 excludable as difficulty of care payments.
c Excludable difficulty of care payments received from this payer and not in box 1

Part VII - Additional Information for Electronic Filing and Certain States (See Help)

L a [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 322-13-8793
First name M.I. Last name Suff.
SRIPAL REDDY PALAVAI
Address City St ZIP code
201 TRAUTZ LN HOLLY SPRINGS NC 27540
Foreign Province/County Foreign Postal Code
Foreign Country

Interest and Dividends Summary

2022

▶ Keep for your records

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage				
2 From Schedule B, Part I.				
3 From Schedule B, Part II				
4 From K-1 Worksheets				
5 Exempt-int.divs (net of adj.)				
6 From Forms 6252				
7 From Forms 8814				
8 Subtotal				
Less Adjustments:				
9 U.S. savings bond interest previously reported				
10 Nominee distribution				
11 OID adjustment				
12 ABP adjustment				
13 Accrued interest				
14 Other adjustment				
15 Series EE & I bond exclusion				
16 Total Adjustments				
17 Total to Schedule B, line 2 ▶				
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . . ▶				
20 Total to Form 6251, line 2g ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B	56.	56.		11.
2 From K-1 Worksheets				
Subtotal	56.	56.		
3 Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶	56.			
8 Total qualified dividends. . . ▶		56.		
9 Total capital gains ▶				
10 Total nontaxable dividends ▶				11.

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B				
Less Adjustments:				
2 Nominee distribution				
3 Other adjustment				
4 Total Adjustments				
5 Total to Schedule D ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B		
Less Adjustments:		
2 Nominee distribution		
3 Other adjustment		
4 Total Adjustments		
5 Total to Schedule D ▶		

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

TSJ T

Payer Robinhood Securities LLC

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 Box 11 - FATCA filing requirement

B Withholding information:

- 1 Federal income tax withheld
2 State 3 State identification no. 4 State tax withheld
3 I confirm that the state withholding identification number(s) are accurate

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3)
2 Private activity bond amount included in line C-1 above
OR
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.00%)
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment: N Nominee H Other D ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 4952:

- 1 Margin interest paid 668.

F Foreign tax information: All income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars
Check this box if foreign tax is from a mutual fund or regulated investment company. See Tax Help for additional information.
2 Box 8 - Foreign country or U.S. possession. (Imported name:)
3 Report on Schedule A OR
DoubleClick to link to a copy of Form 1116
4 For Form 1116, select which column A B C
5 Select whether taxes were paid (P) or accrued (A)
6 Date paid or accrued
7 Total foreign source income from Box 1a- Total Ordinary dividends
8 Section 897 ordinary dividends
9 Section 897 capital gain

Additional Payer and Recipient Information

Payer's TIN
Payer's address and ZIP code
Street
City
State ZIP Code
Foreign Country
Recipient's address and ZIP code
Transfer address from Federal Information Wks
Street
City
State ZIP Code
Foreign Country

Forms 1099-MISC / 1099-NEC Summary

2022

▶ Keep for your records

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

Box	Description	Taxpayer	Spouse	Total
Form 1099-MISC Summary				
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
	▶ Other Income			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income	11 .		11 .
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
	▶ Strike Benefit Income			
	▶ California Middle Class Tax Refund			
	▶ Other Income	11 .		11 .
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments	2 .		2 .
9	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
10	Gross proceeds paid to an attorney			
	▶ Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14	13 .		13 .
Form 1099-NEC Summary				
1	Total Nonemployee compensation	22,494 .		22,494 .
	▶ Schedule C	22,494 .		22,494 .
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Form 1099-R Summary

2022

► Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security No. 322-13-8793
---	------------------------------------

Payer	SP	Gross	Taxable	Federal Tax	State Tax	IRA
FIDELITY INVESTMENTS		9,371.	9,371.			

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915E, 3(a)		
	b	Gross distribution transferred to Form 8915E, 3(a)		
	c	Gross distribution transferred to Form 8915D, 3(a)		
	d	Gross distribution transferred to Form 8915C, 3(a)		
	e	Qualified disaster distributions		
	f	Less: Amount rolled over		
	g	Gross distribution transferred to Form 8915E, 3(b)		
h	Gross distribution transferred to Form 8915E, 3(b)			
i	Gross distribution transferred to Form 8915D, 3(b)			
j	Gross distribution transferred to Form 8915C, 3(b)			
k	Less: Amount rolled over			
3	Amount of line 2 converted to a Roth IRA			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b		
	11	If checked, taxable amount calculated on Form 8606	<input type="checkbox"/>	<input type="checkbox"/>

Roth IRA Distributions			Taxpayer	Spouse
Gross	12	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
	13	Roth IRA distributions subject to distribution rules		
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	15	Qualified distributions subject to distribution rules		
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		

IRA Qualified Disaster Distributions From Forms 8915-B, C, D, E			Taxpayer	Spouse
Taxable	20 a	Qualified distributions on Form 1040, line 4b		

Recharacterizations (See Help)			Taxpayer	Spouse
Gross	21 a	2022 form code N (included on Form 1040, line 4a)		
	b	2023 form code R (not included on 1040, line 4a)		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R	9,371.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4c		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 5a (if partially taxable) or line 5b (if fully taxable)	9,371.	
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915E, 2(a)		
	d	Gross distribution transferred to Form 8915E, 2(a)		
	e	Gross distribution transferred to Form 8915D, 2(a)		
	f	Gross distribution transferred to Form 8915C, 2(a)		
	g	Qualified disaster distribution		
	h	Less: Amount rolled over		
i	Gross distribution transferred to Form 8915E, 2(b)			
j	Gross distribution transferred to Form 8915E, 2(b)			
k	Gross distribution transferred to Form 8915D, 2(b)			
l	Gross distribution transferred to Form 8915C, 2(b)			
Taxable	26	Taxable amount in box 2a, Form 1099-R	9,371.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Form 8915C, D, E		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
31	Taxable amount of Roth IRA conversions			
a	Taxable amount of in-plan Roth rollovers			
32 a	Taxable amount of distributions	9,371.		
b	Taxable distributions from Canada RRP Wks, line 7b			
c	Taxable disaster distributions from Form 8915C, D, E			
d	Taxable amount transferred to Form 1040, line 5b	9,371.		

Section 1035 Tax-free Exchange

Pensions	33	Total gross distributions from box 1 of Form 1099-R		
IRAs	34	Total gross distributions from box 1 of Form 1099-R		

Distributions on 2022 1099-Rs Not Reported on the 2022 Return

Code P	35	Distribution reported on 2021 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		

Tax Withholding

Box 4	37	Total federal tax withheld		
Box 14	38	Total state tax withheld		
Box 17	39	Total local tax withheld		

Nontaxable Distributions for Sales Tax Deduction

	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions	0.	

Health Insurance Premiums

	42	Health insurance deductible on Schedule A		
--	-----------	---	--	--

Taxable Distributions included in Net Investment Income

	43	Annuity payments and other distributions that may be subject to the net investment income tax		
--	-----------	---	--	--

DO NOT MAIL

Name SRIPAL REDDY PALAVAI Social Security Number 322-13-8793

Check Applicable Box: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []

Payer Federal ID . . 04-6568107 Corrected []
Payer Name FIDELITY INVESTMENTS Non standard []
Name (cont.) INSTITUTIONAL OPERATIONS CO
Street Address or P. O. Box 100 MAGELLAN WAY KWIC COVINGTON
City COVINGTON State KY ZIP 41015-1987
Foreign:
Province/County Postal Code
Country Phone no.

If Spouse's 1099-R, check this box [] Do not transfer this 1099-R to next year []

This section is for RRB-1099-R use only

1 Gross distribution 9,371. 2a Taxable amount (See Help) 9,371.
2b Taxable amount not determined [] Total distribution []
3 Capital gain 4 Federal tax withheld
5 Contributns/Desig Roth/Insur 6 Net unrealized appreciation
7 Distribution code(s) 1 M IRA/SEP/SIMPLE [] Roth IRA []

14 -1 State tax withheld 15 -1 State Payer's state No.
16 -1 State distribution State use code (See Help).
I confirm that the state withholding identification number(s) are accurate. []

17 -1 Local tax withheld 18 -1 Name of locality
19 -1 Local distribution
Date of payment
Check if NOT from a qualified retirement plan or IRA (see Help) []
If box 7 code is J or T, check if a qualified Roth IRA distribution (see Help) []
If box 7 code is J, enter amount used for first time home purchase

Rollovers Enter rollovers, conversions and recharacterizations on lines B and C on page 2.
Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) []
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) []
Spouse and not treat as recipient's own (taxable amount must be in box 2a) []
Someone other than a spouse (taxable amount must be in box 2a) []
Insurance Amount of insurance premiums deductible on Schedule A
Amount of health savings account (HSA) funding distributions
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution
Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization
RMD If this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD. [] or the amount of gross distbn that is RMD

8 Other %
9a Percentage of total distribution 9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
Account number
FATCA filing requirement []
14 -2 State tax withheld 15 -2 State Payer's state No.
16 -2 State distribution State use code (See Help).
17 -2 Local tax withheld 18 -2 Name of locality
19 -2 Local distribution

Recipient information: Correct to match recipient information on Form 1099-R

Recipient's name SRIPAL REDDY PALAVAI Recipient's federal ID. 322-13-8793
Address 201 TRAUTZ LN City HOLLY SPRINGS St NC ZIP code 27540
Foreign:
Province/County Postal Code
Foreign Country

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2022

Line 16

► Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number 322-13-8793
---	---------------------------------------

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u>130,131.</u>	
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>56.</u>	
3	Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u>0.</u>	
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.			
4	Add lines 2 and 3	4	<u>56.</u>	
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u>130,075.</u>	
6	Enter: \$41,675 if single or married filing separately, \$83,350 if mfj or qualifying surviving spouse, \$55,800 if head of household.	6	<u>83,350.</u>	
7	Enter the smaller of line 1 or line 6	7	<u>83,350.</u>	
8	Enter the smaller of line 5 or line 7	8	<u>83,350.</u>	
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u>0.</u>	
10	Enter the smaller of line 1 or line 4	10	<u>56.</u>	
11	Enter the amount from line 9	11	<u>0.</u>	
12	Subtract line 11 from line 10.	12	<u>56.</u>	
13	Enter: \$459,750 if single, \$258,600 if married filing separately, \$517,200 if mfj or qualifying surviving spouse, \$488,500 if head of household.	13	<u>517,200.</u>	
14	Enter the smaller of line 1 or line 13	14	<u>130,131.</u>	
15	Add lines 5 and 9	15	<u>130,075.</u>	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u>56.</u>	
17	Enter the smaller of line 12 or line 16	17	<u>56.</u>	
18	Multiply line 17 by 15% (0.15)	18	<u>8.</u>	
19	Add lines 9 and 17.	19	<u>56.</u>	
20	Subtract line 19 from line 10	20	<u>0.</u>	
21	Multiply line 20 by 20% (0.20)	21	<u>0.</u>	
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	<u>19,851.</u>	
23	Add lines 18, 21, and 22	23	<u>19,859.</u>	
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u>19,863.</u>	
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	<u>19,859.</u>	

Capital Loss Carryforward Worksheet

2023

Capital Loss Carryforward from 2022 to 2023

▶ Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number 322-13-8793
---	---------------------------------------

		Regular Tax	Alternative Minimum Tax
1 Enter the amount from 2022 Form 1040, line 15. If a loss, enter as a negative amount	1	130,131.	156,031.
2 Enter the loss from 2022 Schedule D, line 21, as a positive amount	2	3,000.	3,000.
3 Combine lines 1 and 2. If zero or less, enter -0-	3	133,131.	159,031.
4 Enter the smaller of line 2 or line 3	4	3,000.	3,000.
If line 7 of 2022 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9			
5 Enter the loss from 2022 Schedule D, line 7, as a positive amount.	5	12,228.	12,228.
6 Enter any gain from 2022 Schedule D, line 15. If a loss, enter -0-	6	6,577.	6,577.
7 Add lines 4 and 6	7	9,577.	9,577.
8 Short-term capital loss carryforward to 2023.			
Subtract line 7 from line 5. If zero or less, enter -0- ▶	8	2,651.	2,651.
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.			
9 Enter the loss from 2022 Schedule D, line 15, as a positive amount	9		
10 Enter any gain from 2022 Schedule D, line 7. If a loss, enter -0-	10	0.	0.
11 Subtract line 5 from line 4. If zero or less, enter -0-	11	0.	0.
12 Add lines 10 and 11	12	0.	0.
13 Long-term capital loss carryforward to 2023.			
Subtract line 12 from line 9. If zero or less, enter -0- ▶	13	0.	0.

DRAFT

Form 1099-B Worksheet

▶ Keep for your records

2022

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security No.
322-13-8793

Name of reporting financial institution ▶ AMERITRADE
 Acct Number ▶ _____ Reporter's Tax ID . . . ▶ _____
 Owner of account ▶ J
 Transactions were not reported to IRS . ▶

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Quick Entry Table
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale				
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?						
1	AMERITRADE										
D		12/31/22	01/01/21	189.00	48.44						
			L	Yes	X	No	Yes	X	No		
				Yes		No	Yes				No
				Yes		No	Yes				No
				Yes		No	Yes				No
				Yes		No	Yes				No

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	D	AMERITRADE	189.00	48.44			140.56	L

Brokerage Statement (Form 1099-B or substitute) Summary Table
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A						
Box B						
Box C						
Box D	189.00	48.44	140.56		140.56	
Box E						
Box F						
Totals	189.00	48.44	140.56		140.56	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	189.00	48.00			141.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

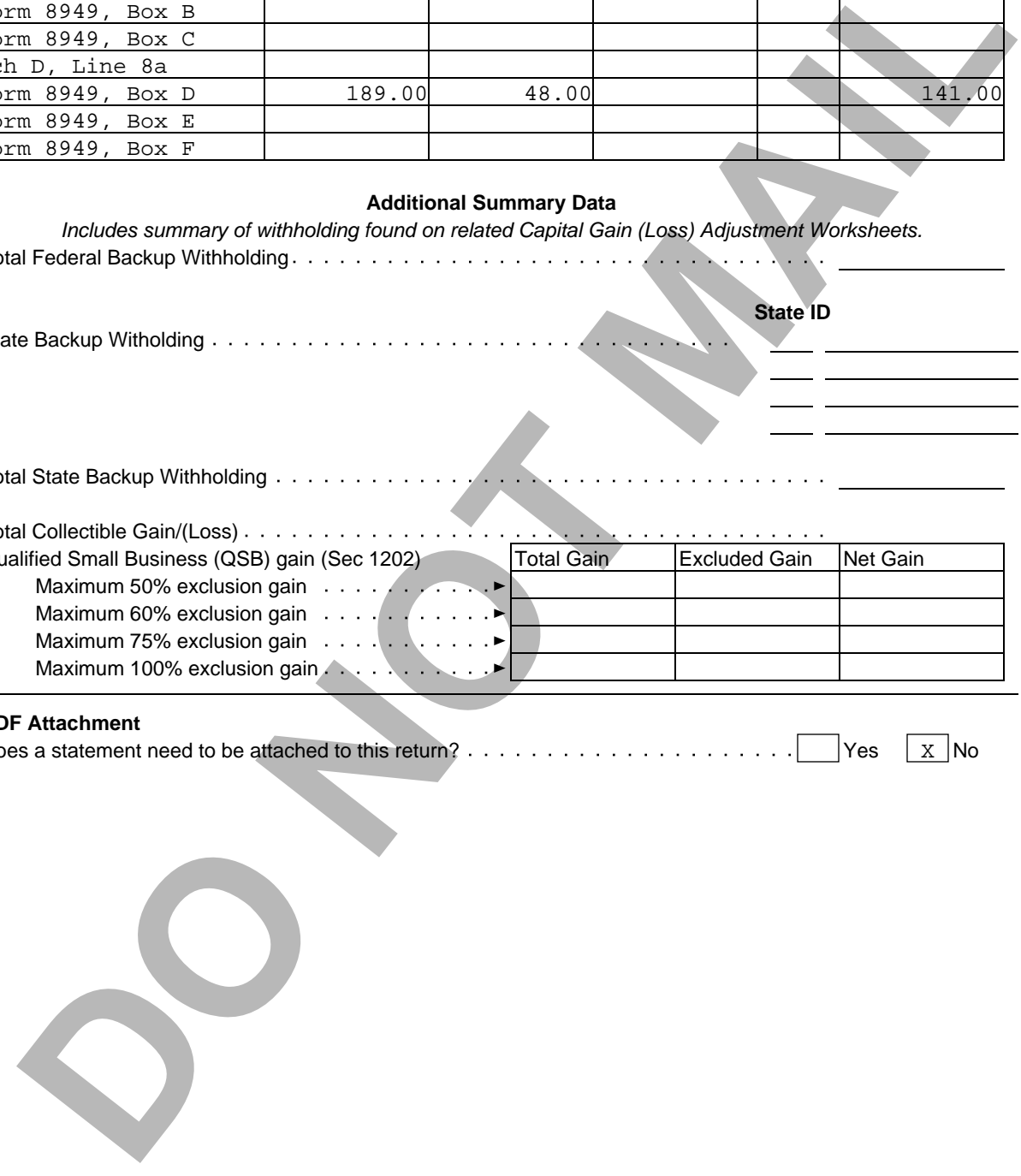
Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No



Form 1099-B Worksheet

▶ Keep for your records

2022

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security No. 322-13-8793
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Name of reporting financial institution ▶ Robinhood Securities LLC
Acct Number ▶ _____ **Reporter's Tax ID** . . . ▶ _____
Owner of account ▶ T
Transactions were not reported to IRS . ▶

Form 8949 Reporting Exception Transactions					
<i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i>					
Box A transactions to report directly on Sch D, Line 1a (short term)	<table border="1" style="width: 100%;"><tr><th>Proceeds</th><th>Cost Basis</th></tr><tr><td> </td><td> </td></tr></table>	Proceeds	Cost Basis		
Proceeds	Cost Basis				
Box D transactions to report directly on Sch D, Line 8a (long term)	<table border="1" style="width: 100%;"><tr><th>Proceeds</th><th>Cost Basis</th></tr><tr><td> </td><td> </td></tr></table>	Proceeds	Cost Basis		
Proceeds	Cost Basis				
<i>(Do not duplicate any transactions summarized above when making entries in the table below.)</i>					

Quick Entry Table										
<i>If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)</i>										
Sale#	Property Description			Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale		
8949 Box	Date Sold	Date Acquired	Basis Reported to IRS?		Reported on Form 1099B?					
1	Robinhood Securities LLC			21,879.15		34,135.19				
A	12/31/22	01/01/22	Yes X		No		Yes	X	No	
		S								
2	Robinhood Securities LLC			46,296.38		39,859.84				
D	12/31/22	01/01/21	Yes X		No		Yes	X	No	
		L								
			Yes		No		Yes		No	
			Yes		No		Yes		No	

Sale Results for Form 8949								
#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	Robinhood Securities LLC	21,879.15	34,135.19			-12,256.04	S
2	D	Robinhood Securities LLC	46,296.38	39,859.84			6,436.54	L

Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.</i>						
Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	21,879.15	34,135.19	-12,256.04		-12,256.04	
Box B						
Box C						
Box D	46,296.38	39,859.84	6,436.54		6,436.54	
Box E						
Box F						
Totals	68,175.53	73,995.03	-5,819.50		-5,819.50	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	21,879.00	34,135.00			-12,256.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	46,296.00	39,860.00			6,436.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

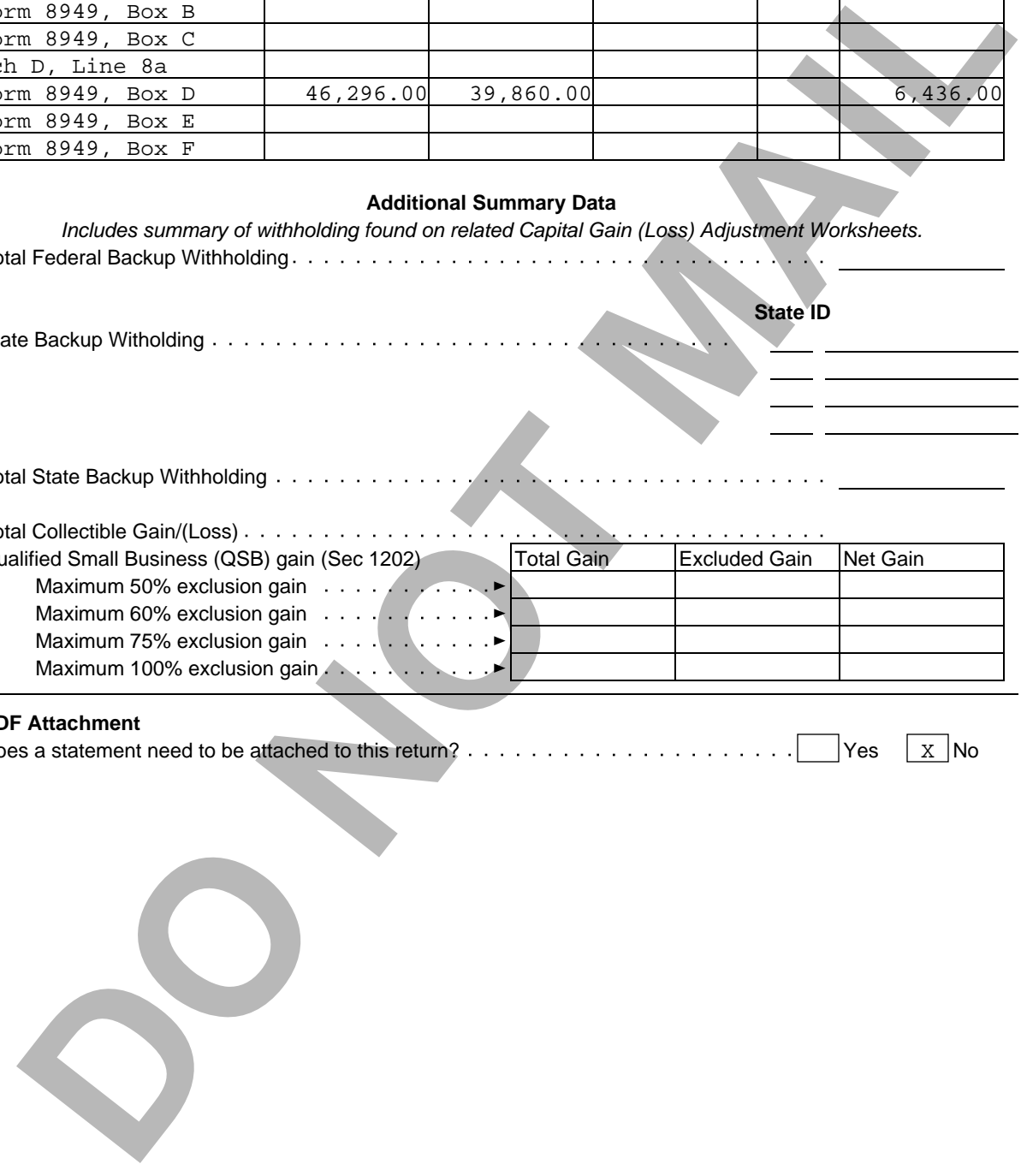
Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No



Form 1099-B Worksheet

► Keep for your records

2022

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security No.
322-13-8793

Name of reporting financial institution ► Robinhood Crypto LLC
 Acct Number ► _____ Reporter's Tax ID ► _____
 Owner of account ► T
 Transactions were not reported to IRS ►

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Quick Entry Table
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?			
1	Robinhood Crypto LLC							
B		12/31/22	01/01/22	178.00	150.04			
			S	Yes	X	No	Yes	X
				Yes		No	Yes	
				Yes		No	Yes	
				Yes		No	Yes	
				Yes		No	Yes	

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	B	Robinhood Crypto LLC	178.00	150.04			27.96	S

Brokerage Statement (Form 1099-B or substitute) Summary Table
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A						
Box B	178.00	150.04	27.96		27.96	
Box C						
Box D						
Box E						
Box F						
Totals	178.00	150.04	27.96		27.96	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B	178.00	150.00			28.00
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No

DO NOT MAIL

Earned Income Worksheet

2022

▶ Keep for your records

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	-49,607.		-49,607.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	-49,607.		-49,607.
d One-half of self-employment tax			
e Subtract line 1d from line 1c	-49,607.		-49,607.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	-49,607.		-49,607.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	-49,607.		-49,607.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	130,106.	79,756.	209,862.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	80,499.	79,756.	160,255.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	80,499.	79,756.	160,255.
11 Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	80,499.	79,756.	160,255.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-49,607.		-49,607.
16 a Wages, salaries, tips, etc	130,106.	79,756.	209,862.
b2 Amount of In. b1 for graduate/postgrad studies			
17 Net self-employment loss	49,607.		49,607.
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	130,106.	79,756.	209,862.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees	-49,607.		-49,607.
24 Wages, salaries, tips, etc	130,106.	79,756.	209,862.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	80,499.	79,756.	160,255.

► Keep for your records

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
	a -----	b	
	b -----	c	
	c -----	d	668.
4	Total investment interest expense. Add lines 1 through 3.	4	668.

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:	5 a	56.
	a From Schedule B, Interest and Dividend Income	b	
	b From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	c	
	c From Form 8814, Parents' Election to Report Child's Interest and Dividends	d	56.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
	a -----	b	
	b -----	c	
	c -----	d	
10	Total investment income. Add lines 5d through 9.	10	56.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16		
b	Less net gains from property not held for investment		
c	Net gains from property held for investment.		
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.		
b	Less net capital gains from property not held for investment.		
c	Net capital gains from property held for investment.		

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
	a -----	b	
	b -----	c	
	c -----	d	
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	0.	0.
19	Less amount deducted on other forms and schedules:		
	a Deducted on Schedule E, page 2 for passthru entities		
	b Deducted on Schedule E, page 1 for royalties		
	c Other amounts deducted on other forms and schedules		
	d Total amount deducted on other forms and schedules		
20	Investment interest expense.	0.	0.

Keep for your records

Name(s) shown on return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security No.
322-13-8793

General Information:

Property description 405 BOSCAWEN LN
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) 405 BOSCAWEN LN
City CARY State NC ZIP code 27519
If a foreign address: Foreign province or state . .
Foreign postal code Foreign country

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 244 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [X] H Complete taxable disposition — See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []
N Check this box if some or all assets for this property are located outside the United States or United States possessions (See tax help) []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

405 BOSCAWEN LN, CARY, NC 27519

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	17,200.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	17,200.	100.000000	17,200.
4 Enter royalties received (not reported elsewhere)			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint	1,000.		1,000.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import	436.				
Total mort insur qual	436.		436.		
b Other Insurance	1,500.		1,500.		
10 Legal & other prof fees					
11 Management fees	1,200.		1,200.		
12 a Mortgage int qualified					
From Form 1098 import	6,157.				
Total mort int qualified	6,157.		6,157.		
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest					
14 Repairs	1,000.		1,000.		
15 Supplies					
16 a Real estate taxes					
From Form 1098 import	3,484.				
Total real estate taxes	3,484.		3,484.		
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	14,777.		14,777.		
21 Income or (loss)			2,423.		
22 Deductible rental real estate loss					

DO NOT MAIL

► Keep for your records

Shareholder's Name SRIPAL REDDY PALAVAI	Social Security Number 322-13-8793
--	---------------------------------------

Part I Information About the Corporation

A Corporation's Employer Identification Number 87-3444196

B Corporation's
 Name SS FINANCIALS & SERVICES INC
 Address 201 Trautz Ln,
 City Holly Springs
 State NC
 ZIP Code 27540

D Corporation's total number of shares
 Beginning of tax year
 End of tax year

Part II Information About the Shareholder

Shareholder is Taxpayer . . . Spouse . . . Joint . . .

At-Risk Status (check one):
 All investment in corporation is at-risk
 Some investment in corporation **not** at-risk

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1 Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

1 Ordinary business income (loss) -6,544.
 Check if "materially" participated in the business activities

2 Net rental real estate income (loss)
 Check if "materially" participated in rental real estate activities
 Check if "actively" participated in rental real estate activities
 Check if rental of property is a type subject to recharacterization rules
 Check if rental real estate activity is a trade or business.

3 Other net rental income (loss)
 Check if rental of property is a type subject to recharacterization rules
 Check if rental activity is a trade or business.

4 a Interest income
b Interest income from U.S. obligations included in box 4.

5 a Ordinary dividends
b Qualified dividends
 Interest income from U.S. obligations included in box 5.

6 Royalties
Double-click to link royalties to Schedule E Worksheet ►

Corporation Name: SS FINANCIALS & SERVICES INC

Part III Shareholder's Share of Current Year Income, Deductions, Other Items (continued)

- 7 Net short-term capital gain (loss) _____
- 8 a Net long-term capital gain (loss) _____
- 8 b Collectibles (28%) gain (loss) _____
- 8 c Unrecaptured section 1250 gain _____
- 9 Net section 1231 gain (loss) _____

10 Other income (loss)

Code	Description	Amount

11 Section 179 deduction _____

12 Other deductions

Code	Description	Amount

13 Credits & credit recapture

Code	Description	Amount

14 Foreign transactions
Schedule K-3 is attached if checked

15 Alternative minimum tax (AMT) items

Code	Description	Amount

16 Items affecting shareholder basis

Code	Description	Amount
C	Nondeductible expenses	100.

17 Other information

Code	Description	Amount

Corporation Name SS FINANCIALS & SERVICES INC

Section D2 Qualified Business Income Deduction Info

A Does this K-1 include a Section 199A business? [] Yes [X] No
QBI worksheet to report (double click to link)

B Trade or Business Name

C Trade or Business ID Number
If no ID number available, select reason

D 1 Is this a Specified Service Trade or Business (SSTB)? [] Yes [] No
2 If No, is income attributable to a SSTB? (see help) [] Yes [] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB %

E 1 Starting business income
2 Adjustments
a Section 179 expenses
b Reduced Sec 179 expenses, if deduction is limited
c RESERVED
d Other adjustments business income
e Total allowable QBI sec 179 expenses and other adjustments
3 Qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Additional deductions related to this business reported on separate schedules
6 Net profit (loss) after adjustments, limitations, and deductions
7 Allowable QBI allocated to SSTB
8 Allowable QBI from this business

F 1 Short term gain (loss) from qualified business assets (not included in Row E)
2 Adjustments to short term gain (loss)
3 Adjusted qualified short term gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable short term qualified gain (loss) after passive/at-risk limits
5 Allowable short term gain (loss) allocated to SSTB
6 Allowable short term gain (loss) from this business

G 1 Section 1231 gain (loss) from qualified business assets
2 Adjustments to section 1231 gain (loss)
3 Adjusted section 1231 gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable ordinary 1231 qualified gain (loss)
5 Allowable ordinary 1231 gain (loss) allocated to SSTB
6 Allowable ordinary 1231 gain (loss) from this business

H 1 Allowable qualified business income (line E8 plus F6 plus G6)
2 Qualified business income allocated to SSTB
3 a Previously disallowed losses freed up in current year
b Adjustments to previously disallowed losses
c Previously disallowed QBI losses to be reported as separate business
d QBI wksht for previously disallowed losses, if present

I 1 Tentative wages
2 Adjustments
3 Qualified wages
4 Qualified wages allocated to SSTB

J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)
2 Adjustments
3 Qualified UBIA
4 Qualified UBIA allocated to SSTB

K 1 Net income allocable to qualified payments from agricultural or horticultural coop
2 Wages allocable to qualified payments from coop
3 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting before 1/1/2018
4 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting after 12/31/2017

▶ Keep for your records

Shareholder's Name SPANDANA PALWAI	Social Security Number 627-53-0093
---------------------------------------	---------------------------------------

Part I Information About the Corporation

A Corporation's Employer Identification Number 87-3444196

B Corporation's
 Name SS FINANCIALS & SERVICES INC
 Address 201 Trautz Ln,
 City Holly Springs
 State NC
 ZIP Code 27540

D Corporation's total number of shares
 Beginning of tax year
 End of tax year

Part II Information About the Shareholder

Shareholder is Taxpayer Spouse Joint

At-Risk Status (check one):
 All investment in corporation is at-risk
 Some investment in corporation **not** at-risk

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1 Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

1 Ordinary business income (loss) -6,543.
 Check if "materially" participated in the business activities

2 Net rental real estate income (loss)
 Check if "materially" participated in rental real estate activities
 Check if "actively" participated in rental real estate activities
 Check if rental of property is a type subject to recharacterization rules
 Check if rental real estate activity is a trade or business

3 Other net rental income (loss)
 Check if rental of property is a type subject to recharacterization rules
 Check if rental activity is a trade or business

4 a Interest income
b Interest income from U.S. obligations included in box 4.

5 a Ordinary dividends
b Qualified dividends
 Interest income from U.S. obligations included in box 5.

6 Royalties
Double-click to link royalties to Schedule E Worksheet ▶

Corporation Name: SS FINANCIALS & SERVICES INC

Part III Shareholder's Share of Current Year Income, Deductions, Other Items (continued)

- 7 Net short-term capital gain (loss) _____
- 8 a Net long-term capital gain (loss) _____
- 8 b Collectibles (28%) gain (loss) _____
- 8 c Unrecaptured section 1250 gain _____
- 9 Net section 1231 gain (loss) _____

10 Other income (loss)

Code	Description	Amount

11 Section 179 deduction _____

12 Other deductions

Code	Description	Amount

13 Credits & credit recapture

Code	Description	Amount

14 Foreign transactions
Schedule K-3 is attached if checked

15 Alternative minimum tax (AMT) items

Code	Description	Amount

16 Items affecting shareholder basis

Code	Description	Amount
C	Nondeductible expenses	100.

17 Other information

Code	Description	Amount

Corporation Name SS FINANCIALS & SERVICES INC

Section D2 Qualified Business Income Deduction Info

A Does this K-1 include a Section 199A business? [] Yes [X] No
QBI worksheet to report (double click to link)

B Trade or Business Name

C Trade or Business ID Number
If no ID number available, select reason

D 1 Is this a Specified Service Trade or Business (SSTB)? [] Yes [] No
2 If No, is income attributable to a SSTB? (see help) [] Yes [] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB %

E 1 Starting business income
2 Adjustments
a Section 179 expenses
b Reduced Sec 179 expenses, if deduction is limited
c RESERVED
d Other adjustments business income
e Total allowable QBI sec 179 expenses and other adjustments
3 Qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Additional deductions related to this business reported on separate schedules
6 Net profit (loss) after adjustments, limitations, and deductions
7 Allowable QBI allocated to SSTB
8 Allowable QBI from this business

F 1 Short term gain (loss) from qualified business assets (not included in Row E)
2 Adjustments to short term gain (loss)
3 Adjusted qualified short term gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable short term qualified gain (loss) after passive/at-risk limits
5 Allowable short term gain (loss) allocated to SSTB
6 Allowable short term gain (loss) from this business

G 1 Section 1231 gain (loss) from qualified business assets
2 Adjustments to section 1231 gain (loss)
3 Adjusted section 1231 gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable ordinary 1231 qualified gain (loss)
5 Allowable ordinary 1231 gain (loss) allocated to SSTB
6 Allowable ordinary 1231 gain (loss) from this business

H 1 Allowable qualified business income (line E8 plus F6 plus G6)
2 Qualified business income allocated to SSTB
3 a Previously disallowed losses freed up in current year
b Adjustments to previously disallowed losses
c Previously disallowed QBI losses to be reported as separate business
d QBI wksht for previously disallowed losses, if present

I 1 Tentative wages
2 Adjustments
3 Qualified wages
4 Qualified wages allocated to SSTB

J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)
2 Adjustments
3 Qualified UBIA
4 Qualified UBIA allocated to SSTB

K 1 Net income allocable to qualified payments from agricultural or horticultural coop
2 Wages allocable to qualified payments from coop
3 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting before 1/1/2018
4 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting after 12/31/2017

Schedule SE Adjustments Worksheet

2022

▶ Keep for your records

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	-49,607.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	-49,607.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Federal Carryover Worksheet

2022

▶ Keep for your records

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number 322-13-8793
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2021 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2021 State Extension Information

(a) State	(b) Paid With Extension

2021 Locality Extension Information

(a) Locality	(b) Paid With Extension

2021 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2021 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2021 State Taxes Due Information

(a) State	(e) Paid With Return

2021 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2021 State Refund Applied Information

(a) State	(g) Applied Amount

2021 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2021 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2021 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2021	2022
1	Filing status	1	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4).	2	
3	Itemized deductions	3	24,462.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>
5	Adjusted gross income	5	156,031.
6	Tax liability for Form 2210 or Form 2210-F	6	16,796.
7	Alternative minimum tax.	7	
8	Federal overpayment applied to next year estimated tax.	8	

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2021	2022
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2021	2022
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss.	12 a	2,651.
b	AMT Short-term capital loss	b	2,651.
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss.	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	668.
b	AMT Investment interest expense disallowed	b	668.
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2022.	b	
	b 2021.	c	
	c 2020.	d	
	d 2019.	e	
	e 2018.	f	
	f 2017.		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a	
	a 2022.	b	
	b 2021.	c	
	c 2020.	d	
	d 2019.	e	
	e 2018.	f	
	f 2017.		

Credit Carryovers		2021	2022
18	General business credit	18	
19	Adoption credit from:	19 a	
	a 2022	b	
	b 2021	c	
	c 2020	d	
	d 2019	e	
	e 2018	f	
	f 2017		
20	Mortgage interest credit from:	20 a	
	a 2022	b	
	b 2021	c	
	c 2020	d	
	d 2019		
21	Credit for prior year minimum tax.	21	
22	District of Columbia first-time homebuyer credit.	22	
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23	

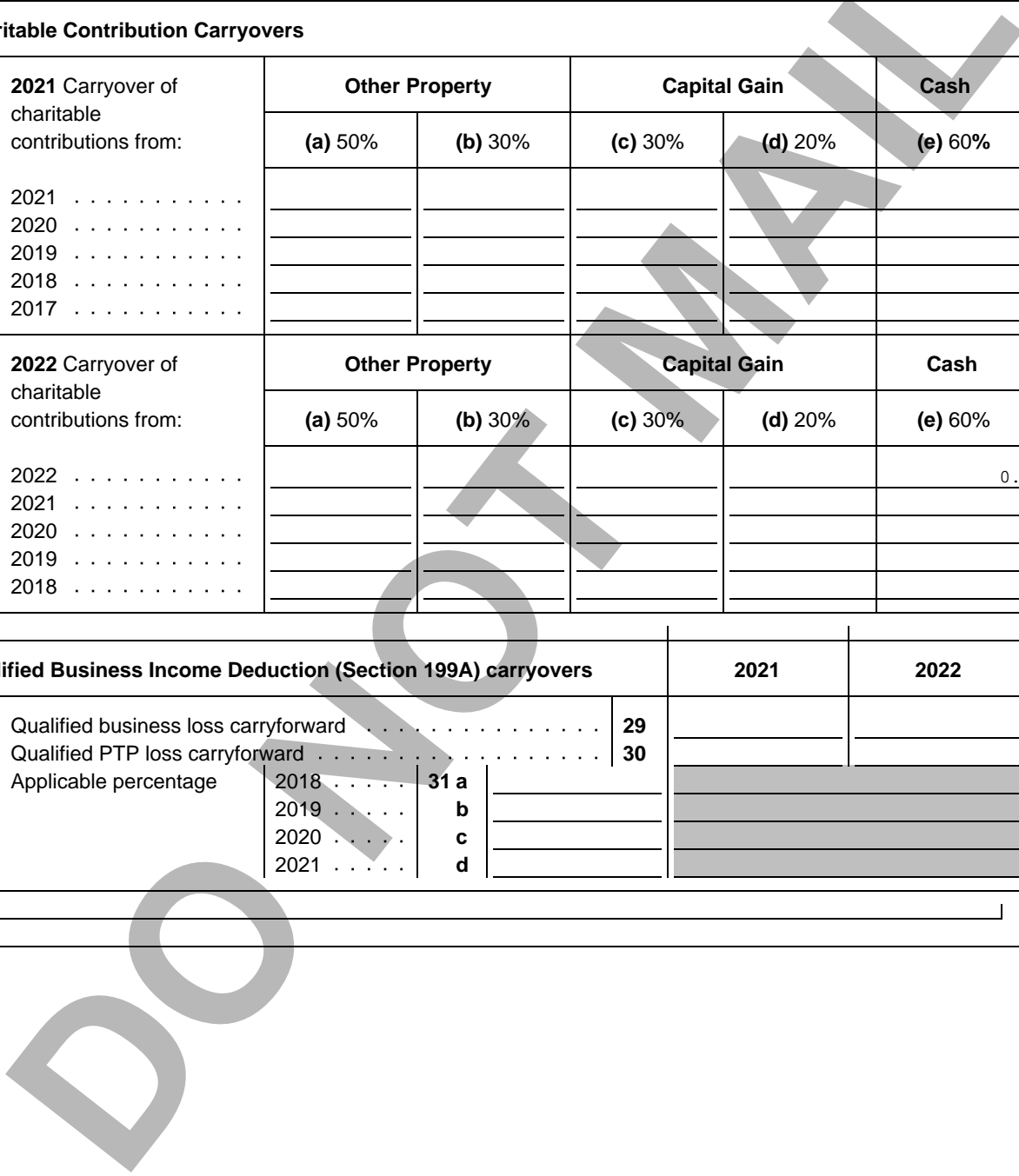
Other Carryovers				2021	2022
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2021					
b	2020					
c	2019					
d	2018					
e	2017					

27	2022 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2022					0.
b	2021					
c	2020					
d	2019					
e	2018					

Qualified Business Income Deduction (Section 199A) carryovers				2021	2022
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	c		
		2021	d		



Car and Truck Expenses Worksheet

2022

▶ Keep for your records

Sch C SOFTWARE SERVICES

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number 322-13-8793
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Vehicle Information Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
1 Make and model of vehicle	Toyota 2017		
2 Date acquired	02/17/17		
3 Date placed in service	02/17/2017		
4 Type of vehicle	A1 - Auto		
5 a Ending mileage reading	89,000		
b Beginning mileage reading	70,000		
c Total miles for the year	19,000		
6 a Business miles from 01/01/22 thru 06/30/22	6,500		
b Business miles from 07/01/22 thru 12/31/22	6,500		
7 Commuting miles for the year			
8 Other personal miles for the year	6,000		
9 Percent of business use	68.42 %		
10 Months for special allocation. See Tax Help			
11 Is another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Was the vehicle used primarily by a more than 5% owner or related person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14 a Is there evidence to support the business use claimed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Standard Mileage Rate

15 Does vehicle qualify for standard mileage rate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Was the vehicle leased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 a Standard mileage deduction for 1/1 thru 6/30	3,803.		
b Standard mileage deduction for 7/1 thru 12/31	4,063.		
17 Standard mileage deduction	7,866.		

Actual Expenses

18 Expenses:			
a Gasoline, oil, repairs, insurance, etc			
b Vehicle registration, license (excluding property taxes)			
c Vehicle lease or rental fees:			
1 30 days or more			
2 29 days or less			
3 Total vehicle lease/rental fees			
d Leased vehicle inclusion amount:			
1 Year lease began			
2 FMV of leased vehicle			
3 Number of lease days in year			
4 Inclusion amount			
19 Expenses subtotal			
20 Expenses applicable to business			
21 Vehicle depreciation and Sec 179 (from page 2)			
22 Total actual expenses			

Standard Mileage vs Actual Expenses

Check box to force a method

23 Standard mileage	<input type="checkbox"/> 7,866.	<input type="checkbox"/>	<input type="checkbox"/>
24 Actual expenses			

Total Car and Truck Expenses Complete for all vehicles	Vehicle 1 Toyota 2017	Vehicle 2	Vehicle 3
25 Line 23 or line 24	7,866.		
26 Additional expenses:			
a Business-related parking fees, tolls, etc			
b Property taxes (including property tax portion of registration)			
c Less personal portion of property taxes			
d Interest on vehicle			
e Less personal portion of vehicle interest			
27 Total expenses	7,866.		
28 Less business portion of lease or rental fees less inclusion amount (if actual expenses)			
29 Less business portion of depreciation (if actual expenses)			
30 Total car and truck expenses	7,866.		

Vehicle Depreciation Information – Complete for Actual Expenses only

31 Cost or basis			
32 Section 179 expense elected			
33 Depreciation and Sec 179 limit for automobiles			
34 a Economic Stimulus - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 If yes, and if placed in service after 9/27/17, was this property acquired after 9/27/17?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2 For post 9/27/17, elect 50% in place of 100% Special Depreciation Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b Qualified Disaster Area - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Kansas Disaster Zone - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Gulf Opportunity Zone - Qualified Property	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No
e Percentage for Special Depr Allowance	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
f Elect OUT of Special Depr Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Elect 30% in place of 50% Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h QuickZoom to Election Stmt			
i Special Depreciation Allowance			
j AMT Special Depreciation Allowance			
35 Prior depreciation			
36 Depreciation deduction			
37 Alternative minimum tax prior depreciation			
38 AMT depreciation deduction			
39 AMT adjustment/preference			
40 QuickZoom to Asset Life History			
MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion			
41 Elect OUT of regs under Sec 1.168(i)-6(i)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
42 If asset represents entire basis of replacement property, enter excess basis			
Pre-02/28/04 transactions only (See TaxHelp):			
43 Asset ID (Enter same ID on all related assets)			
44 Check if asset represents exchanged basis of replacement property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Total basis of all related parts			

State Depreciation – Complete for Actual Expenses only

- 46 **QuickZoom** to select or delete states ▶ _____
- 47 a State (CA info must be entered in CA state return, do not enter here) _____
- b Asset status _____
- c Vehicle description _____
- d Vehicle number _____
- e State cost or basis _____
- f State Section 179 deduction _____
- g State Section 179 deduction allowed (enter for dispositions only) _____
- h State Special Depreciation Allowance _____
- i State asset class _____
- j State depreciation method _____
- k State MACRS convention _____
- l State recovery period _____
- m State depreciable basis _____
- n State prior depreciation _____
- o **State depreciation deduction** ▶ _____
- p If this asset represents entire basis of replacement property, enter excess basis _____
- q Form 8824: If luxury auto, enter depreciation at 100% business use _____
- r State gain/loss basis, if different from state cost _____
- o Include vehicle in state return Yes No

Disposition of Vehicle Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
	Toyota 2017		
47 Date of disposition			
48 Sales price (business portion only)			
49 Expense of sale (business portion only)			
50 Sec 179 deduction allowed			
51 Double-click to link sale to Form 6252			
52 Reserved			
53 Gain/loss basis, if diff from ln 30 (enter 100%)			
54 AMT gain/loss basis, if diff from ln 77 (100%)			
55 Depreciation allowed or allowable			
56 AMT depreciation allowed or allowable			
57 Gain or loss			
58 Alternative minimum tax gain or loss			
59 Part of Form 4797 to which gain/loss carries			

Detail Vehicle Depreciation Information – Complete for Actual Expenses only

60 Subject to auto limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61 Truck or van?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62 Electric passenger vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63 Heavy SUV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64 Listed property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65 Eligible for Sec 179 (current yr assets only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66 Use IRS tables for MACRS property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67 Qualified Indian reservation property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68 Used Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69 Depreciation type						
70 Asset class						
71 Depreciation method						
72 Convention (HY assumed for MACRS property)						
73 QZ to set 2022 convention ▶						
74 Recovery period						
75 Year of depreciation						
76 Depreciable basis						
77 Alternative minimum tax basis, if diff from ln 30						
78 Alternative minimum tax depreciation method						
79 Alternative minimum tax recovery period						
80 Alternative minimum tax depreciable basis						

Section 199A (QBI Deduction) attributes

If this asset belongs to a qualified business under Section 199A, the following attributes will be used to calculate the deduction for the qualified business.

UBIA for this asset	0.	0.	0.
This asset is ineligible for UBIA			
Gains/(losses) from disposition of asset			
Short term gain/(loss)	0.	0.	0.
Ordinary income from depreciation recapture	0.	0.	0.
Long term gain/(loss)	0.	0.	0.
Gain/(loss) is not eligible for 199A deduction			

DO NOT MAIL

Two-Year Comparison

2022

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number
---	------------------------

Income	2021	2022	Difference	%
Wages, salaries, tips, etc	141,432.	209,862.	68,430.	48.38
Interest and dividend income	74.	56.	-18.	-24.32
State tax refund				
Business income (loss)	-22,832.	-49,607.	-26,775.	-117.27
Capital and other gains (losses)	30,231.	-3,000.	-33,231.	-109.92
IRA distributions				
Pensions and annuities		9,371.	9,371.	
Rents and royalties		2,423.	2,423.	
Partnerships, S Corps, etc	1,267.	-13,087.	-14,354.	-999.00
Farm income (loss)				
Social security benefits				
Income other than the above	18.	13.	-5.	-27.78
Total Income	150,190.	156,031.	5,841.	3.89
Adjustments to Income				
Adjusted Gross Income	150,190.	156,031.	5,841.	3.89
Itemized Deductions				
Medical and dental				
Income or sales tax	6,822.	9,475.	2,653.	38.89
Real estate taxes		2,932.	2,932.	
Personal property and other taxes				
Interest paid	6,822.	13,962.	7,140.	104.66
Gifts to charity	600.	500.	-100.	-16.67
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	14,244.	24,462.	10,218.	71.74
Standard or Itemized Deduction	25,700.	25,900.	200.	0.78
Qualified Business Income Deduction	0.	0.	0.	
Taxable Income	124,490.	130,131.	5,641.	4.53
Income tax	18,871.	19,859.	988.	5.24
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	18,871.	19,859.	988.	5.24
Nonbusiness credits	5,950.	4,000.	-1,950.	-32.77
Business credits				
Total Credits	5,950.	4,000.	-1,950.	-32.77
Self-employment tax				
Other taxes		937.	937.	
Total Tax After Credits	12,921.	16,796.	3,875.	29.99
Withholding	11,970.	19,322.	7,352.	61.42
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments	2,688.		-2,688.	-100.00
Total Payments	14,658.	19,322.	4,664.	31.82
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	1,737.	2,526.	789.	45.42
Balance Due				

Current year effective tax rate 10.16 %

Tax Summary Report

2022

Name(s) Shown on Return

SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Filing status Married Filing Jointly

Number of exemptions 4

Gross Income

Wages and salaries	209,862.
Interest and dividend income	56.
Business income (loss)	-49,607.
Capital gains (losses)	-3,000.
Pensions and annuities	9,371.
Rents, royalties, partnerships, etc	-10,664.
Farm income (loss)	
Social security benefits	
Other income	13.
Total Gross Income	156,031.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 156,031.

Itemized/Standard Deductions

Medical and dental	
Taxes	10,000.
Interest	13,962.
Contributions	500.
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	24,462.
Standard deduction	25,900.

Taxable Income 130,131.

Income tax	19,859.
Alternative minimum tax	
Total Taxes before Credits	19,859.
Nonbusiness credits	4,000.
Business credits	
Total Credits	4,000.
Self-employment tax	
Other taxes	937.

Total Tax 16,796.

Withholding	19,322.
Estimated tax payments	
Other payments	
Total Payments	19,322.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 2,526.

Refund 2,526.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	10.16 %

Smart Worksheets From 2022 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Business Address Information Smart Worksheet	
Business street address. . .	<u>201 TRAUTZ LN</u>
City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)	
<u>HOLLY SPRINGS</u>	<u>NC 27540</u>
Or, foreign country information: _____	

SMART WORKSHEET FOR: Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	-49,607.		-49,607.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-49,607.		-49,607.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

SMART WORKSHEET FOR: Form 4952: Investment Interest Expense

Special Election Smart Worksheet	
A Net investment income without election. Lines 4c, 4f, less 5.	0.
B Excess investment interest expense. Line 3 less line A	668.
C Amount available for election. Add lines 4b and 4e.	56.
D Maximum election amount. Lesser of lines B and C	56.
Enter on line 4g the portion of line D that you elect to include in investment income.	

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet						
<p>A If you had the same coverage every month of the 2022, select the type of coverage here <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family</p> <p>Or, if coverage varied during 2022, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.</p>						
1	January	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
2	February	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
3	March	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
4	April	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
5	May	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
6	June	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
7	July	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
8	August	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
9	September	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
10	October	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
11	November	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
12	December	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		7,300.
B Maximum allowable contribution						7,300.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>						

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 6 Smart Worksheet	
A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	0.
B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	0.
C Portion of Line B amount to be carried to Line 6 of spouse's form	0.
QuickZoom to Form 8889S	
D Remainder to be carried to Line 6 (Line 5 minus Line C)..	7,300.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	5,738.
B Enter employer contributions made in 2022 for the tax year 2021	
C Subtract line B from line A	5,738.
D Enter employer contributions made in 2023 for the tax year 2022	
E Other employer contributions for 2022 not reported above	
F Employer contributions for 2022. Add lines C, D and E. Enter on line 9	5,738.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2022 was due to death or disability

A 1 Total HSA contribution in 2021 0.

2 Excess contribution in 2021

3 Net HSA contribution in 2021 0.

B Check the box below to indicate the type of coverage you had for each month of 2021. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
2	February ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
3	March ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
4	April ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
5	May ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
6	June ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
7	July ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
8	August ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
9	September ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
10	October ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
11	November ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
12	December ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____

C 1 Total maximum allowable contribution for 2021 _____

2 Amount allocated to spouse in 2021 _____

3 Net maximum allowable contribution for 2021 _____

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

Paid Preparer Smart Worksheet

If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).

A Enter paid preparer code from Firm/Preparer Info. 01

SMART WORKSHEET FOR: Form 1098 (Flagstar Bank, FSB): Mortgage Interest Statement

Home Mortgage Interest Limitation Smart Worksheet

A Is this the original loan used to purchase this home? **Yes** **No**

B Is this a **home equity** loan or **refinance** of a purchase loan? **Home Equity** **Refi**

Was cash ever taken out as part of a refinance? **Yes** **No**

C Were all loan proceeds used to purchase, build, or improve the home secured by this loan? **Yes** **No**

(see help if this loan is a refinance loan)

If no, amount used to purchase, build, or improve this home (see help) _____

D Date loan was paid off, if paid off in 2022 _____

E Outstanding mortgage principal as of 12/31/2022 (or pay-off date, if applicable) _____

Check if only one 1098

SMART WORKSHEET FOR: Form 1098 (DRAPER AND KRAMER MORTGAGE CORP): Mortgage Interest Statement

Home Mortgage Interest Limitation Smart Worksheet

A Is this the original loan used to purchase this home? Yes No

B Is this a **home equity** loan or **refinance** of a purchase loan? Home Equity Refi
 Was cash ever taken out as part of a refinance? Yes No

C Were all loan proceeds used to purchase, build, or improve the home secured by this loan?
(see help if this loan is a refinance loan) Yes No
 If no, amount used to purchase, build, or improve this home *(see help)* _____

D Date loan was paid off, if paid off in 2022 _____

E Outstanding mortgage principal as of 12/31/2022 (or pay-off date, if applicable) _____
 Check if only one 1098

SMART WORKSHEET FOR: Form 1098 (The Huntington National Bank): Mortgage Interest Statement

Home Mortgage Interest Limitation Smart Worksheet

A Is this the original loan used to purchase this home? Yes No

B Is this a **home equity** loan or **refinance** of a purchase loan? Home Equity Refi
 Was cash ever taken out as part of a refinance? Yes No

C Were all loan proceeds used to purchase, build, or improve the home secured by this loan?
(see help if this loan is a refinance loan) Yes No
 If no, amount used to purchase, build, or improve this home *(see help)* _____

D Date loan was paid off, if paid off in 2022 _____

E Outstanding mortgage principal as of 12/31/2022 (or pay-off date, if applicable) _____
 Check if only one 1098

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Form 1099-R Worksheet (FIDELITY INVESTMENTS)

Qualified Disaster Distribution Smart Worksheet									
A	If this is a Qualified Disaster distribution, indicate which year the distribution qualifies under: <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2018 Disaster Distribution</td> <td style="text-align: right; padding: 2px;">▶ <input style="width: 30px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">2019 Disaster Distribution</td> <td style="text-align: right; padding: 2px;">▶ <input style="width: 30px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">2020 Disaster Distribution</td> <td style="text-align: right; padding: 2px;">▶ <input style="width: 30px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">2020 Coronavirus-related Distribution</td> <td style="text-align: right; padding: 2px;">▶ <input style="width: 30px; height: 15px;" type="checkbox"/></td> </tr> </table>	2018 Disaster Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>	2019 Disaster Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>	2020 Disaster Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>	2020 Coronavirus-related Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>
2018 Disaster Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>								
2019 Disaster Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>								
2020 Disaster Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>								
2020 Coronavirus-related Distribution	▶ <input style="width: 30px; height: 15px;" type="checkbox"/>								
B	Amount of Qualified Disaster distribution Entire distribution is qualified . . . ▶ <input style="width: 30px; height: 15px;" type="checkbox"/> or amount that is qualified _____								
C	Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2022 tax return Entire distribution repaid ▶ <input style="width: 30px; height: 15px;" type="checkbox"/> or amount of partial repayment _____								
D	If this Qualified Disaster distribution was received for the purchase or construction of a new home and the new home was not purchased or constructed due to a qualified disaster enter any amount repaid Entire distribution repaid ▶ <input style="width: 30px; height: 15px;" type="checkbox"/> or amount of partial repayment _____								

SMART WORKSHEET FOR: Form 1099-R Worksheet (FIDELITY INVESTMENTS)

Explanation Statement Smart Worksheet		
If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the help to see the required information. Then QuickZoom to the appropriate explanation statement.	Taxpayer	Spouse
	<input style="width: 30px; height: 15px;" type="checkbox"/>	<input style="width: 30px; height: 15px;" type="checkbox"/>
<input style="width: 15px; height: 15px;" type="checkbox"/> Return of IRA contribution before due date of tax return ▶		
<input style="width: 15px; height: 15px;" type="checkbox"/> Return of prior year excess traditional IRA contributions ▶		

SMART WORKSHEET FOR: Form 1099-B Worksheet (AMERITRADE)

- QuickZoom** to another copy of **Form 1099-B** Worksheet ▶ _____
- For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. . . . ▶ _____
- QuickZoom** to **Form 1099-K** reporting sale(s) of investment assets ▶ _____

Form 1099-K reconciliation	
<input style="width: 15px; height: 15px;" type="checkbox"/>	If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below.
	Payment(s) amount from linked Form 1099-K ▶ _____

SMART WORKSHEET FOR: Form 1099-B Worksheet (Robinhood Securities LLC)

- QuickZoom** to another copy of **Form 1099-B** Worksheet ▶ _____
- For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. . . . ▶ _____
- QuickZoom** to **Form 1099-K** reporting sale(s) of investment assets ▶ _____

Form 1099-K reconciliation	
<input type="checkbox"/>	If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below.
	Payment(s) amount from linked Form 1099-K ▶ _____

SMART WORKSHEET FOR: Form 1099-B Worksheet (Robinhood Crypto LLC)

- QuickZoom** to another copy of **Form 1099-B** Worksheet ▶ _____
- For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. . . . ▶ _____
- QuickZoom** to **Form 1099-K** reporting sale(s) of investment assets ▶ _____

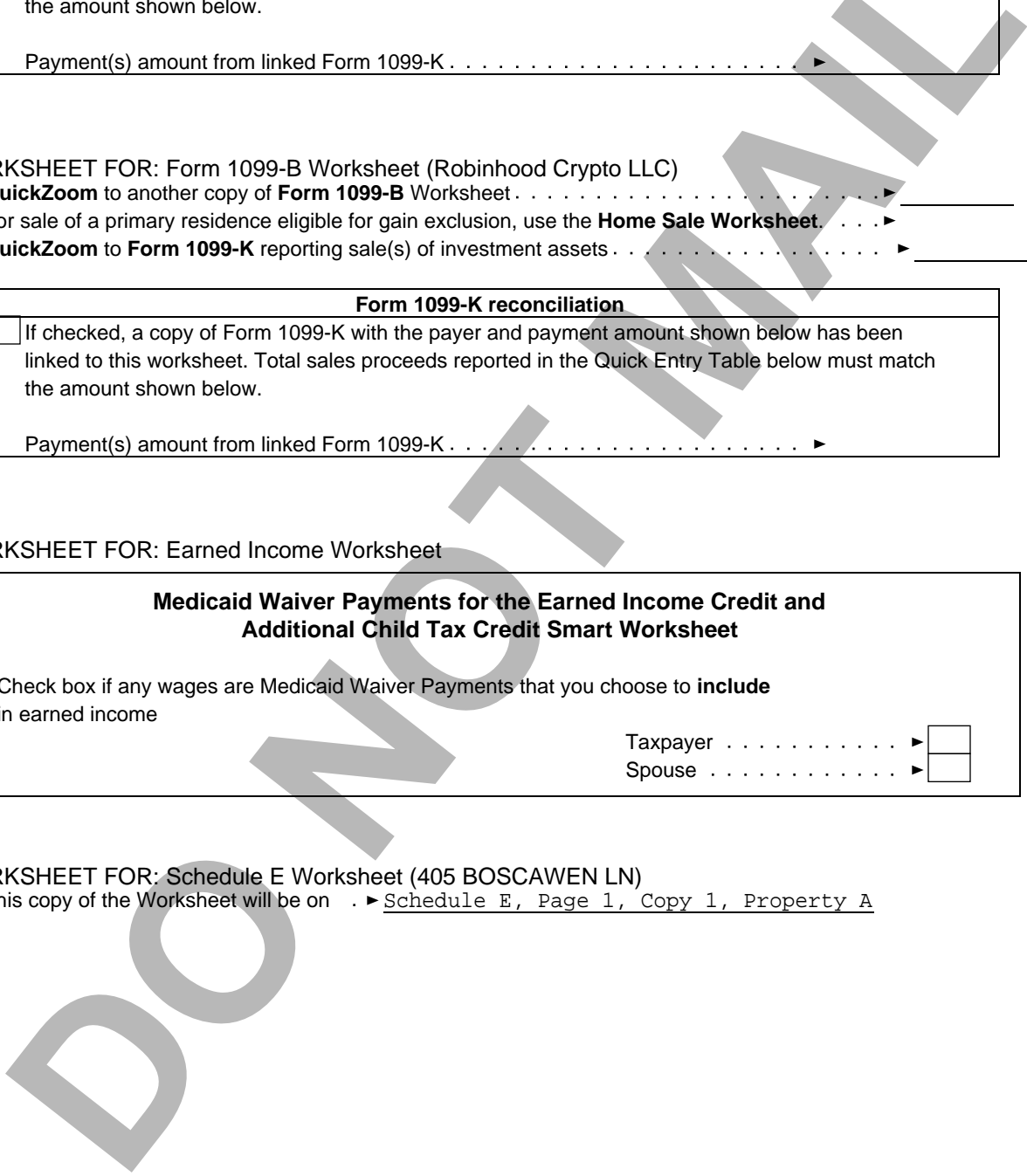
Form 1099-K reconciliation	
<input type="checkbox"/>	If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below.
	Payment(s) amount from linked Form 1099-K ▶ _____

SMART WORKSHEET FOR: Earned Income Worksheet

Medicaid Waiver Payments for the Earned Income Credit and Additional Child Tax Credit Smart Worksheet	
A Check box if any wages are Medicaid Waiver Payments that you choose to include in earned income	
Taxpayer ▶	<input type="checkbox"/>
Spouse ▶	<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule E Worksheet (405 BOSCAWEN LN)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A



SMART WORKSHEET FOR: Schedule E Worksheet (405 BOSCAWEN LN)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).

A 1 Is this activity a qualified trade or business? [] Yes [X] No
a This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38 []
If part of a Rev Proc 2019-38 enterprise, select group # (see help)
2 QBI worksheet to report if qualified business (double click to link)
B Trade or Business Name
C Trade or Business ID Number
D 1 Is this a Specified Service Trade or Business (SSTB)? [] Yes [] No
2 If No, is income attributable to a SSTB? (see help) [] Yes [] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB %
E 1 Tentative Schedule E profit (loss) from this business
2 Adjustments to qualified business income
3 Schedule E qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Additional deductions related to this business reported on separate schedules
6 Net profit (loss) after adjustments, limitations, and deductions
7 Allowable Schedule E profit (loss) allocated to SSTB
8 Allowable Schedule E profit (loss) from this business
F 1 Ordinary gain (loss) from business assets
2 Ordinary gain (loss) adjustments
3 Qualified ordinary gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable short term qualified gain (loss) after passive/at-risk limits
5 Allowable ordinary gain (loss) allocated to SSTB
6 Allowable ordinary gain (loss)/recapture from this business
G 1 Section 1231 gain (loss) from business assets
2 Section 1231 gain (loss) adjustments
3 Section 1231 gain (loss) from qualified business
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable ordinary 1231 qualified gain (loss)
5 Allowable ordinary 1231 gain (loss) allocated to SSTB
6 Allowable ordinary 1231 gain (loss) from this business

SMART WORKSHEET FOR: Schedule E Worksheet (405 BOSCAWEN LN)

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule E			
D Tentative profit (loss)	2,423.		2,423.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	2,423.		2,423.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

DONOR

Additional Information From 2022 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income

Other Income

Continuation Statement

Description	Amount
Substitute Payment from 1099-Misc	2.
Other Income from box 3 of 1099-Misc	11.
Total	13.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 1a: Other receipts

Itemization Statement

Description	Amount
UBER	1,596.25
Total	1,596.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
INTERNET(\$500P.M*12M)	6,000.
Total	6,000.

Schedule E Worksheet (405 BOSCAWEN LN)

Line 9b-Other insurance

Itemization Statement

Description	Amount
HOME INSURANCE	1,500.
Total	1,500.

Electronic Filing Information Worksheet

TB266

Continuation Statement

<input type="checkbox"/>	Montana
<input type="checkbox"/>	New York
<input type="checkbox"/>	North Carolina
<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Wisconsin

DO NOT MAIL

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"/>
SRIPAL REDDY PALAVAI SPANDANA PALWAI	Your SSN: 322138793	Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
201 TRAUTZ LN HOLLY S NC 27540 WAKE	Spouse's SSN: 627530093	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 type="checkbox"/> 1. Single <input checked="" 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 checked="" 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	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
PALA	201	27540	DS	N	EA	N	TD			SD				FDEXT	N
SRIPAL REDDY		PALAVAI						322138793				WAKE			
SPANDANA		PALWAI						627530093		NC	27540				
201 TRAUTZ LN								HOLLY SPRINGS							
06		156031		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				5937		EU					
10A		2		20B				3538		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				21B		0				0	
11		25500		21C				0		31				0	
13		00000		21D				0		32				0	
14		130531		26A				0		34			2962		
15		6513		26B				0							
TN	9843771397			PN			6789659522			PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>2962</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 _____
		9843771397 Contact Phone No. (Include area code)	
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.			
<u>SYAM PRIYA RAM SAGAR GUPT</u>	<u>03 04 23</u>	<u>6789659522</u>	<u>P02082703</u>
Paid Preparer's Signature	Date	Preparer's Contact Phone Number (Include area code)	Preparer's FEIN, SSN, or PTIN
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.	156031
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	156031
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.	2
	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.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	130531
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	130531
15.	N.C. Income Tax	15.	6513
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	6513
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	6513

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	5937
20b.	Spouse's tax withheld	20b.	3538

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.	9475
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	9475
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.	2962

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.	2962

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SRIPAL REDDY
Middle Initial Suffix
Last Name PALAVAI
Social Security No. 322-13-8793
Date of Birth 06/05/1981
or age as of 1-1- 2023 41
Date of Death
Daytime phone (984) 377-1397

Spouse:

First Name SPANDANA
Middle Initial Suffix
Last Name PALWAI
Social Security No. 627-53-0093
Date of Birth 03/16/1988
or age as of 1-1- 2023 34
Date of Death
Daytime phone

Home phone (984) 377-1397

Check to print phone number on your return . . . [X] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 201 TRAUTZ LN Apt No.
City HOLLY SPRINGS State NC ZIP Code 27540
County WAKE
Foreign province/country Foreign postal code
Foreign code Foreign country

Part II - Resident Status

Taxpayer Spouse
[X] [X]
[] []
[] []

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From To
Spouse residency dates From To

Part III - Filing Status

- [] 1 Single
[X] 2 Married filing jointly
[] 3 Married filing separately
Spouse's name
Spouse's Social Security Number
[] 4 Head of household
[] 5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV - Other Information

Federal Return Attachment:

Yes No
[] [X] Federal return attachment required

Dependent Information:

Yes No
[] [X] Can your parents (or someone else) claim you as a dependent?
[] [X] Can your parents (or someone else) claim your spouse as a dependent?

Veteran Information:

Yes No
[] [X] Are you a veteran?
[] [X] Is your spouse a veteran?

Federal Automatic Extension:

Yes No
[] [X] Were you granted an automatic extension to file your 2022 federal income tax return

NC Itemized Deductions or NC Standard Deduction:

- [] Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
[] Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 18th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name Last Name Phone Number

Part V - Preparer Information

Enter Preparer Code from Firm/Preparer Info QuickZoom to Firm/Preparer Info

Part VI - Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to the North Carolina Department of Revenue.

File state return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled Preparer First name Date return was accepted by state Preparer Middle initial Date Form D400V was given to client Preparer Last name

Electronic Filing of Amended Return:

The amended return will be filed electronically Date amended return was Efiled Date amended return was accepted by the state

Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)

See Tax Help for Refund Expectation

Yes No Use direct deposit for state tax refund? Do you want electronic funds withdrawal of state tax payment? Use electronic funds withdrawal for state tax payment of amended return? Do you want direct debit of state tax payment for the amended return?

Enter the following information if you want to directly deposit the state tax refund:

Bank Information:

Name of Financial Institution (optional) Wells Fargo Check the appropriate box: Checking Savings Routing number Account number

Enter the following information only if you are requesting direct debit of balance due:

Type of account Personal Business Enter the payment date to withdraw from the account above State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above State balance-due amount paid with this amended return

International ACH Transactions

Yes No Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?

Part VIII – Extension Status

If the North Carolina tax return can't be filed by April 18th, a 6-month automatic extension of time to file is allowed. **Note:** An extension of time to file is **not** an extension of time to pay.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax return due date extended?
<input type="checkbox"/>	<input type="checkbox"/>	Out of the country on the date that this application was due?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended by filing a NC extension using Form D-410?
		Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

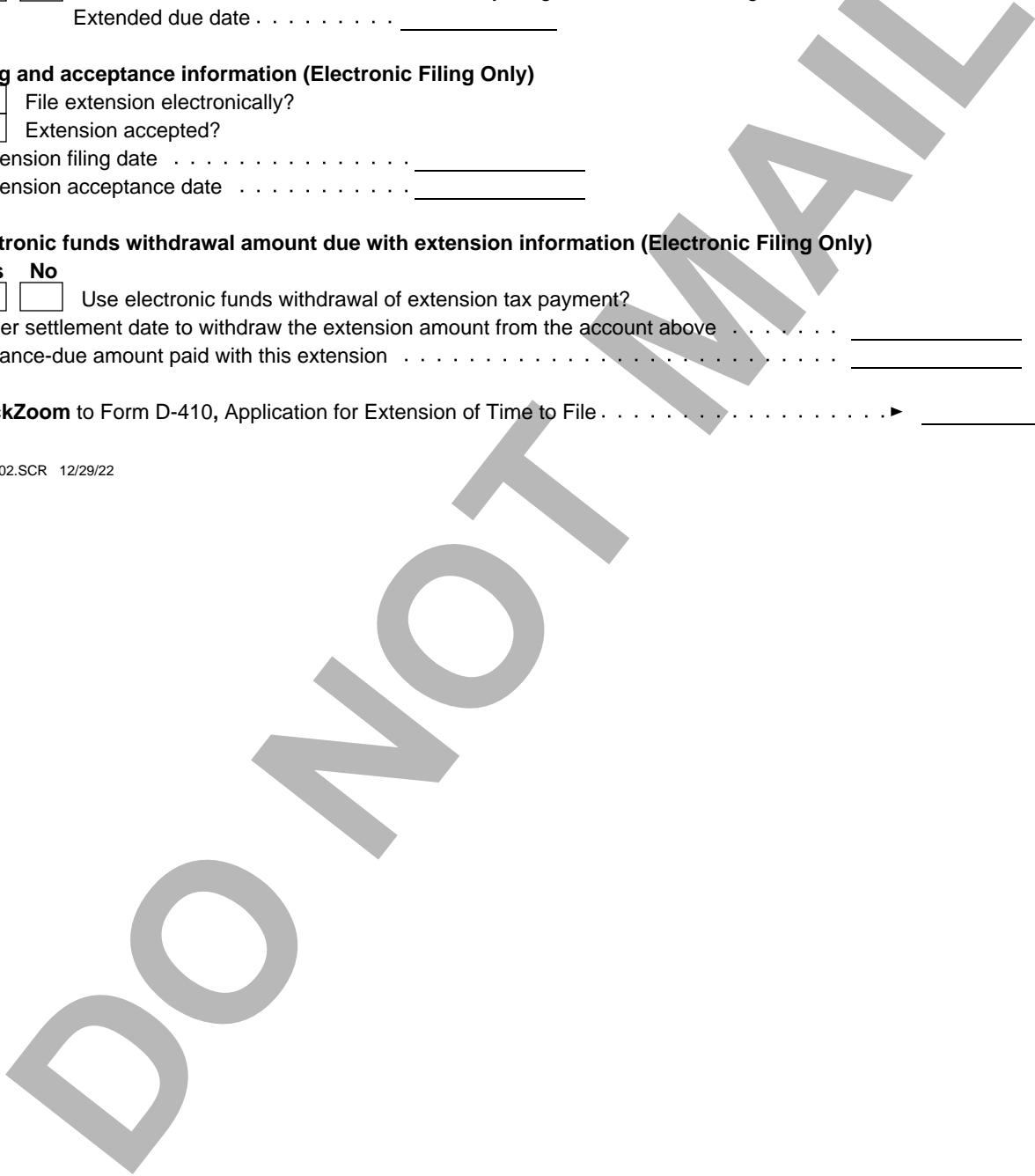
Extension filing date _____

Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of extension tax payment?
		Enter settlement date to withdraw the extension amount from the account above _____
		Balance-due amount paid with this extension _____

QuickZoom to Form D-410, Application for Extension of Time to File ► _____



Tax Payments Worksheet

2022

▶ Keep for your records

Name SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number 322-13-8793
--	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		
9	State withholding on Forms W-2	5,937.	Spouse 3,538.
10	State withholding on Forms W-2G		
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-NEC		
c	State withholding on Forms 1099-G		
d	State withholding on Forms 1099-K		
13	Other state tax withholding		
14	Total income tax withheld	5,937.	3,538.
15	Date return will be filed and balance paid	15	

North Carolina
**Shareholder's Share of North Carolina
 Income, Adjustments, and Credits Worksheet**
 ▶ Keep for your records

2022

For calendar year 2022
 or other year beginning _____ and ending _____

Shareholder is Taxpayer . . . ▶ Spouse. . . . ▶ Joint . . . ▶

Part 1 - Information about the Corporation	Part 2 - Information about the Shareholder
A. Corporation's Employer Identification No. <u>873444196</u>	A. Shareholder's Identifying No. <u>322138793</u>
B. Corporation's Name, Address, and Zip Code <u>SS FINANCIALS & SERVICES INC</u> <u>201 Trautz Ln,</u> <u>HOLLY SPRINGS</u> <u>NC</u> <u>27540</u>	B. Shareholder's Name, Address, and Zip Code <u>SRIPAL REDDY PALAVAI</u> <u>201 TRAUTZ LN</u> <u>HOLLY SPRINGS</u> <u>NC</u> <u>27540</u>
If Foreign address, check this box <input type="checkbox"/> If Foreign address, enter country code <input type="checkbox"/>	If Foreign address, check this box <input type="checkbox"/> If Foreign address, enter country code <input type="checkbox"/>
C. Is the S Corporation a Taxed S Corporation Yes <input type="checkbox"/> No <input type="checkbox"/>	C. Shareholder's percentage of stock ownership for tax year _____ %

Important Information

Lines 1 through 8 of Part 3 will be used for electronic filing only.

Line 2 Additions to Income (Loss) requires that the NC K-1 Supplement Schedule of NC Additions Worksheet be completed. Use quickzoom to go to Additions Worksheet.

Line 3, Deductions from Income (Loss) requires that the NC K-1 Supplement Schedule of NC Deductions Worksheet be completed. Use quickzoom to go to Deductions Worksheet.

NOTE: The amounts entered on the NC Additions/Deductions Worksheets will flow to D-400 Schedule S Supplemental Schedule Worksheet, column 2.

Part 4, North Carolina tax payments withheld will flow to D-400, Other Tax Payments.

Part 3 - Shareholder's Pro Rata Share Items	Amount
All Shareholders	
1 Share of corporation income (loss)	0
2 Additions to income (loss) ▶ _____	0
3 Deductions from income (loss) ▶ _____	0
4 Share of tax credits	0
5 Share of tax withheld from nonwage compensation paid for personal services performed in North Carolina	0
Nonresidents Only	
6 Nonresident's share of North Carolina taxable income (loss)	0
7 Nonresident's share of separately stated items of income	0
8 Nonresident's share of net tax paid by the S corporation	0
Taxed S Corporations Only	
9 Share of North Carolina Taxable Income, if the amount is less than zero	_____
10 Share of North Carolina Taxable Income, if the amount is greater than zero	_____

Part 4 - North Carolina Tax Payments Transferred from Federal Schedule K-1

11 **State income tax withheld** State name . . . ▶ _____

North Carolina
**Shareholder's Share of North Carolina
 Income, Adjustments, and Credits Worksheet**
 ▶ Keep for your records

2022

For calendar year 2022
 or other year beginning _____ and ending _____

Shareholder is Taxpayer Spouse Joint

Part 1 - Information about the Corporation	Part 2 - Information about the Shareholder
A. Corporation's Employer Identification No. <u>873444196</u>	A. Shareholder's Identifying No. <u>627530093</u>
B. Corporation's Name, Address, and Zip Code <u>SS FINANCIALS & SERVICES INC</u> <u>201 Trautz Ln,</u> <u>HOLLY SPRINGS</u> <u>NC</u> <u>27540</u>	B. Shareholder's Name, Address, and Zip Code <u>SPANDANA PALWAI</u> <u>201 TRAUTZ LN</u> <u>HOLLY SPRINGS</u> <u>NC</u> <u>27540</u>
If Foreign address, check this box <input type="checkbox"/> If Foreign address, enter country code <input type="checkbox"/>	If Foreign address, check this box <input type="checkbox"/> If Foreign address, enter country code <input type="checkbox"/>
C. Is the S Corporation a Taxed S Corporation Yes <input type="checkbox"/> No <input type="checkbox"/>	C. Shareholder's percentage of stock ownership for tax year _____ %

Important Information

Lines 1 through 8 of Part 3 will be used for electronic filing only.

Line 2 Additions to Income (Loss) requires that the NC K-1 Supplement Schedule of NC Additions Worksheet be completed. Use quickzoom to go to Additions Worksheet.

Line 3, Deductions from Income (Loss) requires that the NC K-1 Supplement Schedule of NC Deductions Worksheet be completed. Use quickzoom to go to Deductions Worksheet.

NOTE: The amounts entered on the NC Additions/Deductions Worksheets will flow to D-400 Schedule S Supplemental Schedule Worksheet, column 2.

Part 4, North Carolina tax payments withheld will flow to D-400, Other Tax Payments.

Part 3 - Shareholder's Pro Rata Share Items	Amount
All Shareholders	
1 Share of corporation income (loss)	0
2 Additions to income (loss) ▶ _____	0
3 Deductions from income (loss) ▶ _____	0
4 Share of tax credits	0
5 Share of tax withheld from nonwage compensation paid for personal services performed in North Carolina	0
Nonresidents Only	
6 Nonresident's share of North Carolina taxable income (loss)	0
7 Nonresident's share of separately stated items of income	0
8 Nonresident's share of net tax paid by the S corporation	0
Taxed S Corporations Only	
9 Share of North Carolina Taxable Income, if the amount is less than zero	_____
10 Share of North Carolina Taxable Income, if the amount is greater than zero	_____

Part 4 - North Carolina Tax Payments Transferred from Federal Schedule K-1

11 **State income tax withheld** State name . . . ▶ _____

► Keep for your records — Do not file

Name(s) Shown on Return
SRIPAL REDDY PALAVAI & SPANDANA PALWAI

Social Security Number
322-13-8793

Standard Deduction or Itemized Deduction for this return

Standard deduction from below* 25,500.
Total allowable itemized deductions from D-400 Sch A 17,394.

*Married Filing Separately and spouse claimed NC Itemized Deductions;
or claimed NC Itemized Deductions even if less than NC Standard Deduction;
or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

*Married Filing Separately and spouse claimed NC Standard Deduction;
or claimed NC Standard Deduction even if less than NC Itemized Deductions

Standard Deduction for your Filing Status

Single	\$12,750	25,500.
Married Filing Jointly	\$25,500	
Married Filing Separately	\$12,750	
Head of Household	\$19,125	
Qualifying Widow(er) / Surviving Spouse	\$25,500	

Charitable Contributions

NOTE: Amounts on lines 1, 2, and 3 come from the Charitable Contributions Smart Worksheet
Make the necessary changes in Column I of the Smart Worksheet in order for amounts
to flow to the Charitable Deduction Limits Worksheet, Step 1.

1	Enter amount of gifts by cash or check (if any gift of \$250 or more, see federal Schedule A instructions)	1	500.
2	Other than by cash or check (if any gift of \$250 or more, see federal Schedule A instructions) (attach federal Form 8283 if over \$500)	2	
3	Carryover from prior year	3	
4	Add lines 1 through 3. Enter total here and on D-400 Sch A, ln 6	4	500.

Repayment of Claim of Right Worksheet

Repayment of amounts under a claim of right if \$3,000 or less:

- | | | | |
|---|--|---|--|
| 1 | Enter the amount of claim of right income repaid during 2022 | 1 | |
| 2 | Enter amount from D-400 Line 6, federal adjusted gross income | 2 | |
| 3 | Multiply Line 2 by 2% (0.02) (If negative, enter the number zero) | 3 | |
| 4 | Subtract Line 3 from Line 1. Enter amount on Form D-400 Schedule A, Line 8 | 4 | |

Repayment of amounts under a claim of right if over \$3,000:

Enter the repayment of claim of right income included on Line 16 of federal Schedule A
Enter amount on Form D-400 Schedule A, Line 8 ►

► Keep for your records — Do not file

Name(s) Shown on Return SRIPAL REDDY PALAVAI & SPANDANA PALWAI	Social Security Number 322-13-8793
---	---------------------------------------

Child Deduction Worksheet

1	Filing status (From D-400, Lines 1 through 5)	1	Married Filing Jointly
2	Federal adjusted gross income (From D-400, Line 6)	2	156,031.
3	Number of qualifying children for whom a federal tax credit was claimed	3	2
Enter the amount from Line 3 above on Form D-400, Line 10a.			
4	Deduction amount per qualifying child from the "Child Deduction Table"	4	0.
5	Child deduction (Multiply Line 3 by Line 4)	5	0.
Enter the amount from Line 5 above on Form D-400, Line 10b.			

Child Deduction Table

Filing Status	Federal Adjusted Gross Income	Deduction Amount Per Qualifying Child
Married Filing Jointly/Qualifying Widow(er)/Surviving Spouse	Up to \$40,000	\$3,000
	Over \$40,000 - Up to \$60,000	\$2,500
	Over \$60,000 - Up to \$80,000	\$2,000
	Over \$80,000 - Up to \$100,000	\$1,500
	Over \$100,000 - Up to \$120,000	\$1,000
	Over \$120,000 - Up to \$140,000	\$500
	Over \$140,000	\$0
Head of Household	Up to \$30,000	\$3,000
	Over \$30,000 - Up to \$45,000	\$2,500
	Over \$45,000 - Up to \$60,000	\$2,000
	Over \$60,000 - Up to \$75,000	\$1,500
	Over \$75,000 - Up to \$90,000	\$1,000
	Over \$90,000 - Up to \$105,000	\$500
	Over \$105,000	\$0
Single/Married Filing Separately	Up to \$20,000	\$3,000
	Over \$20,000 - Up to \$30,000	\$2,500
	Over \$30,000 - Up to \$40,000	\$2,000
	Over \$40,000 - Up to \$50,000	\$1,500
	Over \$50,000 - Up to \$60,000	\$1,000
	Over \$60,000 - Up to \$70,000	\$500
	Over \$70,000	\$0

Smart Worksheets From 2022 North Carolina Tax Return

SMART WORKSHEET FOR: Standard / Itemized Deduction Worksheet

Charitable Contributions Smart Worksheet			
<p>North Carolina did not conform to the federal temporary modification of the charitable contribution limitation from a maximum of 60% of adjusted gross income (AGI) to 100% of AGI in 2020 and 2021. As a result, the charitable deduction limit for North Carolina is calculated below.</p>			
Lines 1 and 2 Current Year Charitable Contribution Limitations:			
	Column 1 Total Current Year Contributions	Column II Limited Contribution Deduction	Column III Contribution Carryover to Next Year
A Cash Contributions 60%	500.	500.	0.
B Non Cash Contributions 50%			
C Contributions 30% (Non-Capital Gain)			
D Capital Gain Property 30%			
E Capital Gain Property 20%			
F Total	500.	500.	0.
Line 3 Charitable Contribution Carryover Limitations:			
	Column 1 Contribution Carryover From Prior Year (See IMPORTANT note below)	Column II Limited Contribution Deduction	Column III Contribution Carryover to Next Year
G Cash Contributions 60%	0.		
H Non Cash Contributions 50%			
I Contributions 30% (Non Capital Gain)			
J Capital Gain Property 30%			
K Capital Gain Property 20%			
L Total	0.		
<p>NOTE: Unused charitable contributions can be carried forward for 5 years. Confirm that amounts in Column I do not include carryover amounts from 2016 or earlier.</p>			
<p>I confirm that the carryover contribution amounts above are correct</p>			<input checked="" type="checkbox"/>