Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
PRAVEEN KUMAR PALLE	047-61-	-7108
Spouse's name	Spouse's soci	al security number
RAMYA BONAGANI	984-98-	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you ar	re 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 91,659.
2 Total tax		2 889.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 15,249.
4 Amount you want refunded to you		4 14,360.
5 Amount you owe		-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		<u> </u>
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insuthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	for rejection of the tra the U.S. Treasury ar nt indicated in the ta stitution to debit the minate the authoriza n requests must be in the processing of the payment. I furth	ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This tition. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
☐ I authorize GLOBAL TAXES LLC to enter or gene	arata my BINI	
ERO firm name	ř Ent	er five digits, but 't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.		
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ► Date	e▶	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general strength to en	_	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I	am now authorizin	og Check this boy only
if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	e ▶	
Practitioner PIN Method Returns Only—continue b	elow	
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.	Don't ente	er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompatible authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	e >	
ERO Must Retain This Form — See Instruction		

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

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

2022

OMB No. 1545-0074

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

Filing Statu	s 🗌 S	Single 🔀 Married filing jointly [Marrie	ed filing separately	y (MFS)	Head of	househo	old (HOH	l) [fying surv	iving	
Check only one box.	lf vo	u checked the MFS box, enter the r	nama of v	our spouse. If you	ı ohook	od the UOU or	, 088 h	ov onto	r tho	•	se (QSS)	o gualifying	
one box.	-	on is a child but not your dependen	-	our spouse. If you	u CHECK	ed the HOHO	Q33 D	ox, ente	i tile	Ciliu S	name ii iii	e qualityirig	
Your first name			Last na	me						our soc	ial security	v number	
PRAVEEN			PALL							Your social security number 047-61-7108			
		s first name and middle initial	Last na									urity number	
•	pouse c	s instruction and middle initial								•	8-8626	•	
RAMYA Home address	(numbe	er and street). If you have a P.O. box, see	BONA Binstruction				Δn	t. no.					
			e instruction	J113.			^p	1. 110.			ere if you,	on Campaign or your	
City town or		ce. If you have a foreign address, also c	omplete s	naces helow	Sta	to	ZIP cod	10			, ,	tly, want \$3	
		ce. If you have a foreight address, also c	omplete s	paces below.	NO		2756			0		Checking a	
MORRISV:				oreign province/sta				postal co			w will not or refund.	change	
i oreigii counti	y manne		'	oreign province/sta	ile/court	Ly	l oreign	postarco	ue y	our tax	You	Spouse	
.	A 1 -	- 1' d 0000 - 1'-l (-)							/-	\ II			
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-				Yes	X No	
Assets							asset):	(See III	struct	.10115.)		<u> </u>	
Standard Deduction		eone can claim: You as a de	•			a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stati	us allen	<u> </u>							
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn befor	e Janua	ry 2,	1958	☐ Is bli	nd	
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip (4)	Check th	e box	if qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number	to you Child tax cre			x cred	dit (Credit for oth	er dependents		
than four													
dependents, see instruction	e												
and check													
here ${ extstyle oxedsymbol oxensor oxean oxean oxean oxan oxensor oxensor oxensor oxensor oxean oxean oxan ox oxan ox$													
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	10	1,760.	
	b	Household employee wages not it	reported	on Form(s) W-2.						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	e not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not re	vaiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and	е	Taxable dependent care benefits							1e				
1099-R if tax was withheld.	f	Employer-provided adoption ben-	efits from	n Form 8839, line	29 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruc	tions) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	<u>i </u>						
	z	Add lines 1a through 1h		,						1z	10	1,760.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b		266.	
if required.	3a_	Qualified dividends	3a	17.		ordinary divide				3b		17.	
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
tandard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum	election r	method, check he	re (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not re	equired	, check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-1	0,384.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	e				9	9	1,659.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, I	ine 26						10			
Head of	11	Subtract line 10 from line 9. This i	s your a c	djusted gross ind	come					11	9	1,659.	
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Sched	ule A)					12	2	25,900.	
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Fo	rm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This i	s your t	taxable incom	ne .			15	6	55,759.	
	/												

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	7,	476.
Credits	17	Amount from Schedule 2, lin	e3						17		
	18	Add lines 16 and 17							18	7,	476.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	e8						20	6,	587.
	21	Add lines 19 and 20							21	6,	587.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		889.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your total tax						24		889.
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	15,	249.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						2	25d	15,	249.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	e 15			31					
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and re	efundabl	e credits	;	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				;	33	15,	249.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	ount you	overpaid	;	34	14,	360.
neiulia	35a	Amount of line 34 you want i	refunded to you	u. If Form 8888	is attached, ch	neck here		. 🗆 🖪	85a	14,	360.
Direct deposit?	b	Routing number 0 3 1	2 0 2 0	8 4	c Type:	X Check	king 🗌 Sa	avings			
See instructions.	d	Account number 3 8 3	0 1 4 6	1 8 5 6	5 1	_					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go				s		;	37		
	38	Estimated tax penalty (see in	structions) .			38					
Third Party Designee		you want to allow another	•				Yes. Con	nplete bel	ow. 🔀	☑ No	
		signee's		Phone				al identifica	tion		
	nar			no.			numbe	,			
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com			, , ,			,		,	0
11010	Yo	ur signature		Date	Your occupation	1		Protecti	on P <u>IN, e</u>	ou an Iden enter it her	
Joint return?		V			SOFTWARE		LOPER	(see inst)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	ooth must sign.	Date	Spouse's occup	ation				our spouse on PIN, ent	
your records.		Komya			HOME MAK	FD		(see inst	_	III FIIN, EIIL	T There
	————	one no. (302) 384-5982	?	Email address	PPRAVIN.		ANTI COM				
		eparer's name	Preparer's signat		FFRAVIN.	Date		PTIN	Ch	neck if:	
Paid		p	-p 0 0.91ldt	- -		20.0	'			Self-em	ploved
Preparer		 m's name GLOBAL TA∑	ZES IIC					Phone r			
Use Only		m's address 245 ROONE		INSWICK M.	J 08816			Firm's E			
0-1				YIND NAT CIV IN				1111113	v		40 (5
GO TO WWW.Irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV 0°	1/28/23 PRO			Form 10	40 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security numbe
PRAVEEN KUMAR PALLE & RAMYA BONAGANI	047-61	7108

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,384.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Total allowing and Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	10 204
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-INK, line 8	10	-10,384.

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' '	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR PRAVEEN KUMAR PALLE & RAMYA BONAGANI

Your social security number 047-61-7108

Pai	Nonretundable Credits					
1	Foreign tax credit. Attach Form 1116 if required			[1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	I, line 	11. Att	ach	2	
3	Education credits from Form 8863, line 19				3	
4	Retirement savings contributions credit. Attach Form 8880				4	
5	Residential energy credits. Attach Form 5695			[5	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6c				
d	Credit for the elderly or disabled. Attach Schedule R	6d				
е	Alternative motor vehicle credit. Attach Form 8910	6e				
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	6,5	587.		
g	Mortgage interest credit. Attach Form 8396	6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified electric vehicle credit. Attach Form 8834	6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to holders of tax credit bonds. Attach Form 8912	6k				
-1	Amount on Form 8978, line 14. See instructions	6I				
Z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z				7	6 , 587.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, c	or 1040-	NR,		
	line 20			[8	6,587.
				(COI	$ntinu\epsilon$	ed on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
1 4 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13 Your social security number

	/EEN KUMAR PALLE & RAMYA BONAGANI						047-6	1-7108		
Par				C Coo	inatuu	ationa Ifvoi	ara an indi	مما امرانا	out four	
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	ınstru	ctions. If you a	are an indi	viduai, rep	ort tarr	П
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? S	See ins	structions .		. \(\tag{Ye}	s X	No
	f "Yes," did you or will you file required Form(s) 1099? .									No
1a	Physical address of each property (street, city, state, ZIF									
A_	PADMAVATHI NAGAR, ROAD NO-5 HASANPARTY,	HANA	AMKONDA	TEL	ANGA	NA IN 50	6001			
В										
С					1					
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental		al Use	Q	JV
_	(from list below) above, report the number of fair personal use days. Check the Qu			_		Days	Da	iys		
_ <u>A</u>	gersonal use days. Check the Quite if you meet the requirements to f			<u>A</u>		365		0	L	┽—
В	qualified joint venture. See instru			В					L	┽—
_ C				С					L	
	of Property:				_	0 1/ 0				
	Single Family Residence 3 Vacation/Short-Term Ren	tai	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert	ies:			
Incor	ne:	Ī		Α		В			С	
3	Rents received	3		5	50.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,0	75.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	63.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,2						
15	Supplies	15		3,1	50.					
16	Taxes	16								
17	Utilities	17		2,2	46.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,9	34.					
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			100	0.4					
00	file Form 6198	21	<u> </u>	- 10,3	ŏ4.					
22	Deductible rental real estate loss after limitation, if any,		,	10 00		,	,	,		,
00	on Form 8582 (see instructions)	22		10,38		()	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		550.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
C	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	1 /	024			
e	Total of all amounts reported on line 20 for all properties				23e	Τ(934.			
24	Income. Add positive amounts shown on line 21. Do no		•		· ·		. 24	/	10 2	0.4
25	Losses. Add royalty losses from line 21 and rental real estat							(10,3	04.
26	Total rental real estate and royalty income or (loss). Onere. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-10,	384.

Form **8936** (Rev. January 2023)

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

OMB No. 1545-2137
Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

PRAVEEN KUMAR PALLE & RAMYA BONAGANI

Attacii to your tax return.

Attachment Sequence No. **69**

Identifying number

047-61-7108

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements. **Tentative Credit** Use a separate column for each vehicle. If you need more columns, (a) Vehicle 1 (b) Vehicle 2 use additional Forms 8936 and include the totals on lines 12 and 19. HYUNDAI 1 Year, make, and model of vehicle. 1 TUCSON Vehicle identification number (see instructions) 2 2 KM8JFDA26NU066817 3 Enter date vehicle was placed in service (MM/DD/YYYY) 3 08/15/2022 If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see 4a instructions 6,587. Phase-out percentage (see instructions) 4b 100.00 % % **c** Tentative credit. Multiply line 4a by line 4b 4c 6,587.

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Par	t II Credit for Business/Investment Use Part of	Vehi	cle		
5	Business/investment use percentage (see instructions) Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	5	TF	%	% C
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2	2,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11		I	
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			13	
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Schamount on Form 3800, Part III, line 1y	edule	e K. All others, report this	14	F

Form 8936 (Rev. 1-2023)

	, ,						
Part	Credit for Personal Use Part of Vehicle						
			(a) Vehicle 1		(b)	Vehicle 2	2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	6,58	37.	_		
16	Multiply line 15 by 10% (0.10)	16	1 -	Ц	丰		
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17					
18	For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	6,58	37.			
19	Add columns (a) and (b) on line 18			19			6 , 587.
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR	l, line	18	20			7,476.
21	Personal credits from Form 1040, 1040-SR, or 1040-NR	(see ir	nstructions)	21			
22	Subtract line 21 from line 20. If zero or less, enter -0- ar the personal use part of the credit		·	22			7,476.
23	Personal use part of credit. Enter the smaller of line Schedule 3 (Form 1040), line 6f. If line 22 is smaller than		o, see instructions	23			6,587.
	TUKIVI N			REV 01	/28/23 PRO Fo	rm 6936	Rev. 1-2023)

DO NOT FILE

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

PRAVEEN KUMAR PALLE & RAMYA BONAGANI

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

2022 Passive Activity Loss

Identifying number 047-61-7108

Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special **Allowance for Rental Real Estate Activities** in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . 1b 10,384. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . d Combine lines 1a, 1b, and 1c 1d -10,384. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b c Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (**d** Combine lines 2a, 2b, and 2c 2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -10,384.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

	i. inotoda, go to into To.		
Par	t II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	4	10,384.
5	Enter \$150,000. If married filing separately, see instructions		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 102,043.		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	23 , 979.
9	Enter the smaller of line 4 or line 8	9	10,384.
Par	t III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find		
	out how to report the losses on your tax return	11	10,384.
Par	t IV Complete This Part Before Part I. Lines 1a. 1b. and 1c. See instructions.		

Tailt IV	c i aiti, Lincs i	a, ib, and ic. c	cc iristractions.			
N	Curre	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
PADMAVATHI NAGAR, ROAD NO-5	0.	10,384.			10,384.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,384.				

Form 8582 (2022) Page **2**

									•	
Part V Complete This Part Befor	еР	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity	Current year				Prior years (Overall gain or loss		
ivame of activity	(a	Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)				(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amoun	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	ıtio	(c) Special allowance		(d) Subtract column (c) from column (a).	
PADMAVATHI NAGAR, ROAD NO-5		E Ln 22		10,384.	1.0000	0000	10,38	4.	0.	
Total				10,384.	1.00)	10,38	4.	0.	
Part VII Allocation of Unallowed L	oss	ses. See instr	uction	S.					•	
Name of activity		Form or scho and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS	(b) Ratio	(с) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr	ucti	ons.								
Name of activity		Form or sche and line nur to be reporte (see instruct	mber ed on (a) L		_OSS	(b) Ur	nallowed loss	(c) Allowed loss	
				-						
		1								
Total										

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()	of my kr	tiry that i	and beli	amined this retu ef, they are true	c, correct, and		nedules ar		ents, and to	L Ch	discuss this retu	rn and attachn 2-05-2023	nents with the pa	epartment of Revaid preparer below	renue w.
Your Sig	gnature					Date	Spor	use's Sig	nature (If filing	g joint return	, both must sign.)	Date	302384 Contact Phor	± ⊃ 9 8 ∠ ne No. (<i>Include area</i>	a code)
PAID PF	REPARE	R USE O	NLY /	f prepared by a	person other t	han taxpay	er, this cei	rtification	is based on a	ll information	of which the prepa	arer has any kno	wledge.		
Paid Pre	eparer's	Signature				Date	Prep	arer's Co	ntact Phone N	Number (Inclu	ude area code)		Preparer's FE	EIN, SSN, or PTIN	
	If y	ou ARE	NOT		-						X R, RALEIGH, FREVENUE, P.(27640-0640	

Name	(First 10 Characters) PALLE Your Social Security Number	04761	7108
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	91659
7.	Additions to Federal Adjusted Gross Income	7.	01000
8.	Add Lines 6 and 7	8.	91659
9.	Deductions From Federal Adjusted Gross Income	9.	91003
10.	Child Deduction	9.	
10.	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	(
	b. Enter the amount of the child deduction	10b.	(
11.	N.C. Standard Deduction	11.	7
11.	N.C. Itemized Deduction	11.	1
11.	Deduction amount	11.	2550
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	6615
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	66159
15.	N.C. Income Tax	15.	3301
16.	Tax Credits	16.	(
17.	Subtract Line 16 from Line 15	17.	3301
18.	Consumer Use Tax	18.	(
	You certify that no Consumer Use Tax is due		3
19.	Add Lines 17 and 18	19.	3301
	Carolina Income Tax Withheld		
<u>North</u>			
North 20a.	Your tax withheld	20a.	4534
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	4534
20a. 20b. Other	Your tax withheld Spouse's tax withheld Tax Payments	20b.	(
20a. 20b. Other 21a.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax	20b. 21a.	(
20a. 20b. Other 21a. 21b.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension	20b. 21a. 21b.	(
20a. 20b. Other 21a. 21b. 21c.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	(
20a. 20b. Other 21a. 21b. 21c. 21d.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation	20b. 21a. 21b. 21c. 21d.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments	20b. 21a. 21b. 21c. 21d. 22.	(
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	20b. 21a. 21b. 21c. 21d. 22. 23.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds	21a. 21b. 21c. 21d. 22. 23. 24.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	453
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	4534 (4534)
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	453
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	4534 (((((((((((((((((((((((((((((((((((
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	4534 (4534 (6) (6)
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	453
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	453 453
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment unt of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	453
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	453- 453- 123-
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31. 32.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	4534 4534 (100) (1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Your tax withheld Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	