

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 SIVA BALA KRISHNA CHADALAVADA | Social security number 172-61-2774 |
| Spouse's name HEMASRI KARICHARLA | Spouse's social security number APPLIED FOR |

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 | 56,337. |
| 2 Total tax | 2 | 3,132. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 8,018. |
| 4 Amount you want refunded to you | 4 | 4,886. |
| 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

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 7 | 7 | 4 |
|---|---|---|---|---|

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

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

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

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:

Form fields for personal information: Your first name and middle initial (SIVA BALA KRISHNA), Last name (CHADALAVADA), Your social security number (172-61-2774), Spouse's social security number (APPLIED FOR), Home address (523 WOODWAY BLUFF CIR, CARY, NC 27513), etc.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

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

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

Table for tax calculations: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Total income, 10 Adjustments to income, 11 Adjusted gross income, 12 Standard deduction or itemized deductions, 13 Qualified business income deduction, 14 Adjusted gross income minus deduction, 15 Taxable income.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| 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 | 3,240. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 3,240. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 108. |
| | 21 | Add lines 19 and 20 | 21 | 108. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,132. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 3,132. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 8,018. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 8,018. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 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 | 8,018. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,886. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,886. |
| Direct deposit? See instructions. | b | Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 4 8 8 1 1 0 6 9 5 2 5 7 | | |
| | 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 SOFTWARE ENGINEER | 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 HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (832) 591-8529 | Email address SIVABALAKRISHNA.C@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 02/21/2023 | 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 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 SIVA BALA KRISHNA CHADALAVADA & HEMASRI KARICHARLA | Your social security number 172-61-2774 |
|---|--|

Part I Nonrefundable Credits

| | | | |
|---|-----------|----------|------|
| 1 Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | | 2 | |
| 3 Education credits from Form 8863, line 19 | | 3 | |
| 4 Retirement savings contributions credit. Attach Form 8880 | | 4 | 108. |
| 5 Residential energy credits. Attach Form 5695 | | 5 | |
| 6 Other nonrefundable credits: | | | |
| a General business credit. Attach Form 3800 | 6a | | |
| b Credit for prior year minimum tax. Attach Form 8801 | 6b | | |
| c Adoption credit. Attach Form 8839 | 6c | | |
| d Credit for the elderly or disabled. Attach Schedule R | 6d | | |
| e Alternative motor vehicle credit. Attach Form 8910 | 6e | | |
| f Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | |
| 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 | | |
| l Amount on Form 8978, line 14. See instructions | 6l | | |
| z Other nonrefundable credits. List type and amount: _____ _____ | 6z | | |
| 7 Total other nonrefundable credits. Add lines 6a through 6z | | 7 | |
| 8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | | 8 | 108. |

(continued on page 2)

Part II 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: | | |
| a | 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 | |
| c | Reserved for future use | 13c | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | |
| e | 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 13z | | 14 |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 |

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.
172-61-2774

SIVA BALA KRISHNA CHADALAVADA

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 25. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 25. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 7,275. |
| 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 |

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2022
Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

SIVA BALA KRISHNA CHADALAVADA & HEMASRI KARICHARLA

172-61-2774



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2019 and **before** the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 1,083. | |
| 3 | 1,083. | |
| 4 | | |
| 5 | 1,083. | |
| 6 | 1,083. | |
| 7 | | 1,083. |
| 8 | 56,337. | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|---|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| Enter on line 9— | | | | |
| --- | \$20,500 | 0.5 | 0.5 | 0.5 |
| \$20,500 | \$22,000 | 0.5 | 0.5 | 0.2 |
| \$22,000 | \$30,750 | 0.5 | 0.5 | 0.1 |
| \$30,750 | \$33,000 | 0.5 | 0.2 | 0.1 |
| \$33,000 | \$34,000 | 0.5 | 0.1 | 0.1 |
| \$34,000 | \$41,000 | 0.5 | 0.1 | 0.0 |
| \$41,000 | \$44,000 | 0.2 | 0.1 | 0.0 |
| \$44,000 | \$51,000 | 0.1 | 0.1 | 0.0 |
| \$51,000 | \$68,000 | 0.1 | 0.0 | 0.0 |
| \$68,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

| | |
|-----------|--------|
| 9 | x .1 |
| 10 | 108. |
| 11 | 3,240. |
| 12 | 108. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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 <u>22</u> | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| SIVA BALA KRI CHADALAVADA HEMASRI KARICHAR 523 WOODWAY BLUFF CIR Your SSN: 172612774 CARY NC 27513 WAKE Spouse's SSN: APPLIED F | | Is your spouse a veteran? 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) | | 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"/> |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____ | | Year spouse died: _____ |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" 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 | N | SPRES | N | VT | N | SVT | N |
| CHAD | 523 | 27513 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| SIVA BALA KRI | | CHADALAVADA | | | | | | 172612774 | | | | WAKE | | | |
| HEMASRI | | KARICHARLA | | | | | | APPLIED F | NC | 27513 | | | | | |
| 523 WOODWAY BLUFF CIR | | | | | | | | CARY | | | | | | | |
| 06 | | 56337 | | 16 | | | | 0 | | 26C | | | | 0 | |
| 07 | | 0 | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | | 0 | | 20A | | | | 1561 | | EU | | | | | |
| 10A | | 0 | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | | 0 | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | | 25500 | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | | 06007 | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | | 18524 | | 26A | | | | 0 | | 34 | | | | 637 | |
| 15 | | 924 | | 26B | | | | 0 | | | | | | | |
| TN | 8325918529 | | | PN | | | 6789659522 | | | PP | | | | P02082703 | |



| | | | |
|---|-----------------|--|------------------|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>637</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 _____ |
| | | 8325918529 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>02 21 23</u> | <u>6789659522</u> | <u>P02082703</u> |
| Paid Preparer's Signature | | Preparer's Contact Phone Number (Include area code) | |
| Date | | 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. | 56337 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 56337 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 25500 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 25500 |
| | b. Subtract Line 12a from Line 8 | 12b. | 30837 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.6007 |
| 14. | N.C. Taxable Income | 14. | 18524 |
| 15. | N.C. Income Tax | 15. | 924 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 924 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 924 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 1561 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------------|
| 21a. | 2022 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Additional Payments | 22. | 0 |
| 23. | Add Lines 20a through 22 | 23. | 1561 |
| 24. | Previous Refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 1561 |
| 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. | 637 |

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. | 637 |

D-400 Sch PN (50)

8-17-22

2022 Part-Year Resident and Nonresident Schedule
North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **CHADALAVAD** Your Social Security Number **172612774**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT N PYT Y 09 23 22 12 31 22 22 33841
NRS N PYS Y 09 23 22 12 31 22 23 56337

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
Date N.C. residency began 09 23 22 Date N.C. residency ended 12 31 22

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
Date N.C. residency began 09 23 22 Date N.C. residency ended 12 31 22

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

| Total Income | COLUMN A Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax |
|--|---|--|
| 1. Wages, Salaries, Tips, Etc. | 1. 56337 | 33841 |
| 2. Taxable Interest | 2. 0 | 0 |
| 3. Taxable Dividends | 3. 0 | 0 |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. 0 | 0 |
| 5. Alimony Received | 5. 0 | 0 |
| 6. Business Income or (Loss) | 6. 0 | 0 |
| 7. Capital Gain or (Loss) | 7. 0 | 0 |
| 8. Other Gains or (Losses) | 8. 0 | 0 |
| 9. Taxable Amount of IRA Distributions | 9. 0 | 0 |
| 10. Taxable Amount of Pensions and Annuities | 10. 0 | 0 |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. 0 | 0 |
| 12. Farm Income or (Loss) | 12. 0 | 0 |
| 13. Unemployment Compensation | 13. 0 | 0 |
| 14. Taxable Portion of Social Security and Railroad Retirement Benefits | 14. 0 | 0 |
| 15. Other Income | 15. 0 | 0 |
| 16. Total Income | 16. 56337 | 33841 |
| North Carolina Adjustments | | |
| 17. Additions | COLUMN A Enter the amount from Form D-400 Schedule S | COLUMN B Amount of Column A subject to N.C. tax |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 |
| b. Deferred Gains Reinvested Into an Opportunity Fund | 17b. 0 | 0 |
| c. Bonus Depreciation | 17c. 0 | 0 |
| d. IRC Section 179 Expense | 17d. 0 | 0 |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 |
| 18. Total Additions | 18. 0 | 0 |

| | | |
|--|-----------------------------|-----------|
| Last Name (First 10 Characters) CHADALAVAD | Your Social Security Number | 172612774 |
|--|-----------------------------|-----------|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | | COLUMN A Enter the amount from Form D-400 Schedule S | | COLUMN B Amount of Column A subject to N.C. tax |
|---|------|--|--|---|
| 19. Deductions | | | | |
| a. State or Local Income Tax Refund | 19a. | 0 | | 0 |
| b. Interest Income From Obligations of the United States or United States' Possessions | 19b. | 0 | | 0 |
| c. Taxable Portion of Social Security and Railroad Retirement Benefits | 19c. | 0 | | 0 |
| d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i> | 19d. | 0 | | 0 |
| e. Bonus Asset Basis | 19e. | 0 | | 0 |
| f. Bonus Depreciation | 19f. | 0 | | 0 |
| g. IRC Section 179 Expense | 19g. | 0 | | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. | 0 | | 0 |
| 20. Total Deductions | 20. | 0 | | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. | 56337 | | 33841 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | | | |
|--|--|--|--|--------|
| 22. Enter the Amount From Column B, Line 21 | | | | 33841 |
| 23. Enter the Amount From Column A, Line 21 | | | | 56337 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | | | 0.6007 |