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

Internal Revenue Se	ervice	Go to www.irs.gov/F	ormoor9 for the latest init	ormation.			
Submission Ide	entification Number (S	SID)					
Taxpayer's name				Social se	curity numb	 ber	
PAVAN KUM	AR KOUDA			011-	17-128	7	
Spouse's name	111 110 0 2 1 1					urity number	
HAARIKA M	ITTAPALLY			104-	53-078	6	
Part I Ta	ax Return Informat	ion – Tax Year Endin	g December 31, 2	022 (Enter year yo	u are aut	thorizing.))
	ollars only on lines 1 th		,				
	•	only. Leave lines 1, 2, 3,	and 5 blank.				
1 Adjuste	d gross income				. 1	116	,309.
2 Total ta	х				. 2	11,	,128.
3 Federal	income tax withheld f	rom Form(s) W-2 and Forr	n(s) 1099		. 3	16	 ,479.
4 Amount	t you want refunded to	you			. 4	5	,351.
Part II Ta	axpayer Declaratio	n and Signature Auth	orization (Be sure you	u get and keep a c	opy of y	our retur	n)
return (original or to send my retur for any delay in p Agent to initiate payment of my fr authorization is t payment, I must business days p taxes to receive personal identific	r amended) I am now au in to the IRS and to rece processing the return or an ACH electronic funds ederal taxes owed on thi to remain in full force al t contact the U.S. Trea- rior to the payment (sett confidential information	rect, and complete. I further thorizing. I consent to allow ive from the IRS (a) an ackn refund, and (c) the date of a withdrawal (direct debit) enter the istraction of the interest of the control of the interest of the in	my intermediate service pro- powledgement of receipt or a ny refund. If applicable, I au- try to the financial institution f estimated tax, and the fina S. Treasury Financial Agen 88-353-4537. Payment car the financial institutions in ries and resolve issues rel	ovider, transmitter, or election of the thorize the U.S. Treasunt account indicated in the transition of the transition	ectronic ret ne transmis ry and its one tax prep the entry torization. To t be receive g of the ele- further ac	turn originatession, (b) the designated for this account or revoke (coved no later ectronic payers.	or (ERO) e reason Financial tware for unt. This cancel) a or than 2 yment of that the
		h.,					
	N: check one box on	•		DIN	7 1 2	2 8 7	
	orize GLOBAL TAX	ERO firm name	to enter	or generate my PIN		digits, but	as my
signat	ture on the income tax	return (original or ameno	led) I am now authorizing	J.	don't ente	r all zeros	
	are entering your ow	gnature on the income ta n PIN and your return is					
Tour signature		0D06543D88244AD					
Spouse's PIN:	check one box only						
·	orize GLOBAL TAX		to enter	or generate my PIN	3 0 7	7 8 6	as my
_		ERO firm name		,	Enter five	digits, but	,
signat	ture on the income tax	creturn (original or ameno	led) I am now authorizing	J.	don't ente	r all zeros	
	are entering your ow	gnature on the income ta n PIN and your return is					
	(Signed by:					
Spouse's signa	aturo P	rika Mittapally		Date ►			
		Practitioner PIN Metho	-				
Part III Co	ertification and Au	thentication — Practit	ioner PIN Method Or	nly			
ERO's EFIN/P	IN. Enter your six-digi	t EFIN followed by your fi	ve-digit self-selected PIN		9 6 6 enter all ze	1 9 8 eros	9
authorized to file	e for tax year indicated	my PIN, which is my signatu above for the taxpayer(s) independent of the taxpayer of the taxpayer (s) and both and Pub. 1345, Handboth	dicated above. I confirm th	at I am submitting this	return in a	accordance	
ERO's signatur	70 D			Date ▶			
Li to 3 signatur	<u> </u>	ERO Must Retain T	his Form – See Insti				

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
ı	

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

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the non is a child but not your dependen	ame of y	ed filing separately (Nour spouse. If you c	·	_		sehold (HOF		spou	ifying surv use (QSS) name if th		•
Your first name	and mi	ddle initial	Last na	me						Your so	cial securit	y nu	ımber
PAVAN KU	MAR		KOUD	PΑ						011-1	L7-128	7	
If joint return, sp	ouse's	first name and middle initial	Last na	me						Spouse's social security number			
HAARIKA			MITT	'APALLY						104-5	53-0786	5	
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Election	on C	ampaign
3108 COO	L BF	RIDGE CIRCLE						310			ere if you,		
City, town, or po	st offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	te	ZIP	code		•	if filing join		
FORT MIL	L		SC 29715					to go to this fund. Checking a box below will not change					
Foreign country	name		F	Foreign province/state/	count	у	For	eign postal co	de	your tax	or refund.		Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	×	No
Standard		eone can claim: You as a de		<u>_</u>				, ,		,			
Deduction	_	Spouse itemizes on a separate retur		•									
									_				
Age/Blindness			958 _	<u> </u>	ouse:			efore Janua	_		Is bli		
Dependents				(2) Social security number	/	(3) Relationsh	iip	(4) Check th					
If more	(1) Fi	rst name Last name		number		to you		Child ta	x cr	edit	Credit for oth	ner d	ependents
than four dependents,									<u>_</u>		L	4	
see instructions									<u> </u>		L	 	
and check here									<u> </u>			+	
<u> </u>		T. I	4 (L			<u>_</u>		1
Income	1a	Total amount from Form(s) W-2, b	•	,			٠			1a		33,	154.
Attach Form(s)	b	Household employee wages not r	•							1b			
W-2 here. Also	C	Tip income not reported on line 1a								1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		` ,	nstru	ctions)				1d			
1099-R if tax	e	Taxable dependent care benefits		*						1e			
was withheld.	f	Employer-provided adoption bene		· ·	•					1f			
If you did not	g	Wages from Form 8919, line 6 .					•			. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,				i			. 1h			0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>li</u>					1.5		1 - 1
	<u>z</u>	Add lines 1a through 1h		<u>.</u>	 					. 1z		55,	154.
Attach Sch. B if required.	2a	•	2a			axable interest				2b			
ii required.	3a_		3a			rdinary divide				3b			
	4a	_	4a			axable amoun							
Standard Deduction for—	5a	_	5a			axable amoun							
Single or	6a	,	6a			axable amoun	τ.		· -	. 6b			
Married filing separately,	c	If you elect to use the lump-sum e					•			╣ ┞			
\$12,950	7	Capital gain or (loss). Attach Sche							L	J 7			0.45
 Married filing jointly or 	8	Other income from Schedule 1, lir								. 8			845.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		L6,	309.
\$25,900	10	Adjustments to income from Sche								10			200
 Head of household, 	11	Subtract line 10 from line 9. This is	-	-						11			309.
\$19,400	12	Standard deduction or itemized		,	,					12		25,	900.
If you checked any box under	13	Qualified business income deduct								13			
Standard Deduction,	14	Add lines 12 and 13								14			900.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -U This is y	our t	axable incom	ıe			15	<u>S</u>	<i>,</i> 0	409.

Form 1040 (2022) Page 2 16 Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 11,128 Tax and Amount from Schedule 2, line 3 **Credits** 17 17 Add lines 16 and 17 18 18 11,128. 19 Child tax credit or credit for other dependents from Schedule 8812 19 Amount from Schedule 3, line 8 20 20 21 Add lines 19 and 20 21 11,128. 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0 Add lines 22 and 23. This is your total tax 24 24 11,128. Federal income tax withheld from: 25 **Payments** 16,479. а Form(s) W-2 . 25a Form(s) 1099 25b b Other forms (see instructions) 25c С Add lines 25a through 25c . 25d 16,479. d 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 16,479. 33 Add lines 25d, 26, and 32. These are your total payments 33 5,351. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 5,351. 35a 35a Routing number 0 7 2 0 0 0 3 2 6 Direct deposit? Savings b **c** Type: X Checking See instructions. Account number | 8 | 2 | 2 | 5 | 2 | 3 | 7 | 9 | 8 d 36 Amount of line 34 you want applied to your 2023 estimated tax . 36 Amount Subtract line 33 from line 24. This is the amount you owe. 37 You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 Estimated tax penalty (see instructions) **Third Party** Do you want to allow another person to discuss this return with the IRS? See X No instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here Contactanos (see inst.) SOFTWARE ENGINEER Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date If the IRS sent your spouse an Spouse's occupation Keep a copy for Identity Protection PIN, enter it here vour records. (see inst.) Haarika Mittapally SOFTWARE ENGINEER Phone no. (602)821-5988 Email address PAVANKOUDA@GMAIL.COM Preparer's name PTIN Check if: Preparer's signature Date

Firm's name

Firm's address

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM

245 ROONEY CT E BRUNSWICK NJ 08816

GLOBAL TAXES LLC

Paid

Preparer

Use Only

02/01/2023

P02082703

Firm's EIN

Self-employed

Phone no. (678)965-9522

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 PAVAN KUMAR KOUDA & HAARIKA MITTAPALLY

Your social security number 011-17-1287

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	ch Schedule E .	5	-16,845.
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		
	Stock options	8k		
I	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	_		
	,	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		
		8u		
Z	Other income. List type and amount:	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z		9 10	-16,845.
10	Combine lines i unioudin / and 3. Enter here and on Form 1040. 1040-5K.	UL TU4U-INM, IIIIE 8	I I U	-10,845.

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

Par	t II Adjustments to Income		
11	Educator expenses	. 11	
12	Certain business expenses of reservists, performing artists, and fee-basis government	nt	
	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		
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		
21	Student loan interest deduction	. 21	
22	Reserved for future use	. 22	
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		Į.
25	Total other adjustments. Add lines 24a through 24z		
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and c		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	. 26	

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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Internal Revenue Service

Department of the Treasury

Name(s	s) shown on return						Your soc	ial security	number
PAV	AN KUMAR KOUDA & HAARIKA MITTAPALLY						011-1	7-1287	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C. See	instruc	ctions. If you a	re an ind	ividual, rep	ort farm
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. \(\tag{Y}\)	es X No
1a	Physical address of each property (street, city, state, ZIF								
Α									
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				_	ir Rental Days		nal Use ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f	ile as	a	В		303		0	
C	qualified joint venture. See instru	ctions	s.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial	· ·	6 Roya		-	Other (descr	ibe)		
			1						
						Properti	es:		
Incor		2		A	00.	В			С
3 4	Rents received	3		0	00.				
	Royalties received	4							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	00				
8	Commissions	8		1,0					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8	00.				
15	Supplies	15		2,5	00.				
16	Taxes	16							
17	Utilities	17		4,8	00.				
18	Depreciation expense or depletion	18		4,5	45.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		17,4	45.				
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	-	-16,8	45.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(16,84	5.)	,)	()
23 a	Total of all amounts reported on line 3 for all rental prope				23a		600.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	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		,545.		
e	Total of all amounts reported on line 20 for all properties				23e	17	,445.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	/	16 045 \
25	Losses. Add royalty losses from line 21 and rental real estat							(16,845.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

26

-16,845.

D-40 < Staple Retu	e All		of Yo		2022			<u>li</u> na D	ncome Departmer	nt of F	Return Revenue	DOR Use Only			
For ca	lenda	ır year 2		or fiscal y	year beginnin	g		22	and ending			Are you a v		Yes 🔲	No X
		UMAR OL BI	RIDG	K E CIR	OUDA RCLE		H	AARII 310			ITTAPAL 11171287		use a veteran? anted an automat	Yes	No X to file your
FORT	MI	SC 2	2971	5	X	1			Spouse's S	SN: 1	04530786	, ,	I income tax retu		,
Filing	Status		1. Sing 4. Hea	gle ad of Hous	_	ia	ied Filing ifying Wi			ried Filir	ng Separately	Year spor		0 🔼	
1 '					e entire year? he entire year	2	Yes Yes	No No			for deceased t		Date of deat Date of deat	••••	
									<u> </u>			•	ution or design		or all of
											ayment of \$ or information		To designate Fund.)	your overp	ayment
		-				-					ril 15, 2023, an Personal Repr		tizen or residen	nt.	
	ieci i			illeu ario				Strator,		omieu					
FS 2	2	PP	Y		DT	N	OC	N	TPRES	N	SPRES	N	VT N	SVT	N
KOUD		3108	3	2971	15 DS	N	EA	N	TD			SD		FDE	XT N
PAVAI	N K	UMAI	2		KOUD	A				01	1171287				
HAAR:	IKA				MITT	APAL	LY			10	4530786	SC	29715		
3108	CC	OL E	BRII	OGE (CIRCLE				310) F	ORT MIL	L			
06		-	1163	309		16			0		26C		0		
07				0		18	Y		0		26E		0		70201
09				0		20A			0		EU				5 0 0
10A				0		20B			1902		27		0		
10B				0		21A			0		29		0		
11	S	Y	I	N		21B			0		30		0		
11			255	500		21C			0		31		0		
13			035	577		21D			0		32		0		
14			324	482		26A			0		34		281		
15			16	621		26B			0						
TN	6	0282	2159	988		PN	ϵ	789	659522		PP	P02	2082703		
		urn B			Refund D		hedules a	28		=	t Due	uthorize the	0 North Carolina De	enartment of	Revenue
the best of	f my kn	owledge a	and belie	ef, they are	true, correct, and	complete.		otato	DocuSigned by:				ments with the pa		
Your Signa	ature		0D06543D8	WENTAN 38244AD	, NAOS	Date	Spo	ouse's Sigi	Haarika Milla nature (<i>If filing</i> jo		both must sign.)	Date	602821 Contact Phor	L5988 ne No. (Include	area code)
PAID PRE	PARE	R USE ON	ILY If	prepared b	by a person other	than taxpay	er, this ce	ertification	is based on all in	formation	of which the prepa	rer has any kno	owledge.		
			AM S	SAGAR	GUPT 0		<u>2</u> 3		659522				P0208		
Paid Prep	arer's S	Signature				Date			ntact Phone Num			10.0767	· · · · · · · · · · · · · · · · · · ·	EIN, SSN, or P	ΓIN
	If y	ou ARE	NOT d		-						(R, RALEIGH, N REVENUE, P.O		บา), RALEIGH, NC	27640-0640	

D-400 2022 Page 2 (50)

Name	(First 10 Characters) KOUDA Your Social Security Number	0111	/128/
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	11630
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	11630
9.	Deductions From Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	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.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	255
12.	a. Add Lines 9, 10b, and 11	12a.	255
40	b. Subtract Line 12a from Line 8	12b.	908
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.35
14.	N.C. Taxable Income	14.	3248
15. 16	N.C. Income Tax	15. 16	16
16. 17.	Tax Credits Subtract Line 16 from Line 15	16. 17.	16:
18.	Consumer Use Tax	17.	10.
10.	You certify that no Consumer Use Tax is due	10.	
19.	Add Lines 17 and 18	19.	16
North			
<u>North</u> 20a.	Your tax withheld	20a.	
20a. 20b.	Spouse's tax withheld	20a. 20b.	190
20a. 20b. Other	Spouse's tax withheld Tax Payments	20b.	190
20a. 20b. Other 21a.	Spouse's tax withheld Tax Payments 2022 estimated tax	20b. 21a.	19
20a. 20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension	20b. 21a. 21b.	190
20a. 20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	19
20a. 20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d.	19
20a. 20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments	21a. 21b. 21c. 21d. 22.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23.	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.	19
20a. 20b. 21a. 21b. 21c. 22ld. 22. 23. 24. 25.	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.	19
20a. 20b. 21a. 21b. 21d. 22. 23. 24. 25.	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.	19
20a. 20b. 21a. 21b. 21c. 22ld. 22. 23. 24. 25. 26a.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	19
20a. 20b. 21a. 21b. 21c. 22. 23. 24. 25. 26a. 26b.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	19
20a. 20b. 21a. 21b. 21c. 22. 23. 24. 25. 26a. 26b. 26c.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	19
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	19
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. EU	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	19
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	19 ¹
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	190 190
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	19 ¹
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	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.	190 190
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	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 and of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	190 190
20a. 20b. 21a. 21b. 21c. 22d. 22. 23. 24. 25. 26d. EU 26e. 27. 28. 4 Amou	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: 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.	190 190
20a. 20b. 21a. 21b. 21c. 22d. 22. 23. 24. 25. 26d. EU 26e. 27. 28. Amou	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: 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.	190 190
20a. 20b. 21a. 21b. 21c. 22d. 22. 23. 24. 25. 26d. EU 26e. 27. 28. 4 Amou	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: 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.	190

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8-17-22

2022 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

	DOR Use Only				
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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 N	Name (First 10 Characters) KOUDA	Υου	ır Social Security Num	ber 011171287
sources	ear resident or a nonresident who receives income from N.C. source that is subject to N.C. tax. You are a "part-year resident" if you not became a resident of another state during the tax year. You are a "Important: Refer to the Instruc	noved to N.C. and became nonresident" if you were r	a resident during the toot a resident of N.C. a	ax year, or you moved out o
	<u>.</u>			
	NRT Y PYT N		22	41600
	NRS Y PYS N		23 1	.16309
Part A	A. Residency Status			
Date N	Taxpayer is: (Select applicable box) ull-Year Resident N.C. residency began N.C. residency ended	Full-Year Resident Date N.C. residency be	egan D	Part-Year Resident ate N.C. residency ended
	u and your spouse were both full-year residents of N.C., stop here; of an Allocation of Income for Part-Year Residents and No		C. Do not attach Sch	edule PN to Form D-400.
	Income		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
_	Wagne Calarine Tipe Tte	1.	133154	41600
1. 2.	Wages, Salaries, Tips, Etc. Taxable Interest	1. 2.	133154	41000
3.	Taxable Interest Taxable Dividends	3.	0	0
4.	Taxable Refunds, Credits, or Offsets	J.	Ŭ	Ŭ
	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)	© N 8.	0	0
9.	Taxable Amount of IRA Distributions	9.	0	0
10.	Taxable Amount of Pensions	00		
	and Annuities	10.	0	0
11.	Rental Real Estate, Royalties, Partnerships,			
	S-Corps, Estates, Trusts, Etc.	11.	-16845	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.	116309	41600
	n Carolina Adjustments		COLUMN A er the amount from n D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17.	Additions	A = -	0	0
	a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
	b. Deferred Gains Reinvested Into an Opportunity Fundc. Bonus Depreciation	17b. 17c.	0	0
	d IRC Section 179 Expense	17C. 17d	0	0

e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income

Total Additions

0

0

0

17e.

18.

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Las	t Name (First 10 Characters) KOUDA	Your Soci	al Security Number	011171287
Part	B. Allocation of Income for Part-Year Residents and Nonresidents (o	ontinued)		
		Enter	COLUMN A the amount from 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.	19d.	0	0
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement			
	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.	116309	41600
Part	C. Part-Year Residents and Nonresidents Taxable Percentage			
22.	Enter the Amount From Column B, Line 21		22	41600
23.	•		23	
	Enter the Amount From Column A, Line 21		23	
24.	Part-Year Residents and Nonresident Taxable Percentage		24	0.5577

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