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

The state of the s	<u> </u>				
Submission Identification Number (SID)	•				
Taxpayer's name	<u>'</u>	Social secu	rity numl	ber	
AISHWARYA MARUTHI		150-29	3-348	4	
Spouse's name		Spouse's so			r
David Toy Detuye Information	Toy Voor Ending December 24	0000 /Fatanyaanyay		به مراجات ما	`
	<u> </u>	2022 (Enter year you	are au	tnorizing	.)
Enter whole dollars only on lines 1 throw Note: Form 1040-SS filers use line 4 or					
			1 1	111	557.
			2		, 421.
	n Form(s) W-2 and Form(s) 1099		3	i	,031.
4 Amount you want refunded to yo			4		610.
, , , , , , , , , , , , , , , , , , ,			5		0,010.
Part II Taxpayer Declaration a	and Signature Authorization (Be sure yo	ou get and keep a co	py of y	our retu	ırn)
my knowledge and belief, it is true, correct return (original or amended) I am now autho to send my return to the IRS and to receive for any delay in processing the return or refundation and the return or refundation and the return or my federal taxes owed on this reauthorization is to remain in full force and payment, I must contact the U.S. Treasure business days prior to the payment (settlem taxes to receive confidential information needs to the payment of the payment contact the U.S. Treasure business days prior to the payment (settlem taxes to receive confidential information needs to the payment of the payment contact the U.S. Treasure business days prior to the payment (settlem taxes to receive confidential information needs to the payment of the payment	ave examined a copy of the income tax return (original, and complete. I further declare that the amounts vizing. I consent to allow my intermediate service promoted from the IRS (a) an acknowledgement of receipt or und, and (c) the date of any refund. If applicable, I at thdrawal (direct debit) entry to the financial institution eturn and/or a payment of estimated tax, and the fine effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cannot have a laso authorize the financial institutions is ecessary to answer inquiries and resolve issues resonanced in the income tax return (original or the II.C.).	in Part I above are the an ovider, transmitter, or elect reason for rejection of the uthorize the U.S. Treasury on account indicated in the ancial institution to debit the to terminate the authorized in the processing of the transmitter of the payment. I fur amended) I am now authorized to the payment.	nounts for reitransmission and its of tax prepie entry zation. To be receipf the elerther activities and activities and the elerther activities and the elerther activities and the elerther activities and the elerther activities and the electron activities and the electron activities and the electron activities are the electron activities and the electron activities are the electron activities and the electron activities and the electron activities are the electron activities and the electron activities are the electron activities and the electron activities are the electron activities are the electron activities are the electron activities activities are the electron activities are the electron activities activities are the electron activities are the electron activities and the electron activities are the electron activities are the electron activities and the electron activities are the electron activities are the electron activities and the electron activities are	from the inturn original sides, (b) to designated paration so to this according to late lectronic packnowledge.	acome tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the cable, my
X I authorize GLOBAL TAXES		or generate my PIN E	nter five	digits, but	as my
signature on the income tax re	ERO firm name sturn (original or amended) I am now authorizin	d		er all zeros	
I will enter my PIN as my signa	ature on the income tax return (original or ame PIN and your return is filed using the Practition	ended) I am now authoriz			
Your signature ▶		Date ►			
Spouse's PIN: check one box only		_			
l authorize	to enter	or generate my PIN			as my
	ERO firm name	, _	nter five	digits, but	ao my
signature on the income tax re	eturn (original or amended) I am now authorizin	g. d	on't ente	er all zeros	
	ature on the income tax return (original or ame PIN and your return is filed using the Practition				
Spouse's signature ▶		Date ►			
Pra	actitioner PIN Method Returns Only—com	tinue below			
Part III Certification and Author	entication — Practitioner PIN Method O	nly			
ERO's EFIN/PIN. Enter your six-digit E	FIN followed by your five-digit self-selected PI		6 6 nter all ze	1 9 8 eros	3 9
authorized to file for tax year indicated abo	PIN, which is my signature for the electronic indivi- ove for the taxpayer(s) indicated above. I confirm the I and Pub. 1345 , Handbook for Authorized IRS e-file	hat I am submitting this re	turn in a	accordance	
ERO's signature ▶		Date ►			
	ERO Must Retain This Form - See Inst	ructions			
	ubmit This Form to the IRS Unless Requ				

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

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

Filing Status	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	Head of	household (HO	H) [ifying sun	viving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	your spouse If you of	necke	ed the HOH or	OSS box ent	er the		ise (QSS) name if th	ne qualifying
ONC DOX.	•	on is a child but not your dependent	,	our spouse. If you or	ICCIC		QOO DOX, CITE	or tire	ornia 3	name ii ti	ic qualitying
Your first name	and mi	ddle initial	Last na	me				Y	our soc	cial securit	ty number
AISHWARY	ζA		MARU	THI				1	50-2	29-348	4
		first name and middle initial	Last na					-			curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	P	resider	ntial Election	on Campaign
25844 24	11 ST	r ave se								ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	е	ZIP code			0,	ntly, want \$3 Checking a
MAPLE VA		Y			WA		98038	b	ox belo	w will not	change
Foreign country	y name		F	Foreign province/state/o	county	y	Foreign postal of	ode y	our tax	or refund.	
						_				You	Spouse
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				•		,	Yes	⊠ No
Assets Standard		eone can claim: You as a de		<u>_</u>			asset)! (See II	Struct	10115.)		
Deduction	_	Spouse itemizes on a separate retur		•		a dependent					
									1050		
	_	Were born before January 2, 1	958 _		use:		n before Janua			ls bl	instructions):
Dependents		instructions): irst name Last name		(2) Social security number		(3) Relationsh to you	ip Child t			•	her dependents
If more than four	(1) 1	Last Harrie				,	Offilia		ant '		
dependents,											
see instruction	s ——										
and check here]							_			
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	1 15	54 , 597.
Income	b	Household employee wages not re	,	,					1b		,
Attach Form(s)	С	Tip income not reported on line 1a	ι (see ins	structions)					1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstru	ctions)			1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .					1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruct	ions) .						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>					
	Z	Add lines 1a through 1h							1z	15	54 , 597.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t		2b		
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds		3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t		5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t	· <u>·</u>	6b		
Married filing	С	If you elect to use the lump-sum e		·	`	,		. Ц			
separately, \$12,950	7	Capital gain or (loss). Attach Sche						. Ц	7		
Married filing jointly or	8	Other income from Schedule 1, lin							8	1	10,040.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			ome				9	1 14	44 , 557.
surviving spouse, \$25,900	10	Adjustments to income from Sche							10		
Head of household,	11	Subtract line 10 from line 9. This is							11		44 , 557.
\$19,400	12	Standard deduction or itemized		`	,				12	1	12,950.
If you checked any box under	13	Qualified business income deduct							13	1	
Standard Deduction,	14								14		12 , 950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	e		15	13	31,607.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌 _		. 16	25,	,421.
Credits	17	Amount from Schedule 2, line	3					. 17		
	18	Add lines 16 and 17						. 18	25,	,421.
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, line	8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18. I	If zero or less,	enter -0				. 22	25,	,421.
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21 .			. 23		0.
	24	Add lines 22 and 23. This is yo	our total tax					. 24	25,	,421.
Payments	25	Federal income tax withheld for								
_	а	Form(s) W-2				25a	29,0	31.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						. 25d	29,	,031.
If you have a	26	2022 estimated tax payments	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	Schedule 8812			28				
	29	American opportunity credit fr	om Form 8863	8, 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 pa	ayments and re	efundable c	redits .	. 32		
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				. 33	29,	,031.
Refund	34	If line 33 is more than line 24,							3,	,610.
neiuliu	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888	is attached, ch	eck here		☐ 35a	3,	,610.
Direct deposit?	b	Routing number 1 1 1	9 0 0 6	5 9	c Type:	X Checking	g 🗌 Sav	ings		
See instructions.	d	Account number 3 4 5	7 6 7 4	4 4 2		_	_			
	36	Amount of line 34 you want ap	plied 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 ins	structions) .			38				
Third Party Designee		you want to allow another particular structions					Yes. Comp	olete below.	× No	
		signee's		Phone				identification		
	nar			no.			number (,		
Sign Here		der penalties of perjury, I declare that ief, they are true, correct, and compl			, , ,		,	f which prepar	er has any kn	owledge.
TICIC	Yo	ur signature		Date	Your occupation			Protection P	nt you an Ider	
Joint return?					SOFTWARE		ER	(see inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occup	ation			nt your spous ection PIN, er	
	———	one no. (929) 239-6664		Email address	AISHU.202	2020CM7	TT. COM	<u>'</u>		
			Preparer's signat	l	AIDIIU.2U	Date	PT	IN .	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM S			מווסיים ייחדדה			2082703		nployed
Preparer				NADAC PAN	GULIA IALLA	11 02/03/	2023 PU		1	
Use Only		m's name GLOBAL TAXI m's address 245 ROONEY		MCMTCK M	J 08816			Phone no. Firm's EIN	(678) 965 00-21	
0-1				INDIATOR INC				I IIIII S EIIN	88-21	
GO TO WWW.Irs.go	ov/Forn	11040 for instructions and the latest	information.		BAA	REV 01/28	/23 PRO		Form 10	040 (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 so	cial s	ecurity number
AISH	WARYA MARUTHI		150-2	29-34	184
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. Attac			5	-10,040.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation	. ,		7	
8	Other income:				
а	1 0	3a ()		
b		3b		-	
С		Bc /	,		
d	<u> </u>	3d ()		
е		Be		-	
f		8f		-	
g		3g		-	
h	, , , , ,	3h		-	
į		8i o:		-	
J	, , ,	8j		-	
k	· · · · · · · · · · · · · · · · · · ·	3k		-	
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			
	Olympic and Paralympic medals and USOC prize money (see	OI		-	
Ш		ßm			
n	·	3n		-	
0		30			
р		Вр		-	
q	•	Bq .			
r	` ' '	Br Sr			
	Nontaxable amount of Medicaid waiver payments included on Form	-			
•	' '	Bs ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	,	,		
		8t			
u	·	3u			
Z	Other income. List type and amount:				
		3z			

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,040.

9

10

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 gov			
	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l 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)		-	
- 1	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			
	211			
J				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
-	Other adjustments. List type and amount:			
Z	04-			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here		23	
20	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.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return						Your socia	al security	number
AISH	WARYA MARUTHI						150-2	9-3484	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule						
A D	Did you make any payments in 2022 that would require you	to file	Form(s) 1	1099? S	ee ins	tructions .		. 🗌 Ye	s 🛚 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
			<u> </u>	7101					
_ <u>A</u>	404-BALAJI APARTMENTS KOTHAGUDEM TELAN	NGANA	JC NI A	7/101					
B_									
C	T (D) 0 5 1 1 1 1 1 1 1						_		
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				_	r Rental Days	Person Da		QJV
						-	Da		
_A	if you meet the requirements to f			A		365		0	
B C	qualified joint venture. See instru	uctions	3.	B					
	- C Duran and an			C					
• •	of Property:	4-1	5 1		7	0 - If D t - I			
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	itai	5 Land 6 Roya		-	Self-Rental Other (descri	ibe)		
						Propertie	es:		
Incom	ne:			Α		В			С
3	Rents received	3		8	21.				
4	Royalties received	4							
Expen	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,6	69.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,6	39.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,9	98.				
15	Supplies	15		2,7	46.				
16	Taxes	16							
17	Utilities	17		1,8	09.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,8	61.				
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		-10,0	40.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,04	.0)()	(
23a	Total of all amounts reported on line 3 for all rental prope		-		23a		821.		
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				
e	Total of all amounts reported on line 20 for all properties				23e	1 ∩	,861.		
24	Income. Add positive amounts shown on line 21. Do no			SSes		10	. 24		
25	Losses. Add royalty losses from line 21 and rental real esta		•		nter to	tal losses her		(10,040.
26	Total rental real estate and royalty income or (loss).							\	
20	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this an						26		-10,040.

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov and select file and pay or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the NC Department of Revenue. Note: The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- 2. Make sure the courtesy box and legal line on your check match.
- 3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
- 4. Make sure your check or money order is signed.
- Make sure your name, address, and daytime phone number appear on your check or money order.
- Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the youcher.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Important Reminders

- Do not submit this voucher if you submitted an electronic payment.
- Do not staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- Do not fold this voucher or check.
- Do not use a photocopy of this voucher.
- Do not use another person's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



9-16-08

D-400V (50)

MAPLE VALLEY





Individual Income Payment Voucher

North Carolina Department of Revenue

REV 01/03/23 PRO

150293484 MARU 2584 98038

AISHWARYA MARUTHI

25844 241 ST AVE SE For Calendar Year

WA

98038

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

\$

6.00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 02 03 23 Phone: (678) 965-9522



2022

	(50) 8-8-8-1111 Pages of You and W-2s Here	ur	_		ina Departme	ent of Revenue	DOR Use Only			
		r fiscal year beginni	ng		Amended Retu 2 2 and ending		Are you a ve	eteran?	Yes No	K
AISHWA	RYA	MARUTHI			_		Is your spou	use a veteran?	Yes No	Щ
1	241 ST AVE <u>v wa 98038</u>				Your Spouse's	SSN: 150293484		anted an automatic I income tax return,	-	- 1
Filing Stat			2. Marri	ed Filing		arried Filing Separately	ZOZZ lederal	Yes No		
	4. Head	d of Household	5. Quali	fying Wid	low(er)		Year spou			
1 .		. for the entire year? nt for the entire yea		Yes	No XI L	Return for deceased Return for deceased		Date of death Date of death		
						owment Fund by mak				of
						d your payment of			our overpaymer	nt
						<i>uctions for information</i> ry on April 15, 2023, a				\dashv
	-					pointed Personal Rep				
FS 1	PP Y	D'	ΓΝ	OC	N TPRES	N SPRE	S N	VT N	SVT	N
MARU	2584	98038 D	S N	EA	N TD		SD		FDEXT	N
AISHWA	RYA	MARI	JTHI			150293484	1			
							WA	98038		
25844	241 ST A	VE SE				MAPLE VA	ALLEY			
06	1445	57	16		0	26C		0		7(
07		0	18	Y	O	26E		0		2015
09		0	20A		2455	EU				50024
10A		0	20B		0	27		6		
10B		0	21A		O	29		0		
11 S	Y I	N	21B		0	30		0		
11	127		21C		0			0		
13	037		21D		0			0		
14	493		26A		6			0		
15	24		26B	_	0		-00			
TN	92923966	64 	PN	6	789659522 	PP	P02	2082703		
	eturn Below ertify that I have exam knowledge and belief,	Refund nined this return and according they are true, correct, and		nedules an		Check here if you to discuss this retu	authorize the Nurn and attachr	6 North Carolina Depments with the paid	artment of Reveni preparer below.	ue
Your Signature	<u> </u>		Date	Snor	ise's Signature (If filing	joint return, both must sign.)	Date	9292396 Contact Phone	6664 No. (Include area cod	_ de)
		prepared by a person othe		·		information of which the prep			,	/
SYAM PF Paid Preparer's	RIYA RAM S. s Signature	AGAR GUPT	02 03 Date		6789659522 arer's Contact Phone Nu	ımber (Include area code)		Preparer's FEIN		-
- I I I I I I I I I I I I I I I I I I I		If REFLIND ma		<u> </u>		, P.O. BOX R, RALEIGH,	NC 27634-000	· · · · · · · · · · · · · · · · · · ·	, 2	\dashv
If	you ARE NOT du					DEPT. OF REVENUE, P.			640-0640	

Name	(First 10 Characters) MARUTHI Your Social Security Number	15029	93484
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	14455
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	14455
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.	1275
12.	a. Add Lines 9, 10b, and 11	12a.	1275
	b. Subtract Line 12a from Line 8	12b.	13180
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.374
14.	N.C. Taxable Income	14.	4932
15.	N.C. Income Tax	15.	246
16.	Tax Credits	16.	210
17.	Subtract Line 16 from Line 15	17.	246
18.	Consumer Use Tax	18.	240
10.		10.	
19.	You certify that no Consumer Use Tax is due Add Lines 17 and 18	19.	246
طاسما	Carolina Income Tax Withheld		
NOTUI			
<u>могип</u> 20а.	Your tax withheld	20a.	245
20a. 20b.	Spouse's tax withheld	20a. 20b.	245
20a. 20b. Other	Spouse's tax withheld Tax Payments	20b.	245
20a. 20b. Other 21a.	Spouse's tax withheld Tax Payments 2022 estimated tax	20b. 21a.	245
20a. 20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension	20b. 21a. 21b.	245
20a. 20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	245
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.	245
20a. 20b. Other 21a. 21b. 21c. 21d.	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.	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.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24.	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.	245
20a. 20b. Other 21a. 21b. 21c. 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	21a. 21b. 21c. 21d. 22. 23. 24. 25.	245 245 245
20a. 20b. Other 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 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	245
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	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.	245
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	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.	245
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	245
20a. 20b. 21a. 21a. 21b. 21c. 23. 24. 25. 26a. 26c. 26d. 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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	245
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. 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	245
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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	245
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. 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	245
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	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	245
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 26e. 27.	245
20a. 20b. 21a. 21a. 21b. 21c. 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:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	245
20a. 20b. Other 21a. 21b. 21c. 21d. 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 int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	245
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28. Amou 29. 30.	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 N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	245
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 27c. 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 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.	245

D-400 Sch PN (50)

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) MARUTHI	Your	Social Security Num	ber 150293484
sources	ear resident or a nonresident who receives income from N.C. sources must complete the that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident of another state during the tax year. You are a "nonresident" if you Important: Refer to the Instructions before complete.	oecame a u were no	a resident during the toot a resident of N.C. a	tax year, or you moved out o
	NRT Y PYT N		22	54090
	NRS N PYS N		23 1	44557
Part A	A. Residency Status			
☐ Fu	Taxpayer is: (Select applicable box) Ill-Year Resident Nonresident Part-Year Resident Date N.C. residency ended Date N.C. residency ended	Resident dency be		Part-Year Resident ate N.C. residency ended
	u and your spouse were both full-year residents of N.C., stop here; do not complete Par 3. Allocation of Income for Part-Year Residents and Nonresidents	ts B and	C. Do not attach Sch	nedule PN to Form D-400.
	Income	fr	COLUMN A Total Income om all sources	COLUMN B Amount of Column A subject to N.C. tax
1.	Wages, Salaries, Tips, Etc.	1.	154597	54090
2.	Taxable Interest	2.	0	0
3.	Taxable Dividends	3.	0	0
4.	Taxable Refunds, Credits, or Offsets	0.	· ·	v
••	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	Ô
8.	Other Gains or (Losses)	8.	0	0
9.	Taxable Amount of IRA Distributions	9.	0	0
10.	Taxable Amount of Pensions	10.	0	0
11.	Rental Real Estate, Royalties, Partnerships,		9	Ŭ
	S-Corps, Estates, Trusts, Etc.	11.	-10040	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.	144557	54090
			COLUMN A	COLUMN B
North	Carolina Adjustments		r the amount from D-400 Schedule S	Amount of Column A subject to N.C. tax
17.	Additions			
	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) MARUTHI Your Social Security Number 150293484

			COLUMN A	COLUMN B
			the amount from	Amount of Column A
		Form	D-400 Schedule S	subject to N.C. tax
19.	Deductions	4.0	0	0
	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.	144557	54090
art (C. Part-Year Residents and Nonresidents Taxable Percentage			
22.	Enter the Amount From Column B, Line 21		22	54090
23.	Enter the Amount From Column A, Line 21		23	
24.	Part-Year Residents and Nonresident Taxable Percentage		24	

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