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.

Submission Identification Number (SID)

| Taxpay | yer's name | Social security number |
|--------|--|---------------------------------|
| SHU | JBHAM LOHOTE | 718-93-4779 |
| Spouse | e's name | Spouse's social security number |
| | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter | er 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 46,352. |
| 2 | Total tax | 2 3,806. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 6,927. |
| 4 | Amount you want refunded to you | · · · · 4 3,121. |
| 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 |
|------------|------|-------|-----|-----|------|
|------------|------|-------|-----|-----|------|

| X | I authorize | GLOBAI | TAXES | LLC | | | | to e | nter c | r gen | erate | e my | PIN | | 4 | / / | y | a | s my |
|---------------|---|--------------|------------|-------------|-----------------------|-------------|-----------|--------------------|--------|------------------|-------|--------|--------|--------------|---------------------|------------------|-----------------|-----|------|
| | signature or | the incor | ne tax ret | ERO firm | | ended) I a | m now | autho | rizina | | | | | | ter five n't ent | | | | |
| ☐ Your sig | I will enter r if you are e below. | ny PIN as | my signat | ture on the | e income | e tax retur | n (origii | hal or a | amen | ded) I er PIN | met | hod | . The | ER | | t cor | nplet | | |
| Spouse | 's PIN: chec | k one box | only | | | | | | | | | | | _ | | | | | |
| | I authorize signature or I will enter r if you are e | ny PIN as | my signat | ture on the | al or ame e income | e tax retur | n (origii | author nal or a | amen | ded) I | am | now | auth | do norizi | - | er all z heck | zeros this l | хос | - |
| Spouse' | below. 's signature | • | | | | | | | | Dat | • • | | | | | | | | |
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| Part II | Certific | ation an | d Auther | ntication | – Prac | cutioner | | ietno | a On | ly | | | | | | | | | |
| ERO's E | EFIN/PIN. Er | iter your si | x-digit EF | IN followe | ed by you | ır five-dig | it self-s | electe | d PIN | | 2 | 2 2 | 4 | 9 | 6 6 | 1 | 9 8 | 3 | 9 |
| | | | | | | | | | | | | | Dor | n't en | er all z | eros | | | |
| authorize | hat the above d to file for ta ents of the Pra | x year indi | cated abov | e for the t | axpayer(s) |) indicated | above. | I confi | rm tha | it I am | ı sub | mittir | ng thi | s ret | urn in | accor | danće | | |

| 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 (x) Single (married filing jointy (married filing separately (MFS) (married household (HOH) (married Status (MFS) (married household (HOH) (married Status (MFS) (married house (MFS) (married hous | 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use Or | ly—Do not | write or staple | in this space. |
|---|-----------------|------------|--|------------|------------|----------------------|-------|---------------------------|--------|---------------|-----------|-----------------|----------------|
| SHDBHAM LOHOTE 718-93-477.9 If joint feature, spoule's first name and middle initial Last name Spoule's cosist security number Home address (number and street). If you have a PO. box, see irstructions. Ach no. Presidential Election Campaign 2710 PARDER MOODS PJ. 104 Checken of you, or your spoule filling jointly, want 38 2710 PARDER MOODS PJ. 104 Checken of you, or your spoule filling jointly, want 38 Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spoule country on any spoule filling jointly, want 38 Standard Someone can called milling 2022, did you: (a) receive (as a revard, avaird, or payment for property or services); or (b) sell, You Spoule Degligital At any time during 2022, did you: (a) receive (as a revard, avaird, or payment for property or services); or (b) sell, You Spoule Degligital At any time during 2022, did you: (a) receive (as a revard, avaird, or payment for property or services); or (b) sell, You You Degligital At any time during 2022, did you: (a) receive (as a revard, avaird, or payment for property or services); or (b) sell, You You Degligital At a | Check only | lf yo | u checked the MFS box, enter the n | ame of y | - | | | _ | | | spc | use (QSS) | 0 |
| If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. I/O 13770 PARDUE MOODS PL I/O Presidential Election Campaign City, town, or poor those. If you have a foreign address, also complete spaces below. State I/O RALESIGN Foreign province/state/county Foreign province/state/county Foreign postal code Foreign country name Foreign province/state/county Foreign postal code You Spouse's social security Standard Seconder can claim: You so a dependent You spouse as a dependent Yes No Standard Seconder can claim: You so a dependent Yes No No Peduction Spouse itemizes on a separate return or you were a dual-status allein Appendent (e) Choick the box if qualifies for less instructions; If more (f) First name Last name (g) Social security (g) Pelationahy (h) Choid ta credit code reignedit for der code of the der code code of the der code of the der code of the | Your first name | and mi | ddle initial | Last na | me | | | | | | Your s | ocial securi | ty number |
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| RALEIGH NC 27603 box below will not change [®] Foreign province/state/county Foreign province/state/county You Spouse Digital 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) You Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: Image of the parameter of the | | | | mplete s | paces bel | ow. | Sta | te | | | | | |
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| W-2G and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. g Wages from Form 8919, line 6 1g yduid not get a Form h Other earned income (see instructions) 1l was withheld. nontaxable combat pay election (see instructions) 1i was withheld. Nontaxable combat pay election (see instructions) 1i w2-2, see instructions. z Add lines 1 a through 1h 1z 52,673. Attach Sch. B 2a b b Taxable interest 2b 4a IRA distributions 4a b Ordinary dividends 3b 5a Pensions and annuities 5a b Taxable amount 4b 5b Deduction for- 6a Social security benefits 6a b Taxable amount 7 6a off you elect to use the lump-sum election method, check here (see instructions) 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 | | d | | | | | nstru | ictions) | | | . 10 | b | |
| was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a form m Other earned income (see instructions) 1m 0. w2-2, see i Nontaxable combat pay election (see instructions) 1i 1m 0. w2-2, see i Nontaxable combat pay election (see instructions) 1i 1z 52,673. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 2a Qualified dividends 3a b b Taxable amount 4b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Deduction for- 6a Social security benefits 6a b Taxable amount 7 Single or If you elect to use the lump-sum election method, check here (see instructions) 7 7 6b 7 Married filing jointly or Qualifying 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 | W-2G and | е | | | | | | · · · · | | | . 10 | e | |
| If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z Z Add lines 1a through 1h 1z 52,673. Attach Sch. B 2a 2a b Tax-exempt interest 2a 2a dualified dividends 3a 3a Qualified dividends 3a IRA distributions 4a B Faxable amount Standard 5a Deduction for- 6a 5a Single or Married filing separately, S12,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 10 Standard filing surving spouse, S22,900 11 4d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 4d dines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Standard deduction or itemized deductions (from Schedule 1, line 26 11 4d of household, S19,400 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 12 13 Qualified business income deduction fro | | f | Employer-provided adoption bene | fits fron | n Form 8 | 839, line 29 | | | | | . 1 | f | |
| get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1i Attach Sch. B 2a Tax-exempt interest 2b Attach Sch. B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a 4a B Dordinary dividends 3b 5a Ga b Taxable amount 6a b Taxable amount 5b 6a b Taxable amount 5b 6a b Taxable amount 6b 5a Pensions and annuities 5a 6a b Taxable amount 6b 5a Pensions and annuities 6a 5a b Taxable amount 6b 6a Social security benefits 6a 5a b Taxable amount 6b 5a frequired. If you elect to use the lump-sum election method, check here (see instructions) 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 9 Add, 352. 10 10 Standard deduction or itemized deductions (from Schedule A) 12 11 46, 352. 12 12, 950. 13 Qualified business income deduction from Sendedule A) 12 14 Add lines 12 and 13 14 < | | g | Wages from Form 8919, line 6 . | | | | | | | | . 19 | g | |
| instructions. Image: Control at pay election (see instructions) Image: Control at pay election (see | get a Form | h | Other earned income (see instruct | ions) | | | | | | | . 1 | n | 0. |
| z Add lines 1a through 1h 1z 52,673. Attach Sch. B 2a Tax-exempt interest 2a b 2b Attach Sch. B 3a Qualified dividends 3a b 3b 3b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 4b Standard Deduction for- 6a Social security benefits 5a b Taxable amount 5b Married filing separately, \$12,950 Social security benefits 6a b Taxable amount 7 Married filing jointly or Qualifying spous, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -6,321. Married filing jointly or Qualifying spous, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46,352. 10 Head of household, \$14,940 12 Standard deduction or itemized deductions (from Schedule A) 11 46,352. 12 12 12,950. 14 Add lines 12 and 13 Gualified business income deducti | | i | Nontaxable combat pay election (s | see insti | ructions) | | | 1 i | | | | | |
| if required. 3a 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5c 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46, 352. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 <td></td> <td>z</td> <td>Add lines 1a through 1h</td> <td>. <u>.</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1:</td> <td>z</td> <td>52,673.</td> | | z | Add lines 1a through 1h | . <u>.</u> | | | | | | | . 1: | z | 52,673. |
| 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 7 • C If you elect to use the lump-sum election method, check here (see instructions) 0 7 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 7 8 -6, 321. • Head of household, \$19,400 • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 46, 352. • Head of household, \$19,400 • Standard deduction or itemized deductions (from Schedule A) 12 12, 950. • If you checked ary box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. • If ded lines 12 and 13 • • • 14 12, 950. • Deduction, • • • • 14 | Attach Sch. B | 2 a | Tax-exempt interest | 2a | | | bΤ | axable interest | t. | | . 2 | b | |
| Standard Deduction for- 5a Pensions and annuities | if required. | 3a | Qualified dividends | 3a | | | b C | rdinary divider | nds . | | . 3 | b | |
| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46, 352. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 46, 352. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Head of household, Standard 14 12, 950. 13 • If you checked any box under Standard 14 12, 950. 13 | | 4a | IRA distributions | 4a | | | bΤ | axable amoun [.] | t | | . 4 | b | |
| Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse. \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$10 Subtract line 12 and 13 Head of household, \$14 12,950. 13 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income | Standard | 5a | Pensions and annuities | 5a | | | bΤ | axable amoun [.] | t | | . 5 | b | |
| Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . | | 6a | Social security benefits | 6a | | | bΤ | axable amoun [.] | t | | . 6 | 0 | |
| \$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46, 352. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 46, 352. • If you checked any box under Standard 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12, 950. 14 12, 950. • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 33, 402 | Married filing | С | If you elect to use the lump-sum e | lection r | method, | check here (| (see | instructions) | | | | | |
| jointly or Qualifying surviving spouse.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income946, 352.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1146, 352.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.142, 950.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15 | | 7 | Capital gain or (loss). Attach Sche | dule D i | f required | d. If not requ | iired | , check here | | | | | |
| Qualifying surviving spouse, \$25,900 9 Add lines 12, 20, 30, 4b, 5b, 6b, 7, and 8. This is your total income 9 46, 352. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 46, 352. 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income | | | | | | | | | | | | | |
| \$25,900 10 Adjustments to income nom outedule 1, inte 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 46,352. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12,950. 14 • If you checked any box under Standard 14 12,950. • If you checked any box under Standard 15 33,402 | Qualifying | | | | | our total inc | omo | θ | | | | | 46,352. |
| household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 I4 Add lines 12 and 13 14 12,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 33,402 | | | • | | | | | | | | | - | |
| \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 33,402 | | | | | | - | | | | | | | |
| any box under Standard 14 Add lines 12 and 13 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 33,402 | \$19,400 r | | | | | | | | | | | | 12,950. |
| Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 33,402 | | | | | | 995 or Form | 899 | 5-A | | | | | |
| | Standard | | | | | | | | | | | | |
| | | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter - | -U This is ye | our 1 | taxable incom | ie . | | . 1 | 5 . | 33,402. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|---|------------|---|-------------------------|----------------------|--------------------|------------------------|--|--------------------|-------------------------------|-------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 3 | ,806. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 3 | ,806. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 3 | ,806. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 3 | ,806. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| 2 | а | Form(s) W-2 | | | | 25a | 6,927. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 6 | ,927. |
| If you have a | 26 | 2022 estimated tax payment | s and amount a | pplied from 20 | 21 return | | | 26 | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | 2 | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | e15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. | These are your | total other pa | ayments and ref | undable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | otal payments | | | | 33 | 6 | ,927. |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 3 | ,121. |
| neruna | 35a | Amount of line 34 you want | refunded to you | u. If Form 8888 | 3 is attached, che | ck here | 🗆 | 35a | 3 | ,121. |
| Direct deposit? | b | Routing number 0 3 1 | 0 0 0 0 | 5 3 | c Type: 🛛 🗙 | Checking | Savings | | | |
| See instructions. | d | Account number 5 5 3 | 7 0 2 4 | 8 2 2 | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2023 estimate | edtax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the am | ount you owe | | | | | | |
| You Owe | | For details on how to pay, go | o to <i>www.irs.go</i> | v/Payments or | see instructions | | | 37 | | |
| | 38 | Estimated tax penalty (see in | structions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | _ | |
| Designee | ins | tructions | | | | 🗌 Yes. C | omplete k | below. | X No | |
| | De: nar | signee's | | Phone no. | | | sonal identi [:] ber (PIN) | fication | | |
| 0. | | der penalties of perjury, I declare t | hat I have avamin | | | | . , | the bor | | |
| Sign | | ief, they are true, correct, and com | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | If the | IRS se | nt you an Ide | entity |
| | | allto | | 02/12/2023 | | | Prote | ection P | IN, enter it h | |
| Joint return? | (| O'NOMO- | | 02/12/2025 | STUDENT | | ` | inst.) | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupat | ion | | | nt your spou ection PIN, e | |
| your records. | | | | | | | | inst.) | | |
| | Ph | one no. (984)888-3370 | า | Email address | SHIIBHAMI OHO | TE30@GMAIL.C | ∩M | | | |
| | | parer's name | J Preparer's signat | | SHUDHAMLUHU | Date | | | Check if: | |
| Paid | | | 1 0 | | GUPTA TALLAM | | P0208 | 2703 | | mployed |
| Preparer | | | | | | | | | | 5-9522 |
| Use Only | | n's address 245 ROONE | | INSWICK N | J 08816 | | | ne no. ('s EIN | | L71965 |
| Go to www.irc.or | | 1040 for instructions and the late | | | | | 1 | | | 040 (2022) |
| GO 10 10 10 10 10 10 10 10 10 10 10 10 10 | | noto ior manuoliona anu trie lates | st information. | | BAA | REV 02/05/23 PRO | | | | UTU (2022) |

REV 02/05/23 PRO

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

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 20 2

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

| Name | (s) shown on Form 1040, 1040-SR, or 1040-NR | | Your so | cial s | ecurity number |
|------|---|--------------|---------|--------|----------------|
| SHUE | SHAM LOHOTE | | 718-9 | 3-47 | 79 |
| 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. Att | ach Schedule | Е. | 5 | -6,321. |
| 6 | Farm income or (loss). Attach Schedule F. | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| 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 | | | |
| u | Wages earned while incarcerated | 8u | | | |
| Z | Other income. List type and amount: | 0- | | | |
| ٥ | Total other income. Add lines 82 through 87 | 8z | | ٩ | |

| or Do | norwork Reduction Act Nation | and your tax rature instructions | | | | Cabad | In 1 (Farme 1040) 0000 |
|-------|------------------------------|----------------------------------|------------|-------------|-------------------|-------|------------------------|
| 10 | Combine lines 1 through | 7 and 9. Enter here and on I | Form 1040, | 1040-SR, oi | r 1040-NR, line 8 | 10 | -6,321. |
| • | | | | | | | |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | | | |
|-----|--|--------|-------------|--------|--------|---------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | -basi | s gove | rnment | | |
| | 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) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| d | Reforestation amortization and expenses | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 24h | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | | 24k | | | | |
| z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | . Ente | er here | and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 02/05/23 PR | 0 | Schedu | le 1 (Form 1040) 20 |

| (Form | 1040) | (Fror | m rental re | al estate, royalties, part | tnerships | s, S c | orporat | ions, es | states, | trusts, REMIC | s, etc.) | 20 | 199 |
|----------|---|--------------------|---------------|--|----------------------|---------|---------------------|----------|----------|-------------------|------------|-----------------------|-------------------|
| | nent of the Treasury Revenue Service | | Got | Attach to Form www.irs.gov/Schedule | | | | | | formation | | Attachr | ment 12 |
| |) shown on return | | GOT | J www.iis.gov/Scheduk | | struct | | | atest ii | | Your soci | Sequer al security | nce No. 13 |
| • • | BHAM LOHOTE | | | | | | | | | | | 3-4779 | |
| Part | | | | Rental Real Estat | | | | | | | | | |
| | Note: If yo rental inco | ou are i ome or | in the busin | ess of renting personal p form 4835 on page 2, line | property, ι e 40. | use S | chedule | e C. See | e instru | ctions. If you ar | e an indiv | vidual, rep | ort farm |
| Α [| | | | 022 that would require | | file Fo | orm(s) ⁻ | 1099? \$ | See in | structions | | . 🗌 Ye | es 🛛 No |
| B | f "Yes," did you | ı or wil | ll you file r | equired Form(s) 1099? | ? | | | | | | | . 🗌 Ye | es 🗌 No |
| 1a | Physical add | ress of | f each pro | perty (street, city, stat | e, ZIP co | ode) | | | | | | | |
| Α | H BUILDIN | G PR | AYEJA (| ITY PUNE MAHARA | ASHTRA | I | N 411 | 1041 | | | | | |
| В | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | |
| 1b | Type of Prope | | | ach rental real estate p | | | | | Fa | ir Rental | Person | | QJV |
| | (from list below | w) | | e, report the number of nal use days. Check th | | | | | | Days | Da | - | |
| | 3 | | | meet the requirement | | | лпу | A | | 365 | | 0 | |
| BC | | | | ed joint venture. See i | | | | B | | | | | |
| | of Property: | | | | | | | | | | | | |
| | Single Family R | Resider | nce 3 | Vacation/Short-Term | Rental | | 5 Land | 4 | 7 | Self-Rental | | | |
| | Multi-Family Re | | | Commercial | rnontai | | 6 Roya | | | Other (descri | be) | | |
| | , | | | | | | | | | | | | |
| Incom | | | | | | | | Α | | Propertie | ÷5: | | С |
| 3 | | h | | | | 3 | | | 87. | В | | | 0 |
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| 15 | | | | | | | | | 572. | | | | |
| 16 | | | | | | | | | 940. | | | | |
| 17 | Utilities | | | | 1 | 7 | | | | | | | |
| 18 | Depreciation e | expens | se or deple | etion | 1 | 8 | | | | | | | |
| 19 | Other (list) | | | | 1 | | | | | | | | |
| 20 | • | | | rough 19 | | 0 | | 6,9 | 08. | | | | |
| 21 | | | | ents) and/or 4 (royalties ons to find out if you n | | | | | | | | | |
| | | | | | | - L | | -6,3 | 21 | | | | |
| 22 | | | | oss after limitation, if a | | | | | | | | | |
| | | | | s) | | 2 (| | 6,32 | 21.) | (|) | (|) |
| 23a | | | | on line 3 for all rental p | | | | | 23a | | 587. | | / |
| b | Total of all am | ounts | reported | on line 4 for all royalty | properti | es | | | 23b | | | | |
| с | | | | on line 12 for all prope | | | | | 23c | | | | |
| d | | | | on line 18 for all prope | | | | | 23d | | | | |
| е | | | | on line 20 for all prope | | | | | 23e | 6, | ,908. | | |
| 24 | | • | | ts shown on line 21. D | | | 2 | | | | 24 | 1 | |
| 25 | | | | n line 21 and rental real | | | | | | | | (| 6,321.) |
| 26 | | | | royalty income or (lo ne 40 on page 2 do | | | | | | | | | |
| | | | | 6. Otherwise, include tl | | | | | | | 26 | | -6,321. |
| For Pa | | | | ee the separate instruct | | | | PA | | -6,321 | | nedule E /E | Form 1040) 2022 |
| u | | | | | | | | | | | 001 | | |

Supplemental Income and Loss

SCHEDULE E

I

OMB No. 1545-0074

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 <u>www.ncdor.gov</u> 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.
- 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.
- 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 voucher.

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.

| | | | Cut Here | | |
|-------------------------------|------------------|------------------------------------|--|---------------|---|
| D-400V (50) 9-16-08 | Individ No | ual Incon rth Carolina D | ne Payment V Department of Rever | oucher nue | REV 01/26/23 PRO |
| 718934779 | LOHO 37 | 70 276 | 503 | | |
| SHUBHAM | LOHOTE | | | | |
| 3770 PARDUE W | DODS PL APT 1 | 04 | For Calendar Year | 2022 | T OF THIS PAYMENT match the amount shown |
| RALEIGH | NC | 27603 | | | check or money order. |
| Taxpayer/Paid Preparer: SYAM | PRIYA RAM SAGAN | <u>≀ G</u> | | | \$ 14.00 |
| Date: 02 12 23 Phon | e: (678)965-9522 | I! | 72701 | 150106 | |
| 20222 71893477 | 95 0000000 06 | 408 | | | Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0640 |

| D-40 < Stap Retu | le All | • • | of Yo | | 2022 | | | l <u>i</u> na D |)epai | | nt of F | Return Revenue | | OR se nly | | | | | |
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| | | | | | ar beginnin | ig | | | and er | | | | Are you | u a vete | eran? | | Yes | No | X |
| SHUE | | | | | HOTE | | | | | | | | | | e a vetera | | Yes | No | |
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| Filing | | | 1. Sin | | | 2. Marri | ed Filing | Jointly | | | | g Separately | 2022 10 | | Yes | | | -111 10 | .01 |
| | | | 4. Hea | ad of House | | | fying Wic | | | | | | | • | e died: | | | | |
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| your c | verpa | yment f | to the | Fund. To n | nake a cont | tribution, | enclose | Form I | NC-ED | U and | your pa | yment of \$ | - | 0. | To desi | - | your ove | | |
| | | | | | | | - | | | | | or information | | | | aidant | | | |
| | | - | | | | | | | | - | | il 15, 2023, ar ^P ersonal Repr | | | enorre | sident | | | |
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| 3770 | PA | RDUE | E WO | DODS I | PL | | | | | 104 | R | ALEIGH | | | | | | | |
| 06 | | | 163 | 352 | | 16 | | | | 0 | | 26C | | | | 0 | | | |
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| 07 | | | | 0 | | 18 | Y | | | 0 | | 26E | | | | 0 | | | |
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| 10B | | | | 0 | | 21A | | | | 0 | | 29 | | | | 0 | | | |
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| <u>т</u> т | 5 | T | T | IN | | ZID | | | | 0 | | 50 | | | | 0 | | | |
| 11 | | | 12 | 750 | | 21C | | | | 0 | | 31 | | | | 0 | | | |
| 13 | | | 034 | 455 | | 21D | | | | 0 | | 32 | | | | 0 | | | |
| 14 | | | 116 | 609 | | 26A | | | | 14 | | 34 | | | | 0 | | | |
| | | | | | | | | | | | | 01 | | | | 0 | | | |
| 15 | | | | 579 | | 26B | | | | 0 | | | | | | | | | |
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| Sign | Ret | urn B | elow | / 🗌 F | Refund D | | | | | X Pa | ymen | t Due | | 14 | 1 | | | | |
| I declare a the best of | and cen f my kn | tify that I h owledge a | ave exa and belie | <i>mined this ret</i> of, they are tru | <i>turn and accorr</i> e, correct, and | <i>panying sci</i> complete. | hedules an | d statem | ents, and | d to | Che to d | eck here if you a iscuss this retur | authorize | the No | orth Caro ents with | lina De the pai | partment d prepare | of Reve r below | enue v. |
| | Ø | hlut | L. | | 01/12 | 12023 | 3 | | | | | | | | 984 | 48883 | 3370 | | |
| Your Sign | | | | | , | Date | | - | | ••• | | both must sign.) | | ate | Conta | | No. (Inclu | de area | code) |
| PAID PRE | PARE | R USE ON | ILY If | prepared by a | a person other | than taxpay | er, this cer | tification | is based | on all inf | ormation | of which the prepa | arer has ar | ny know | ledge. | | | | |

| or PTIN |
|---------|
| |
| 3 |

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 2022 Page 2 (50)

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

D-400 Line-by-Line Information

718934779

| | D-400 Line-by-Line mormation | | |
|-------------|---|------|--------|
| | | | |
| 6. | Federal Adjusted Gross Income | 6. | 46352 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 46352 |
| 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. | Ν |
| 11. | Deduction amount | 11. | 12750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 12750 |
| | b. Subtract Line 12a from Line 8 | 12b. | 33602 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.3455 |
| 14. | N.C. Taxable Income | 14. | 11609 |
| 15. | N.C. Income Tax | 15. | 579 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 579 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 579 |
| | | | 0.10 |
| North | Carolina Income Tax Withheld | | |
| | | | |
| 20a. | Your tax withheld | 20a. | 565 |
| 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. | 565 |
| 24. | Previous Refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 565 |
| 26a. | Tax Due | 26a. | 14 |
| 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 | Ũ |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 200. | Pay this Amount | 200. | 14 |
| 28. | Overpayment | 28. | |
| 20. | Overpayment | 20. | 0 |
| <u>Amou</u> | nt of Refund to Apply to: | | |
| 29. | Amount of Line 28 to be applied to 2023 Estimated Income Tax | 20 | 0 |
| | 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. | 0 |

D-400 Sch PN (50)

8-17-22

18.

Total Additions

2022 Part-Year Resident and Nonresident Schedule

| DOR |
|------|
| Use |
| Only |

North Carolina Department of Revenue

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.

718934779 LOHOTE Last Name (First 10 Characters) Your Social Security Number 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. 22 16016 NRT Y PYT Ν NRS PYS 23 46352 Ν Ν Part A. Residency Status Taxpayer is: (Select applicable box) Spouse is: (Select applicable box) X Nonresident Full-Year Resident Part-Year Resident Full-Year Resident Nonresident Part-Year Resident Date N.C. residency began Date N.C. residency ended Date N.C. residency began Date N.C. residency ended 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 **COLUMN A** COLUMN B **Total Income** Total Income Amount of Column A from all sources subject to N.C. tax 52673 16016 1. 1 Wages, Salaries, Tips, Etc. 2. 0 0 2. Taxable Interest 0 0 3 Taxable Dividends 3 4 Taxable Refunds, Credits, or Offsets of State and Local Income Taxes 4. 0 \cap 0 0 5. Alimony Received 5 0 \cap 6. Business Income or (Loss) 6. 0 7. 0 Capital Gain or (Loss) 7. 0 0 8. Other Gains or (Losses) 8. 9. Taxable Amount of IRA Distributions 9. 0 0 10. Taxable Amount of Pensions 0 0 and Annuities 10. 11. Rental Real Estate, Royalties, Partnerships, -6321 0 S-Corps, Estates, Trusts, Etc. 11 12. 0 Farm Income or (Loss) 12. 0 0 0 13. **Unemployment Compensation** 13 14. Taxable Portion of Social Security 0 0 and Railroad Retirement Benefits 14 0 15. Other Income 15. 0 16. 46352 16016 **Total Income** 16. **COLUMN A** COLUMN B North Carolina Adjustments Enter the amount from Amount of Column A Form D-400 Schedule S subject to N.C. tax 17. Additions 0 0 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. d. IRC Section 179 Expense 17d 0 0 0 0 e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income 17e

18

0

0

D-400 Sch. PN 2022 Page 2 (50)

Last Name (First 10 Characters) LOHOTE

Your Social Security Number

718934779

| | | C | OLUMN A | COLUMN B | |
|-------|---|---------|-----------------|---------------------|--|
| | | Enter t | he amount from | Amount of Column A | |
| | | Form D | -400 Schedule S | subject to N.C. tax | |
| 19. | Deductions | | | | |
| | a. State or Local Income Tax Refund | 19a. | 0 | 0 | |
| | 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. | 46352 | 16016 | |
| art (| C. Part-Year Residents and Nonresidents Taxable Percentage | | | | |
| 22. | Enter the Amount From Column B, Line 21 | | 22 | 16016 | |
| 23. | Enter the Amount From Column A, Line 21 | | 23 | . 46352 | |
| 4. | Part-Year Residents and Nonresident Taxable Percentage | | 24 | 0.3455 | |

REV 01/26/23 PRO