

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br>ASHOK REDDY SINGIREDDY | Social security number<br>725-25-4404 |
| Spouse's name                             | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |   |          |
|---|---|---|----------|
| 1 | Adjusted gross income   | 1 | 268,011. |
| 2 | Total tax   | 2 | 63,788.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 57,927.  |
| 4 | Amount you want refunded to you                               | 4 | 2,271.   |
| 5 | Amount you owe  | 5 |          |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 4 | 4 | 0 | 4 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [ ] Married filing jointly [X] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: VINUTHNA SINGIREDDY

Your first name and middle initial: ASHOK REDDY
Last name: SINGIREDDY
Your social security number: 725-25-4404
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 270-83-3940
Home address (number and street). If you have a P.O. box, see instructions. 2524 WOODLAND GRANT DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. NEW HILL
State: NC
ZIP code: 27562
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with columns for line numbers (1a-1z) and amounts. Total amount from Form(s) W-2, box 1 is 287,370. Other earned income is 0. Total income is 287,370.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

Table for Standard Deduction and Adjusted Gross Income. Lines 2a-6a show various deductions. Line 9 shows total income of 268,011. Line 11 shows adjusted gross income of 268,011. Line 15 shows taxable income of 253,056.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax calculated as 63,788.

Table for Payments (lines 25-33) including federal income tax withheld, EIC, and other payments. Total payments calculated as 66,059.

Table for Refund (lines 34-36) including overpaid amount and routing information for direct deposit.

Table for Amount You Owe (lines 37-38) showing the amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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](http://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  
ASHOK REDDY SINGIREDDY

Your social security number  
725-25-4404

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | -3,359.  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -16,000. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |          |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b> |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )      |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | -19,359. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ASHOK REDDY SINGIREDDY

Your social security number  
725-25-4404

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  |        |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .  | <b>5</b>  |        |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |        |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .  | <b>9</b>  |        |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .   | <b>10</b> |        |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .  | <b>11</b> | 1,465. |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .  | <b>12</b> |        |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                          | <b>13</b> |        |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .                                       | <b>14</b> |        |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                    | <b>15</b> |        |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .   | <b>16</b> |        |

(continued on page 2)

**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:<br>_____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount: _____<br>_____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Reserved for future use . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |
|           |   |            | 1,465.    |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ASHOK REDDY SINGIREDDY

Your social security number  
725-25-4404

**Part I Nonrefundable Credits**

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

(continued on page 2)



**Part II Other Payments and Refundable Credits**

|           |   |            |           |        |
|-----------|---|------------|-----------|--------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .  |            | <b>9</b>  |        |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .   |            | <b>10</b> |        |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .   |            | <b>11</b> | 8,132. |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .   |            | <b>12</b> |        |
| <b>13</b> | Other payments or refundable credits:   |            |           |        |
| <b>a</b>  | Form 2439 . . . . .   | <b>13a</b> |           |        |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .                             | <b>13b</b> |           |        |
| <b>c</b>  | Reserved for future use . . . . .   | <b>13c</b> |           |        |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .   | <b>13d</b> |           |        |
| <b>e</b>  | Reserved for future use . . . . .   | <b>13e</b> |           |        |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .   | <b>13f</b> |           |        |
| <b>g</b>  | Reserved for future use . . . . .   | <b>13g</b> |           |        |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . . | <b>13h</b> |           |        |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____  | <b>13z</b> |           |        |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .   |            | <b>14</b> |        |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .  |            | <b>15</b> | 8,132. |

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **07**

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

ASHOK REDDY SINGIREDDY

Your social security number

725-25-4404

| <b>Medical and Dental Expenses</b>   | <b>Caution:</b> Do not include expenses reimbursed or paid by others.   |           |         |        |         |
|--|---|-----------|---------|--------|---------|
|  | <b>1</b> Medical and dental expenses (see instructions) . . . . .   | <b>1</b>  |         |        |         |
|  | <b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b>   | <b>2</b>  |         |        |         |
|  | <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .  | <b>3</b>  |         |        |         |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | <b>4</b>  |           |         |        |         |
| <b>Taxes You Paid</b>  | <b>5</b> State and local taxes.   |           |         |        |         |
|  | <b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | <b>5a</b> | 11,790. |        |         |
|  | <b>b</b> State and local real estate taxes (see instructions) . . . . .   | <b>5b</b> | 4,643.  |        |         |
|  | <b>c</b> State and local personal property taxes . . . . .  | <b>5c</b> |         |        |         |
|  | <b>d</b> Add lines 5a through 5c . . . . .  | <b>5d</b> | 16,433. |        |         |
|  | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .  | <b>5e</b> | 5,000.  |        |         |
|  | <b>6</b> Other taxes. List type and amount: _____   | <b>6</b>  |         |        |         |
| <b>7</b> Add lines 5e and 6 . . . . .  | <b>7</b>  |           |         | 5,000. |         |
| <b>Interest You Paid</b>   | <b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |           |         |        |         |
|  | <b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .  | <b>8a</b> | 9,955.  |        |         |
|  | <b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .                        | <b>8b</b> |         |        |         |
|  | <b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .  | <b>8c</b> |         |        |         |
|  | <b>d</b> Reserved for future use . . . . .  | <b>8d</b> |         |        |         |
|  | <b>e</b> Add lines 8a through 8c . . . . .  | <b>8e</b> | 9,955.  |        |         |
| <b>9</b> Investment interest. Attach Form 4952 if required. See instructions . | <b>9</b>  |           |         |        |         |
| <b>10</b> Add lines 8e and 9 . . . . .   | <b>10</b>   |           |         | 9,955. |         |
| <b>Gifts to Charity</b>  | <b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .   | <b>11</b> |         |        |         |
|  | <b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. . . . .   | <b>12</b> |         |        |         |
|  | <b>13</b> Carryover from prior year . . . . .   | <b>13</b> |         |        |         |
|  | <b>14</b> Add lines 11 through 13 . . . . .   | <b>14</b> |         |        |         |
| <b>Casualty and Theft Losses</b>   | <b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .  | <b>15</b> |         |        |         |
| <b>Other Itemized Deductions</b>   | <b>16</b> Other—from list in instructions. List type and amount: _____  | <b>16</b> |         |        |         |
| <b>Total Itemized Deductions</b>   | <b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .  | <b>17</b> |         |        | 14,955. |
|  | <b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>  |           |         |        |         |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

|  |   |   |
|--|---|---|
| Name of proprietor<br><b>ASHOK REDDY SINGIREDDY</b>  |   | Social security number (SSN)<br>725-25-4404 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>AVR TECH LLC   | <b>B</b> Enter code from instructions<br>5 1 9 2 0 0                |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br>AVR TECH LLC   | <b>D</b> Employer ID number (EIN) (see instr.)<br>9 2 0 7 0 2 6 0 1 |   |
| <b>E</b> Business address (including suite or room no.) 2524 WOODLAND GRANT DR<br>City, town or post office, state, and ZIP code NEW HILL, NC 27562  |   |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____   |   |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| <b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>   |   |   |
| <b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |

**Part I Income**

|  |   |  |
|--|---|--|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 |  |
| 2 Returns and allowances   | 2 |  |
| 3 Subtract line 2 from line 1  | 3 |  |
| 4 Cost of goods sold (from line 42)  | 4 |  |
| 5 <b>Gross profit.</b> Subtract line 4 from line 3   | 5 |  |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | 6 |  |
| 7 <b>Gross income.</b> Add lines 5 and 6   | 7 |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|  |     |  |  |     |         |
|--|-----|--|--|-----|---------|
| 8 Advertising  | 8   |  | 18 Office expense (see instructions)   | 18  |         |
| 9 Car and truck expenses (see instructions)  | 9   |  | 19 Pension and profit-sharing plans    | 19  |         |
| 10 Commissions and fees  | 10  |  | 20 Rent or lease (see instructions):   |     |         |
| 11 Contract labor (see instructions)   | 11  |  | a Vehicles, machinery, and equipment   | 20a |         |
| 12 Depletion   | 12  |  | b Other business property              | 20b |         |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | 13  |  | 21 Repairs and maintenance             | 21  |         |
| 14 Employee benefit programs (other than on line 19)   | 14  |  | 22 Supplies (not included in Part III) | 22  |         |
| 15 Insurance (other than health)   | 15  |  | 23 Taxes and licenses                  | 23  |         |
| 16 Interest (see instructions):  |     |  | 24 Travel and meals:                   |     |         |
| a Mortgage (paid to banks, etc.)   | 16a |  | a Travel                               | 24a |         |
| b Other  | 16b |  | b Deductible meals (see instructions)  | 24b |         |
| 17 Legal and professional services   | 17  |  | 25 Utilities                           | 25  | 3,359.  |
| 28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | 28  |  | 26 Wages (less employment credits)     | 26  |         |
| 29 Tentative profit or (loss). Subtract line 28 from line 7  | 29  |  | 27a Other expenses (from line 48)      | 27a |         |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | 30  |  | 27b <b>Reserved for future use</b>     | 27b |         |
| 31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | 31  |  |  |     | -3,359. |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |  |  |     |         |

32a  All investment is at risk.  
32b  Some investment is not at risk.



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

ASHOK REDDY SINGIREDDY

Your social security number

725-25-4404

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** VEMPATINAGAR, EDULAPURAM KHAMMAM TELANGANA IN 507003

**B**  
**C**

| <b>1b</b> | Type of Property (from list below) | <b>2</b>   | Fair Rental Days |          | Personal Use Days | QJV                      |
|-----------|------------------------------------|--|------------------|----------|-------------------|--------------------------|
|           |                                    |  | <b>A</b>         | <b>B</b> | <b>C</b>          | <input type="checkbox"/> |
| <b>A</b>  | 3                                  | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>A</b>         | 365      | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |  | <b>B</b>         |          |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |  | <b>C</b>         |          |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

|                  |   | <b>Properties:</b> |             |          |
|------------------|---|--------------------|-------------|----------|
|                  |   | <b>A</b>           | <b>B</b>    | <b>C</b> |
| <b>Income:</b>   |   |                    |             |          |
| <b>3</b>         | Rents received . . . . .  | <b>3</b>           | 600.        |          |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>           |             |          |
| <b>Expenses:</b> |   |                    |             |          |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>           |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>           |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>           | 1,600.      |          |
| <b>8</b>         | Commissions . . . . .   | <b>8</b>           |             |          |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>           |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>          |             |          |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>          | 1,200.      |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |             |          |
| <b>13</b>        | Other interest . . . . .  | <b>13</b>          |             |          |
| <b>14</b>        | Repairs . . . . .   | <b>14</b>          | 4,500.      |          |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>          | 3,500.      |          |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>          |             |          |
| <b>17</b>        | Utilities . . . . .   | <b>17</b>          | 5,800.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>          |             |          |
| <b>19</b>        | Other (list) _____  | <b>19</b>          |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          | 16,600.     |          |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | <b>21</b>          | -16,000.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          | ( 16,000. ) |          |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>         | 600.        |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>         |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>         |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>         |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>         | 16,600.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( 16,000. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>          | -16,000.    |          |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

|  |   |
|--|---|
| Name(s) shown on return<br><b>ASHOK REDDY SINGIREDDY</b> | Your social security number<br><b>725-25-4404</b> |
|--|---|

| <b>Part I Additional Medicare Tax on Medicare Wages</b> |   |          |          |
|---|---|----------|----------|
| <b>1</b>  | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . | <b>1</b> | 287,755. |
| <b>2</b>  | Unreported tips from Form 4137, line 6 . . . . .  | <b>2</b> |          |
| <b>3</b>  | Wages from Form 8919, line 6 . . . . .  | <b>3</b> |          |
| <b>4</b>  | Add lines 1 through 3 . . . . .   | <b>4</b> | 287,755. |
| <b>5</b>  | Enter the following amount for your filing status:  |          |          |
|   | Married filing jointly . . . . . \$250,000  |          |          |
|   | Married filing separately . . . . . \$125,000   |          |          |
|   | Single, Head of household, or Qualifying surviving spouse . . . \$200,000   | <b>5</b> | 125,000. |
| <b>6</b>  | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .   | <b>6</b> | 162,755. |
| <b>7</b>  | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .                    | <b>7</b> | 1,465.   |

| <b>Part II Additional Medicare Tax on Self-Employment Income</b> |   |           |  |
|--|---|-----------|--|
| <b>8</b>   | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . . | <b>8</b>  |  |
| <b>9</b>   | Enter the following amount for your filing status:  |           |  |
|  | Married filing jointly . . . . . \$250,000  |           |  |
|  | Married filing separately . . . . . \$125,000   |           |  |
|  | Single, Head of household, or Qualifying surviving spouse . . . \$200,000   | <b>9</b>  |  |
| <b>10</b>  | Enter the amount from line 4 . . . . .  | <b>10</b> |  |
| <b>11</b>  | Subtract line 10 from line 9. If zero or less, enter -0- . . . . .  | <b>11</b> |  |
| <b>12</b>  | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .  | <b>12</b> |  |
| <b>13</b>  | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .                                    | <b>13</b> |  |

| <b>Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation</b> |  |           |  |
|--|--|-----------|--|
| <b>14</b>  | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .                                       | <b>14</b> |  |
| <b>15</b>  | Enter the following amount for your filing status:   |           |  |
|  | Married filing jointly . . . . . \$250,000   |           |  |
|  | Married filing separately . . . . . \$125,000  |           |  |
|  | Single, Head of household, or Qualifying surviving spouse . . . \$200,000  | <b>15</b> |  |
| <b>16</b>  | Subtract line 15 from line 14. If zero or less, enter -0- . . . . .  | <b>16</b> |  |
| <b>17</b>  | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . . | <b>17</b> |  |

| <b>Part IV Total Additional Medicare Tax</b> |   |           |        |
|--|---|-----------|--------|
| <b>18</b>                                    | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . . | <b>18</b> | 1,465. |

| <b>Part V Withholding Reconciliation</b> |  |           |          |
|--|--|-----------|----------|
| <b>19</b>                                | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .  | <b>19</b> | 4,173.   |
| <b>20</b>                                | Enter the amount from line 1 . . . . .   | <b>20</b> | 287,755. |
| <b>21</b>                                | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .  | <b>21</b> | 4,172.   |
| <b>22</b>                                | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .  | <b>22</b> | 1.       |
| <b>23</b>                                | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .  | <b>23</b> |          |
| <b>24</b>                                | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . . | <b>24</b> | 1.       |

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

ASHOK REDDY SINGIREDDY

Your social security number or EIN

725-25-4404

- Part I Investment Income**  Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

|           |   |                    |           |          |
|-----------|---|--------------------|-----------|----------|
| <b>1</b>  | Taxable interest (see instructions)   |                    | <b>1</b>  |          |
| <b>2</b>  | Ordinary dividends (see instructions)   |                    | <b>2</b>  |          |
| <b>3</b>  | Annuities (see instructions)  |                    | <b>3</b>  |          |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                | <b>4a</b> -19,359. | <b>4c</b> | -16,000. |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b> 3,359.   |           |          |
| <b>c</b>  | Combine lines 4a and 4b   |                    |           |          |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)  | <b>5a</b>          | <b>5d</b> |          |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b>          |           |          |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b>          |           |          |
| <b>d</b>  | Combine lines 5a through 5c   |                    |           |          |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |                    | <b>6</b>  |          |
| <b>7</b>  | Other modifications to investment income (see instructions)   |                    | <b>7</b>  |          |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |                    | <b>8</b>  | -16,000. |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

|           |   |           |           |  |
|-----------|---|-----------|-----------|--|
| <b>9a</b> | Investment interest expenses (see instructions)         | <b>9a</b> | <b>9d</b> |  |
| <b>b</b>  | State, local, and foreign income tax (see instructions) | <b>9b</b> |           |  |
| <b>c</b>  | Miscellaneous investment expenses (see instructions)    | <b>9c</b> |           |  |
| <b>d</b>  | Add lines 9a, 9b, and 9c                                |           |           |  |
| <b>10</b> | Additional modifications (see instructions)             |           | <b>10</b> |  |
| <b>11</b> | Total deductions and modifications. Add lines 9d and 10 |           | <b>11</b> |  |

**Part III Tax Computation**

|                            |   |                    |            |    |
|----------------------------|---|--------------------|------------|----|
| <b>12</b>                  | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- |                    | <b>12</b>  | 0. |
| <b>Individuals:</b>        |   |                    |            |    |
| <b>13</b>                  | Modified adjusted gross income (see instructions)   | <b>13</b> 268,011. | <b>16</b>  | 0. |
| <b>14</b>                  | Threshold based on filing status (see instructions)   | <b>14</b> 125,000. |            |    |
| <b>15</b>                  | Subtract line 14 from line 13. If zero or less, enter -0-   | <b>15</b> 143,011. |            |    |
| <b>16</b>                  | Enter the smaller of line 12 or line 15   |                    |            |    |
| <b>17</b>                  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                |                    | <b>17</b>  | 0. |
| <b>Estates and Trusts:</b> |   |                    |            |    |
| <b>18a</b>                 | Net investment income (line 12 above)   | <b>18a</b>         | <b>18c</b> |    |
| <b>b</b>                   | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)  | <b>18b</b>         |            |    |
| <b>c</b>                   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   |                    |            |    |
| <b>19a</b>                 | Adjusted gross income (see instructions)  | <b>19a</b>         | <b>19b</b> |    |
| <b>b</b>                   | Highest tax bracket for estates and trusts for the year (see instructions)  | <b>19b</b>         |            |    |
| <b>c</b>                   | Subtract line 19b from line 19a. If zero or less, enter -0-   | <b>19c</b>         |            |    |
| <b>20</b>                  | Enter the smaller of line 18c or line 19c   |                    | <b>20</b>  |    |
| <b>21</b>                  | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         |                    | <b>21</b>  |    |

### Additional Information From 2022 Federal Tax Return

#### Schedule C (AVR TECH LLC): Profit or Loss from Business

Line 25

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
|              | 42.12         |
|              | 3,317.        |
| <b>Total</b> | <b>3,359.</b> |



TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows: Your name (ASHOK REDDY SINGIREDDY), Your SSN or ITIN (725-25-4404), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows: 1 California adjusted gross income (AGI) 4460, 2 Amount You Owe 302, 3 Refund or No Amount Due.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 5 4 4 0 4 as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize to enter my PIN as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2 2 2 4 9 6 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/20/2023

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2022 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 18, 2023.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.  
**Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

**2022 Payment Voucher for Individual e-filed Returns**

**3582 (e-file)**

725-25-4404 SING 270-83-3940  
ASHOKREDDY SINGIREDDY

22

2524 WOODLAND GRANT DR  
NEW HILL NC 27562

Amount of Payment

302.

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# California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

725-25-4404 SING 270-83-3940  
ASHOKREDDY SINGIREDDY

22 PBA 519200

2524 WOODLAND GRANT DR  
NEW HILL NC 27562

03-30-1989

If your California filing status is different from your federal filing status, check the box here . . . . .

Filing Status

- 1  Single
- 4  Head of household (with qualifying person). See instructions.
- 2  Married/RDP filing jointly. See instr.
- 5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
- See instructions.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . .

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$140 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .  8  X \$140 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . .  9  X \$140 =  \$

Exemptions

|                                 | Dependent 1          | Dependent 2          | Dependent 3          |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions.          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions . . . . .  10  X \$433 =  \$

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Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

|                             |   |
|-----------------------------|---|
| <b>Total Taxable Income</b> | <b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="4460"/> <input type="text" value=".00"/>  |
|                             | <b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="268011"/> <input type="text" value=".00"/>  |
|                             | <b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>  |
|                             | <b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="268011"/> <input type="text" value=".00"/>  |
|                             | <b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>   |
|                             | <b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="268011"/> <input type="text" value=".00"/>   |
|                             | <b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="12312"/> <input type="text" value=".00"/> |
|                             | <b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="255699"/> <input type="text" value=".00"/>  |

|  |  |
|--|--|
| <b>CA Taxable Income</b>   | <b>31</b> Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule   |
|  | <input checked="" type="radio"/> <b>31</b> <input type="text" value="20533"/> <input type="text" value=".00"/>   |
|  | <b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="4460"/> <input type="text" value=".00"/>   |
|  | <b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="4256"/> <input type="text" value=".00"/>  |
|  | <b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0803"/>  |
|  | <b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="342"/> <input type="text" value=".00"/>  |
|  | <b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.0166"/>   |
|  | <b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="0"/> <input type="text" value=".00"/> |
|  | <b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="342"/> <input type="text" value=".00"/>                                     |
|  | <b>41</b> Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>       |
| <b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="342"/> <input type="text" value=".00"/> |  |

|   |  |
|---|--|
| <b>Special Credits</b>  | <b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/> |
|   | <b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>                                   |
|   | <b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>  |
|   | <b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>  |
|   | <b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/>                           |
| <b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/> |  |

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Your name:  Your SSN or ITIN:

**Special Credits continued**

58 Enter credit name  code  and amount... ● 58  .00

59 Enter credit name  code  and amount... ● 59  .00

60 To claim more than two credits. See instructions ..... ● 60  .00

61 Nonrefundable Renter's Credit. See instructions ..... ● 61  .00

62 Add line 50 and line 55 through 61. These are your total credits ..... ● 62  .00

63 Subtract line 62 from line 42. If less than zero, enter -0- ..... ● 63  .00

**Other Taxes**

71 Alternative Minimum Tax. Attach Schedule P (540NR) ..... ● 71  .00

72 Mental Health Services Tax. See instructions ..... ● 72  .00

73 Other taxes and credit recapture. See instructions ..... ● 73  .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax ..... ● 74  .00

**Payments**

81 California income tax withheld. See instructions ..... ● 81  .00

82 2022 CA estimated tax and other payments. See instructions ..... ● 82  .00

83 Withholding (Form 592-B and/or Form 593). See instructions ..... ● 83  .00

84 Excess SDI (or VPMI) withheld. See instructions ..... ● 84  .00

85 Earned Income Tax Credit (EITC). See instructions ..... ● 85  .00

86 Young Child Tax Credit (YCTC). See instructions ..... ● 86  .00

87 Foster Youth Tax Credit (FYTC). See instructions ..... ● 87  .00

88 Add line 81 through line 87. These are your total payments. See instructions ..... ● 88  .00

**ISR Penalty**

91 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage. .... ●

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 91  .00

**Overpaid Tax/Tax Due**

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,  
subtract line 91 from line 88. .... ● 92  .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,  
subtract line 88 from line 91. .... ● 93  .00

101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. .... ● 101  .00

102 Amount of line 101 you want applied to your 2023 estimated tax ..... ● 102  .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ..... ● 103  .00

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Your name:  Your SSN or ITIN:

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74  104  .00

| Contributions |  | Code  | Amount                   |
|---------------|--|-------|--------------------------|
|               | California Seniors Special Fund. See instructions . . . . .                                    | ● 400 | <input type="text"/> .00 |
|               | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .             | ● 401 | <input type="text"/> .00 |
|               | Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .          | ● 403 | <input type="text"/> .00 |
|               | California Breast Cancer Research Voluntary Tax Contribution Fund. . . . .                     | ● 405 | <input type="text"/> .00 |
|               | California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .                    | ● 406 | <input type="text"/> .00 |
|               | Emergency Food for Families Voluntary Tax Contribution Fund . . . . .                          | ● 407 | <input type="text"/> .00 |
|               | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . .          | ● 408 | <input type="text"/> .00 |
|               | California Sea Otter Voluntary Tax Contribution Fund . . . . .                                 | ● 410 | <input type="text"/> .00 |
|               | California Cancer Research Voluntary Tax Contribution Fund . . . . .                           | ● 413 | <input type="text"/> .00 |
|               | School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .                | ● 422 | <input type="text"/> .00 |
|               | State Parks Protection Fund/Parks Pass Purchase . . . . .                                      | ● 423 | <input type="text"/> .00 |
|               | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. . . . .                          | ● 424 | <input type="text"/> .00 |
|               | Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .                                 | ● 425 | <input type="text"/> .00 |
|               | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .        | ● 431 | <input type="text"/> .00 |
|               | California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .                   | ● 438 | <input type="text"/> .00 |
|               | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. . . . .             | ● 439 | <input type="text"/> .00 |
|               | Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .                                     | ● 440 | <input type="text"/> .00 |
|               | Suicide Prevention Voluntary Tax Contribution Fund . . . . .                                   | ● 444 | <input type="text"/> .00 |
|               | Mental Health Crisis Prevention Voluntary Tax Contribution Fund. . . . .                       | ● 445 | <input type="text"/> .00 |
|               | California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .           | ● 446 | <input type="text"/> .00 |
|               | <b>120</b> Add amounts in code 400 through code 446. This is your total contribution . . . . . | ● 120 | <input type="text"/> .00 |

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
 Pay Online – Go to **ftb.ca.gov/pay** for more information.  
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Your name:  Your SSN or ITIN:

**Interest and Penalties**  
122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box:  FTB 5805 attached  FTB 5805F attached . . . . . 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. . . . . 125  .00

**Refund and Direct Deposit**  
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Routing number   Type  Checking  Savings  Account number   126 Direct deposit amount  .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Routing number   Type  Checking  Savings  Account number   127 Direct deposit amount  .00

**Voter Info.** For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . .

**IMPORTANT:** Attach a copy of your complete federal return.  
Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign Here**  
 Your email address. Enter only one email address.   
 Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

It is unlawful to forge a spouse's/RDP's signature.  
Firm's name (or yours, if self-employed)   PTIN

Joint tax return? See instructions.  
Firm's address   Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . .  Yes  No

Print Third Party Designee's Name  Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

**Important:** Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

|  |                          |
|--|--------------------------|
| Name(s) as shown on tax return<br>ASHOK REDDY SINGIREDDY | SSN or ITIN<br>725254404 |
|--|--------------------------|

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.**

**During 2022:**

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

|   | Yourself                               | Spouse/RDP                             |
|---|--|--|
| 2 a I was domiciled in (enter two letter code, see instructions) . . . . .                    | <input checked="" type="radio"/> CA    | <input checked="" type="radio"/> CA    |
| b I was in the military and stationed in (enter two letter code). . . . .                     | <input type="radio"/>                  | <input type="radio"/>                  |
| 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . | <input checked="" type="radio"/> / /   | <input checked="" type="radio"/> / /   |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .    | <input checked="" type="radio"/> / /   | <input checked="" type="radio"/> / /   |
| 5 I was a CA nonresident the entire year (enter state of residence). . . . .                  | <input checked="" type="radio"/> NC    | <input checked="" type="radio"/> NC    |
| 6 The number of days I spent in CA for any purpose was: . . . . .                             | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .                         | <input checked="" type="radio"/> N     | <input checked="" type="radio"/> N     |
| 8 <b>Before 2022:</b> I was a CA resident for the period of . . . . .                         | <input checked="" type="radio"/> / / - | <input checked="" type="radio"/> / / - |

**Part II Income Adjustment Schedule**

| Section A — Income from federal Form 1040 or 1040-SR                               | A<br>Federal Amounts<br>(taxable amounts from your federal tax return) | B<br>Subtractions<br>See instructions<br>(difference between CA & federal law) | C<br>Additions<br>See instructions<br>(difference between CA & federal law) | D<br>Total Amounts Using CA Law As If You Were a CA Resident<br>(subtract col. B from col. A; add col. C to the result) | E<br>CA Amounts<br>(income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|--|--|---|---|--|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions . . . . .       | <input checked="" type="radio"/> 287370                                | <input type="radio"/>  | <input type="radio"/>   | <input checked="" type="radio"/> 287370   | <input checked="" type="radio"/> 4460  |
| b Household employee wages not reported on federal Form(s) W-2. . . . .            | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| c Tip income not reported on line 1a. . . . .                                      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instr. . . . . | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| e Taxable dependent care benefits from federal Form 2441, line 26 . . . . .        | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . .    | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| g Wages from federal Form 8919, line 6 . . . . .                                   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| h Other earned income. See instructions . . . . .                                  | <input type="radio"/> 0  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 0   | <input type="radio"/> 0  |
| i Nontaxable combat pay election. See instructions . . . . .                       | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| z Add line 1a through line 1i . . . . .  | <input checked="" type="radio"/> 287370                                | <input type="radio"/>  | <input type="radio"/>   | <input checked="" type="radio"/> 287370   | <input checked="" type="radio"/> 4460  |
| 2 Taxable interest. a <input type="radio"/> . . . . .                              | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . .          | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 4 IRA distributions. See instructions. a <input type="radio"/> . . . . .           | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . .      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 6 Social security benefits. a <input type="radio"/> . . . . .                      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 7 Capital gain or (loss). See instructions . . . . .                               | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |

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|   |   | A   | B   | C  | D   | E   |
|---|---|---|---|--|---|---|
| <b>Section B — Additional Income</b><br>from federal Schedule 1 (Form 1040) |   | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes. . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>2 a</b>  | Alimony received. See instructions. . . . .   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>3</b>  | Business income or (loss). See instructions. . . . .  | <input type="radio"/> - 3359  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> - 3359  | <input type="radio"/>   |
| <b>4</b>  | Other gains or (losses) . . . . .   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . .  | <input type="radio"/> -16000  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> -16000  | <input type="radio"/>   |
| <b>6</b>  | Farm income or (loss) . . . . .   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>7</b>  | Unemployment compensation . . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>8</b>  | <b>Other income:</b>  |   |   |  |   |   |
| <b>8 a</b>  | Federal net operating loss . . . . .  | <input type="radio"/> ( )   |   | <input type="radio"/>  |   |   |
| <b>8 b</b>  | Gambling . . . . .  | <input type="radio"/>   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 c</b>  | Cancellation of debt . . . . .  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 d</b>  | Foreign earned income exclusion from federal Form 2555 . . . . .  | <input type="radio"/> ( )   |   | <input type="radio"/>  |   |   |
| <b>8 e</b>  | Income from federal Form 8853 . . . . .   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 f</b>  | Income from federal Form 8889 . . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>8 g</b>  | Alaska Permanent Fund dividends . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 h</b>  | Jury duty pay . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 i</b>  | Prizes and awards . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 j</b>  | Activity not engaged in for profit income . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 k</b>  | Stock options . . . . .   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 l</b>  | 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 . . . . . | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 m</b>  | Olympic and Paralympic medals and USOC prize money . . . . .  | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 n</b>  | IRC Section 951(a) inclusion . . . . .  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>8 o</b>  | IRC Section 951A(a) inclusion . . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>8 p</b>  | IRC Section 461(l) excess business loss adjustment . . . . .  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 q</b>  | Taxable distributions from an ABLE account . . . . .  | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 r</b>  | Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 s</b>  | Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . .   | <input type="radio"/> ( )   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . .                               | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 u</b>  | Wages earned while incarcerated . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>8 z</b>  | Other income. List type and amount.<br><input type="radio"/> _____  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>9 a</b>  | Total other income. Add line 8a through line 8z. . . . .  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |

|   |  | A   | B   | C  | D   | E   |
|---|--|---|---|--|---|---|
| <b>Section B — Additional Income</b><br>Continued |  | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>b1</b>   | Disaster loss deduction from form<br>FTB 3805V . . . . . <b>9b1</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>b2</b>   | NOL deduction from form<br>FTB 3805V . . . . . <b>9b2</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>b3</b>   | NOL from form FTB 3805Z,<br>FTB 3807, or FTB 3809 . . . . . <b>9b3</b>   |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>10</b>   | <b>Total.</b> Combine Section A, line 1z through<br>line 7, and Section B, line 1 through<br>line 7, line 9a and line 9b1 through line 9b3<br>(as applicable) in each column.<br>See instructions. Go to Section C . . . . . <b>10</b> | <input checked="" type="radio"/> 268011                                     | <input type="radio"/>   | <input type="radio"/>  | <input checked="" type="radio"/> 268011   | <input checked="" type="radio"/> 4460   |

**Section C — Adjustments to Income**  
from federal Schedule 1 (Form 1040)

|             |   |                                  |                       |                       |                       |                       |
|-------------|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>11</b>   | Educator expenses . . . . . <b>11</b>   | <input checked="" type="radio"/> | <input type="radio"/> |                       |                       |                       |
| <b>12</b>   | Certain business expenses of reservists,<br>performing artists, and fee-basis<br>government officials . . . . . <b>12</b>                         | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>13</b>   | Health savings account deduction . . . . . <b>13</b>  | <input checked="" type="radio"/> | <input type="radio"/> |                       |                       |                       |
| <b>14</b>   | Moving expenses. Attach form FTB 3913.<br>See instructions. . . . . <b>14</b>   | <input checked="" type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>15</b>   | Deductible part of self-employment tax.<br>See instructions. . . . . <b>15</b>  | <input checked="" type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> |
| <b>16</b>   | Self-employed SEP, SIMPLE, and<br>qualified plans . . . . . <b>16</b>   | <input checked="" type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>17</b>   | Self-employed health insurance deduction.<br>See instructions. . . . . <b>17</b>  | <input checked="" type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> |
| <b>18</b>   | Penalty on early withdrawal of savings . . <b>18</b>  | <input checked="" type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>19 a</b> | Alimony paid. <b>b</b> Enter recipient's:<br>SSN <input checked="" type="radio"/> _____<br>Last name <input type="radio"/> _____ <b>19a</b>       | <input checked="" type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>20</b>   | IRA deduction . . . . . <b>20</b>   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>21</b>   | Student loan interest deduction . . . . . <b>21</b>   | <input checked="" type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>22</b>   | Reserved for future use . . . . . <b>22</b>   |                                  |                       |                       |                       |                       |
| <b>23</b>   | Archer MSA deduction . . . . . <b>23</b>  | <input checked="" type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>24</b>   | <b>Other adjustments:</b>   |                                  |                       |                       |                       |                       |
| <b>a</b>    | Jury duty pay . . . . . <b>24a</b>  | <input checked="" type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>b</b>    | Deductible expenses related to income<br>reported on line 8l from the rental of<br>personal property engaged in for<br>profit. . . . . <b>24b</b> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>c</b>    | Nontaxable amount of the value of<br>Olympic and Paralympic medals and<br>USOC prize money reported on line 8m <b>24c</b>                         | <input checked="" type="radio"/> | <input type="radio"/> |                       |                       |                       |
| <b>d</b>    | Reforestation amortization and<br>expenses. . . . . <b>24d</b>  | <input checked="" type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> |
| <b>e</b>    | Repayment of supplemental<br>unemployment benefits under the<br>federal Trade Act of 1974 . . . . . <b>24e</b>                                    | <input checked="" type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>f</b>    | Contributions to IRC<br>Section 501(c)(18)(D) pension plans. . <b>24f</b>   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>g</b>    | Contributions by certain chaplains to<br>IRC Section 403(b) plans . . . . . <b>24g</b>  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>h</b>    | Attorney fees and court costs for<br>actions involving certain unlawful<br>discrimination claims . . . . . <b>24h</b>                             | <input checked="" type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |

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| Section C — Adjustments to Income<br>Continued   | A<br>Federal Amounts<br>(taxable amounts from<br>your federal tax return) | B<br>Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | C<br>Additions<br>See instructions<br>(difference between<br>CA & federal law) | D<br>Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B from<br>col. A; add col. C<br>to the result) | E<br>CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
|--|---|---|--|--|---|
| 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 | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |  |  |   |
| j Housing deduction from federal Form 2555 . . . . . 24j   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |  |  |   |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . 24k  | <input checked="" type="radio"/>  |   |  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  |
| z Other adjustments. List type and amount.<br><br><input checked="" type="radio"/> _____ 24z   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  |
| 25 Total other adjustments. Add line 24a through line 24z. . . . . 25  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  |
| 26 Add line 11 through line 23 and line 25 in each column, A through E . . . . . 26  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. . . . . 27  | <input checked="" type="radio"/> 268011                                   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/> 268011  | <input checked="" type="radio"/> 4460   |

**Part III Adjustments to Federal Itemized Deductions**  
Check the box if you did NOT itemize for federal but will itemize for California  

|  |   |  |
|--|---|--|
| <b>A</b> Federal Amounts<br>(from federal<br>Schedule A (Form 1040)) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|--|---|--|

**Medical and Dental Expenses** See instructions.

|  |                                  |        |  |                                  |
|--|----------------------------------|--------|--|----------------------------------|
| 1 Medical and dental expenses . . . . . 1  | <input checked="" type="radio"/> |        |  |                                  |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . 2            | <input checked="" type="radio"/> | 268011 |  |                                  |
| 3 Multiply line 2 by 7.5% (0.075) . . . . . 3                                    | <input checked="" type="radio"/> | 20101  |  |                                  |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. . . . . 4 | <input checked="" type="radio"/> |        |  | <input checked="" type="radio"/> |

**Taxes You Paid**

|  |                                  |       |                                  |       |  |
|--|----------------------------------|-------|----------------------------------|-------|--|
| 5a State and local income tax or general sales taxes . . . . . 5a  | <input checked="" type="radio"/> | 11790 | <input checked="" type="radio"/> | 11790 |  |
| 5b State and local real estate taxes . . . . . 5b  | <input checked="" type="radio"/> | 4643  |                                  |       |  |
| 5c State and local personal property taxes . . . . . 5c  | <input checked="" type="radio"/> |       |                                  |       |  |
| 5d Add line 5a through line 5c. . . . . 5d   | <input checked="" type="radio"/> | 16433 |                                  |       |  |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . .<br>Enter the amount from line 5a, column B in line 5e, column B . . . . .<br>Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . . 5e | <input checked="" type="radio"/> | 5000  | <input checked="" type="radio"/> | 11790 | <input checked="" type="radio"/> 11433 |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6  | <input checked="" type="radio"/> |       | <input checked="" type="radio"/> |       | <input checked="" type="radio"/>       |
| 7 Add line 5e and line 6. . . . . 7  | <input checked="" type="radio"/> | 5000  | <input checked="" type="radio"/> | 11790 | <input checked="" type="radio"/> 11433 |

**Interest You Paid**

|  |                                  |      |                                  |                                  |
|--|----------------------------------|------|----------------------------------|----------------------------------|
| 8a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a | <input checked="" type="radio"/> | 9955 |                                  | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on federal Form 1098 . . . . . 8b        | <input checked="" type="radio"/> |      |                                  | <input checked="" type="radio"/> |
| 8c Points not reported to you on federal Form 1098. . . . . 8c                         | <input checked="" type="radio"/> |      |                                  | <input checked="" type="radio"/> |
| 8d Reserved for future use . . . . . 8d  |                                  |      |                                  |                                  |
| 8e Add line 8a through line 8c. . . . . 8e   | <input checked="" type="radio"/> | 9955 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. . . . . 9   | <input checked="" type="radio"/> |      | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. . . . . 10  | <input checked="" type="radio"/> | 9955 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

**Gifts to Charity**

|   |                                  |  |                                  |                                  |
|---|----------------------------------|--|----------------------------------|----------------------------------|
| 11 Gifts by cash or check . . . . . 11      | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. . . . . 12  | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. . . . . 13    | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 . . . . . 14 | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| <b>Part III Adjustments to Federal Itemized Deductions</b><br>Continued | <b>A Federal Amounts</b><br><small>(from federal Schedule A<br/>Form 1040)</small> | <b>B Subtractions</b><br><small>See instructions</small> | <b>C Additions</b><br><small>See instructions</small> |
|---|--|--|---|
|---|--|--|---|

|   |       |                                  |                       |
|---|-------|----------------------------------|-----------------------|
| <b>Casualty and Theft Losses</b>  |       |                                  |                       |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses).<br>Attach federal Form 4684. See instructions . . . . . | 15    | <input type="radio"/>            | <input type="radio"/> |
| <b>Other Itemized Deductions</b>  |       |                                  |                       |
| 16 Other—from list in federal instructions . . . . .  | 16    | <input type="radio"/>            | <input type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . .  | 17    | <input checked="" type="radio"/> | <input type="radio"/> |
|   | 14955 | <input type="radio"/>            | <input type="radio"/> |
| 18 <b>Total.</b> Combine line 17 column A less column B plus column C . . . . .   |       | <input checked="" type="radio"/> | <input type="radio"/> |
|   |       |                                  | 11790                 |
|   |       |                                  | 11433                 |
|   |       |                                  | 14598                 |

| <b>Job Expenses and Certain Miscellaneous Deductions</b> |  |  |  |
|--|--|--|--|
|--|--|--|--|

|  |           |                                  |                       |
|--|-----------|----------------------------------|-----------------------|
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc.<br>Attach federal Form 2106 if required. See instructions . . . . . | 19        | <input checked="" type="radio"/> | <input type="radio"/> |
| 20 Tax preparation fees. . . . .   | 20        | <input checked="" type="radio"/> | <input type="radio"/> |
| 21 Other expenses: investment, safe deposit box, etc. List type <input type="radio"/> . . . . .  | 21        | <input checked="" type="radio"/> | <input type="radio"/> |
| 22 Add line 19 through line 21 . . . . .   | 22        | <input checked="" type="radio"/> | <input type="radio"/> |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> . . . . .  | 23        | <input type="radio"/>            | <input type="radio"/> |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . .   | 24        | <input checked="" type="radio"/> | <input type="radio"/> |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . .   | 25        | <input checked="" type="radio"/> | <input type="radio"/> |
| 26 <b>Total Itemized Deductions.</b> Add line 18 and line 25. . . . .  | 26        | <input checked="" type="radio"/> | <input type="radio"/> |
| 27 Other adjustments. See instructions. Specify. <input type="radio"/> . . . . .   | 27        | <input checked="" type="radio"/> | <input type="radio"/> |
| 28 Combine line 26 and line 27. . . . .  | 28        | <input checked="" type="radio"/> | <input type="radio"/> |
| 29 <b>Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?</b>                                       |           |                                  |                       |
| Single or married/RDP filing separately . . . . .  | \$229,908 |                                  |                       |
| Head of household . . . . .  | \$344,867 |                                  |                       |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . .   | \$459,821 |                                  |                       |
| <b>No.</b> Transfer the amount on line 28 to line 29.  |           |                                  |                       |
| <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 . . . . .                              | 29        | <input checked="" type="radio"/> | <input type="radio"/> |
| 30 <b>Enter the larger of the amount on line 29 or your standard deduction listed below:</b>   |           |                                  |                       |
| Single or married/RDP filing separately. See instructions. . . . .   | \$5,202   |                                  |                       |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . .  | \$10,404  | <input checked="" type="radio"/> | <input type="radio"/> |

| <b>Part IV California Taxable Income</b>   |   |                                  |        |
|--|---|----------------------------------|--------|
| 1 <b>California AGI.</b> Enter your California AGI from Part II, line 27, column E . . . . .   | 1 | <input checked="" type="radio"/> | 4460   |
| 2 Enter your deductions from line 30 . . . . .   | 2 | <input checked="" type="radio"/> | 12312  |
| 3 <b>Deduction Percentage.</b> Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . | 3 | <input checked="" type="radio"/> | 0.0166 |
| 4 <b>California Itemized/Standard Deductions.</b> Multiply line 2 by the percentage on line 3 . . . . .  | 4 | <input checked="" type="radio"/> | 204    |
| 5 <b>California Taxable Income.</b> Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- . . . . .   | 5 | <input checked="" type="radio"/> | 4256   |

REV 02/03/23 PRO

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

## 2022

## 3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

ASHOK REDDY SINGIREDDY

SSN or ITIN

725-25-4404

### Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

|    |                             |              |                      |  |                            |
|----|-----------------------------|--------------|----------------------|--|----------------------------|
| 1  | First Name<br>● ASHOK REDDY | Initial<br>● | SSN<br>● 725-25-4404 | Date of Birth (mm/dd/yyyy)<br>● 03/30/1989 | Modified AGI<br>● 268,011. |
|    | Last Name<br>● SINGIREDDY   |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 2  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 3  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 4  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 5  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 6  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 7  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 8  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 9  | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 10 | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 11 | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |
| 12 | First Name<br>●             | Initial<br>● | SSN<br>●             | Date of Birth (mm/dd/yyyy)<br>●            | Modified AGI<br>●          |
|    | Last Name<br>●              |              | ECN 1<br>●           | ECN 2<br>●                                 | ECN 3<br>●                 |

### Part II Coverage Exemption Claimed on Your Tax Return for Your Household

REV 02/03/23 PRO

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. . . . .

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

|    |   | (a)<br>Full-year                   | (b)<br>Jan            | (c)<br>Feb            | (d)<br>Mar            | (e)<br>Apr            | (f)<br>May            | (g)<br>June           | (h)<br>July           | (i)<br>Aug            | (j)<br>Sept           | (k)<br>Oct            | (l)<br>Nov            | (m)<br>Dec            |
|----|---|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1  | First Name<br><input type="radio"/> ASHOK REDDY | <input checked="" type="radio"/> E | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/> SINGIREDDY   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9  | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | First Name<br><input type="radio"/>             | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Initial<br><input type="radio"/>                |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | Last Name<br><input type="radio"/>              |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    |   |                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.

See instructions ..... ● 1 \_\_\_\_\_ 0.

# Underpayment of Estimated Tax by Individuals and Fiduciaries

**2022**

**5805**

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

ASHOK REDDY SINGIREDDY

725254404

**IMPORTANT:** In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2021 or 2022 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2021 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2022 return or 100% of the tax shown on your 2021 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return) must use the tax shown on their 2022 tax return if they do not meet one of the two conditions above.

**Part I Questions.** All filers must complete this part. Estates and Trusts, see General information E.

**1** Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C ..... **1**   Yes  No

**2** Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 ..... **2**   Yes  No

**3** Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? ..... **3**   Yes  No  
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/22  \$  ; 6/15/22  \$  ;  
9/15/22  \$  ; 1/15/23  \$  .

**4** For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E. .... **4**   Yes  No

**Part II Required Annual Payment.** All filers must complete this part.

|   |  |   |     |     |
|---|--|---|-----|-----|
| 1 | Current year tax. Enter your 2022 tax after credits. See instructions . . . . .  | 1 | 342 | .00 |
| 2 | Multiply line 1 by 90% (.90). . . . .  | 2 | 308 | .00 |
| 3 | Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions. . . . .  | 3 | 47  | .00 |
| 4 | Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805 . . . . .  | 4 | 295 | .00 |
| 5 | Enter the tax shown on your 2021 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2022, more than \$75,000). . . . . | 5 |     | .00 |
| 6 | Required annual payment. Enter the <b>smaller</b> of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2). . . . .  | 6 | 308 | .00 |

**Short Method**

**Caution:** See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

|           |  |                                     |     |                     |  |  |         |   |                |   |                  |    |   |     |
|-----------|--|-------------------------------------|-----|---------------------|--|--|---------|---|----------------|---|------------------|----|---|-----|
| 7         | Enter the amount, if any, from Part II, line 3 above . . . . .   | 7                                   | 47  | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 8         | Enter the total amount, if any, of estimated tax payments you made. . . . .  | 8                                   |     | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 9         | Add line 7 and line 8 . . . . .  | 9                                   | 47  | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 10        | <b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805. . . . .   | 10                                  | 261 | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 11        | Multiply line 10 by .02672055 . . . . .  | 11                                  | 7   | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 12        | <ul style="list-style-type: none"> <li>• If the amount on line 10 was paid <b>on or after</b> 4/15/23, enter -0-.</li> <li>• If the amount on line 10 was paid <b>before</b> 4/15/23, enter the result of the following computation:</li> </ul>  |                                     |     |                     |  |  |         |   |                |   |                  |    |   |     |
|           | <table border="0"> <tr> <td style="padding-right: 10px;">Amount on</td> <td></td> <td style="padding-right: 10px;">Number of days paid</td> <td></td> <td></td> </tr> <tr> <td style="padding-right: 10px;">line 10</td> <td style="padding-right: 10px;">X</td> <td style="padding-right: 10px;">before 4/15/23</td> <td style="padding-right: 10px;">X</td> <td>.00014 . . . . .</td> </tr> </table> | Amount on                           |     | Number of days paid |  |  | line 10 | X | before 4/15/23 | X | .00014 . . . . . | 12 | 0 | .00 |
| Amount on |  | Number of days paid                 |     |                     |  |  |         |   |                |   |                  |    |   |     |
| line 10   | X  | before 4/15/23                      | X   | .00014 . . . . .    |  |  |         |   |                |   |                  |    |   |     |
| 13        | <b>PENALTY.</b> Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► . . . . .  | <input checked="" type="radio"/> 13 | 7   | .00                 |  |  |         |   |                |   |                  |    |   |     |





**Part III Annualized Income Installment Method Schedule.**

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2022 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, on page 4 of the instructions.

**Example A:** If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

**Example B:** If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

|  |                                 |                                 |                                 |                                  |
|--|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6.   |                                 |                                 |                                 |                                  |
| Estates and trusts, <b>do not</b> use the period ending dates shown to the right. Instead, use the following: 2/28/22, 4/30/22, 7/31/22, and 11/30/22. |                                 |                                 |                                 |                                  |
| Fiscal year filers must adjust dates accordingly.  | <b>(a)</b><br>1/1/22 to 3/31/22 | <b>(b)</b><br>1/1/22 to 5/31/22 | <b>(c)</b><br>1/1/22 to 8/31/22 | <b>(d)</b><br>1/1/22 to 12/31/22 |

|  |           |   |     |     |   |
|--|-----------|---|-----|-----|---|
| <b>1</b> Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions . . . .                        | <b>1</b>  |   |     |     |   |
| <b>2</b> Annualization amounts. Estates or Trusts, see instructions . . . . .  | <b>2</b>  | 4 | 2.4 | 1.5 | 1 |
| <b>3</b> Annualized income. Multiply line 1 by line 2 . . . . .  | <b>3</b>  |   |     |     |   |
| <b>4</b> Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 . . . . .     | <b>4</b>  |   |     |     |   |
| <b>5</b> Annualization amounts. . . . .  | <b>5</b>  | 4 | 2.4 | 1.5 | 1 |
| <b>6</b> Annualized itemized deductions. Multiply line 4 by line 5. See instructions . . . . .   | <b>6</b>  |   |     |     |   |
| <b>7</b> Enter your standard deduction from your 2022 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions . . . .  | <b>7</b>  |   |     |     |   |
| <b>8</b> Enter line 6 or line 7, whichever is <b>larger</b> . . . . .  | <b>8</b>  |   |     |     |   |
| <b>9</b> Subtract line 8 from line 3 . . . . .   | <b>9</b>  |   |     |     |   |
| <b>10</b> Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions. . | <b>10</b> |   |     |     |   |
| <b>11</b> Enter the total amount of exemption credits from your 2022 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions . . . . .   | <b>11</b> |   |     |     |   |
| <b>12</b> Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions . . . .   | <b>12</b> |   |     |     |   |
| <b>13</b> Enter the total credit amount from your 2022 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions . . . . .  | <b>13</b> |   |     |     |   |

**Part III Annualized Income Installment Method Schedule.** continued

|   | (a)<br>1/1/22 to 3/31/22 | (b)<br>1/1/22 to 5/31/22 | (c)<br>1/1/22 to 8/31/22 | (d)<br>1/1/22 to 12/31/22 |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| <b>14 a</b> Subtract line 13 from line 12.<br>If zero or less, enter -0- . . . . . <b>14a</b>             | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>b</b> Enter the alternative minimum tax and<br>mental health tax. See instructions. . . . . <b>14b</b> | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>c</b> Add line 14a and line 14b . . . . . <b>14c</b>   | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>d</b> Enter the excess SDI from Form 540, line 74<br>or Form 540NR, line 84 . . . . . <b>14d</b>       | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>e</b> Subtract line 14d from line 14c.<br>If zero or less, enter -0- . . . . . <b>14e</b>              | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>15</b> Applicable percentage . . . . . <b>15</b>   | 27%                      | 63%                      | 63%                      | 90%                       |
| <b>16</b> Multiply line 14e by line 15 . . . . . <b>16</b>  | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |

**Complete line 17 through line 23 of each column before you go to the next column.**

|   |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|
| <b>17</b> Enter the combined amounts shown on line 23<br>from all preceding columns. . . . . <b>17</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>18</b> Subtract line 17 from line 16. If zero or less,<br>enter -0-. . . . . <b>18</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>19</b> Enter 30% of the amount shown on form FTB 5805,<br>Part II, line 6 in columns (a & d), enter 40% of the<br>amount on line 6 in column b, enter -0- in column c. . . . . <b>19</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>20</b> Enter the amount from line 22 from<br>the preceding column . . . . . <b>20</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>21</b> Add line 19 and line 20 . . . . . <b>21</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>22</b> Subtract line 18 from line 21. If zero or less,<br>enter -0-. . . . . <b>22</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>23</b> Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, line 1, on page 4 of the instructions.                                      |                      |                      |                      |                      |

| (a)<br>1/1/22 to 3/31/22 | (b)<br>1/1/22 to 5/31/22 | (c)<br>1/1/22 to 8/31/22 | (d)<br>1/1/22 to 12/31/22 |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |

**If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.**

**D-400 (50)** 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

|  |  |   |
|--|--|---|
| For calendar year 2022, or fiscal year beginning <u>22</u> and ending  |  | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| ASHOK REDDY SINGIREDDY<br>2524 WOODLAND GRANT DR<br>NEW HIL NC 27562 WAKE  |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Your SSN: 725254404<br>Spouse's SSN:   |  | Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input checked="" type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)  |  | Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Return for deceased taxpayer. Date of death:  |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Return for deceased spouse. Date of death:  |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) |  |   |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.   |  |   |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.  |  |   |

|             |                   |            |    |     |    |    |    |            |   |       |   |      |       |           |   |
|-------------|-------------------|------------|----|-----|----|----|----|------------|---|-------|---|------|-------|-----------|---|
| FS          | 3                 | PP         | Y  | DT  | N  | OC | N  | TPRES      | Y | SPRES | N | VT   | N     | SVT       | N |
| SING        | 2524              | 27562      | DS | N   | EA | N  | TD |            |   | SD    |   |      |       | FDEXT     | N |
| ASHOK REDDY |                   | SINGIREDDY |    |     |    |    |    | 725254404  |   |       |   | WAKE |       |           |   |
|             |                   |            |    |     |    |    |    |            |   |       |   | NC   | 27562 |           |   |
| 2524        | WOODLAND GRANT DR |            |    |     |    |    |    | NEW HILL   |   |       |   |      |       |           |   |
| 06          | 268011            |            |    | 16  |    |    |    | 210        |   | 26C   |   |      |       | 0         |   |
| 07          | 0                 |            |    | 18  | Y  |    |    | 0          |   | 26E   |   |      |       | 0         |   |
| 09          | 0                 |            |    | 20A |    |    |    | 11743      |   | EU    |   |      |       |           |   |
| 10A         | 0                 |            |    | 20B |    |    |    | 0          |   | 27    |   |      | 692   |           |   |
| 10B         | 0                 |            |    | 21A |    |    |    | 0          |   | 29    |   |      |       | 0         |   |
| 11          | S N I Y           |            |    | 21B |    |    |    | 0          |   | 30    |   |      |       | 0         |   |
| 11          | 14598             |            |    | 21C |    |    |    | 0          |   | 31    |   |      |       | 0         |   |
| 13          | 00000             |            |    | 21D |    |    |    | 0          |   | 32    |   |      |       | 0         |   |
| 14          | 253413            |            |    | 26A |    |    |    | 692        |   | 34    |   |      |       | 0         |   |
| 15          | 12645             |            |    | 26B |    |    |    | 0          |   |       |   |      |       |           |   |
| TN          | 9848889123        |            |    | PN  |    |    |    | 6789659522 |   | PP    |   |      |       | P02082703 |   |



|  |   |
|--|---|
| <b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>692</u>   |   |
| I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. |   |
| Your Signature _____ Date _____  | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____                 |
| 9848889123<br>Contact Phone No. (Include area code)  |   |
| <b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.   |   |
| SYAM PRIYA RAM SAGAR GUPT <u>02 20 23</u> <u>6789659522</u>  | <u>P02082703</u>  |
| Paid Preparer's Signature _____ Date _____   | Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____ |

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters) SINGIREDDY

Your Social Security Number

725254404

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 268011 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 268011 |
| 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.  | N      |
| 11. | N.C. Itemized Deduction   | 11.  | Y      |
| 11. | Deduction amount  | 11.  | 14598  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 14598  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 253413 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 253413 |
| 15. | N.C. Income Tax   | 15.  | 12645  |
| 16. | Tax Credits   | 16.  | 210    |
| 17. | Subtract Line 16 from Line 15   | 17.  | 12435  |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 12435  |

**North Carolina Income Tax Withheld**

|      |                       |      |       |
|------|-----------------------|------|-------|
| 20a. | Your tax withheld     | 20a. | 11743 |
| 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.  | 11743      |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 11743      |
| 26a. | <b>Tax Due</b>                                       | 26a. | 692        |
| 26b. | Penalties  | 26b. | 0          |
| 26c. | Interest   | 26c. | 0          |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0          |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |            |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0          |
| 27.  | <b>Pay this Amount</b>                               | 27.  | <b>692</b> |
| 28.  | <b>Overpayment</b>                                   | 28.  | 0          |

**Amount of Refund to Apply to:**

|     |  |     |          |
|-----|--|-----|----------|
| 29. | Amount of Line 28 to be applied to 2023 Estimated Income Tax | 29. | 0        |
| 30. | N.C. Nongame and Endangered Wildlife Fund                    | 30. | 0        |
| 31. | N.C. Education Endowment Fund                                | 31. | 0        |
| 32. | N.C. Breast and Cervical Cancer Control Program              | 32. | 0        |
| 33. | Add Lines 29 through 32                                      | 33. | 0        |
| 34. | <b>Amount to be Refunded</b>                                 | 34. | <b>0</b> |

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) SINGIREDDY Your Social Security Number 725254404

Table with 8 columns: Line number, Amount, Code, Count, Code, Amount, Count, Code. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

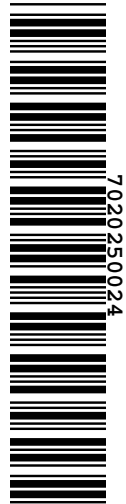
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table with 3 columns: Description, Line number, Amount. Rows 14-20.



D-400 Sch A (50)

8-8-22

2022 N.C. Itemized Deductions

North Carolina Department of Revenue

DOR Use Only

If you choose to itemize North Carolina deductions on Form D-400, Line 11, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) SINGIREDDY Your Social Security Number 725254404

Table with 8 columns: Line, Deduction Code, Amount, etc. Row 01: 9955, 05, 14598, 07A, 0, 08, 0. Row 02: 4643, 06, 0, 07D, 0, 09, 0.

N.C. Standard Deduction or N.C. Itemized Deductions

You may deduct from federal adjusted gross income either the N.C. standard deduction or N.C. itemized deductions. You can determine the amount of your N.C. standard deduction by looking at the chart below. If you claim the N.C. standard deduction, do not complete Lines 1 through 10. Instead, enter the amount of your N.C. standard deduction on Form D-400, Line 11.

N.C. Standard Deduction

(In general, the N.C. standard deduction is equal to the amount listed below based on your filing status. However, if you are not eligible for a standard deduction on the federal income tax return, your N.C. standard deduction amount is zero. For more information on eligibility, see the instructions.)

If your filing status is:

- Single
Head of household
Married filing jointly
Qualifying widow(er)/Surviving Spouse
Married filing separately:

Your N.C. standard deduction is:

- \$ 12,750
\$ 19,125
\$ 25,500
\$ 25,500
\$ 12,750
\$ 0

If you are not eligible for a standard deduction on your federal tax return \$ 0

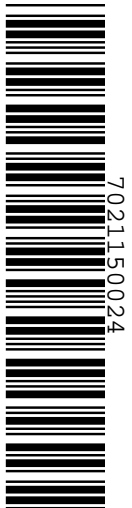


Table with 10 rows of itemized deductions: Home Mortgage Interest, Real Estate Property Taxes, Charitable Contributions, Medical and Dental Expenses, etc.