E1040		Internal Revenue Servi <b>S. Individual Income Ta</b>		202	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	)o not wr	ite or staple i	n this space.
Filing Status Check only		Single  Married filing jointly	] Married filir	ng separately (N	/IFS)	Head of	house	nold (HOH	l)		ifying surv ıse (QSS)	iving
one box.		u checked the MFS box, enter the n on is a child but not your dependent		pouse. If you c	neck	ed the HOH or	QSS	box, ente	r the o	child's	name if th	e qualifying
Your first name	and mi	ddle initial	Last name						Y	our soo	cial security	y number
SANKEERI	'H RE	EDDY	THOTLI						_		71-7787	
lf joint return, sp	oouse's	first name and middle initial	Last name						S	pouse's	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	pt. no.	Р	resider	ntial Electio	n Campaign
9210 RED	MONI	D WOODINVILLE RD NE					I	303			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	te	ZIP c	ode				ly, want \$3 Checking a
REDMOND					WP	A	980	527601	•	0	w will not	•
Foreign country	name		Foreigr	n province/state/	count	ty	Foreig	n postal co	de y	our tax	or refund.	_
											You	Spouse
Digital	At an	y time during 2022, did you: (a) rec	eive (as a rew	vard, award, or	payr	ment for prope	rty or	services);	or (b)	) sell,		_
Assets	exch	ange, gift, or otherwise dispose of a	a digital asset	or a financial i	ntere	est in a digital	asset)	? (See ins	structi	ions.)	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent [	Your spouse	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you were	e a dual-status	alien	1						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	ouse	: 🗌 Was bor		ore Janua			🗌 ls bli	
Dependents	(see	instructions):	(	2) Social security		(3) Relationsh	ip (4	) Check the	e box	if qualif	ies for (see i	nstructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x cred	it	Credit for oth	er dependents
than four												
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see inst	ructions) .						1a	7	2,738.
	b	Household employee wages not re	eported on Fo	orm(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a		,					•	1c		
attach Forms	d	Medicaid waiver payments not rep	orted on For	m(s) W-2 (see ii	nstru	ictions)			•	1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Form 24	41, line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from Forn	n 8839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions)				· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instructio	ns)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z	7	2,738.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	ordinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
• Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	lection metho	od, check here	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if requ	ired. If not requ	ired	, check here				7		
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10							8	-	5,506.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This i	s your <b>total inc</b>	ome	e				9		7,232.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 26	6						10		600.
Head of	11	Subtract line 10 from line 9. This is	s your <b>adjuste</b>	ed gross incor	ne					11	6	6,632.
household, <sup>–</sup> \$19,400 –	12	Standard deduction or itemized	deductions (	(from Schedule	A)					12		2,950.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from Form	n 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, ent	er -0 This is y	our <b>i</b>	taxable incom	ne.			15		3,682.
see instructions.												

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

Form 1040 (2022	2)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	7,	426.
Credits	17	Amount from Schedule 2, lin	ne3					[	17		
	18	Add lines 16 and 17						[	18	7,	426.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[	19		
	20	Amount from Schedule 3, lin	ne8					[	20		
	21	Add lines 19 and 20						[	21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				[	22	7,	426.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			[	23		0.
	24	Add lines 22 and 23. This is	your total tax					[	24	7,	426.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	14,5	545.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	14,	545.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			[	26		
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31				undable cr	edits		32		
	33	Add lines 25d, 26, and 32. 1	hese are your <b>to</b>	tal payments				[	33	14,	545.
Refund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>ove</b>	rpaid		34	7,	119.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here .		. 🗆 🗄	35a	7,	119.
Direct deposit?	b	Routing number       0       5       3       0       0       1       9       6       c       Type:       X       Checking       Savings									
See instructions.	d	Account number 2 3 7	0 4 5 9	8 6 8 5	5 5 5						
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24	4. This is the amo	ount you owe.							
You Owe		For details on how to pay, g	to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See					
Designee	ins	structions				🗌 '	Yes. Com	plete bel	ow.	🗙 No	
		signee's		Phone				l identifica	ation		
	na			no.			number	. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con									
Here		ur signature		Date	Your occupation				•	nt you an Ider	0
	10	ar signature		Duic						N, enter it he	
Joint return?					SOFTWARE I	DEV ENG	SINEER	(see ins	st.)		
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion				nt your spous	
Keep a copy for your records.								(see ins		ection PIN, en	iter it here
-	Dh	(010)000 757	0	Email addraga		1000000	TT COM	(	,		
		one no. (919)986-757 eparer's name	9 Preparer's signat	Email address	SANKEERTH1	Date		TIN		Check if:	
Paid					ለጠውጥአ ጥአተተ አለ				00	Self-em	nloved
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAM SAGAR	GUPIA IALLAM	02/24/	2023   Pl	020827			
Use Only		m's name GLOBAL TA			J 08816			-		678)965-	
		m's address 245 ROONE	Y CT E BRU	MOWICK N	J U8816			Firm's		84-31	71965 140 (2022)
Lio to WWW inc a	OV/For	111/4/1 tor instructions and the late	notormation							Eorm 10	141 /0000

Go to *www.irs.gov/Form1040* for instructions and the latest information.

REV 02/17/23 PRO BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

01

Attachment

Internal Revenue Service			Sequence No. UI
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SANKEERTH REDD	Y THOTLI	109-71	-7787

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-5,506.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	R, or 1040-NR, line 8	10	-5,506.

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

Schedule 1 (Form 1040) 2022

Par	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	s gove	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					
с	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	600.
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
 a		24a				
b	Deductible expenses related to income reported on line 8I from the					
~		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
Ŭ	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
e	Repayment of supplemental unemployment benefits under the Trade					
Ŭ	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q	Contributions by certain chaplains to section 403(b) plans	24g				
•	Attorney fees and court costs for actions involving certain unlawful	<u>2</u> 79			-	
		24h				
	Attorney fees and court costs you paid in connection with an award	2711			-	
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
:	Housing deduction from Form 2555	24i 24j			-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24k				
_		24K			-	
z	Other adjustments. List type and amount:	04-				
05		24z			05	
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>					600.
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	(Form 1040) 202

1040)	(From r	ental real estate, r	oyalties, partnersh	nips, S	corporati	ons, es	tates,	trusts, REMIC	Cs, etc.)	えん	99
								formation.		Attachm Sequend	lent ce No. <b>13</b>
	-									-	number
	-								109-7	1-7787	
Note: If yo rental inco	ou are in tl ome or los	ne business of renti s from <b>Form 4835</b>	ng personal proper on page 2, line 40.	ty, use	Schedule			-		-	
"Yes," did you	ı or will y	ou file required Fe	orm(s) 1099? .							. 🗌 Ye	s 🗌 No
Physical addr	ress of ea	ach property (stre	et, city, state, ZIF	<sup>code</sup>	e)						
CHANDA NA	GAR RA	NGAREDDY DI	ST TELANGANA	A IN	500050						
							1				
					Fa	ir Rental Days			QJV		
3	-					Α		365		0	
						В					
		qualified joint ve	enture. See Instru	ctions	S	С					
of Property:	•				•						
Single Family R	esidence	e 3 Vacation	/Short-Term Rent	tal	5 Land		7	Self-Rental			
Multi-Family Re	sidence	4 Commer	cial		6 Roya	lties	8	Other (descr	ribe)		
<b>•</b>						Δ		-			С
	4			3			10				•
							±01				
				-							
				5							
				-		8	50.				
-				-		-					
				9							
				10							
				11		5	60.				
				12							
				13							
				14		1,9	58.				
Supplies .				15		1,5	23.				
Taxes				16							
Utilities				17		1,0	25.				
Depreciation e	expense of	or depletion		18							
Other (list)				19							
Total expenses	s. Add lir	nes 5 through 19		20		5,9	16.				
Subtract line 2	20 from li	ne 3 (rents) and/o	or 4 (royalties). If								
				21		-5,5	06.				
Deductible rer	ntal real e	estate loss after l	imitation, if any,		(			(	)	(	١
	-							1	410	\	)
								5	.916		
					-		nter to	otal losses he		(	5,506.)
	Image: Service         shown on return         EERTH       REDD         Income       Note: If you         Note: If you       Physical addididition         Oid you make ard       "Yes," did you         Physical addidition       Physical addidition         CHANDA       NA         Image: Characterize       Single Family Reference         Single Family Reference       Single Family Reference         Rents received       Royalties recere         Note: Jacobia       Cleaning and the commissions         Insurance       Legal and other         Mortgage inter       Other interest         Repairs       Supplies         Taxes       Utilities         Supplies       Total expense         Subtract line 2       result is a (loss file Form 6198         Deductible rer on Form 8582       Total of all am         Total of all am       Total of all am	Income or Loss         Note: If you are in th         Income or Loss         Note: If you are in th         rental income or los         Did you make any payme         "Yes," did you or will you         Physical address of ea         CHANDA NAGAR RA         CHANDA NAGAR RA         Image:         Type of Property:         Single Family Residence         Multi-Family Residence         Multi-Family Residence         Rents received         Auto and travel (see ins         Cleaning and maintena         Commissions         Cleaning and maintena         Commissions         Insurance         Legal and other profess         Management fees         Mortgage interest paid         Other interest         Supplies         Taxes         Utilities         Depreciation expense         Other (list)         Total expenses. Add lin         Subtract line 20 from lin         result is a (loss), see in st         Total of all amounts rep         Total of all amounts rep         Total of all amounts rep         Total of all amounts rep	Att         Revenue Service       Att         Go to www.irs.g         shown on return         EERTH REDDY THOTLI         Image: Comparison of the second o	Attach to Formalu40, Go to www.irs.gov/ScheduleE for         Shown on return         EERTH REDDY THOTLI         Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.         Did you make any payments in 2022 that would require you if "Yes," did you or will you file required Form(s) 1099?         Physical address of each property (street, city, state, ZIF (CHANDA NAGAR RANGAREDDY DIST TELANGANZ (from list below)         3       2         Type of Property:         Single Family Residence       3         Vacation/Short-Term Ren Multi-Family Residence       3         Advertising       3         Auto and travel (see instructions)       4         Cleaning and maintenance       5         Commissions       5         Insurace       5         Mortgage interest paid to banks, etc. (see instructions)         Other interest       5         Mortgage interest paid to banks, etc. (see instructions)         Other interest       5         Supplies       5         Total expenses. Add lines 5 through 19       5         Depreciation expense or depletion       5         Other files       5         Total expenses. Add lines 5 through 19       5         Ded	Attach to Form 1040, 1040- Go to www.irs.gov/ScheduleE for instru- Bernet members of renting personal property, use rental income or Loss From Rental Real Estate and Roy Note: If you are in the business of renting personal property, use rental income or loss from Form 4835 on page 2, line 40.         Income or Loss From Rental Real Estate and Roy Note: If you are in the business of renting personal property, use rental income or loss from Form 4835 on page 2, line 40.         Income or Loss From Rental Real Estate and Roy Note: If you are in the business of renting personal property, use rental income or loss from Form 4835 on page 2, line 40.         Income or Loss From Rental Real Estate and Roy Note: If you are in the business of renting personal property.         Physical address of each property (street, city, state, ZIP code (CHANDA NAGAR RANGAREDDY DIST TELANGANA IN personal use days. Check the QJV boo if you meet the requirements to Ile as qualified joint venture. See instructions of Property:         Single Family Residence       3 Vacation/Short-Term Rental Multi-Family Residence       3 Vacation/Short-Term Rental Multi-Family Residence         Rents received       3         Advertising       5         Advertising       5         Auto and travel (see instructions)       6         Cleaning and maintenance       7         Commissions       8         Insurance       10         Management fees       11         Mortgage interest paid to banks, etc. (see instructions)       12         Other (list)	Attach to Form 1040, 1040-SR, 1040-IG         Brevenue Service         Attach to Form 1040, 1040-SR, 1040-IG         Shown on return         EERTH REDDY THOTLI         Income or Loss From Rental Real Estate and Royalties         Note: If you are in the business of renting personal property, use Schedule rental income or loss from Form 4835 on page 2, line 40.         Income or Loss From Rental Real Estate and Royalties         Note: If you are in the business of renting personal property, use Schedule rental income or loss from Form 4835 on page 2, line 40.         I'Yes," did you or will you file required Form(s) 1099?         Physical address of each property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 50050         I'Ype of Property         Type of Property         Single Family Residence         3         Advertising         5         Aduot and travel (see instructions)         6         Classing and maintenance         7         Commissions         10         Management fees         11         Mortgage interest paid to banks, etc. (see instructions)         12         Other (list)         13         Repairs         14	Attach to Form 1040, 1040-SR, 1040-NR, or Go to www.irs.gov/ScheduleE for instructions and the latent of the Treasury         Shown on return         EBRTH REDDY THOTLI         Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See rental income or loss from Form 4835 on page 2, line 40.         Did you make any payments in 2022 that would require you to file Form(s) 1099? S         ""Yes," did you or will you file required Form(s) 1099? C         "Physical address of each property (street, city, state, ZIP Code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         Image: State State State Property (street, city, state, ZIP Code)         Type of Property (from list below)         3       2         For each rental real estate property listed above, report the number of fair rental and personal use days. Check the CJV box only if you meet the requirements to file as a qualified joint venture. See instructions.         of Property:         Single Family Residence       3 Vacation/Short-Term Rental       5 Land         Multi-Family Residence       3 Vacation/Short-Term Rental       6 Royalties         Advertising       5       A         Advantising       5       A         Advantising       6       7         Advantising       1       5         Advanting and maintenance       7	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest in shown or return         EERTH R2DDY THOTLI         Income or Loss From Rental Real Estate and Royalties Note: if you are in the business of renting personal property. use Schedule C. See instru- rental income or loss from Form 4835 on page 2, line 40.         Idy ou make any payments in 2022 that would require you to file Form(s) 1099? See ins "Yes," did you or will you file required Form(s) 1099?         Physical address of each property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         (from list below)       2         Property:       2         Single Family Residence       3         qualified joint venture. See instructions.       E         of Property:       3         Single Family Residence       4         see:       A         Rents received       3         Auto and travel (see instructions)       6         Gormissions       6         Insurance       9         Legal and other professional fees       10         Mangagemit fees       11         Subpress       16         Mangagemit fees       11         Legal and other professional fees       10         Management fees       11         S	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.         Revenue Bervice         Show on retur         EERTH REDDY THOTLI         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 a reital income or loss from Form 4836 on page 2, line 40.         I'Yes," did you or will you file required Form(s) 1099?         Physical address of each property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         I'Yes," did you or will you file required Form(s) 1099?         I'Yes," did you or will you file required Form(s) 1099?         Physical address of each property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         I'Yes," for operty:         Single Family Residence       3 Vacation/Short-Term Rental         A gualified joint venture. See instructions.       A 365         B       C         State s received       3 4110.         Royalties received       3 4110.         Royalties received       5         Auto and travel (see instructions)       6         Cleaning and maintenance       7         Maragement fees       11         Insurance       13         Cale of the see instructions in form 1040	Attach to Form 1940, 1040-SR, 1940-PR, or 1041.         Go to www.ins.gov/ScheduleE for instructions and the latest information.         Year and the statest information.         Theome or Loss From Rental Real Estate and Royalties         Note: Hyou are in the business of renting personal property, use Schedule C. See instructions.       I you are an induity of the required Form (s) 1099?         Physical address of each property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         Physical address of each property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         Projection of property (street, city, state, ZIP code)         CHANDA NAGAR RANGAREDDY DIST TELANGANA IN 500050         Chand real estate property listed apoly one et the requirements to file as a qualified joint venture. See instructions.       A       B         Single Family Residence       3 Vacation/Short-Term Rental       6 Royalties       8 Other (describe)         Rents received       A       B         A       B         Core each rental real estate property listed apoly on the instructions and the latesti information.	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.         Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.         Attach to Form 1040, 1040-SR, 1040-SR, 1040-NR, or 1041. General seaword research information.         Attach to Form 1040, 1040-SR, 104

**Supplemental Income and Loss** 

SCHEDULE E

26	Total rental real estate and royalty income or (loss). 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 .

26

-5,506.

OMB No. 1545-0074

Form 8889 Department of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

2

Attach to Form 1040, 1040-SR, or 1040-NR.

2

	Revenue Service Go to www.irs.gov/Form8889 for instructions and the latest information.		Sequence No. <b>52</b>
Name(s)		umber	of HSA beneficiary.
SANF	KEERTH REDDY THOTLI If both spouses 109-7		SAs, see instructions. 8 7
Befor	r <b>e you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	f requ	uired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	× Se	elf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions .	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,656.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,994.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have see complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

REV 02/17/23 PRO BAA

## Instructions for Form D-400V, Payment Voucher

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

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

#### Making an Online Payment

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



#### Benefits of Paying Taxes Online

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

# Preparing and Sending Your Payment

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

#### What if You File Electronically?

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

#### Important Reminders

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

<u> </u>	Cut Here	&
D-400V (50) In 9-16-08	North Carolina Department of Revenue	REV 01/26/23 PRO
109717787 ТНОТ	9210 98052	
SANKEERTH RED THOTI	LI	
9210 REDMOND WOODINVII	LLE R APT A303 For Calendar Year 2022	AMOUNT OF THIS PAYMENT This must match the amount shown
REDMOND	WA 98052	on your check or money order.
Taxpayer/Paid Preparer: SYAM PRIYA RAM	<u>1 SAGAR G</u>	\$ 49.00
Date: 0 2 24 23 Phone: (678)965-	<u>-9522</u>	
20222 1097177879 000000	00 06408	Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0640

	ole Al	<b>(50)</b> I Pages nd W-2	s of Yo		2022			<u>oli</u> na [		ento	<b>ax Return</b> of Revenue		DOR Use Only				
For ca SANI 921	<u>alend</u> KEEF 0 RF MONI	ar year 2 RTH RI EDMONI D WA 9	2022.c ED D WO	or fiscal y T ODINV 2	year beginnir HOTLI VILLE RD	N	ried Filin		and ending 3 You Spouse's	r SSN s SSN	I: 109717787 I: I Filing Separately	Is you 7 Were	you gra	<u>se a vetera</u> nted an au	utomatic	Yes N extension to f e.g., Form 10	
Were Was N.C. your to the	you a your s Educa overp e Fund select	a residen spouse a ation En ayment f d, enter f	4. Hea at of N.C a reside dowme to the F the am	ad of Hous C. for the ent for th ent Fund Fund. To nount of y f married	e entire year? ne entire yea l: You may c o make a con your designa d filing jointly,	r? contribute atribution ation on F	Yes Yes to the , enclos Page 2,	se Form Line 31 ere out	Ucation En NC-EDU at . (See inst	Ret dowm nd you tructio	urn for deceased urn for deceased ent Fund by mak ur payment of S <i>ns for information</i> April 15, 2023, a ted Personal Rep	I taxpay <u>I spous</u> king a co \$ <i>n about</i> and a U	ver. e. ontribu 0. <i>the Fu</i> .S. citiz	Date of tion or de To desi und.)	gnate y		
FS	1	PP	Y		DI	ΓN	OC	Ν	TPRES	3	N SPRE:	S N	1	VT	N	SVT	N
THOT	7	921(	0	9805	52 DS	5 N	EA	N	TD			SD				FDEX	ΓN
SANK	CEEF	RTH I	RED		THOT	CLI					10971778	7					
													WA	980!	52		
9210	) RI	EDMOI	ND W	100D]	INVILLE	E RD	N		A3(	)3	REDMOND						
06			666	532		16			(	)	26C				0		
07				0		18	Y		(	C	26E				0		7020
09				0		20 <i>P</i>	7		(	C	EU						
10A				0		20E	3		(	C	27				49		
10B				0		21 <i>P</i>	7		(	C	29				0		
11	S	Y	I	Ν		21E	3		(	C	30				0		
11			127	750		210	7		(	C	31				0		
13			001	L83		210	)		(	)	32				0		
14			9	986		26A	7		49	)	34				0		
15				49		26E	3		(	C							
TN	9	91998	8675	579		PN	6	6789	659522	2	PP		P02	0827	03		
I declare	and ce	turn B	have exa	mined this	Refund I	mpanying s	chedules			<u>ayn</u>	Tent Due Check here if you	authoriz	4 ze the N		lina Dep	artment of Re	evenue
the best Your Sig	of my k	nowledge a	and belie	f, they are t	true, correct, and	d complete.				a ioint r	to discuss this return, both must sign.)	urn and	attachm	ents with	the paid	preparer belo	ow.
PAID PR	repare	ER USE ON	,	prepared b			ayer, this c	certification	is based on al	ll inform	ation of which the prep (Include area code)			vledge.	)2082		

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

REV 01/26/23 PRO

Last Name (First 10 Characters) THOTLI

109717787

	•		
6.	Federal Adjusted Gross Income	6.	66632
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	66632
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	Ν
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	53882
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0183
14.	N.C. Taxable Income	14.	986
15.	N.C. Income Tax	15.	49
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	49
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	49
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0
21a.	Tax Payments 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.	0
23. 24.	Previous Refunds	23.	0
25.	Subtract Line 24 from Line 23	24. 25.	0
26a.	Tax Due	26a.	49
26b.	Penalties	26b.	وب 0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
			0
EU 26e.	Exception to Underpayment of Estimated Tax	EU 26e.	^
	Interest on the Underpayment of Estimated Income Tax	20e. 27.	0
27.	Pay this Amount		49
28.	Overpayment	28.	0
<u>Amou</u>	int 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
-	5		-

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

0

34.

D-400 Sch PN (50)

**Total Additions** 

18

8-17-22

### 2022 Part-Year Resident and Nonresident Schedule

DOR
Use
Only

North Carolina Department of Revenue

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

109717787 THOTLI Your Social Security Number Last Name (First 10 Characters) A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form. NRT Ν PYT Υ 01 01 22 07 01 22 22 1230 23 67232 NRS Ν PYS Ν Part A. Residency Status Taxpayer is: (Select applicable box Spouse is: (Select applicable box) Х Full-Year Resident Nonresident Full-Year Resident Nonresident Part-Year Resident Part-Year Resident Date N.C. residency began Date N.C. residency began Date N.C. residency ended Date N.C. residency ended 01 01 22 07 01 22 If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400. Part B. Allocation of Income for Part-Year Residents and Nonresidents **COLUMN A** COLUMN B **Total Income** Total Income Amount of Column A from all sources subject to N.C. tax 72738 1230 1. Wages, Salaries, Tips, Etc. 1. 2. 0 0 2. **Taxable Interest** 0 0 3. Taxable Dividends 3. 4. Taxable Refunds, Credits, or Offsets 0 of State and Local Income Taxes 4. 0 0 5. Alimony Received 5. 0 6. Business Income or (Loss) 6. 0 Ω 0 7. Capital Gain or (Loss) 7. 0 8. 0 Ω 8. Other Gains or (Losses) 9. Taxable Amount of IRA Distributions 9. 0 0 10. **Taxable Amount of Pensions** 0 0 and Annuities 10. 11. Rental Real Estate, Royalties, Partnerships, -5506 0 S-Corps, Estates, Trusts, Etc. 11. 12. Farm Income or (Loss) 12. 0 0 13. 13. 0 0 **Unemployment Compensation** 14. Taxable Portion of Social Security and Railroad Retirement Benefits 0 0 14 15. Other Income 15. 0 Ω 16. Total Income 16. 67232 1230 **COLUMN A** COLUMN B North Carolina Adjustments Enter the amount from Amount of Column A Form D-400 Schedule S subject to N.C. tax 17. Additions 0 0 a. Interest Income From Obligations of States Other Than N.C. 17a. 0 0 b. Deferred Gains Reinvested Into an Opportunity Fund 17b 0 0 c. Bonus Depreciation 17c. 0 0 d. IRC Section 179 Expense 17d 0 0 e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income 17e.

0

0

18

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

Last Name (First 10 Characters) THOTLI

Your Social Security Number

109717787

		C	OLUMN A	COLUMN B	
		Enter t	he amount from	Amount of Column	
		Form D	-400 Schedule S	subject to N.C. tax	
19.	Deductions				
	a. State or Local Income Tax Refund	19a.	0	0	
	b. Interest Income From Obligations of the United States				
	or United States' Possessions	19b.	0	0	
	c. Taxable Portion of Social Security and				
	Railroad Retirement Benefits	19c.	0	0	
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0	
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement				
	e. Bonus Asset Basis	19e.	0	0	
	f. Bonus Depreciation	19f.	0	0	
	g. IRC Section 179 Expense	19g.	0	0	
	h. Other Deductions From Federal Adjusted Gross				
	Income That Relate to Gross Income	19h.	0	0	
20.	Total Deductions	20.	0	0	
21.	Total Income Modified by N.C. Adjustments	21.	67232	1230	
art (	C. Part-Year Residents and Nonresidents Taxable Percentage				
22.	Enter the Amount From Column B, Line 21		22	1230	
23.	Enter the Amount From Column A, Line 21		23		
23. 24.	Part-Year Residents and Nonresident Taxable Percentage		23		

REV 01/26/23 PRO

<b>1040</b>		Internal Revenue Servi <b>S. Individual Income Ta</b>		202	2	OMB No. 1545	-0074	IRS Use C	Dnly—E	)o not wr	ite or staple i	n this space.
Filing Status Check only	<b>X</b> S	Single  Married filing jointly	] Married filir	ng separately (N	/IFS)	Head of	house	nold (HOH	l)		ifying surv se (QSS)	iving
one box.		u checked the MFS box, enter the n on is a child but not your dependent		pouse. If you c	neck	ed the HOH or	QSS	box, ente	r the o	child's	name if th	e qualifying
Your first name	and mi	ddle initial	Last name						Y	our soo	cial security	y number
SANKEERI	'H RE	EDDY	THOTLI						_		1-7787	
lf joint return, s	oouse's	first name and middle initial	Last name						S	pouse's	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	pt. no.	P	resider	ntial Electio	on Campaign
9210 RED	MONI	O WOODINVILLE RD NE					I	303			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	te	ZIP c	ode				tly, want \$3 Checking a
REDMOND					WP	A	980	527601		0	w will not	0
Foreign country	name		Foreigr	n province/state/	count	ty	Foreig	n postal co	de y	our tax	or refund.	_
											You	Spouse
Digital	At an	y time during 2022, did you: (a) rec	eive (as a rew	ard, award, or	payr	ment for prope	rty or	services);	or (b	) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital asset	(or a financial i	ntere	est in a digital	asset)	? (See ins	structi	ions.)	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent [	Your spous	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you were	a dual-status	alien	1						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	ouse	: 🗌 Was bor		ore Janua			🗌 ls bli	
Dependents	s (see i	instructions):	(	2) Social security		(3) Relationsh	ip (4	) Check the	e box	if qualif	ies for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x cred	it	Credit for oth	er dependents
than four												]
dependents, see instructions												]
and check												<u>]                                    </u>
here											[	]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see inst	ructions) .						1a	7	2,738.
	b	Household employee wages not re	eported on Fo	orm(s) W-2 .					•	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see instruct	ions)					•	1c		
attach Forms	d	Medicaid waiver payments not rep	orted on For	m(s) W-2 (see ii	nstru	ictions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom Form 24	41, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Forn	n 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instructio	ns)		<b>1</b> i						
	z	Add lines 1a through 1h								1z	7	2,738.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	ordinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
Deduction for –	6a	Social security benefits	6a			axable amoun				6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection metho	d, check here	(see	instructions)						
separately,	7	Capital gain or (loss). Attach Sche								7		
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin								8	_	5,506.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		57,232.
surviving spouse,	10	Adjustments to income from Sche		-						10		600.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	6	6,632.
household,	12	Standard deduction or itemized	•	-						12		2,950.
\$19,400 • If you checked	13	Qualified business income deduct				5-A .			•	13	1	
any box under	14	Add lines 12 and 13			200				•	14	1	2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer		er -0- This is v	our I	taxable incom	ne .		•	15		<u>3,682.</u>
see instructions.				2. e 1 / lie lo y	5 GI 1				•	10		5,002.

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

Form 1040 (2022	2)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	7,	426.
Credits	17	Amount from Schedule 2, lin	ne3						17		
	18	Add lines 16 and 17							18	7,	426.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	7,	426.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your total tax						24	7,	426.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	14,5	545.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						. 2	25d	14,	545.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31				undable cr	edits .		32		
	33	Add lines 25d, 26, and 32. 1	hese are your <b>to</b>	tal payments					33	14,	545.
Refund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>ove</b>	rpaid .		34	7,	119.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here .			5a	7,	,119.
Direct deposit?	b	Routing number 0 5 3	0 0 0 1	96	c Type: 🛛 🗙	] Checking	Sav	/ings			
See instructions.	d	Account number 2 3 7	0 4 5 9	8 6 8 5	5 5 5			-			
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24	4. This is the amo	ount you owe.							
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions				37		
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See					
Designee	ins	structions				🗆 '	es. Com	plete belo	ow.	🗙 No	
		signee's		Phone				l identifica	<sup>tion</sup> Γ		<u> </u>
	na			no.			number	. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con									
Here		ur signature	ipieter 200iai atterit	Date	Your occupation				·	t you an Idei	•
	10	ur signature		Date						N, enter it he	
Joint return?						DEV ENG	INEER	(see ins	t.)		
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion				t your spous	
Keep a copy for your records.								(see inst		ction PIN, er	iter it here
,			0	Fue elle elebrere		1000010		(000 110	,		
		one no. (919)986-757 eparer's name	9 Preparer's signat	Email address	SANKEERTH1	Date		TIN		Check if:	
Paid									02	Self-err	aployed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPIA TALLAM	02/24/	2023   Pl	020827			
Use Only		m's name GLOBAL TA			T 0001C					678)965	
			Y CT E BRU	INSWICK N				Firm's E	IN	84-31	71965 140 (2022)
Lio to WWW ire a	OV/Forr	1040 for instructions and the late	ntormation			DEV/ 02/17/2				Eorm 10	141 (2022)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

REV 02/17/23 PRO BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

01

Attachment

Internal Revenue Service			Sequence No. UI
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SANKEERTH REDD	Y THOTLI	109-71	-7787

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-5,506.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	R, or 1040-NR, line 8	10	-5,506.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	600.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	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	26	600.
	<b>BAA</b> REV 02/17/23 PRO	Schedu	le 1 (Form 1040) 2022

(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REM						trusts, REMI	Cs, etc.)	90	99			
Department of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachm	lent ce No. <b>13</b>			
	) shown on return									Your socia	al security i	
SANK	EERTH REDD	Y THOT	LI							109-71	1-7787	
Part			s From Rental R									
	rental inco	ome or los	he business of rentings from <b>Form 4835</b> or	n page 2, line 40.	-				-		-	
			ents in 2022 that wo									
BI			ou file required For				• •				. 🗌 Ye	s 🗌 No
_1a	a Physical address of each property (street, city, state, ZIP code)											
A	CHANDA NA	GAR RA	NGAREDDY DIS	T TELANGANA	IN	500050						
<u>C</u>	Turner of Durner							_		<b>D</b>		
1b	Type of Prope (from list below		For each rental re above, report the					Га	ir Rental Days	Person Da		QJV
Α	3		personal use day	rs. Check the Qu	JV bo>	conly [	Α		365		0	
В			if you meet the re qualified joint ver				В					
С			qualmed joint ver	iture. See instru	CLIONS	».	С					
Туре	of Property:											
	Single Family R			Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Re	esidence	4 Commerc	ial		6 Roya	lties	8	Other (desc	ribe)		
									Properti	es:		
Incom	ne:						Α		В			С
3					3		4	10.				
4		ived			4							
Exper					-							
5					5 6							
6 7			structions)		7		Q	50.				
8					8		0	50.				
9					9							
10			sional fees		10							
11					11		5	60.				
12	Mortgage inter	rest paid	to banks, etc. (see	e instructions)	12							
13	Other interest				13							
14					14		1,9					
15					15		1,5	23.				
16					16 17		1,0	25				
17 18			or depletion		17		Ι,Ο	25.				
19	Other (list)	•	•		19							
20	· · · ·	s. Add lir	nes 5 through 19		20		5,9	16.				
21	•		ne 3 (rents) and/or									
	result is a (los	s), see in	structions to find o	out if you must								
					21		-5,5	06.				
22			estate loss after lin tructions)		22	(	5,50	)6.)	(		(	)
23a		-	oorted on line 3 for					23a	•	410.		,
b	Total of all am	ounts rej	ported on line 4 for	all royalty prop	erties			23b				
с			ported on line 12 fo					23c				
d			ported on line 18 fo					23d				
е			ported on line 20 fo					23e	5	5,916.		
24			amounts shown or			-		 	• • • •	. 24	(	
25	Losses. Add r	oyalty los	ses from line 21 and	a rental real estat	e loss	es trom lir	ie 22. E	enter to	otal losses he	re <b>25</b>	l	5,506.)

**Supplemental Income and Loss** 

SCHEDULE E

26 Total rental real estate and royalty income or (loss). 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 .
 For Paperwork Reduction Act Notice, see the separate instructions.

26

-5,506.

OMB No. 1545-0074

888 Form Department of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

Ô 2

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information

Attachment \_ \_

Internal	Revenue Service Go to WWW.IS.gov of Instructions and the latest monitation	511.	S	Sequence No. 52
	life in the second s	both spouses h	nave HS	of HSA beneficiary. As, see instructions.
	EERTH REDDY THOTLI	109-71		
	<b>e you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance C			
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du			
	See instructions		⊠ Se	If-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2022. <b>Do not</b> include employer con contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (family coverage). <b>All others</b> , see the instructions for the amount to enter	\$7,300 for	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and	had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to en		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst		7	0.
8	Add lines 6 and 7		8	3,650.
9	Employer contributions made to your HSAs for 2022	1,656.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	1,656.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	1,994.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa	rt II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction	ns.		
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have sepa	rate I	-ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a	that were		
_	withdrawn by the due date of your return. See instructions		14b	
	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Addition</b> <b>Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on liare subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	le 2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.	he instructi h have sep		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu			
	1040), Part II, line 17d		21	

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