Form	88	37	'9	
(Rev.	Januar	y 202	21)	
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Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	ver's name	Social secul	rity number	
SAI	VINAY SAYYAPUREDDI	346-61	L-5919	
Spouse	e's name	Spouse's so	ocial security numb	ər
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you	are authorizing	<u>j.)</u>
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 12	8,435.
2	Total tax		2 1	8,973.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 2	4,204.
4	Amount you want refunded to you		4	5,231.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and k	keep a co	py of your ret	urn)
Undor	republics of parium. I deplace that I have examined a peak of the income tax rature (original or emended)		therizing and to	the best of

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN
				ERO firm name	

1	5	9	1	9	00 mV
Ent dor	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	mv	PIN
ιO	CITCI	UI	yenerale	iiiy	1 11 1

Enter five digits, but don't enter all zeros

as mv

ERO firm name 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	Da	ate 🕨					 			
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certific	cation and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1		 	3 all ze	 9	8	9	

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 🕨			
Do	ERO Must Retain This F on't Submit This Form to the I		
For Donomuork Boduction Act Noti	oo ooo your toy roturn instructions	 REV 03/22/22 RRO	Earm 8879 (Pov. 01 2021)

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). Xet [No Standard Deduction Someone can claim: You as a dependent You spouse as a dependent Age/Blindness You: Were born before January 2, 1958 A dependent Yes No Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (in First name Last name (2) Social security (a) Relationship (4) Check the box if qualifies for (see instructions) If more than four dependents, see instructions (1) First name Last name (2) Social security (a) Relationship (b) Child tax credit Credit for other dependent Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 13.1 (A 0.9. 1a W-20 and tach Forms M-22, box 1 (see instructions) 1a 13.1 (A 0.9. 1a W-22 and tach Forms M-22 see 1a 13.1 (A 0.9. 1a W-23 and tach Forms M-24 see 1a 13.1 (A 0.9. <th1d< t<="" th=""><th>E1040</th><th></th><th>artment of the Treasury—Internal Revenue Servi S. Individual Income Tax</th><th></th><th>urn 20</th><th>22</th><th>OMB No. 1545</th><th>-0074</th><th>IRS Use</th><th>Only-</th><th>-Do not w</th><th>rite or staple</th><th>in this space.</th></th1d<>	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or staple	in this space.
SAT VINAY SAYYAPUREDDI 346-61-5919 Fjoirt rum, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). Hyou have a PO. box, see instructions. Apt. no. Check here Hyou, or your 1254 CHANTING PARE Diffield Presidential Election Campaigned CRAY Presidential Election Campaigned State 2/P code Topolar # filling jointly, want 32 CRAY Presidential Election Campaigned State 2/P code Topolar # filling jointly, want 32 CRAY Presign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Checkeing a box below will incl checkeing a box below will incl checkeing a box below will more than topological asset (or a financial interest in a digital asset)? (See instructions). Yee is not country interest Cakey Spouse Entructions): Yue as a dependent You Spouse Deduction Spouse Entructions): Yue as a dependent Checkeing a differed regendent Deduction File Image Image Image Income 1a Total amount from Form(s) W-2, box 1 (see instructions). Image Income 1a Total amount from Form(s) W-2, box 1 (see instructions). Image Income 1a Tot	Check only	lf yo	ou checked the MFS box, enter the n	ame of y							spou	use (QSS)	0
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaig 12.54 CHANTING PARK CIR Check here if you, or your Check here if you, or your Spouse if fing, jointly, want 39 CARK Check here if you, or your Spouse if fing, jointly, want 39 Spouse if fing, jointly, want 39 Foreign country name Foreign province/state/country Foreign postal cost box below with not change your tax or refund. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); your bis sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Ver	Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number
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1254 CHANNING PARK CIR Check here if you, or you Check her			s first name and middle initial										
1252 CHANNING PARK CIR Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code CARX NC 27519 Foreign country name Foreign province/state/county Foreign postal code you tax or feturd. 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.) Yee _ No Standard Someone can click (see instructions); (P cole instructions); Yee _ No Dependents, see instructions; (P) Social security (P feature herb or if qualifies for tige instructions); (P cole instructions); (P) Social security (P feature herb or if qualifies for tige instructions); If more form of the control with the form form form (S) W-2, box 1 (see instructions); (P) Social security (P feature herb or if qualifies for tige instructions); If was that a form of the control was a form form Soly W-2, box 1 (see instructions); 1a 131, 409, Mach form form Soly M-2, box 1 (see instructions); 1a 131, 409, Mach form of the control was proported on Form(S) W-2; 1a 131, 409, Mach formore form form Soly M-2, box 1 (see instructi	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	-	Preside	ntial Electi	on Campaigr
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CARY NC 27519 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country You Spous Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse itemizes on a separate return or you were a dual-status alen Age/Blindness You: Were born before January 2, 1958 Is blind Dependents (see instructions): (P) Social security (P) Relationship (P) Chick the box it qualifies for (see instructions) If more (I) First name Last name P) Social security (P) Relationship (P) Chick the box it qualifies for (see instructions) If more 1 Total amount from Form(s) W-2, box 1 (see instructions) 1a 131, 409. tatch forms 4 Total amount from Form(s) W-2, box 1 (see instructions) 1d 1d W22 serie Taxable dependent care benefits from Form 8243, line 29 1f 1d W23 stride forms Taxable dependent ca				mplete s	paces below.	Sta	te	ZIP coc	e				
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Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or If you elect to use the lump-sum election method, check here (see instructions) 1 6b Separately, st12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. Married filing jointly or 8 Other income from Schedule 1, line 10 8 9 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 128, 435. 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 128, 435. 11 128, 435. 11 128, 435. 12 23, 685. 14 23, 685. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 23, 685. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 104, 750.		4a											
Single or Married filing separately, \$12,950 6a Social security benefits	Standard											-	
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. Married filing jointly or Qualifying 8 Other income from Schedule 1, line 10 8 9 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 128,435. 9 Adjustments to income from Schedule 1, line 26 10 9 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 128,435. 19 Qualified business income deduction or itemized deductions (from Schedule A) 12 23,685. 14 Add lines 12 and 13 14 23,685. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 104,750	Single or		-					t	· ·	· _ ·	6b		
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, if not required, check here 1 7 -3,000. Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 128,435. 10 4djustments to income from Schedule 1, line 26 10 11 128,435. 11 128,435. 10 12 23,685. 11 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 23,685. 14 24 dd lines 12 and 13 14 23,685. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15	Married filing		, ,		-		,			. L			
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	Standard									• •			
		15	Subtract line 14 from line 11. If Zer	U OF IES	s, enter -U I NIS I	s your t		ie .			15		04,/50.

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

Form **1040** (2022)

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	18,	973.
Credits	17	Amount from Schedule 2, lir	ne3						17		
	18	Add lines 16 and 17						I	18	18,	973.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	18,	973.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your total tax						24	18,	973.
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	24,	204.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	24,	204.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable o	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33		204.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you ov	erpaid		34		231.
lioidiid	35a	Amount of line 34 you want			3 is attached, che	ck here		. 🗆	35a	5,	231.
Direct deposit?	b	Routing number 0 7 1			c Type: 🛛 🗙] Checkin	g 🗌 Sa	avings			
See instructions.	d	Account number 5 6 2	1 8 1 7	0 8							
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24									
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 in	nstructions) .			38					
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				_	
Designee		structions				L	Yes. Cor			X No	
		signee's me		Phone no.			Persor numbe	nal identifi r (PIN)	cation		
Ciana		der penalties of perjury, I declare t	hat I have examine			odulos and		. ,	the hes	t of my knowle	
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the	IRS sei	nt you an Iden	tity
										IN, enter it her	e
Joint return? See instructions.					DEVOPS EN			(see ir	,		
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse action PIN, ent	
your records.								(see ir			
	Ph	one no. (815)793-966	0	Email address	SAIVINAY20	18@GMA	IL.COM	1			
Deid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/04	/2023	202082	703	Self-em	oloyed
Preparer	Fir	m's name GLOBAL TA	XES LLC							678)965-	9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's	EIN	84-317	1965
Go to www.iro.c	ov/Eorr	a 1040 for instructions and the late	st information								40 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHE	DULE	Α
(Form	1040)	

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

and 1 Medical and dental expenses (see instructions)	Name(s) shown on	Form	1040 or 1040-SR				ocial security number
and Dental Expenses 1 Medical and dental expenses (see instructions) 1 3 3 3 Taxes You Paid 5 State and local taxes. 3 4 5 State and local taxes. 4 5 5 5 6,094. 6 5 5 6,094. 6 5 5 6,094. 6 5 2,126. 5 6 5 2,126. 5 6 6 8,122.0. 5 6 6 7 8,220. 6 6 6 7 7 Add lines 5 at mough 50. 5 6,126. 7 Add lines 6 at mough 50. 5 6 8,220. 8 Hore mortgage interest and points. If you didn't use all of your hore mortgage interest and points. If you didn't use all of your hore mortgage instructions and check this box. 7 8,220. 9 Hore mortgage interest and points. If you didn't use all of your hore mortgage instructions and check this box. 7 8,220. 9 Hore mortgage interest and points. If you didn't use all of you' hore mortgage instructions and how	SAI VINAY	SA				346-	61-5919
Dental Expenses 2 Enter amount from Form 1040 or 1040-SR, line 11 2 3 Expenses 3 Mutiply line 2 by 7.5% (0.075). 3 Taxes You 5 State and local laces. 4 a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes instead of income taxes. check this box . 5a 6, 0.94. b State and local reader state taxes (see instructions) 5b 2, 1.26. 5c c State and local reader state taxes (see instructions) 5a 6, 0.94. 5c b State and local reader state taxes (see instructions) 5c 5c 5c c Add lines 5a through 5c . 5a 6, 0.94. 5c c Horne mortgage interest mortgage locals) 0 by, build, or improve your home, see instructions and check this box 7 8, 220. e Home mortgage interest mortgage locals) by, build, or improve your home, see instructions of limited in the person's name, identifying no, and address. 8a 15, 465. e Home mortgage interest mortgage locals) by, build, or improve you on Form 1098. 8a 15, 465. e Instructions if limited if partice to may home home, see instructions if limited if partice to move hom you bough the home, see instructions and show that person's name, ident	Medical						
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	Deductions	18				,	
			CNECK TNIS box				

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 20**22** Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service Name(s) shown on return

SAI VINAY SAYYAPUREDDI

Your social security number

346-61-5919

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	45,254.	48,653.	3	54.	-3,045.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	100,425.	108,519.	3	55.	-7,739.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	(14,932.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-25,716.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See lines This who	ts from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.		line 2, colum	(g)	with column (g)
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked				
9	Totals for all transactions reported on Form(s) 8949 with Box E checked				
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.				
12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	dule(s) K-1	11 12		
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	13 14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15		

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-25,716.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return	Social security number or taxpayer identification number				
SAI VINAY SAYYAPUREDDI	346-61-5919				

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment		
Robinhood Securities LLC	03/11/22	12/31/22	45,254.	48,653.	W	354.	-3,045.	
2 Totals. Add the amounts in column:	(d) (e) (d) and	h (b) (subtract						
negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your 1e 2 (if Box B	45,254.	48,653.		354.	-3,045.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949**

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



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Department of the Treasury Internal Revenue Service Name(s) shown on return

Name(s) shown on return	Social security number of taxpayer identification number					
SAI VINAY SAYYAPUREDDI	346-61-5919					

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co See the sep	amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment		
WEBULL FINANCIAL LLC	05/18/22	12/31/22	47,251.	50,902.	W	90.	-3,561.	
WEBULL FINANCIAL LLC	03/11/22	12/31/22	53,174.	57,617.	W	265.	-4,178.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	100,425.	108,519.		355.	-7,739.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Schedule D Lines 6 and 14

Capital Loss Carryover Worksheet Capital Loss Carryover from 2021 to 2022 ► Keep for your records

2022

Name(s) Shown on Return	Social Security Number
SAI VINAY SAYYAPUREDDI	346-61-5919

			Regular Tax	Alternative Minimum Tax
1	Enter the amount from your 2021 Form 1040, line 15. If a			
	loss, enter as a negative amount	1	110,049.	0.
2	Enter the loss from your 2021 Schedule D, line 21, as a			
	positive amount	2	3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0	3	113,049.	3,000.
4	Enter the smaller of line 2 or line 3	4	3,000.	3,000.
	If line 7 of your 2021 Schedule D is a loss, go to line 5;			
_	otherwise, enter -0- on line 5 and go to line 9.			
5	Enter the loss from your 2021 Schedule D, line 7,	-	17 020	17 000
~	as a positive amount.	5	17,932.	17,932.
6	Enter any gain from your 2021 Schedule D, line 15. If a loss, enter -0-	6	0	0
7	Add lines 4 and 6	0 7	0.	0.
8	Short-term capital loss carryover for 2022. Subtract line 7	· ·		3,000.
0	from line 5. If zero or less, enter -0 If more than zero, also			
	enter on Schedule D, line 6, as a negative amount	8	14,932.	14,932.
	If line 15 of your 2021 Schedule D is a loss, go to line 9;	Ŭ		11,002.
	otherwise, skip lines 9 thru 13.			
9	Enter the loss from your 2021 Schedule D, line 15, as a			
•	positive amount	9		
10	Enter any gain from your 2021 Schedule D, line 7. If a loss,	_		
	enter -0-	10	0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0	11	0.	0.
12	Add lines 10 and 11	12	0.	0.
13	Long-term capital loss carryover for 2022. Subtract line 12			
	from line 9. If zero or less, enter -0 If more than zero, also			
	enter on Schedule D, line 14, as a negative amount \ldots .	13	0.	0.

Capital Loss Carryforward Worksheet Capital Loss Carryforward from 2022 to 2023 Keep for your records

2023

	e(s) Shown on Return VINAY SAYYAPUREDDI		Social Security Number 346-61-5919		
			F	Regular Tax	Alternative Minimum Tax
1	Enter the amount from 2022 Form 1040, line 15. If a loss,				
	enter as a negative amount	1		104,750.	112,970.
2	Enter the loss from 2022 Schedule D, line 21, as a positive				
	amount	2		3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0	3		107,750.	115,970.
4	Enter the smaller of line 2 or line 3	4		3,000.	3,000.
	If line 7 of 2022 Schedule D is a loss, go to line 5;				
	otherwise, enter -0- on line 5 and go to line 9				
5	Enter the loss from 2022 Schedule D, line 7,				
	as a positive amount	5		25,716.	25,716.
6	Enter any gain from 2022 Schedule D, line 15. If a loss,				
	enter -0	6			0.
7	Add lines 4 and 6	7		3,000.	3,000.
8	Short-term capital loss carryforward to 2023.				
	Subtract line 7 from line 5. If zero or less, enter -0 ►	8		22,716.	22,716.
	If line 15 of Schedule D is a loss, go to line 9;				
	otherwise, skip lines 9 thru 13.				
9	Enter the loss from 2022 Schedule D, line 15, as a positive				
	amount	9			
10	Enter any gain from 2022 Schedule D, line 7. If a loss,				
	enter -0	10		0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0	11		0.	0.
12	Add lines 10 and 11	12		0.	0.
13	Long-term capital loss carryforward to 2023.				
	Subtract line 12 from line 9. If zero or less, enter -0 ►	13		0.	0.

D-400 (50) 8-8-22 < Staple All Pages of Your Return and W-2s Here 2022 Individual Income Tax Return North Carolina Department of Revenue Amended Return															
)22, c	or fiscal year				22	and ending			Are you a ve		Yes	No X
SAI 1254			GР	SAYY ARK CIR	APURE	DDI			Your S	SN: 3466			se a veteran?	Yes	No L
CARY	-	NC 2'	7519	WAKE					Spouse's S			, ,	income tax r	eturn, <u>e.g</u> ., Forr	
Filing	Statu		1. Sino 4. Hea	gle ad of Househo			ed Filing ifying Wid	-	3. Marr	ried Filing Se	eparately	Year spou	Yes	No X	
		resident	of N.C	C. for the enti	re year?		Yes X	No			leceased ta	xpayer.	Date of d	eath:	
				ent for the er			Yes	<u>No</u>			<u>leceased sp</u> d by making		Date of d	eath: ignating some	or all of
your o	verpa	ayment to	the F	- und. To ma	ke a conti	ibution,	enclose	Form I	NC-EDU and	your payme	ent of \$	0.	To design	ate your over	
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Your Sign	ature					Date	Spou	use's Sigr	nature <i>(If filing joi</i> i	nt return, both	must sign.)	Date		939660 Phone No. (Include	area code)
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D-400 2022 Page 2 (50)

Last Name (First 10 Characters)	SAYYAPURED

Your Social Security Number

346615919

6.	Federal Adjusted Gross Income	6.	128435
7.	Additions to Federal Adjusted Gross Income	7.	C
8.	Add Lines 6 and 7	8.	12843
9.	Deductions From Federal Adjusted Gross Income	9.	C
10.	Child Deduction	10	
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	(
	b. Enter the amount of the child deduction	10b.	(
11.	N.C. Standard Deduction	11.	1
11.	N.C. Itemized Deduction	11.	3
11.	Deduction amount	11.	17591
12.	a. Add Lines 9, 10b, and 11	12a.	17591
	b. Subtract Line 12a from Line 8	12b.	110844
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.000
14.	N.C. Taxable Income	14.	110844
15.	N.C. Income Tax	15.	5531
16.	Tax Credits	16.	(
17.	Subtract Line 16 from Line 15	17.	5531
18.	Consumer Use Tax	18.	(
	You certify that no Consumer Use Tax is due		7
19.	Add Lines 17 and 18	19.	5531
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	200	COO
	TOULIAX WUDDEID	20a.	6094
20b.	Spouse's tax withheld	20b.	(
20b.		20b.	(
20b.	Spouse's tax withheld	20b. 21a.	
20b. <u>Other</u>	Spouse's tax withheld Tax Payments		(
20b. <u>Other</u> 21a.	Spouse's tax withheld Tax Payments 2022 estimated tax	21a.	(
20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership	21a. 21b.	(
20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c.	() () ()
20b. <u>Other</u> 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments	21a. 21b. 21c. 21d. 22.	() () ()
20b. <u>Other</u> 21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	((((((((((((((((()))))))
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds	21a. 21b. 21c. 21d. 22. 23. 24.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	6094 6094 6094
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	6094 6094 6094
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26b. 26b. 26c. 26d. EU	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. 26d. EU 26e. 27.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	6094 6094 6094 6094
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	
20b. Other 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to:	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26b. 26c. 26c. 26d. EU 26e. 27. 28. Amou 29.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Amount of Line 28 to be applied to 2023 Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	(((((((((((((((((((
20b. Other 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26c. 26c. 27. 28. Amou 29. 30.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30.	
20b. Other 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26c. 26c. 27. 28. Amou 29. 30. 31.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30. 31.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
20b. Other 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26c. 26c. 27. 28. Amou 29. 30.	Spouse's tax withheld Tax Payments 2022 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to: Amount of Line 28 to be applied to 2023 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30.	6094 6094 6094 6094 6094 00 00 00 00 00 00 00 00 00 00 00 00 00

D-400 Line-by-Line Information

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)		SAYYAPURED			Your Social Security Number 346615919			
0	1 15465	05	17591	07A	0	08	0	
0	2 2126	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:	Your N.C. star	.C. standard deduction is:		
	Single	s star	12,750		
	Head of household	\$ \$	19,125		
	Married filing jointly	φ \$	25,500		
	Qualifying widow(er)/Surviving Spouse	Ψ \$	25,500		
	Married filing separately:	Ψ	25,500		
	If your spouse does not claim itemized deductions	\$	12,750		
		φ \$	12,750		
	If your spouse claims itemized deductions	Φ	0		
	If you are not eligible for a standard deduction on your federal tax retu	ırn \$	0		
4	Liene Metzege Interest		1.	15465	
1.	Home Mortgage Interest			2126	
2.	Real Estate Property Taxes		2.		
3.	Home Mortgage Interest and Real Estate Property Taxes Before Limitation		3.	17591	
4.	Home Mortgage Interest and Real Estate Property Taxes Limitation		4.	20000	
5.	Home Mortgage Interest and Real Estate Property Taxes After Limitation		5.	17591	
6.	Charitable Contributions		6.	0	
7.	a. Medical and Dental Expenses Before Limitation		7a.	0	
	b. Enter the amount from Form D-400, Line 6		7b.	128435	
	c. Multiply Line 7b by 7.5% (0.075). If zero or less, enter a zero.		7c.	9633	
	d. Medical and Dental Expenses After Limitation		7d.	0	
8.	Repayment of Claim of Right Income		8.	0	
9.	Reserved for Future Use		9.	0	
10.	Total N.C. Itemized Deductions - Add Lines 5, 6, 7d, 8, and 9		10.	17591	

