Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 03/18/23 PRO

404.

1555

268-27-8135 730-41-1451 LALITH AKHILESH PAVANI RAVALI VEMULAPALLI 6141 MARGARITA WAY FREDERICK MD 21703

Department of the Treasury Internal Revenue Service

Calendar Year -Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

404.

REV 03/18/23 PRO 1555

268-27-8135 730-41-1451 LALITH AKHILESH PAVANI RAVALI VEMULAPALLI 6141 MARGARITA WAY FREDERICK MD 21703

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 03/18/23 PRO

404.

1555

268-27-8135 730-41-1451 LALITH AKHILESH PAVANI RAVALI VEMULAPALLI 6141 MARGARITA WAY FREDERICK MD 21703

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2023' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 03/18/23 PRO

404.

1555

268-27-8135 730-41-1451 LALITH AKHILESH PAVANI RAVALI VEMULAPALLI 6141 MARGARITA WAY FREDERICK MD 21703

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

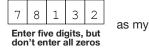
Submission Identification Number (SID)

Taxpayer's name	Social security number					
LALITH AKHILESH PAVANI	268-27-8132					
Spouse's name	Spouse's social security number					
RAVALI VEMULAPALLI	730-41-1451					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Er	nter year you are authorizing.)					
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income	1 182,862.					
2 Total tax	2 25,766.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 26,727.					
4 Amount you want refunded to you	4 961.					
5 Amount you owe	5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)						

Under penalties of periury. 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

	1 ddthonzo			ERO firm name		Er	1
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		_



5

1

as mv

4

don't enter all zeros

1

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 1 to enter or generate my PIN ERO firm name Enter five digits, but

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 🕨	D	ate 🕨								
Practitione	er PIN Method Returns Only—continue	e bel	ow							
Part III Certification and Authenticatio	on – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN follow	ved by your five-digit self-selected PIN.			Dor	n't ei	nter a	all ze	eros		

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

ERO's signature >	Date 🕨
	etain This Form — See Instructions orm to the IRS Unless Requested To Do So
FreeDown and Deal and a Ast Martine and a state of	

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

Filing Status Outs/ Engle Married filing point/ Married filing separately (MFS) Head of household #00H) Outs/fing surviving spontance (GSS) One box Prove checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving spontance in a child but or your dependent. Your social security number IALITER AKHILESH PAVANT Year social security number RAVALL VEMULAPALLI Act no Presidential Electron Campaign (GS) City, town, op tend the, Hyou have a Problem cent in the qualifying and where a Problem fill go in the approximate in the qualifying and where a Problem fill go in the approximate intervent in the qualifying and where a Problem fill go in the approximate intervent in the qualifying and where a Problem fill go in the approximate intervent in the qualifying and where a Problem fill go in the approximate intervent in the qualifying and where approximate intervent interv	1040		rtment of the Treasury—Internal Revenue Service 5. Individual Income Tax		n 20 2	2	OMB No. 1545-	0074	IRS Use Only	—Do not w	rrite or staple in this space.
LALITH KHILESH PAVANI 268-27-81.3 Hjöhr Hum, spoze's first mare and middle initial Lak name Spoze's social security number RAVALI T30-41-1451 Home address (number and street), Hyou have a DO, box, see instructions. Apt. no. Presidential Election Campaign Checken and the eff you, or your spoze filling jointly, want 35 Gitt, MARATITA, KAY D2 27.03 To got on the fund. Checkeng a the eff you, or your a protein filling jointly, want 35 Foreign country name Foreign province/state/county Foreign postal code You	Check only	lf yo	u checked the MFS box, enter the na	ame of you						spo	use (QSS)
If joint etum, spouse's first name and middle initial Last name Poses's social security number RNALI VEMULAPALLI 730-41-1451 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town, roposition. If you have a foreign address, also complete spaces below. State ZIP code Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country You Spouse Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, exchange, gift, or otherwise dispose of a digital asset (r a funcalial interest in a disposed) You Spouse Standard Someone can claim: You so a dependent You spouse as a dependent Getek the box if qualities for fee instructions). Yes No If more and check (i) First name Last name Qi Social security (a) pelastoraria (a) check the box if qualities for dee instructions). Ia 16.9, 875. It a total amount from Form(s) W-2, box 1 (see instructions) Ia 16.9, 875. Ib Ib Medicad wave payments toreprovide ad optical see instructions)	Your first name	and mi	ddle initial	Last name						Your so	cial security number
RAVALI VEMULAPALLI 730-41-1451 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Precidential Election Campaign City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code. Precidential Election Campaign Foreign country name Foreign post office. If you have a foreign address, also complete spaces below. MD ZIP code. You Spouse Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Spouse Standard Someone can callim. You as a dopendent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status allen Aper. Imm. Precidential interest in a digital asset? (C See instructions). Yos No Age/Bindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958. Is blind Dependents (see instructions): (d) Check the bid you Child tax credit Credit or other dependent Income Last name number (a) You Spouse Child tax credit Credit or other dependent Were interval Interval Interval Interval Interval Interval Interval Vere interval <td>LALITH A</td> <td>KHII</td> <td>LESH</td> <td>PAVANI</td> <td>I</td> <td></td> <td></td> <td></td> <td></td> <td>268-</td> <td>27-8132</td>	LALITH A	KHII	LESH	PAVANI	I					268-	27-8132
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City, town, opast office. If you have a foreign address, also complete spaces below. State ZIP code spouse: if filing jointly, want S3 tog to this fund. Checking a tog tog tog	Home address	(numbe	r and street). If you have a P.O. box, see	instructions	5.			A	Apt. no.	Preside	ntial Election Campaig
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FFEDERTCK MD 21703 box below will not change [®] Foreign province/stattycounty Foreign province/stattycounty Foreign province/stattycounty box below will not change [®] Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: \foreign province/stattycounty (a) Gistal asset)? (See instructions). Yes No Dependents Sequest instructions): (a) Social security (a) Relationship (d) Check the box if qualifies for (see instructions): Init at name number (a) Relationship (d) Check the box if qualifies for (see instructions) If more dependents, see instructions Init and four Init and four Init and four Init a foreign province (see instructions) Init a foreign asset (see instructions) Init a foreign province (see instructions) Init op V2 ase	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	te	ZIP c	ode	•	0, ,
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Digital Assetts 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.) Ives No Standard Deduction Someone can claim: You as a dependent You as a dependent Ives No Age/Blindness Someone can claim: You as a dependent You as a dependent Ives Ives <t< td=""><td>FREDERIC</td><td>K</td><td></td><td></td><td></td><td>MI</td><td></td><td>217</td><td>03</td><td>•</td><td>•</td></t<>	FREDERIC	K				MI		217	03	•	•
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). Uves X No Standard Deduction Someone can claim: You is a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (I) First name Last name (I) Social security (a) Relationship (d) Check the box if qualifies for (see instructions): Income 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 169, 875. Income 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 169, 875. Instructions attach formed attach formed 1a 169, 875. Ver 2 there. Also d dee instructions). 1a 169, 875. If was withhed. attach formed income (see instructions). 1a 169, 875. If was withhed. attach form form 9919, line 6 fmpoorted on Form(s) W-2 (see instructions). 1a 1a 1a 1a 1a	Foreign country	name		Fore	eign province/state/c	count	ty	Foreig	n postal code		•
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Assets 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: \operatorname volumer a daplement \operatorname volumer a daplement \operatorname volumer a daplement Age/Blindness You: Were born before January 2, 1958 \operatorname volumer a daplement (a) Relationship (a) Check the box if qualifies for (see instructions): (b) You If more than four dependents, see instructions (1) First name Last name (a) Relationship (b) Check the box if qualifies for dependent Informer (1) First name Last name (a) Social security (b) Relationship (c) Check the box if qualifies for (see instructions) (c) Check the box if qualifies for (see instructions) Informer 10 Intol ta amount from Form(s) W-2, box 1 (see instructions) Intol 1 Intol 1 Intol 1 Ve2 Arene, Ale Total amount from Form(s) W-2, box 1 (see instructions) Intol 1 Intol 1 Intol 1 Intol 1 Ve2 Arene, Ale Total amount from Form(s) W-2, box 1 (see instructions) Intol 1 Intol 1 Intol 1 Intol 1 Ve2 Arene, Ale Medicaid waive payments not reported on Form(W-2 (see instructions)) Intol 1<	Digital	At ar	ny time during 2022. did you: (a) rece	eive (as a re	eward, award, or r	bavr	nent for prope	tv or	services): or	(b) sell.	
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name In order (2) Relationship (4) Check the box if qualifies for (see instructionship) Child tax credit Credit for other dependents if more than four dependents, see instructions Intermed to a separate return or you were a dual-status alien Intermed to a separate return or you were a dual-status alien Intermed to a separate return or you were a dual-status alien Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Intermed to a separate return or you were a dual-status alien Intermed to a separate return or you were a dual-status alien Were here the weak withed. 1a Total amount from Form(s) W-2, box 1 (see instructions) Intermed to a separate return or you were a dual-status alien Intermed to a separate return or you were a dual-status alien Were here the more separate and through the tar separate trans the reported on Form(s) W-2. Intermed to a separate form form separeta form form separate anore form Section (see instruc						-		•	,	. ,	🗌 Yes 🛛 No
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1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form Wages from Form 8919, line 6 11 W22, see instructions. i Nontaxable combat pay election (see instructions) 11 W2, see instructions. i Nontaxable combat pay election (see instructions) 11 Attach Sch. B 2a Tax-exempt interest 2b Attach Sch. B 2a a b Taxable interest 2b 44 IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 6b Standard Deduction for c if you elect to use the lump-sum election method, check here (see instructions) 7 26,387. Standard Deduction for social security benefits 6a b -13,400. segnateling segnateling jointly or Qualifying Subset. 7 26,387. 8 -13,400. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 182,862.			., .			13110		• •			
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In you out Nut Image: a Form Image: box out Nut					,	•		• •			
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Standard Deduction for- 5a 5a b Taxable amount							3				
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 26,387. • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . . . 8 -13,400. • Head of household, \$19,400 10 Adjustments to income from Schedule 1, line 26 . . . 11 182,862. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) . . . 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . 13 • Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 4 from line 11 . .	Chandered										
 Single or Married filing separately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here											
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	Standard					•		• •			
		15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is yo	our 1	taxable incom	е.		. 15	156,962.

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	25,	,766.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	25,	,766.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	25,	,766.
	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	25,	,766.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 2	6 , 727.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	26,	,727.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20)21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n 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, lin	e15			31				
	32	Add lines 27, 28, 29, and 31,	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	26,	,727.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		961.
norana	35a	Amount of line 34 you want			3 is attached, che	eck here	🗆	35a		961.
Direct deposit?	b	Routing number 0 3 1				Checking	Savings			
See instructions.	d	Account number 3 6 0	2 7 6 2	4 1 6 '	7					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?					
Designee		structions					complete		X No	
	De nai	signee's me		Phone no.			sonal ident ber (PIN)	ification		
0		der penalties of perjury, I declare t	hat I have exemine				()		t of my know	
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If th	e IRS ser	nt you an Ide	ntity
		0							N, enter it he	əre
Joint return?					DEVOPS EN		`	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spous action PIN, er	
your records.					LEAD QA E	NGINEER		e inst.)		
	Ph	one no. (917)816-774	1	Email address		IL@GMAIL.C				
		eparer's name	Preparer's signat		חואוודדתשת	Date			Check if:	
Paid			1						Self-en	nploved
Preparer		m's name GLOBAL TAX	KES LLC				Dha	ne no.		
Use Only		m's address 245 ROONE		NSWICK N	J 08816			n's EIN		
Catawarata				ILOWICIC IN					- 4/	040 (0000)
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/18/23 PRO			Form 1()40 (2

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20

nent ice No. 01 rity number

	Revenue Service Go to www.irs.gov/Form1040 for instructions and the later	st information.		A S	ttachment Bequence No. 01
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR		Your soc	ial s	ecurity number
	TH AKHILESH PAVANI & RAVALI VEMULAPALLI		268-27		-
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2 a	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. Atta	ach Schedule	эЕ. 🗌	5	-13,400.
6	Farm income or (loss). Attach Schedule F		🗋	6	
7	Unemployment compensation		🗋	7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8р			
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 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -13,400.

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	e-basi	s gov	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	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			<u> </u>	26	
	ВАА	REV	03/18/23 F	PRO	Schedu	le 1 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

LALITH AKHILESH PAVANI & RAVALI VEMULAPALLI

Your social security number 268-27-8132

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes 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) Adjustments to gain or loss fro		(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, Pauline 2, column (s	rt 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	29,820.	3,433.			26,387.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
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				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .	, ,	7	26,387.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, F line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	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.					
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.					
11 12	11 12 13					
 13 Capital gain distributions. See the instructions						()
Worksheet in the instructions						

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	26,387.
	• 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	()
	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.		

REV 03/18/23 PRO

Schedule D (Form 1040) 2022

Form	8949	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

14 Attachment Sequence No. 12A

Name(s) show	wn on return					Social security number or taxpayer id	entification number
LALITH	AKHILESH	PAVANI	&	RAVALI	VEMULAPALLI	268-27-8132	

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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	Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) (Mo., day, yr.) (See instructions) and see Column (e) in the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).					
AMERITRADE	01/01/22	12/31/22	29,820.	3,433.			26,387.	
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 ne 2 (if Box B	29,820.	3,433.			26,387.	

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.

SCHE (Form	DULE E 1040)	(Fron	m renta	al real estat	Supplementa te, royalties, partners				Cs, etc.)		. 1545-0074		
	ent of the Treasury Revenue Service				Attach to Form 1040 irs.gov/ScheduleE fo	, 1040-	SR, 1040-	NR, or	1041.			Attachm Sequence	ent e No. 13
Name(s)	shown on return										Your soc	ial security n	umber
LALI	TH AKHILES	H PAV	VANI	& RAVA	LI VEMULAPALL	I					268-2	27-8132	
Part	Note: If yo	ou are ir	in the b	usiness of r	tal Real Estate ar renting personal prope 35 on page 2, line 40.	rty, use		e C. See	e instrue	ctions. If you a	re an ind	ividual, repo	ort farm
Α					at would require you		Form(s) 1	10992 5	See ins	tructions			s X No
					d Form(s) 1099?								
					street, city, state, ZI								
1a	,						,						
A	1-1-508,F	LAT 1	NO:G	6,BAKAR	AM GANDHINAGAI	R,HYI	DERABAI) TEL	ANGA	NA IN 500	080		
В													
C									1				
1b	Type of Prope (from list below		ab	ove, repoi	ntal real estate propert the number of fair	rental	and		Fa	ir Rental Days		nal Use ays	QJV
Α	3				e days. Check the Q			Α		365		0	
В					the requirements to the requirements to the termination of termin			В					
С			94	amoa jon			5.	С					
Туре	of Property:												
	Single Family R Multi-Family Re			3 Vacat 4 Comr	tion/Short-Term Rer mercial	ntal	5 Lanc 6 Roya			Self-Rental Other (desci	ribe)		
										Properti	es:		
Incom	ie:							Α					С
3	Rents received	1				3		6	50.				
4	Royalties recei	ived.				4							
Expen													
5						5							
6	0					6							
7	Cleaning and r	•		,		7		1,2	50.				
8	Commissions					8							
9	Insurance					9							
10						10							
11	-					11		1.8	50.				
12	0				. (see instructions)	12		_, .					
13	Other interest			,	· /	13							
14						14		4,8	50.				
15	•					15			50.				
16	Taxes					16							
17	Utilities					17		2,4	50.				
18						18							
19	Other (list)			-		19							
20		s. Add	llines	5 through	19	20		14,0	50.				
21	Subtract line 2	0 from	n line 3	3 (rents) ar	nd/or 4 (royalties). If								
					find out if you must								
	file Form 6198	3				21	· ·	-13,4	00.				
22					er limitation, if any,	22	(13,40	00.)	(,)()
23a	Total of all amo	ounts i	report	ed on line	3 for all rental prope	erties			23a		650.		
b			-		4 for all royalty prop				23b				
с	Total of all am	ounts i	report	ed on line	12 for all properties				23c				
d					18 for all properties				23d				
е	Total of all am	ounts i	report	ed on line	20 for all properties				23e	14	,050.		
24	Income. Add	positiv	ve amo	ounts show	wn on line 21. Do no	ot inclu	ude any lo	sses			. 24		
25	Losses. Add ro	oyalty l	losses	from line 2	1 and rental real esta	te loss	ses from lin	ne 22. E	Enter to	tal losses he	re 25	(1	3,400.)
26					/ income or (loss).								<u> </u>
					on page 2 do not								
					rwise, include this a					on page 2	· 26	-	13,400.
For Pa	perwork Reduct	ion Act	t Notic	e, see the	separate instructions	;.	NE	PA		-13,400	· So	hedule E (Fo	orm 1040) 2022

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>		F	—— Cut Here –	•		
D-400V (50) 9-16-08	Indi	vidual II North Car	ncome Payr rolina Departmen	nent Voucher	,	REV 01/26/23 PRO
268278132	PAVA	6141	21703	73041145	1	
LALITH AKHILE	PAVANI		RAV	ALI	VEMULA	PALLI
6141 MARGARITA FREDERICK		MD 21	For Cal	endar Year 2022	This mu	NT OF THIS PAYMENT ist match the amount shown our check or money order.
Taxpayer/Paid Preparer:					\$	12.00
Date: Phone 20222 268278132	-	06408		7270150106		Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0640

D-40 < Staple Retu	e All	• •	s of Yo	our	2022	-		lina C		mer	nt of R	Return evenue		DOR Use Only					_
	lenda TH MA	n year 2 AKHII RGARI	2022. LE ITA	or fiscal year PAVA WAY	ANI			_	and end I Y	<u>ling</u> ′our S	VE SN: 26	MULAPA 8278132 0411451	ls you Were	you gra	<u>se a veter</u> nted an a	utomati	Yes Yes c extension f	2	Ц
Filing S Were y	Status	residen	1. Sin 4. Hea t of N.	ngle ad of Househo C. for the ent	tire year?	5. Quali	ied Filing ifying Wid Yes	low(er) No		3. Marr	ried Filing Return fo	g Separately or deceased t	Yea taxpay	r spous /er.	Yes se died: Date c	No No	<u>x</u> n:		
N.C. E your ov to the I	duca verpa Fund lect b	tion End syment f , enter f box if yo	dowm to the the an	Fund. To ma nount of your if married filir	ou may co ake a contr r designati ng jointly, γ	ntribute ribution, ion on Pa your spo	enclose 2age 2, L ouse wer	Form ine 31	ucation I NC-EDU . <i>(See ii</i> of the co	Endov J and y <i>nstruc</i> ountry	wment F your pay c <i>tions fo</i> on Apri	or deceased s Fund by makir yment of \$ <i>r information</i> I 15, 2023, ar Personal Repr	ng a co <i>about</i> nd a U	ontribu 0. <i>the Fu</i> .S. citiz	tion or d To des <i>ınd.)</i>	ignate	ting some your overp		
FS 2	2	PP	Y		DT	N	OC	Ν	TPR	ES	Ν	SPRES	5 N	1	VT	Ν	SVT		N
PAVA		6141	1	21703	DS	Ν	EA	Ν	TD				SD				FDEX	ХT	N
LALI	ГН	AKHI	ILE		PAVAI	NI					268	3278132							
RAVAI	LI				VEMU	LAPA	LLI				730)411451		MD	217	03			
6141	MA	.RGAI	RITZ	A WAY							FF	REDERIC	K						:
06		1	1828	362		16				0		26C				0			-1
07				0		18	Y			0		26E				0			70201
09				0		20A				96		EU							15002
10A				0		20B				0		27				12			24
10B				0		21A				0		29				0			
11	S	Y	I	Ν		21B				0		30				0			
11			25	500		21C				0		31				0			
13			003	138		21D				0		32				0			
14			23	172		26A				12		34				0			
15				108		26B				0									
TN	9	1781	167	744		PN						PP							
I declare a	nd cert	urn B	nave exa	amined this retur	efund D	panying sch	hedules an				/ment	t Due ck here if you a	authoriz	1. ze the N		olina De	nartment of	Revenu	
the best of Your Signa	my kn	owledge a	and belie	ef, they are true,	correct, and c	Date					to di	ooth must sign.)	rn and a	attachm	ents with	1 the pai	d preparer b	oelow.	-
PAID PRE		R USE ON	NLY //	f prepared by a r	person other th			-			-	of which the prepa							

Paid Preparer's Signature	Date	Preparer's Contact Phone Number (Include area code)

Preparer's FEIN, SSN, or PTIN

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

REV 01/26/23 PRO

D-400 2022 Page 2 (50)

Last Name (First 10 Characters)	PAVANI

268278132

6.	Federal Adjusted Gross Income	6.	182862
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	182862
9.	Deductions From Federal Adjusted Gross Income	9.	102002
10.	Child Deduction	0.	0
10.	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.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	157362
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0138
14.	N.C. Taxable Income	14.	2172
15.	N.C. Income Tax	15.	108
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	108
18.	Consumer Use Tax	18.	001
10.	You certify that no Consumer Use Tax is due	10.	U Y
19.	Add Lines 17 and 18	19.	108
10.		15.	100
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	96
20b.	Spouse's tax withheld	20b.	0
21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21a. 21b.	0
21c.	Partnership	210. 21c.	0
21d.	S Corporation	210. 21d.	0
210.	Additional Payments	210.	0
23.	Add Lines 20a through 22	23.	96
23. 24.	Previous Refunds	23.	96
24. 25.	Subtract Line 24 from Line 23	24. 25.	96
26a.	Tax Due	26a.	12
26b.	Penalties	26b.	12
26c.	Interest	200. 26c.	0
	Add Lines 26b and 26c and enter the total on 26d	26d.	-
26d.			0
EU	Exception to Underpayment of Estimated Tax	EU	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e. 27.	0
27.	Pay this Amount		12
28.	Overpayment	28.	0
<u>Amoι</u>	ant 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

34.

0

D-400 Line-by-Line Information

D-400 Sch PN (50)

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.

Last Name (First 10 Characters) PAVANI

Your Social Security Number 268278132

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	Y	PYT	Ν			22	2518		
NRS	Y	PYS	Ν			23	182862		
Part A. Residency Status									

Taxpayer is: (Select applica			lect applicable box) Ionresident Part-Year Resident	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended	

If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400. Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total	Income		COLUMN A Total Income rom all sources	COLUMN B Amount of Column A subject to N.C. tax	
1.	Wages, Salaries, Tips, Etc.	1.	169875	2518	
2.	Taxable Interest	2.	0	0	
3.	Taxable Dividends	3.	0	0	
4.	Taxable Refunds, Credits, or Offsets				
	of State and Local Income Taxes	4.	0	0	
5.	Alimony Received	5.	0	0	
6.	Business Income or (Loss)	6.	0	0	
7.	Capital Gain or (Loss)	7.	26387	0	
8.	Other Gains or (Losses)	8.	0	0	
9.	Taxable Amount of IRA Distributions	9.	0	0	
10.	Taxable Amount of Pensions				
	and Annuities	10.	0	0	
11.	Rental Real Estate, Royalties, Partnerships,				
	S-Corps, Estates, Trusts, Etc.	11.	-13400	0	
12.	Farm Income or (Loss)	12.	0	0	
13.	Unemployment Compensation	13.	0	0	
14.	Taxable Portion of Social Security				
	and Railroad Retirement Benefits	14.	0	0	
15.	Other Income	15.	0	0	
16.	Total Income	16.	182862	2518	
			COLUMN A	COLUMN B	
lorth	Carolina Adjustments	Ente	r the amount from	Amount of Column A	
		Form	D-400 Schedule S	subject to N.C. tax	
17.	Additions				
	a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0	
	b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0	
	c. Bonus Depreciation	17c.	0	0	
	d. IRC Section 179 Expense	17d.	0	0	
	e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0	

18. Total Additions

0

0

18.

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

Last Name (First 10 Characters) PAVANI

Your Social Security Number

268278132

			COLUMN A	COLUMN B
			the amount from D-400 Schedule S	Amount of Column A 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
	 Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement 	19d.	0	0
	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.	182862	2518
art (C. Part-Year Residents and Nonresidents Taxable Percentage			
22.	Enter the Amount From Column B. Line 21		22	2518
23.	Enter the Amount From Column A, Line 21		23	
24.	Part-Year Residents and Nonresident Taxable Percentage		23	

REV 01/26/23 PRO

Virginia Individual Income Tax Declaration for Electronic Filing

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia	a Submiss	ion Identif	ication	Numbe	r (SID)													
First Nar	First Name & Middle Initial (if joint or combined return, enter both)								B Your Social Security Number									
T.AT.T	TH AKHI	LESH	& R	AVALI	-		PZ	AVANI	ΤÆ	VEM	ULAPA	г.т.т			268-	27-813	32	
	Home Add		<u>u 1</u>		-		111	1 / 1 11 / 1	<u> </u>	1011	<u>, </u>						Security Numbe	er
6141	MARGAI	RITA W	AY												730-	41-145	51	
	ate and Zip														100	Online Fi	iled Return	
-	ERICK			MD	2170	3												
Part I	Tax Re	turn Info	rmatio	on											A Spo	use	B Yours	self
	Federal Adj												,				182,	862.
	Virginia Adj											63, Line	9)	-			182,	862.
	Taxable Inc													-			165,	002.
	Virginia Inc	•															8,	971.
	Withholding										19a & 19	b)					8,	919.
	Amount you	``			-				'63, Lir	ne 35)								
	Refund (Fo				Y, Line 3	6; Form 76	3, Line	36)										56.
Part II		ation of T																
	appoi the te	ntment of t rritorial juri	the other	er spouse n of the L	e as an a Jnited St		ceive the y point i	e refun n the pi	id. I ce rocess	ertify tha	t the trans	saction	does r	not dire	ctly involve		s is an irrevoca l institution out	
I declard the amo knowled sent to transmit	 8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. 																	
		ur Signatur				Date					nature (If	Filing St	atus 2	or 4, B0	OTH must sigr	ו)	Date	
Part III						iginator (
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																		
	Signature	S LLC								Date					SSI	N/PTIN		
Firm's r 245 F	ame (or yo ROONEY s, City, Stat	urs if self-e	employe	,	BRUI	ISWICK		NJ O	8816	5		Paid	Prepa]Y □N 8821454		nployed? 🔲 Y	□ N
Paid Pr	eparer's Sig	nature								Date					SSI	N/PTIN		
	name (or yo		employe	ed)								Self-	emplo	yed?				
	ROONEY s, City, Stat			E	BRUN	NSWICK		<u>NJ 0</u>	8816	5						EIN		
1555	•							REV	02/17/2	3 PRO								



LALITH AKHIL



PAVANI



RAVALI 6141 MARGARI	VEMUI	JAPALLI			
FREDERICK		MD 21703			
SSN - You	PAVA	268278132	Vendor ID 1555		
SSN - Spouse	VEMU	730411451			
Fed Adj Gross Income (F/	AGI) 1.	182862.	Withholding (VA) - You	19A.	1972.
Additions	2.		Withholding (VA) - Spouse	19B.	6947.
Subtotal	3.	182862.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpa	yment 6.		Credit - Schedule OSC	24.	108.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	9027.
Total VA Adj Gross Incom	e (VAGI) 9.	182862.	Tax You Owe	27.	
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	56.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & E	xemptions) 14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	165002.	Sales and Use Tax	33.	
Amount of Tax	16.	9230.	Amount You Owe		
Spouse Tax Adjustment (STA) 17.	259.	Will Pay by Credit/Debit Card N Your Refund		56.
VAGI - Spouse	17A.	157452.			
Net Amount of Tax	18.	8971.	Bank Routing #	С	031176110
	L		Bank Account #	3602	7624167

____LAR ____DLAR ____DTD ____LTD \$_____

Г

268278132





1						
Filing Status, Age	& License I	Information			Additional Filing Information	
Filing Status				2	Locality 069)
Federal Head of H	lousehold				Uninsured & Authorize DMAS	
DOB - You			080319	91	Name or Filing Status Change	
VA Driver's Licens	se ID - You				Address Change	
VA Driver's Licens	se - Iss. Date	- You			VA Return Not Filed Last Year	
Spouse Name (Fi	ling Status 3	Only)			Dependent on Another's Return	
			062719	0.1	Farmer / Fisherman / Merchant Seaman	
DOB - Spouse	so ID - Spous	20	т694236		Amended	
	VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse				Reason Code	
	5e - 155. Dale		091320	22	Overseas on Due Date	
Exemptions (A) You	1	Exemption 65 & Ov			Federal EIC & Amount	
Spouse	1	65 & Ov	ver - Spouse		Deceased Indicator	
Dependents		Blind - Y	<i>l</i> ou		Form 760C or 760F	
Total (A)	2	Blind - S	Spouse		No Sales & Use Tax Due Indicator X	ζ
		Total (B))		Obtain Electronic 1099G	
		Contact Info	ormation		ID Theft PIN	
(<i>)</i>		penalty of law tha	t I (we) have examine		st of my (our) knowledge, it is a true, correct & complete return. If you are requesting dire ion provided is for a domestic account within the territorial jurisdiction of the United State	tes.
Signature - You			Date	9	9178167744 Phone - You	t
Signature - Spouse			Date	9	Phone - Spouse	

Signature - Preparer _____ Date

The Tax Department may discuss my/our return with my/our preparer.

L

File by May 1, 2023 Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

Phone - Preparer

Preparer Information

NJ 08816

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2022 Schedule INC/CG 268278132

Report all W-2s, 1099s & VK-1s with VA Withholding

LALITH AKHIL PAVANI

RAVALI VEMULAPALLI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
268278132	W	1855.	861878118	30861878118F001	36292.
268278132	W	117.	208636067	30208636067F001	2518.
730411451	W	6947.	203687545	30203687545F001	131065.

Total VA Withholding	SSN	VA Withholding
You	268278132	1972.
Spouse	730411451	6947.
Total # of W-2s,1099s & VK-1s	03	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2022 Schedule OSC/CG

Enclose other state tax returns when filing





268278132

Credit Computation State 1				Г
1. Filing Status - other state's return	2	6.	Other State Abbreviation	NC
2. Person Claiming the Credit	3	7.	Virginia Income Tax	8971.
3. Qualifying Taxable Income - other state	2172.	8.	Income percentage	1.3
4. Virginia Taxable Income	165002.	9.	Virginia Ratio of Income Tax	117.
5. Qualifying Tax Liability - other state	108.	10.	Credit Allowed	108.
Credit Computation State 2				
11. Filing Status - other state's return		16.	Other State Abbreviation	
12. Person Claiming the Credit		17.	Virginia Income Tax	
13. Qualifying Taxable Income - other state		18.	Income percentage	
14. Virginia Taxable Income		19.	Virginia Ratio of Income Tax	
15. Qualifying Tax Liability - other state		20.	Credit Allowed	
Credit Computation State 3				
21. Filing Status - other state's return		26.	Other State Abbreviation	
22. Person Claiming the Credit		27.	Virginia Income Tax	
23. Qualifying Taxable Income - other state		28.	Income percentage	
24. Virginia Taxable Income		29.	Virginia Ratio of Income Tax	

25. Qualifying Tax Liability - other state

- 30. Credit Allowed
- 31. Total Credit Claimed 108.

Enclose other state tax returns when filing your Virginia tax return.