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)

T.....

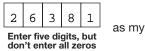
Taxpayer's name	Social security number
SARAVANA GANESH	156-02-6381
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 69,806.
2 Total tax	2 7,321.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure yo	u get and keep a copy of your return)
Linder penalties of perjuny Lideolare that Lineye examined a conviet the income tax return (origin	al or amonded) I am now authorizing, and to the best of

penalties of perjury, I declare that I have examined a copy of the income tax return (original ended) 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 lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



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.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

as mv Enter five digits, but don't enter all zeros

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 🕨	•			 			
Pra	actitioner PIN Method Returns Only—continue	belo	w						
Part III Certification and Authe	entication — Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit El	FIN followed by your five-digit self-selected PIN.	2	2	 	 6 ter all	-	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 >	Date ►								
ERO Must Retain This Fo Don't Submit This Form to the II									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)						

1040		Internal Revenue Servional Revenue Servional Servional Servional Servional Servional Servional Servional Servional Service Ser		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wri	te or staple i	n this space.	
Filing Status	X S	Single Married filing jointly	Married filing	g separately (N	/IFS)	Head of	housel	nold (HOH)			fying surv se (QSS)	iving	
one box.		u checked the MFS box, enter the n on is a child but not your dependent	, ,	ouse. If you c	heck	ed the HOH or	QSS	box, enter	the ch	ıild's ı	name if th	e qualifying	
Your first name	and mi	ddle initial	Last name						Yo	ur soc	ial securit	y number	
SARAVANA	1		GANESH						15	56-0	2-6382	L	
If joint return, spouse's first name and middle initial Last name Sp							Spo	ouse's	social sec	urity number			
		r and street). If you have a P.O. box, see	instructions.				A	.pt. no.		Presidential Election Campaign			
#855 JEN											ere if you, f filing ioin	tly, want \$3	
		ce. If you have a foreign address, also co	mplete spaces b	elow.	Sta		ZIP co		to	go to t	this fund.	Checking a	
High Poi			Eoroign	province/state/			272	65 n postal cod			w will not or refund.	change	
T of eight country	name		Toreight	province/state/	Journ	ry	i oreig				You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as a rewa	rd, award, or	payr	ment for prope	rty or	services);	or (b) s	sell,			
Assets		ange, gift, or otherwise dispose of a		-		-	asset)	? (See inst	tructio	ns.)	Yes	X No	
Standard Deduction		eone can claim: You as a de		Your spous									
		Spouse itemizes on a separate retur			ouse		n hefo	ore Januar	v 2 10		🗌 Is bli	nd	
Dependents) Social security		(3) Relationsh			, · ·			instructions):	
If more		rst name Last name	(~)	number		to you		Child tax		· 1		er dependents	
than four]		[
dependents,]		[
see instructions and check]		[
here]		[
Income	1a	Total amount from Form(s) W-2, b								1a	7	7,366.	
Attach Form(s)	b	Household employee wages not re	•				• •		•	1b			
W-2 here. Also	C d	Tip income not reported on line 1a				· · · ·	• •		•	1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ictions)	• •		•	1d			
1099-R if tax	e f	Taxable dependent care benefits f			• •		• •		·	1e 1f			
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.			•		• •		·				
lf you did not get a Form	g h	Other earned income (see instruct			• •		• •		•	1g 1h		0.	
W-2, see	;	Nontaxable combat pay election (s			• •	· · · · ·			•			0.	
instructions.	z			3)	• •					1z	1 7	7,366.	
Attach Sch. B	2a		2a		 ь т	axable interes			•	2b			
if required.	3a		3a			ordinary divide				3b			
	4a		4a			axable amoun				4b			
Standard	5a		5a			axable amoun				5b			
Deduction for -	6a	Social security benefits	6a			axable amoun				6b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection method	d, check here	(see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if requir	ed. If not requ	ired	, check here				7			
 Married filing 	8	Other income from Schedule 1, lin	e10							8	-	7,560.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This is	your total inc	come	e				9		9,806.	
surviving spouse, \$25,900	10	Adjustments to income from Sche								10			
Head of	11	Subtract line 10 from line 9. This is	s your adjuste d	d gross incor	ne					11	6	9,806.	
household, \$19,400	12	Standard deduction or itemized								12		2,950.	
 If you checked 	13	Qualified business income deduct	ion from Form	8995 or Form	899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, ente	r -0 This is y	our 1	taxable incom	e.			15		6,856.	
)													

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 8814 2 4972 3 . .	16	8,130.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	8,130.			
	19	Child tax credit or credit for other dependents from Schedule 8812	19				
	20	Amount from Schedule 3, line 8	20	809.			
	21	Add lines 19 and 20	21	809.			
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,321.			
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.			
	24	Add lines 22 and 23. This is your total tax	24	7,321.			
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2					
	b	Form(s) 1099					
	с	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	13,071.			
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26				
qualifying child,	27	Earned income credit (EIC)					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812					
	29	American opportunity credit from Form 8863, line 8					
	30	Reserved for future use					
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32				
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,071.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,750.			
neruna	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						
Direct deposit?	b	Routing number X					
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X					
	36	Amount of line 34 you want applied to your 2023 estimated tax 36					
Amount	37	Subtract line 33 from line 24. This is the amount you owe .					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37				
	38	Estimated tax penalty (see instructions)					
Third Party	Do	you want to allow another person to discuss this return with the IRS? See					
Designee		structions	elow.	X No			
		signee's Phone Personal identif	ication ₁				
	nar						
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					
Here				nt you an Identity			
	10			N, enter it here			
Joint return?		IT CONSULTANT (see					
See instructions.	Sp			nt your spouse an			
Keep a copy for your records.		ldent (see i	-	ection PIN, enter it here			
your rooordo.			nsi.)				
		one no. (215)470-1792 Email address SARAVANAPWC@GMAIL.COM					
Paid		parer's name Preparer's signature Date PTIN		Check if:			
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 03/30/2023 P02470		Self-employed			
Use Only				678)965-9522			
	Firi	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	88-2145487			
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form 1040 (2022)			

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SARAVANA GANESH 156-02-6381 A al aliti

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-7,560.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	l, or 1040-NR, line 8	10	-7,560.

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			
12	officials. Attach Form 2106	-basis government	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:	040		
a h	5 51 5 ()	24a	-	
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
~	Nontaxable amount of the value of Olympic and Paralympic medals	240	-	
С	and USOC prize money reported on line 8m	24c		
d		24d		
	Repayment of supplemental unemployment benefits under the Trade			
Ū	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		24g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	04-		
25	Total other adjustments. Add lines 24s through 24z	24z	25	
25 26	Total other adjustments. Add lines 24a through 24z		20	<u> </u>
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA			le 1 (Form 1040) 2022
	DAA	REV 03/22/23 PRO		

Department of the Treasury

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Additional Credits and Payments

OMB No. 1545-0074

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

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

2022 Attachment Sequence No. 03

	Revenue Service							Sequence No	
	s) shown on Form	1040, 1040-SR, or 1040-NR				Your so		ecurity n	umber
Par		dable Credits				120-0	12-0.	<u> 501</u>	
1	0	edit. Attach Form 1116	•				1		
2	Credit for child Form 2441	d and dependent care	expenses from	m Form 244	1, line 11.	Attach	2		
3	Education cred	lits from Form 8863, lin	e19				3		809.
4	Retirement sav	vings contributions crea	lit. Attach Form	8880			4		
5	Residential ene	ergy credits. Attach For	m 5695				5		
6	Other nonrefur	idable credits:							
а	General busine	ess credit. Attach Form	3800		6a				
b	Credit for prior	year minimum tax. Atta	ach Form 8801		6b				
с	Adoption credi	t. Attach Form 8839 .			6c				
d	Credit for the e	elderly or disabled. Atta	ch Schedule R		6d				
е	Alternative mo	tor vehicle credit. Attac	h Form 8910		6e				
f	Qualified plug-	in motor vehicle credit.	Attach Form 8	936	6f				
g	Mortgage inter	est credit. Attach Form	8396		6g				
h	District of Colu	mbia first-time homebuy	ver credit. Attacl	n Form 8859	6h				
i	Qualified election	ric vehicle credit. Attach	n Form 8834		6i				
j	Alternative fuel	vehicle refueling proper	rty credit. Attacl	n Form 8911	6j				
k	Credit to holde	ers of tax credit bonds.	Attach Form 89)12	6k				
Т	Amount on For	rm 8978, line 14. See in	structions .		61				
z	Other nonrefur	ndable credits. List type	and amount:						
					6z				
7	Total other nor	nrefundable credits. Ad	d lines 6a throu	gh 6z			7		
8		rough 5 and 7. Enter he	ere and on Forr	n 1040, 1040	-SR, or 104	40-NR,			
	line 20					•••	8		809.
	onwork Doduction	Act Nation and warther attention	- instructions					led on p	
For Pa	perwork Reduction	Act Notice, see your tax return	n instructions.	BAA	REV 03/22/23	PRO	scnedu	le 3 (Form	1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits		· · · · · · · · · · · · · · · · · · ·
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
а	Form 2439		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021		
С	Reserved for future use		
d	Credit for repayment of amounts included in income from earlier years		
е	Reserved for future use 13e		
f	Deferred amount of net 965 tax liability (see instructions) 13f		
g h	Reserved for future use13gCredit for qualified sick and family leave wages paid in 2022from Schedule(s) H for leave taken after March 31, 2021, andbefore October 1, 202113h		
z	Other payments or refundable credits. List type and amount: 13z		
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	
	BAA REV 03/22/23 PRO	Schedu	ıle 3 (Form 1040) 2022

(Form	1040)	(From	rental real estate,	royalties, partners	hips, S	corporat	tions, es	tates,	trusts, REMI	Cs, etc	s.)	<i>S</i> M	22
	nent of the Treasury			tach to Form 1040,								Attachmer	
	Revenue Service		GO to www.irs	.gov/ScheduleE for	r instru	ictions ar	id the la	test in	formation.			Sequence	
) shown on return										-02-	ecurity nu	mber
Part	VANA GANES		o Erom Dontol	Deal Estate an		valtiaa				120	-02-	0381	
Part	Note: If yo	ou are in t	the business of ren	Real Estate an ting personal proper on page 2, line 40.			e C. See	instruc	ctions. If you a	are an	individu	ual, report	farm
A [B]	Did you make an f "Yes," did you	ny payme or will y	ents in 2022 that ou file required F	would require you Form(s) 1099? .	to file	Form(s)	1099? S 	ee ins	tructions .	· ·	· · · ·	Yes Yes	🔀 No 🗌 No
1a				eet, city, state, ZI									
Α	SAHAKARAN	AGAR	BANGALORE K	CARNATAKA IN	5600)92							P.
В													
С													
1b	Type of Prope (from list below		above, report t	l real estate prope he number of fair	rental	and		Fa	ir Rental Days	Per	sonal Days	Use	QJV
Α	3			ays. Check the Q			Α		365			0	
В				e requirements to f venture. See instru			В						
С			quamoa jonte i				C						
	of Property:												
	Single Family R Multi-Family Re			n/Short-Term Ren ercial	ital	5 Land 6 Roya			Self-Rental Other (desc	ribe) _			
									Propert	ies:			
Incom	ne:						Α		В			C	;
3	Rents received	t			3		4	50.	7				
4	Royalties recei	ived .			4								
Exper													
5	Advertising .				5								
6	Auto and trave	el (see in	structions) .		6								
7	Cleaning and r	maintena	ance		7		9	00.					
8	Commissions				8								
9	Insurance				9								
10	Legal and othe	er profes	sional fees .		10								
11	Management f	ees .			11		7	00.					
12		•	l to banks, etc. (s		12								
13	Other interest				13								
14	Repairs			/	14		2,5						
15					15		1,9	60.					
16					16								
17					17		1,8	90.					
18		expense	or depletion .		18								
19	Other (list)		5 thread 40		19		0.0	1.0					
20	•				20		8,0	10.					
21				or 4 (royalties). If d out if you must									
	file Form 6198			-	21		-7,5	60					
22				limitation, if any,	21		7,5						
22	on Form 8582	(see ins	structions)		22	(7,56		()()
23a				for all rental prope				23a		450).		
b				for all royalty prop				23b					
c			-	for all properties				23c					
d			•	for all properties				23d		0.1.			
e			•	for all properties				23e		3,010			
24				on line 21. Do no				 			24		
25				and rental real estat							25 (1	7,560.)
26				ncome or (loss). In page 2 do not									

Supplemental Income and Loss

SCHEDULE E

/=

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

26

.

-7,560.

OMB No. 1545-0074

Form 886.3

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

SARAVANA GANESH

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074 2022 Attachment Sequence No. 50 Your social security number

156-02-6381

AUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead .	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6	• •	•		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America	an op	portunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	4,044.
11	Enter the smaller of line 10 or \$10,000			11	4,044.
12	Multiply line 11 by 20% (0.20)			12	809.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	69,806.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	20,194.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	nstructions) .	18	809.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Worksheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3		<u> </u>	19	809.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 03/22/	23 PRO	Form 8863 (2022)

Α

Name(s) shown on return

SARAVANA GANESH

CAUT	Complete Part III for each student for whom credit or lifetime learning credit. Use addition		
Part	III Student and Educational Institution Information	n. See instructions.	
20	Student name (as shown on page 1 of your tax return) SARAVANA	21 Student social security number (as s your tax return)	hown on page 1 of
	GANESH	156-02-6381	
22	Educational institution information (see instructions)		
а	. Name of first educational institution	b. Name of second educational institution	on (if any)
	EDUCATIVE INC		
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 	 Address. Number and street (or P. post office, state, and ZIP code. If instructions. 	
	12280 NE DISTRICT WAY		7
	BELLEVUE WA 98005		
(2	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2022?	(2) Did the student receive Form 1098 from this institution for 2022?	
(3	B) Did the student receive Form 1098-T from this institution for 2021 with box Yes X No 7 checked?	 (3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked? 	
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opp checked "Yes" in (2) or (3). You car 1098-T or from the institution.	ortunity credit or if you
	47-4355807		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes – Stop! Go to line 31 for this student. X No	– Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		– Stop! Go to line 31 his student.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes - Stop! Go to line 31 for this student.	– Go to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?		 Complete lines 27 ugh 30 for this student.
CAUT			in the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000	27
28		28	
29			29
30	If line 28 is zero, enter the amount from line 27. Otherwise, a	20	
	enter the result. Skip line 31. Include the total of all amounts f Lifetime Learning Credit	30	
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Darts	
	III, line 31, on Part II, line 10		31 4,044.
			0000

D-40 < Stap Retu	le Al	• •	of Yo	bur	022			l <u>i</u> na D		nt o	f Revenue	ו	DOR Use Only			
For ca	alenda	ar year 2		or fiscal year					and ending				you a vete		Yes	
SARA #855		IA INNIFI	ER L	GANE ANE	SH				Your	SSN	156026381			e a veteran? ted an autom	Yes _	No No
HIGH	I PC	NC 2	27265	5GUILF					Spouse's	SSN:			, ,	ncome tax re	turn, <u>e.g</u> ., Fo	
Filing	Statu	s X	1. Sing 4. Hea	gle ad of Househol	d 🗌	 Marrie Qualif 	-	-	└ 3. Ma	arried F	iling Separately	Ye	ar spous		No X	
	-			C. for the entir	•		Yes X				n for deceased	taxpa	ayer.	Date of de		
				ent for the er ent Fund: Yo			Yes to the N	<u>No</u>	ucation End		<u>rn for deceased</u> nt Fund by maki	_		Date of de ion or desig		e or all of
											payment of \$ s for information			To designa	te your ove	rpayment
Se Se	elect	box if yo	ou, or if	f married filin	g jointly, y	our spo	use wei	re out c	of the countr	y on A	April 15, 2023, a	nd a	U.S. citiz		ent.	
L Se	elect	box if re	turn is	filed and sig	ned by Ex	ecutor, /	Adminis	strator,	or Court-Ap	pointe	d Personal Rep	reser	ntative.			
FS	1	PP	Y		DT	Ν	OC	Ν	TPRES	Y	SPRES	3	N	VT N	SV	T N
GANE		855		27265	DS	Ν	ΕA	Ν	TD			SD			FDI	EXT N
SARA	VAN	JA			GANES	SH				1	56026381			GUILF	_	
													NC	27265		
855	JEN	INIFI	ER I	LANE							HIGH POI	NT				
06			698	306		16			0		26C			0		
07				0		18	Y		0		26E			0		020
09				0		20A			3542		EU					500
10A				0		20в			0		27			0		
10B				0		21A			0		29			0		
11	S	Y	I	Ν		21B			0		30			0		
11			127	750		21C			0		31			0		
13			000	000		21D			0		32			0		
14			570	056		26A			0		34			695		
15			28	347		26B			0							
TN	2	2154	7017	792		PN	6	7890	559522		PP		P024	170833		
Sign Return Below X Refund Due 695 Payment Due 0 I declare and certify that I have examined this return and accompanying schedules and statements, and to Check here if you authorize the North Carolina Department of Revenue																
the best c	of my kr	nowledge a	and belie	f, they are true, o	correct, and c	omplete.					o discuss this retu					
Your Sign	nature					Date	Spou	use's Sigr	nature (If filing j	oint retu	ırn, both must sign.)		Date		01792 one No. (Inclue	de area code)
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.																
VENK	VENKATA SAI PAVAN KUMAR D 03 30 23 6789659522 P02470833															
Paid Prep			_ 1 1 V I		0.	Date	_			mber <i>(Ir</i>	nclude area code)				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																

Name	(First 10 Characters) GANESH You	r Social Security Number 156	026381
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	6980
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	6980
9.	Deductions From Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	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.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	
12.	a. Add Lines 9, 10b, and 11	12a.	1275
	b. Subtract Line 12a from Line 8	12b.	5705
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	
14.	N.C. Taxable Income	14.	
15.	N.C. Income Tax	15.	
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	-
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	284
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	
<u>Other</u>	Tax Payments		
21a.	2022 estimated tax	21a.	
21b.	Paid with extension	21b.	
21c.	Partnership	21c.	
21d.	S Corporation	21d.	
22.	Additional Payments	22.	
23.	Add Lines 20a through 22	23.	354
24.	Previous Refunds	24.	
25.	Subtract Line 24 from Line 23	25.	354
26a.	Tax Due	26a.	
26b.	Penalties	26b.	
26c.	Interest	26c.	
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	
27.	Pay this Amount	27.	
28.	Overpayment	28.	69
<u>Amou</u>	Int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	

29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	695

This page must be filed with the first page of this form.