Form <b>8879</b>
(Rev. January 2021)
Department of the Treesure

#### 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)

T.....

Тахрау	ver's name	Social securit	ty numb	er			
SAI	JASWANTH KUTUMBAKA	784-32-	-1109	5			
Spouse	s's name	Spouse's social security number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r vear vou a	re aut	thorizing.)			
Enter	whole dollars only on lines 1 through 5.	<u> </u>					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	53,720.			
2	Total tax		2	4,688.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,855.			
4	Amount you want refunded to you		4	6,167.			
5			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.

Тахрауе	er's PIN: che	eck one box	only					2 1	1 0 5	]		
×	I authorize	GLOBAL	TAXES	LLC ERO firm name		to enter or genera	ate my PIN	2 1 Enter fix	ve digits, but	as my		
	signature or			iter all zeros								
		•		are on the income tax and your return is f		,		•		-		
Your signature ► K' ∠ Late ► 04/03/2023												
Spouse	's PIN: chec	k one box c	only							٦		
	I authorize					to enter or genera	ate my PIN			as my		
	signature or	n the income	e tax retu	ERO firm name rn (original or amende	ed) I am now	authorizing.			ve digits, but nter all zeros			
		,	, 0	ure on the income tax I <b>and</b> your return is f	( )	/		0				
Snouse'	s signatura					Date 🕨	•					

Spouse s	signature F	Dale										
Practitioner PIN Method Returns Only—continue below												
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 1						9	8	9		
					Don	't er	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 >			
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sub>m</sub> 202	2	OMB No. 1545	-0074	IRS Use C	)nly—De	o not w	rite or staple in this space.		
Filing Status Check only	<b>5</b> X S	Single  Married filing jointly	Married	filing separately (N	/IFS)	Head of	housel	nold (HOH	)		ifying surviving ıse (QSS)		
one box.		u checked the MFS box, enter the n on is a child but not your dependent	,	ur spouse. If you cl	neck	ed the HOH or	QSS	box, enter	r the c	hild's	name if the qualifying		
Your first name	and mi	ddle initial	Last name	e					Yo	our so	cial security number		
SAI JASV	IANTI	I	KUTUM	BAKA					7	84-3	32-1105		
lf joint return, s	pouse's	first name and middle initial	Last name	9					Sp	Spouse's social security number			
	`	r and street). If you have a P.O. box, see	instructions	S.			A	pt. no.			ntial Election Campaign		
-		DOWN LN ce. If you have a foreign address, also co	mploto cpa		Sta	to	ZIP c	odo			if filing jointly, want \$3		
			inplete spa	ces below.	TN	-	380			•	this fund. Checking a		
COLLIER		5	For	reign province/state/o		-		⊥ / n postal coo			ow will not change or refund.		
	marine			cigit province, state, c	Journ	y	rororg	in postal cot			You Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes X No		
		eone can claim:  You as a de	-	Your spouse		_	asseij	: (See ins	ucu	5115.)			
Standard Deduction	_	Spouse itemizes on a separate retur	•	· ·		•							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	Is blind		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4	) Check the	e box i	f qualif	ies for (see instructions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax	k credi	t	Credit for other dependents		
than four									]				
dependents, see instructions	s ——								]				
and check									]				
here													
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	`	,	•				•	1a 1b	59,040.		
Attach Form(s)	c	Tip income not reported on line 1a	•	( )						10			
W-2 here. Also attach Forms	d	I ip income not reported on line 1a (see instructions)         Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d					
W-2G and	e	Taxable dependent care benefits f		()						1e			
1099-R if tax	f	Employer-provided adoption bene		-						1f			
was withheld. If you did not	g	Wages from Form 8919, line 6 .		,						1g			
get a Form	h	Other earned income (see instruct	ions) .							1h	0.		
W-2, see	i	Nontaxable combat pay election (s	see instruc	ctions)		1i							
instructions.	z	Add lines 1a through 1h								1z	59,040.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	: .			2b			
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
Deduction for -	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection me	ethod, check here (	(see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if re	equired. If not requ	ired,	, check here				7			
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10 .							8	-5,320.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. Th	nis is your <b>total inc</b>	ome	ə				9	53,720.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	e26						10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>adjı</b>	usted gross incon	ne					11	53,720.		
household, \$19,400	12	Standard deduction or itemized	deductior	<b>ns</b> (from Schedule	A)					12	12,950.		
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct		orm 8995 or Form	899	5-A				13			
Standard	14	Add lines 12 and 13								14	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our <b>t</b>	axable incom	e.		•	15	40,770.		

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

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	4,	688.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	4,	688.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,	688.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		Ο.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	4,	688.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 10	),855.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c		-		
	d	Add lines 25a through 25c						25d	10,	855.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit fror				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .		·		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	33	10,	855.					
Defund	34	If line 33 is more than line 24	34	б,	167.					
Refund	35a	Amount of line 34 you want				, .	🗆	35a	б,	167.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 7 2								
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24				1 1				
You Owe	07	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	-			38				
Third Party		you want to allow another								
Designee		structions					omplete l	selow.	X No	
3	De	signee's		Phone			sonal identi	fication		
	nai	ne		no.		num	iber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of		1	ased on all informati	1			
	Yo	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return?					SOFTWARE (C	LOUD) ENGINE	1000	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sign.	Date	Spouse's occupa	,		e IRS ser	nt your spouse	e an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,	5				Iden	tity Prote	ection PIN, en	
your records.							(see	inst.)		
		one no. (901)864-646		Email address	JASWANTH.KUT	UMBAKA@GMAIL.C				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	04/02/2023	P0247	0833	Self-em	ployed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Pho	ne no. (	678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-214	45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form <b>10</b>	<b>)40</b> (2022)

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAI JASWANTH	KUTUMBAKA	784-32	-1105

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. Atta		5	-5,320.
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	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	F 200
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-5,320.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
-	tax law violations	_	
j	Housing deduction from Form 2555	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 1 (Form 1040)	) 2022

(Form	1040)	(Fro	om re	ental real esta	ate, royalties, partı	nersh	nips, S	s corporati	ions, es	states,	trusts, REMI	Cs, etc.)	20	19	2
	nent of the Treasury Revenue Service			Go to www	Attach to Form 1 v.irs.gov/Schedule			,	,		nformation.		Attachn Sequen	ックローク nent ice No	13
	) shown on return											Your soc	ial security		
SAI	JASWANTH	KUTI	UMB.	AKA									32-1105		
Part	I Income	or L	oss	From Rer	ntal Real Estate	e an	d Ro	yalties							
	rental inco	ome o	r loss	s from <b>Form 4</b>	renting personal pr 1835 on page 2, line	9 40.									
					hat would require									_	
B	f "Yes," did you	ı or w	/ill yc	ou file require	ed Form(s) 1099?								. 🗌 Ye	s 🗌	No
<b>1</b> a	Physical add	ress o	of ea	ch property	(street, city, state	e, ZIF	o code	e)							
Α	VENKATAYA	PAI	LEM	KHAMMAM	TELANGANA I	N 5	0731	18							
B															
C										1		1			
1b	Type of Prope (from list below		2	above, repo	ental real estate properties of the number of	fair ı	rental	and		Fa	air Rental Days		nal Use ays	Q	λſ
Α	3				se days. Check th the requirements				Α		365		0	[[	
В					int venture. See ir				В					[[	
С				quamoa jo		lotid	otionic	5.	С					[[	
	of Property:														
	Single Family R				ation/Short-Term	Rent	tal	5 Land			Self-Rental	、			
2	Multi-Family Re	esider	nce	4 Con	nmercial			6 Roya	alties	8	Other (desc	ribe)			
											Propert	ies:			
Incom	ne:								Α		В			С	
3							3		3	80.					
4	Royalties rece	ived					4								
Exper															
5	•						5								
6							6		1 0						
7	-						7		Ι,Ο	20.					
8 9							8 9								
9 10							10								
11	-						11		2	350.					
12	•				c. (see instruction		12								
13							13								
14	Repairs						14		1,1	20.					
15							15		1,2	250.					
16	Taxes						16								
17							17		1,4	60.					
18	-	expen	ise o	or depletion			18								
19	Other (list)						19								
20				0	19		20		5,7	00.					
21					and/or 4 (royalties										
					find out if you m		21		-5,3	20					
22					fter limitation, if a		21		5,5	20.					
22	on Form 8582	e (see	inst	ructions) .			22	(	5,32	20.)	(		)()		)
23a					e 3 for all rental pr					23a		380.			
b					e 4 for all royalty p	-				23b					
c					e 12 for all proper					23c					
d					e 18 for all proper					23d		- 700			
e 24					e 20 for all proper					23e		5,700.			
24 25		-			own on line 21. <b>Do</b> 21 and rental real			-		- · ·	· · · · ·	. 24 ere 25	(	5,3	20 1
20	Loggeg. Auur	Jyans	, 1033		Li unu iontarioari	Jorar	0 1000	,55 110111 111	·· · · · ·		orar 1000000 HC		11	2,2	<u>د</u> ر. )

**Supplemental Income and Loss** 

SCHEDULE E

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For Paperwork Reduction Act Notice, see the separate instructions.

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-5,320.

OMB No. 1545-0074

	le All	<b>(50)</b> Pages nd W-2	of Yo	bur	022			<u>li</u> na D		nt of I	<b>Return</b> Revenue	DOR Use Only				
				or fiscal year					and ending			Are you a				No X
		WANTI			JMBAKA				Your	ssn∙ 7	84321105		<u>ouse a veter</u> granted an a		Yes	
		<u>TN 3</u>							Spouse's		01521105		al income ta	ax return,	e.g., Form	,
Filing	Statu	s X	1. Sing	gle id of Househo			ied Filing ifying Wi	-	📙 3. Ma	rried Filin	ng Separately	Veeren	Yes	No	X	
Were	you a	residen		C. for the enti		J. Quai	Yes		X	Return	for deceased t		ouse died: Date o	of death:		
				ent for the en			Yes	No			for deceased	•		of death:		
					-						Fund by makir ayment of \$	-	bution or d . To des	-	-	
					-		-		· ·		for information			· · · ·		
		•			••••••						ril 15, 2023, ar <u>Personal Rep</u> r			esident.		
FS	1	PP	Y		DT	Ν	OC	N	TPRES	N	SPRES	N	VT	Ν	SVT	N
гS	T	PP	T		DI	IN	UC	IN	IPKES	IN	SPKES	) IN	VI	IN	511	IN
KUTU	Ī	686		38017	DS	Ν	EA	Ν	TD			SD			FDEX	XT N
SAI	JAS	WAN	ГН		KUTU	MBAK	A			78	4321105					
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000	CIF	KESS	S DC	OWN LN						C	OLLIERV	보니나比				
06			537	720		16			0		26C			0		7
07				0		18	Y		0		26E			0		0201
09				0		20A			2736		EU					500
10A				0		20B			0		27			0		
10B				0		21A			0		29			0		
11	S	Y	I	N		21B			0		30			0		
11			127	750		21C			0		31			0		
13			109	990		21D			0		32			0		
14			450	026		26A			0		34		4	89		
15			22	247		26B			0							
TN	9	0186	5464	163		PN	6	57890	659522		PP	PO	24708	33		
		turn B			fund D		hadulaa	489			nt Due	0	0			
the best	of my kr	lowledge a	ave exai and belie	<i>mined this returr</i> f, they are true,	correct, and o	complete.	nedules al	na statem	ents, and to		eck here if you a discuss this retur					
Your Sig	acture					Date			aature <i>(If filing i</i>	oint return	, both must sign.)	Date		18646	463 No. (Include )	area code)
		R USE ON	ILY If	prepared by a p	erson other t		-				of which the prepa					
		a						6000	<				_	00470	0.0.0	
		SAI Signature	PAVA	AN KUMAR	<u>D</u> 0	4 02 Date	_		659522 ntact Phone Nu	nber <i>(Inclu</i>	ude area code)			02470 arer's FEIN	833 , SSN, or PT	TIN
	lf v	ou ARE	NOT di								X R, RALEIGH, I REVENUE, P.C			H, NC 276	640-0640	

Last Name (First 10 Characters) KUTUMBAKA

Your Social Security Number

784321105

6.	Federal Adjusted Gross Income	6.	53720
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	53720
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	40970
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	1.0990
14.	N.C. Taxable Income	14.	45026
15.	N.C. Income Tax	15.	2247
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2247
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2247
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	2736
20b.	Spouse's tax withheld	20b.	0
Othor	Tax Payments		
Other	Tax Fayments		
21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	2736
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2736
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	489
Amou	int of Refund to Apply to:		
<u></u>			
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.	489

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

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

#### D-400 Sch PN (50)

8-17-22

#### 2022 Part-Year Resident and Nonresident Schedule

DOR
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Use
Only
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.

784321105 KUTUMBAKA Your Social Security Number Last Name (First 10 Characters) A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form. NRT Υ PYT Ν 22 59040 23 53720 NRS Ν PYS Ν Part A. Residency Status Taxpayer is: (Select applicable box) Spouse is: (Select applicable box) Full-Year Resident X Nonresident Full-Year Resident Nonresident Part-Year Resident Part-Year Resident Date N.C. residency began Date N.C. residency began Date N.C. residency ended Date N.C. residency ended If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400. Part B. Allocation of Income for Part-Year Residents and Nonresidents **COLUMN A** COLUMN B **Total Income** Total Income Amount of Column A from all sources subject to N.C. tax 59040 59040 1. Wages, Salaries, Tips, Etc. 1. 2. 0 0 2. **Taxable Interest** 0 0 3. Taxable Dividends 3. 4. Taxable Refunds, Credits, or Offsets 0 of State and Local Income Taxes 4. 0 0 5. Alimony Received 5. 0 6. Business Income or (Loss) 0 Ω 6. 0 7. Capital Gain or (Loss) 7. 0 8. 0 Ω 8. Other Gains or (Losses) 9. Taxable Amount of IRA Distributions 9. 0 0 10. **Taxable Amount of Pensions** 0 0 and Annuities 10. 11. Rental Real Estate, Royalties, Partnerships, -5320 0 S-Corps, Estates, Trusts, Etc. 11. 12. Farm Income or (Loss) 12. 0 0 13. 13. 0 0 **Unemployment Compensation** 14. Taxable Portion of Social Security 0 0 and Railroad Retirement Benefits 14 15. Other Income 15. 0 0 16. Total Income 16. 53720 59040 **COLUMN A** COLUMN B North Carolina Adjustments Enter the amount from Amount of Column A Form D-400 Schedule S subject to N.C. tax 17. Additions 0 0 a. Interest Income From Obligations of States Other Than N.C. 17a. 0 0 b. Deferred Gains Reinvested Into an Opportunity Fund 17b 0 0 c. Bonus Depreciation 17c. 0 0 d. IRC Section 179 Expense 17d 0 0 e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income 17e 0 18 **Total Additions** 18 0

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

Last Name (First 10 Characters) KUTUMBAKA

Your Social Security Number

784321105

		C	OLUMN A	COLUMN B	
		Enter t	he amount from	Amount of Column A	
		Form D	-400 Schedule S	subject to N.C. tax	
19.	Deductions				
	a. State or Local Income Tax Refund	19a.	0	0	
	<ul> <li>Interest Income From Obligations of the United States</li> </ul>				
	or United States' Possessions	19b.	0	0	
	c. Taxable Portion of Social Security and				
	Railroad Retirement Benefits	19c.	0	0	
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0	
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement				
	e. Bonus Asset Basis	19e.	0	0	
	f. Bonus Depreciation	19f.	0	0	
	g. IRC Section 179 Expense	19g.	0	0	
	h. Other Deductions From Federal Adjusted Gross				
	Income That Relate to Gross Income	19h.	0	0	
20.	Total Deductions	20.	0	0	
21.	Total Income Modified by N.C. Adjustments	21.	53720	59040	
art (	C. Part-Year Residents and Nonresidents Taxable Percentage				
22.	Enter the Amount From Column B, Line 21		22	59040	
23.	Enter the Amount From Column A, Line 21		23		
23. 24.	Part-Year Residents and Nonresident Taxable Percentage		24		

REV 01/26/23 PRO

Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         686 CYPRESS DOWN LN       City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         COLLIERVILLE       TN       38017       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.	E <b>1040</b> Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Re				<sub>rn</sub> 202	2022		-0074 IRS Use Only-		nly—Do	y-Do not write or staple in this space.			
one box.       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying periods is a child but not your dependent:       Your fart name and midd entitial       Your social security number         Your fart name and midd entitial       Last name       Your for the child's name if the qualifying periods is a child but not your dependent:       Your social security number       Your social security number         Home address (number and street). If you have a foreign address, also complets spaces below.       State       2/P code       Presidential Election Campaign Chick two, or your Chick two, or point of the your or your Chick two, or point of the your or your Chick two.       Presidential Election Campaign Chick two, or your Chick two refind.         COLLIRENTILLE       TIN       38017       You want S3       Presidential Election Campaign Chick two, or your Chick two, or your Chick two, or your Chick two, representations, or therwise dispose of a cligital asset (or a financial intervel in a digital asset)?       Presidential Election Campaign Chick two refind.         Standard       Someone can claim       You as a dependent       You gouse as a dependent       You gouse as a dependent         Deduction       Graduat security and the sourt qualifies to res and under two refind.       Intervent on you were a class-tatus alien       Intervent addition to the origon addition to the orif qualifies to rependent the orif qualifies to refere	-	<b>X</b> S	Single  Married filing jointly											
SAI JASWANTH         KUTUMBAKA         784-32-1105           Hjört Hum, spone's first name and middle inflat         Last name         Spouse's social security number           Home address (rumber and street). Hyou have a PO. box, see instructions.         Apt. no.         Presidential Election Campaign Check con, or post office. Hyou have a foreign address, also complete spaces below.         State         2P code           Seld CYPERSS DOWN LN         Third State         2P code         Third State         Check con, or post office. Hyou have a toreign address, also complete spaces below.         State         2P code         Third State         Third State         Check con, or post office. Hyou have a toreign address, also complete spaces below.         State         2P code         Third State         Third Sta			-	5	our spouse. If you c	heck	ed the HOH or	QSS	box, enter	the cl	hild's	name if the qualifying		
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         CBC       CYDENESS       DOWN I.N       Check here if you, or your         CCULTERVTILLE       Time       380.17       Spouse's social security want 33         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse's social security want 33         Assets       schange, gift, or otherwise dispose of a digital asset of rain financial interest in a digenedent       Quer spouse as a dependent       Quer spouse as a dependent       Quer spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allein       Age/Bindness       You       No         Age/Bindness       You was a dependent       Quer spouse as a dependent       Check the box if qualifies for tee instructions)         If more and otheck       In trata amount from Form(s) W-2, box 1 (see instructions)       In trata asset of mass.       In a fortal amount from Form(s) W-2, cox 1 (see instructions)       In a fortal amount form form 839, line 29       In a fortal amount form form 839, line 29       In a fortal amount form	Your first name and middle initial				e					Yo	Your social security number			
Home address (number and street). If you have a P.O. box, see instructions.       Apl. no.       Presidential Election Campaign Check here if you, or your spoces if filing jointly, want S3         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2/P code         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2/P code         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Digital Assets       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 claim:       You as a dependent       Your       Spouse itemizes on a separate return or you ware a dual-status alien         Age/Bindness       You:       Were born before January 2, 1958       Is blind         Dependents       (see instructions):       (g) Social accurity       (g) Retainship       (G) check the box (retainforce)         If more than four dependents, see instructions;       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       Sp 0, 040.         If could anount from Form(s) W-2, box 1 (see instructions)       Ia       Sp 0, 040.       Ia       Sp 0, 040.         W-26 and total anount from Form(s) W-2, box 1 (see instructions)       Ia       Sp 0, 040.<	SAI JASW	IANTI	ł	KUTUM	IBAKA					78	34-3	2-1105		
686       CYPRESS DOWN LN       Check here if you or your         City, tow, or pool office, if you have a foreign address, also complete spaces below.       TN       ZiP code       Jaso 17         Coll, IERVILLE       TN       38017       by oue if filing jouine, want 33       to pot this fund. Checking a country name         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (See instructions.)       Yee       No         Standard       Someone can climic. '' you as a dependent '' you resource as a dependent.'' you provide display asset (or a financial interest in a digital asset); (See instructions.).       Yee       No         Beduction       Spouse itemizes on a separate return or you were a dual-status alien       Yee       No         Age/Bindness       You: '' you bay a dire display asset (or a financia) interest in a digital asset (or a financia) interest interest interest (or a diffied digital interest i	lf joint return, sp	oouse's	first name and middle initial	Last nam	e					Sp	Spouse's social security number			
COUNT CLINE OUT Not any and offer. If you have a foreign address, also complete spaces below.       State       IP       State       IP       Space of think in the count of the		`	, , ,	instructior	IS.			A	pt. no.					
COLLIERVIILE       TN       38017       to go to this fund. Checking a box below with a charge you tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you is corrected.         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, gft, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Ives in the second sec	-			molete en		Sto	to	710 0	ada					
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.       your tax or refund.         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.)       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       (see instructions):       (i) First name       (ii) First name       (iii) First name				inpiere spa	aces below.		-				•	•		
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.)       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Ves       No         Age/Blindness       You:       Wes born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents, see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         If more there       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       59, 040.         If there       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       59, 040.         If wable dependent care benefits from Form 2441, line 26       1       1       1       1         If wable dependent care benefits from Form 2439, line 6       1       1       1       1         I			5	Fo	preign province/state/		-					•		
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes X No         Standard       Someone can claim: ↓ You as a dependent ↓ Your spouse as a dependent         Age/Blindness       You: ↓ Were born before January 2, 1958 ↓ Are bind       Spouse i winzes on a separate return or you were a dual-status alien         Age/Blindness       You: ↓ Were born before January 2, 1958 ↓ Are bind       Spouse i Was born before January 2, 1958 ↓ Are bind       You i Were born before danuary 2, 1958 ↓ Are bind         Dependents       (see instructions):       (a) Social security       (a) Relationship       (b) Check the box if qualifies for (see instructions):         If more       (1) First name Last name       (a) Social security       (a) Relationship       (b) Check the box if qualifies for (see instructions)         If ese instructions       (a) Total amount from Form(s) W-2, box 1 (see instructions)       (b) Check the box if qualifies for (see instructions)       (c) Check the box if qualifies for (see instructions)         Ver2 here Alie       Total amount from Form(s) W-2, box 1 (see instructions)       (c) To in income not reported on line 1a (see instructions)       (c) To income not reported on line 1a (see instructions)       (c) To income not reported on Form (s) W-2 (see instructions)       (c) To income not reported on Form (s) W-2 (see instructions)       (c) To income not reported on Form S0 W-2 (see instructions)       (c) To income not reported on Form S0 W-2 (see instructions) <t< td=""><td></td><td>inairie</td><td></td><td></td><td>n eign pro fillioo, etato, f</td><td></td><td>5</td><td></td><td></td><td></td><td></td><td></td></t<>		inairie			n eign pro fillioo, etato, f		5							
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for cee instructions;         (1) First name       Last name       number       is you       Check the box if qualifies for cee instructions;         (1) First name       Last name       number       is you       Check the box if qualifies for cee instructions;         (1) First name       Last name       number       is you       Check the box if qualifies for ceel instructions;         and check														
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):         Income       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         Income       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         Income       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         It for (she the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         It get a form       W-28 see instructions)       Image: C				-			_	asseij	: (See IIIS	liuciic	JII5.)			
Dependents (a) Check the box if qualifies for (see instructions): (b) First name       (c) Check the box if qualifies for (see instructions): Child tax credit       (c) Check the box if qualifies for (see instructions): Child tax credit         (c) Check the box if qualifies for (see instructions): than four dependents, see instructions and check here       (c) Check the box if qualifies for (see instructions): Child tax credit       (c) Check the box if qualifies for (see instructions): Child tax credit         Income here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (c) Check the box if qualifies for (see instructions): Child tax credit       (c) Check the box if qualifies for (see instructions): Child tax credit         Income here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (c) Check the box if qualifies for (see instructions): Child tax credit       1a       59, 040.         Attach Form(s)       Tip income not reported on Form(s) W-2 (see instructions)       1c       1c       1c         W-26 and 1099- Fit fat ax was withheld       Fit guided adoption benefits from Form 8839, line 29       1f       1d         W-26 and 1099- Fit fat ax was withheld       Qualified dividends       3a       b       b       1a       59, 040.         Yue did not get a Form W-2, see instructions.       Za       Tax-exempt interest       1z       59, 040.       1z       59, 040.         Standard Deduction fore strauge       Sa <td< td=""><td></td><td>_</td><td></td><td>•</td><td> ·</td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td></td<>		_		•	·		•							
Dependents       (b) First name       Last name       number       (b) rown       (c) Red tax credit       Credit for other dependents         dependents, see instructions and check	Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind		
If more       (1) it is half be       List half be       1	Dependents	(see	instructions):		(2) Social security	,	(3) Relationsh	ip <b>(4</b>	) Check the	e box if	qualifi	es for (see instructions):		
dependents, see instructions and check here <ul> <li>a Total amount from Form(s) W-2, box 1 (see instructions)</li> <li>b Household employee wages not reported on Form(s) W-2.</li> <li>c Tip income not reported on line 1a (see instructions)</li> <li>c Tip income not reported on line 1a (see instructions)</li> <li>c Tip income not reported on Form(s) W-2.</li> <li>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</li> <li>c Tip income not reported on Form(s) W-2 (see instructions)</li> <li>d Medicaid waiver payments not reported on Form 839, line 29</li> <li>d Medicaid waiver payments not reported on Form 8439, line 26</li> <li>f Employer-provided adoption benefits from Form 8439, line 29</li> <li>f Montaxable combat pay election (see instructions)</li> <li>d Montaxable combat pay election (see instructions)</li> <li>d Into 0.</li> <li>f required.</li> <li>g Add lines 1a through 1h</li> <li>d Taxable amount</li> <l< td=""><td>If more</td><td>(1) Fi</td><td>rst name Last name</td><td></td><td>number</td><td></td><td>to you</td><td></td><td colspan="2">Child tax o</td><td>. (</td><td>Credit for other dependents</td></l<></ul>	If more	(1) Fi	rst name Last name		number		to you		Child tax o		. (	Credit for other dependents		
see instructions       Image: Im										]				
and check	•									]				
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       59,040.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on Iine 1a (see instructions)       1c         W-2 Area, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Area       d       Medicaid waiver payments not reported on Form 8039. line 29       1d         W-2 Area       e       Taxable dependent care benefits from Form 839.9, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l         v-2, see       instructions,       1h       0.         z       Add lines 1a through 1h       1t       259,040.         ztax-exempt interest       2a       a       b       Datable interest       2b         if required.       3a       Qualified dividends       3b       b       5b         Beduction for-       6a       Social security benefits       6a       5b       5b         Beductin for       Form sons and annuities       5a       b       5b </td <td></td> <td>, </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>]</td> <td></td> <td></td>		, 								]				
Itechnologies       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       11         V-2, see       i       Nontaxable combat pay election (see instructions)       1i         y-2, see       i       Nontaxable combat pay election (see instructions)       1i         y-2, see       i       Nontaxable combat pay election (see instructions)       1i         y-2, see       i       Nontaxable combat pay election (see instructions)       1i         y-2, see       is Nontaxable combat pay election (see instructions)       1i       1z       59, 040.         ztach Sch. B       za       Qualified dividends       3a       b       Dataxable amount       4b         Standard       Deduction for       5a       b       Taxable amount       6b         Married filing separately, 812,950       Atd lines 1z, 2b, 3b, 4b, 5b	here 🗌													
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also W-2 feer. Also dtattach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also dtattach Form(s)       e       Taxable dependent care benefits from Form 2441, line 26       1e         Uogen Rift fax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Za       Add lines 1a through 1h       1z       59, 040.         Attach Sch. B       2a       Tax-exempt interest       2b         Jander Gliing separately.       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b         Get affiling separately.       r       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7         Standard filing separately.       8       Other income from Schedule 1, line 10       53, 720.         Standard filing separately.       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10	Income			•	,					•		59,040.		
W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 109-R if tat       Faxable dependent care benefits from Form 2441, line 26       1e         109-R if tat       Gamma       Faxable dependent care benefits from Form 8839, line 29       1f         If you did not get a Form       Wages from Form 8919, line 6       1g         W-2, see instructions.       Nontaxable combat pay election (see instructions)       1i         W-2, see instructions.       Add lines 1a through 1h       1z       59, 040.         Attach Sch. B       2a       b       Tax-exempt interest       2b         if required.       3a       b       Ordinary dividends       3b         Standard       5a       b       Taxable amount       5b         Getuction for- Single or Married fling separately, S12,950       Fay elect to use the lump-sum election method, check here (see instructions)       7         S12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         S12,950       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       53, 720.         If you elect to use the lump-sum election from Schedule 1, line 26       11       53, 720.       11         S14,900       12 <td>Attach Form(s)</td> <td></td> <td>. , ,</td> <td colspan="5"></td> <td></td> <td>•</td> <td>-</td> <td></td>	Attach Form(s)		. , ,							•	-			
W-26 and 1099-R if tax was withhed f       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withhed f       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withhed get a Form W-2; see instructions.       h       Other earned income (see instructions)       1l         w-2; see instructions.       n       Other earned income (see instructions)       1l       0.         w-2; see instructions.       z       Add lines 1a through 1h       1z       59,040.         Ztax-exempt interest       2a       b       b       Taxable interest       2b         if required.       3a       b       Ordinary dividends       3b       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       b       Taxable amount       5b       6b       6b       6b         Standard Deduction for- 6a       Social security benefits       6a       b       Taxable amount       6b         6a       b       Taxable amount       6b       6b       6b       6b         9       Social security benefits       6a       b       Taxable amount       6b         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. T				•	,									
1099-Riftax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1g         get a Form       h       Other earned income (see instructions)       1i         w2, see       i       Nontaxable combat pay election (see instructions)       1i         w2, see       i       Nontaxable combat pay election (see instructions)       1i         w4, see       i       Nontaxable combat pay election (see instructions)       1i         w4, see       i       Nontaxable combat pay election (see instructions)       1i         w4, see       istructions.       2a       b       Taxable interest       2b         Attach Sch. B       2a       b       Ordinary dividends       3b       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard       Sa       Pensions and annuities       5a       b       Taxable amount       5b         Standard fling separately, sile soo       c       If you elect to use the lump-sum election method, check here (see instructions)       7       53, 720.         Married fling jointly or       Qualified dividends 1, line 10       8       -5, 320.       9											-			
was withined.       g       Wages from Form 8919, line 6       1g         if you did not       g       Wages from Form 8919, line 6       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       Ualified dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       Social security benefits       6a       b       Taxable amount       6b         Single or Maried fling separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Varied fling jointly or Qualifying surving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       53, 720.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       53, 720.         11       Standard Deduction or itemized deductions (from Schedule A)       12       12, 950. <td></td> <td>f</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		f	•											
In you do not   W-2, see   instructions.   Z   Add lines 1a through 1h   Xtach Sch, B   2a   Add lines 1a through 1h   Xtach Sch, B   2a   2a   Add lines 1a through 1h   Xtach Sch, B   2a   2a   3a   Qualified dividends   3a   4a   IRA distributions   4a   Bandard   Deduction for-   6a   6a   5a   Bandard Deduction for-   6a   6a   6a   bandard Deduction for-   6a   6a   6a   bandard Deduction for-   6a   6a   6a   5a    6a    5b    6a   5a    6a    5b    6a    5a    6a    5b    6a   5a    6a    5b    6a   5a    6a    5b    6a   5b    6a   5a   6a   5b    6a   5a    6a   5b    6a   5a    6a   5b   6a   6a   5					<i>,</i>									
Instructions.       Image: Comparison of the particulation of the particul		-	•									0.		
z       Add lines 1a through 1h       1z       59,040.         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       3a       b       Ordinary dividends       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       5b         Single or       Married filing separately, \$12,950       Social security benefits       6a       b       Taxable amount       7         Variet filing pouse, \$25,900       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -5,320.         Married filing jointly or Qualifying spouse, \$26,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       53,720.         10       Adjustments to income from Schedule 1, line 26       10       11       53,720.         11       53,720.       10       Subtract line 10 from line 9. This is your adjusted gross income       12       12,950.         14       Add lines 12 and 13       Add lines 12 and 13       14       12,950.       14       12,950.		i	Nontaxable combat pay election (	see instru	ctions)		1i							
if required. 3a Qualified dividends 3a   4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Social security benefits   6a Social security benefits   6a Social security benefits   6a b   5b 5b   6a Social security benefits   6a b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 53, 720.   10 11   11 53, 720.   10 12   11 53, 720.   12 12, 950.   13 Qualified business income deduction from Form 8995 or Form 8995-A   14 12, 950.   15 Subtract line 14 from line 11 if zero or less enter -0- This is your taxable income		z	Add lines 1a through 1h		, , , , , ,						1z	59,040.		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       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)       c       c         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       53, 720.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       53, 720.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       53, 720.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       53, 720.         10       Adjustments to income from Schedule 1, line 26       11       53, 720.       11         11       53, 720.       11       53, 720.       12       12, 950.         14       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest				2b			
Standard Deduction for-       5a       5a       b       Taxable amount	if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds .			3b			
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       Other income from Schedule 1, line 10       .       .       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       Other income from Schedule 1, line 26       .       9       53,720.         • Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       .       11       53,720.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       .       .       13         • Head of household, \$19,400       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13         • If you checked any box under Standard       14       12,950.       13       .       14       12,950.		4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Head of household, \$12,950</li> <li>Head of household, \$12,900</li> <li>Head of household, \$12,900</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>His your adjusted gross income</li> <li>His your adjusted gross income</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of Add lines 12 and 13</li> <li>Head of household, \$12, 20, 30, 41, 50, 50, 50, 70, 70, 70, 70, 70, 70, 70, 70, 70, 7</li></ul>	Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, infor required, check here       1       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       53, 720.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       53, 720.         • If you checked any box under Standard       12       12, 950.       13       14       12, 950.         • If you checked any box under Standard       14       12, 950.       14       14       12, 950.         • If you checked any box under Standard       15       40, 770       15       40, 770	Married filing	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)							
<ul> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Head of household, \$12 and 13</li></ul>		2,950       7       Capital gain or (loss). Attach Schedule D in required, in hot required, check here								7				
Qualifying surviving spouse, \$25,900       9       Add lines 12, 20, 30, 4b, 5b, 6b, 7, and 8. This is your total income       9       53, 720.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       53, 720.         I f you checked any box under Standard Deduction,       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         I f you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       40, 770	<ul> <li>Married filing</li> </ul>									8	-5,320.			
\$25,900       10       Adjustments to income norm outedule 1, inte 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       53,720.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Id 12,950.       14       12,950.       14       12,950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       40,770		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	come	<b>ə</b>				9	53,720.		
• Head of household, \$12       Subtract line 10 from line 9. This is your adjusted gross income       11       53,720.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • If you checked any box under Standard       14       12,950.       13       14       12,950.         • Beduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       40,770		10	Adjustments to income from Sche	dule 1, lin	ne 26						10			
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       40,770	<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is	s your <b>adj</b>	usted gross incor	ne					11	53,720.		
• If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       40,770		12	Standard deduction or itemized	deductio	ns (from Schedule	A)					12	12,950.		
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         40,770	<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from F	Form 8995 or Form	899	5-A				13	<u> </u>		
	Standard	14	Add lines 12 and 13								14	12,950.		
		15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our <b>1</b>	axable incom	е.			15	40,770.		

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

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	4,	688.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	4,	688.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	22	4,	688.					
	23	Other taxes, including self-e	23		Ο.					
	24	Add lines 22 and 23. This is	24	4,	688.					
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 10	),855.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	10,	855.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .		· 		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	33	10,	855.					
Defined	34	If line 33 is more than line 24		34	б,	167.				
Refund	35a	Amount of line 34 you want	35a	б,	167.					
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 7 2								
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24				1 1				
You Owe	07	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	-			38				
Third Party		you want to allow another								
Designee		structions					omplete l	selow.	X No	
3	De	signee's		Phone			sonal identi	fication		
	nai	ne		no.		num	iber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of		1	ased on all informati	1			•
	Yo	our signature Date Your occupation If the								
Joint return?		SOFTWARE (CLOUD) ENGINEER (se								
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	,		e IRS se	nt your spouse	e an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,	5				Iden	tity Prote	ection PIN, en	
your records.			(see	inst.)						
		one no. (901)864-646		Email address	JASWANTH.KUT	UMBAKA@GMAIL.C				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	VENK	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 04/02/2023 P02470							Self-em	ployed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Pho	1e no. (	678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-214	45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form <b>10</b>	<b>)40</b> (2022)

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAI JASWANTH	KUTUMBAKA	784-32	-1105

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. Atta		5	-5,320.
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	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	F 200
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-5,320.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b			
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses	_	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
-	tax law violations	_	
j	Housing deduction from Form 2555	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
05	Tatal ather adjustments Add lines 04s through 04s	05	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BAA REV 03/22/23 PRO	Schedule 1 (Form 1040)	) 2022

(Form 1040)		(Fro	om re	ental real esta	ate, royalties, partn	ershi	ps, S	corporati	ons, es	states,	trusts, REMI	Cs, etc.)	$\mathcal{D}($	19	2
	nent of the Treasury Revenue Service			Go to www	Attach to Form 10 v.irs.gov/ScheduleE				,		nformation.		Attachn Sequen	nent ce No	13
	) shown on return											Your so	cial security		
SAI	JASWANTH	KUTI	UMB.	AKA									32-1105		
Part	Income	or L	oss	From Rer	ntal Real Estate	and	Ro	yalties							
	rental inco	ome o	r loss	s from <b>Form 4</b>	renting personal pro 1835 on page 2, line	40.									
					hat would require y									_	
B	f "Yes," did you	ı or w	/ill yc	ou file require	ed Form(s) 1099?								. 🗌 Ye	es 🗌	No
<b>1</b> a	Physical add	ress o	of ea	ch property	(street, city, state,	ZIP	code	e)							
Α	VENKATAYA	PAI	LEM	KHAMMAM	TELANGANA IN	N 50	0731	L8							
B															
C										1		1			
1b	Type of Prope (from list below	ow) above, report the number of fair									ir Rental Days		nal Use ays	Q	)VU
Α	3				se days. Check the the requirements				Α		365		0	[	
В					int venture. See ins				В					[	
С				quamoa jo		otrao			С					[	
	of Property:														
	Single Family R				ation/Short-Term F	Renta	al	5 Land			Self-Rental				
2	Multi-Family Re	esider	nce	4 Com	nmercial			6 Roya	lities	8	Other (desc	ribe)			
											Propert	ies:			
Incom	ne:					_			Α		В			С	
3							3		3	80.					
4	Royalties rece	ived					4								
Exper															
5	•					-	5								
6						-	6		1 0	0.0					
7	-					-	7	1,020.							
8 9						-	8 9								
9 10						-	9 10								
11	-					-	11	850.							
12	•				c. (see instructions	-	12			50.					
13						· –	13								
14	Repairs					. [	14		1,1	20.					
15							15		1,2	50.					
16	Taxes					. [	16								
17							17		1,4	60.					
18	-	expen	ise o	or depletion		•	18								
19	Other (list)					-	19								
20				0	19	-	20		5,7	00.					
21					and/or 4 (royalties).										
					find out if you mu		21		-5,3	20					
22					fter limitation, if ar	-	21		5,5	20.					
22							22	(	5,32	20.)	(		)(		)
23a					e 3 for all rental pro					23a		380.			
b					e 4 for all royalty p		rties			23b					
С					e 12 for all properti					23c					
d					e 18 for all properti					23d					
e					e 20 for all properti					23e		5,700.			
24 25		-			own on line 21. <b>Do</b>			-		· ·		. 24	-	E 7	20 \
25	LUSSES. Aud r	uyall)	1055	562 II OI II III II	21 and rental real e	้อเลเยี	1022	ວາເບເປເຟ	10 22. 5	_nter to	jiai iusses ne	ere 25	11	ు, చ	20.)

**Supplemental Income and Loss** 

SCHEDULE E

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For Paperwork Reduction Act Notice, see the separate instructions.

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OMB No. 1545-0074