IRS e-file Signature Authorization

OMB No. 1545-0074

774-01-5400

846-40-9430

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpayer's name Social security number NAGARJUNA KARNATI Spouse's name Spouse's social security number SNEHA KUMBOJI Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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

5	Amount you owe	5							
4	Amount you want refunded to you	4	7 , 530.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,378.						
2	Total tax	2	4,848.						
1	Adjusted gross income	1	69,755.						
110101	Tote: I offi 1040 00 mers doe mers doe mers 1, 2, 0, and 0 blank.								

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

				EBO firm name		Ē
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			

1	5	4	0	0	as my
Ente don	as my				

9 0

4

Enter five digits, but don't enter all zeros

3 0

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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	te 🕨	•						
Practitioner PIN Method Returns Only—c	ontinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	I PIN.	2	2			3 all ze	 9	8	9

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

ERO's signature 🕨		Date 🕨	
Don	ERO Must Retain This Form – S Submit This Form to the IRS Unle		
			F 0070 (D 01 0001)

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

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 202	22	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple in th	nis space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of yc	d filing separately our spouse. If you				· · · ·	spo	lifying survivi use (QSS) s name if the c	0
Your first name	and mi	ddle initial	Last nam	ie					Your so	cial security n	umber
NAGARJUI	JA		KARNA	ITA					774-	01-5400	
lf joint return, s	pouse's	first name and middle initial	Last nam	ne					Spouse	's social securi	ty number
SNEHA			KUMBC)JI					846-	40-9430	
Home address	(numbe	er and street). If you have a P.O. box, see	instructior	ns.			A	Apt. no.	Preside	ntial Election	Campaigr
346 TUF:	TON (СТ								here if you, or	,
CAYCE		ce. If you have a foreign address, also co	mplete spa	aces below.	Sta S(ZIP c 290		to go to box bel	if filing jointly, this fund. Cho low will not cha	ecking a
Foreign countr	y name		Fo	preign province/state	coun/	ity	Foreig	n postal code	your tax	x or refund.	- -
										You	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	digital a	sset (or a financia	inter	est in a digital	-			Yes 2	K No
Standard	_	eone can claim: You as a de				·					
Deduction		Spouse itemizes on a separate return	n or you v	were a dual-status	alier	ו					
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind	
Dependent	s (see	instructions):		(2) Social securi	tv	(3) Relationsh	ip (4) Check the b	ox if quali	ifies for (see ins	tructions):
If more		irst name Last name		number	,	to you		Child tax c	redit	Credit for other	dependents
than four											
dependents,											
see instruction and check	5 —										
here]										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .					. 1a	80	,495.
moome	b	Household employee wages not re	eported o	on Form(s) W-2 .					. 1b)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see inst	tructions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see	instru	uctions)			. 1d	1	
W-2G and	е	Taxable dependent care benefits f	e dependent care benefits from Form 2441, line 26					. 1e	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 2	э.				. 1f	:	
lf you did not	g	Wages from Form 8919, line 6 .							. 1g	1	
get a Form	h	Other earned income (see instructi	ons) .				· ·		. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		1 i					
	Z	Add lines 1a through 1h							. 1z	: 80	,495.
Attach Sch. B	2a		2a			axable interest			. 2 b)	8.
if required.	3a		3a	15.	b	Ordinary divide	nds .		. 3b)	15.
	4a		4a			axable amoun			. 4b)	
Standard Deduction for —	5a		5a			axable amoun			. 5b)	
Single or	6a		6a			axable amoun	t		. 6b)	
Married filing separately,	С	If you elect to use the lump-sum el		-	•	,	• •	L	_		
\$12,950	7	Capital gain or (loss). Attach Scheo					• •	L	7		,000.
 Married filing jointly or 	8	Other income from Schedule 1, line					• •		. 8		,763.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					. 9		,755.
\$25,900	10	Adjustments to income from Sche					• •		. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is					• •		. 11		<u>,755.</u>
\$19,400	12	Standard deduction or itemized		•	,		• •		. 12		,900.
 If you checked any box under 	13	Qualified business income deducti	on from I	Form 8995 or For	n 899	95-A	• •		. 13		0.0.0
Standard Deduction,	14	Add lines 12 and 13			•••				. 14		<u>,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	, enter -U This is	your	laxable incom	ie .		. 15	43	,855.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	4,848.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	4,848.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	4,848.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	4,848.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	12,	378.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	12,378.
16	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .				26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	12,378.
Refund	34	If line 33 is more than line 24							34	7,530.
Refutio	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	7,530.
Direct deposit?	b	Routing number 0 2 1				Check				
See instructions.	d	Account number 4 8 3	0 4 5 9	5 5 2 3	3 2 1		ľ	U		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe						
You Owe	• •	For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	· · · · ·			[Yes. Cor	nplete b	elow.	🗙 No
		signee's		Phone				al identifi	cation	
	na			no.			numbe	. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation					nt you an Identity
	10	ul signature		Date						N, enter it here
Joint return?					QUALITY ASS	URANCE	ENGINEE	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.						_		Identi (see ii	-	ection PIN, enter it here
,					HOME MAKE			`	131.)	
		one no. (315) 790-204		Email address	NAGARJUNA2					Chook if:
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/1	5/2023 E	202082		Self-employed
Use Only		m's name GLOBAL TAX			T 0001C			Phon		678)965-9522
			Y CT E BRU	NSWICK N	1 08810			Firm's	s EIN	84-3171965
Co to www.irc.a	ov/Eorr	n1040 for instructions and the late	st information							Form 1040 (2022)

Go to www.irs.gov/Form1040 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

Attachment Sequence No. **01**

Your social security number

 Internal Revenue Service
 Go to www.irs.gov/Fo

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NAGA	RJUNA KARNATI & SNEHA KUMBOJI		774-01-54	100
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			-7,763.
6	Farm income or (loss). Attach Schedule F.			
7	Unemployment compensation			
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:	0-		
9	Total other income. Add lines 9a through 97	8z	9	
9 10	Total other income. Add lines 8a through 8z	or 10/0-NP	line 8 10	-7,763.
	perwork Reduction Act Notice, see your tax return instructions.	, or ro - o-nn,		lle 1 (Form 1040) 2022
10110	per work frequencies for worker, see your tax return instructions.		Schedu	ine i (FUIII 1040) 2022

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

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

NAGARJUNA KARNATI & SNEHA KUMBOJI

Your social security number

774-01-5400

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

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fror	(h) Gain or (loss) Subtract column (e) n from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part line 2, column (g)	I, combine the result
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	80,076.	84,527.	0	4,451.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	;		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	; ()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		-4,451.		

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

below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss Form(s) 8949, I	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
Totals for all transactions reported on Form(s) 8949 with Box D checked	142.	86.			56.
Totals for all transactions reported on Form(s) 8949 with Box E checked					
Totals for all transactions reported on Form(s) 8949 with Box F checked.					
		v v	. ,	11	
Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
Capital gain distributions. See the instructions				13	
	-	14	()		
	•	.,		15	56.
	 which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions Net long-term capital gain or (loss). Combine lines 8a on the back 	below. (d) form may be easier to complete if you round off cents to e dollars. Proceeds (sales price) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 142. Totals for all transactions reported on Form(s) 8949 with Box D checked 142. Totals for all transactions reported on Form(s) 8949 with Box E checked 142. Totals for all transactions reported on Form(s) 8949 with Box F checked 142. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 143. Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions 13 of y Worksheet in the instructions Net long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions	below. (d) (e) form may be easier to complete if you round off cents to Proceeds (sales price) (c) Cost (or other basis) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 142. 86. Totals for all transactions reported on Form(s) 8949 with Box D checked 142. 86. Totals for all transactions reported on Form(s) 8949 with Box E checked 142. 86. Totals for all transactions reported on Form(s) 8949 with Box E checked 142. 86. Totals for all transactions reported on Form(s) 8949 with Box F checked. 142. 86. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gai from Forms 4684, 6781, and 8824 . . Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Scheo Capital gain distributions. See the instructions . . . Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Worksheet in the instructions . . . Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go on the back. . . . <td>below. (d) (e) Adjustment to gain or loss form may be easier to complete if you round off cents to e dollars. (sales price) (or other basis) Adjustment to gain or loss Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Image: Cost (sales price) <</td> <td>below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form 900-B for which basis was reported on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked 142 86 Totals for all transactions reported on Form(s) 8949 with Box E checked 142 86 Totals for all transactions reported on Form(s) 8949 with Box F checked 142 86 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 Capital gain distributions. See the instructions 13 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back 14 </td>	below. (d) (e) Adjustment to gain or loss form may be easier to complete if you round off cents to e dollars. (sales price) (or other basis) Adjustment to gain or loss Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Image: Cost (sales price) <	below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form 900-B for which basis was reported on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked 142 86 Totals for all transactions reported on Form(s) 8949 with Box E checked 142 86 Totals for all transactions reported on Form(s) 8949 with Box F checked 142 86 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 Capital gain distributions. See the instructions 13 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back 14

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -4,395.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	\square No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on return	Social security number or taxpayer identification number
NAGARJUNA KARNATI & SNEHA KUMBOJI	774-01-5400

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).
APEX CLEARING	01/01/22	12/31/22	0.	237.			-237.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	80,076.	84,290.	W	0.	-4,214.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	80,076.	84,527.		0.	-4,451.

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

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

Form 8949 (2022)	Attachment Sequence No. 124
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NAGARJUNA KARNATI & SNEHA KUMBOJI

de Social security number or taxpayer identification number 774-01-5400

Page 2

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).
APEX CLEARING	01/01/22	12/31/22	139.	84.			55.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	3.	2.			1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), lir	lude on your ne 9 (if Box E	142.	86.			56.

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

SCHE (Form		(F	Supplement							OMB No	. 1545-0074	
•	,	(Fron	m rental real estate, royalties, partne Attach to Form 104	• •				trusts, REMICS	, etc.)	2022		
	ent of the Treasury Revenue Service		Go to www.irs.gov/ScheduleE					formation.		Attachm	ient ce No. 13	
	shown on return		g						our soci	al security r		
. ,		ATI	& SNEHA KUMBOJI					-	774-0	1-5400		
Part	I Income	or Lo	oss From Rental Real Estate a	and Ro	valties			I				
	Note: If vo	ou are ii	in the business of renting personal prop	pertv. use		c . See	e instruc	ctions. If you are	an indiv	vidual, repo	ort farm	
Α			loss from Form 4835 on page 2, line 4 ments in 2022 that would require yo		Earm(a) 1	0002 0	Soo ing	tructions			s 🛛 No	
			Il you file required Form(s) 1099?		• • •							
<u>1</u> a			f each property (street, city, state, 2									
					,							
	HALKAPURI	COT(ONY,RD NO 15 KOTHAPET ,	HYDERA	ABAD 'I	'ELAN	GANA	IN 500035)			
<u>В</u> С												
 1b	Type of Prope	urtu (2 For each rental real estate pro	norty liet	tod		Fo	ir Rental	Doroon	al Use		
10	(from list below		above, report the number of fa				Га	Days	Da		QJV	
Α	3	<i>,</i>	personal use days. Check the	QJV box	x only	Α		365		0	\Box	
В	-		if you meet the requirements to qualified joint venture. See inst	o file as	а	В				-		
С			quaimed joint venture. See inst	liuctions	5.	С						
Туре	of Property:											
	Single Family R			ental	5 Land			Self-Rental				
2	Multi-Family Re	sidend	ce 4 Commercial		6 Roya	alties	8	Other (describ)			
								Properties	s:			
Incom	e:					Α		В			С	
3						6	38.					
4	Royalties rece	ived.		. 4								
Expen												
5	•											
6			instructions)				1 -					
7	•		enance			2,4	15.					
8 9												
10			essional fees									
11						1.0	96.					
12	•		aid to banks, etc. (see instructions)			-/ 3						
13	Other interest			. 13								
14	Repairs			. 14		1,7	10.					
15	Supplies			. 15		2,3	801.					
16												
17						2,5	87.					
18	-	xpens	se or depletion									
19 20	Other (list)		I lines 5 through 19	19		11 0	0.0					
20	•		•			11,0	09.					
21			n line 3 (rents) and/or 4 (royalties). e instructions to find out if you mus									
						-10,3	71.					
22	Deductible rer	ntal rea	al estate loss after limitation, if any									
			nstructions)		(10,31	71.)	()	()	
23a	Total of all am	ounts	reported on line 3 for all rental prop	perties			23a		638.			
b			reported on line 4 for all royalty pro				23b					
С			reported on line 12 for all propertie				23c					
d			reported on line 18 for all propertie				23d					
e			reported on line 20 for all propertie				23e		009.			
24 25			ve amounts shown on line 21. Do r		-		 	· · · · ·	24	/ -	10 271	
25 26			losses from line 21 and rental real es						25	(LO,371.)	
26			tate and royalty income or (loss) IV, and line 40 on page 2 do no									
			040), line 5. Otherwise, include this						26	-	-10,371.	
For Pa			t Notice, see the separate instruction		NE			-10,371.			orm 1040) 2022	

Schedule E (Form 1040) 2022

Schedul	e E (Form	1040) 2022			A	Attachment	Seque	nce No. 1	3					Page 2
. ,		n return. Do not enter name an	2	if shown	n on other s	side.					ial security		er	
		KARNATI & SNEHA		-								1-5400)	
Part		IRS compares amounts		-					n on S	Schedule(s) K-	1.			
Part	N th	ncome or Loss From lote: If you report a loss, re ne box in column (e) on line mount is not at risk, you m	eceive a dis 28 and at	stribution, d tach the rec	lispose quired b	of stock, basis com	or rece putatio	eive a loa on. If you	report	a loss from an a	at-risk ac			
27	passive	u reporting any loss not e activity (if that loss wa structions before comple	as not rep	ported on	Form 8	8582), or	r unre	imburse	d parl		nses? If	you ans	verec	l "Yes,"
28		•			(b) Er	nter P for	(c) C	heck if		d) Employer	(e) (Check if	(f) C	heck if
		(a) Name				ership; S orporation		eign Iership	identi	fication number		omputation equired		mount is at risk
	WEBS	OFT IT SERVICES	INC.			S	[88-	-2308402				
B C								$ \rightarrow $						
							L							
		Passive Income	and Los	s			L	No	onpas	sive Income a	and Los	S	1	
		g) Passive loss allowed ach Form 8582 if required)		assive income Schedule K-		., .	assive lo Schedu	ss allowed		(j) Section 179 expediation from For		(k) Nonp		
Α	(alla		ITOIT	Schedule K-		(566.	Scheut	le K-I)	u		111 4302	110111 3		608.
B													-1	
С														
D														
29a	Totals				_								2,	608.
b 30	Totals	Jumns (h) and (k) of line	202								30		2	608.
31		blumns (g), (i), and (j) of li							• •		31	(۷,)
32		partnership and S corp									32	1	2.	608.
Part		ncome or Loss From										1	/	
33				(a) N	lame							(b) Emp identificatio		her
Α														
В														
			Income a					,		Ionpassive In				
	(C)	Passive deduction or loss allo (attach Form 8582 if required)		• • •	Passive n Sched					ction or loss hedule K-1		(f) Other inc Schedu		om
Α														
В											_			
34a	Totals										_			
b 35	Totals	Jumns (d) and (f) of line	34a								35			
36		plumns (c) and (e) of line			· · ·			· · ·			36	()
37		estate and trust income). Combine	e lines	35 and	36.				37			,
Part	V Ir	ncome or Loss From	Real Es	state Mor	rtgage							al Holde	r	
38		(a) Name			Employe ation nu	51 '	Sched	ss inclusic I ules Q , lir instruction	ne 2c	(d) Taxable in (net loss) fr Schedules Q,	om	(e) In Schedu	come f les Q,	
39 Dort		ne columns (d) and (e) c	only. Enter	the result	here a	and inclu	ıde in	the tota	l on lir	ne 41 below .	39			
Part 40		Summary m rental income or (loss) from Eo	rm /835		omplete	line /	2 holow	,		40			
41	Total i	ncome or (loss). Combi	ne lines 2		39, and	•	ter the			nd on Schedule			-7	763.
42	Recon farming (Form 1	ciliation of farming a g and fishing income rep 1065), box 14, code B; S d Schedule K-1 (Form 10	and fishin oorted on Schedule H	ng incom Form 4835 K-1 (Form	e. Ent 5, line 7 1120-9	ter your 7; Sched S), box 1	gros lule K- 7, coc	1					. ,	103.
43	Recon profess reporte from al	ciliation for real estate sional (see instructions ed anywhere on Form	e profess), enter 1040, For ities in w	ionals. If y the net in m 1040-S /hich you r	If you were a real estate et income or (loss) you I0-SR, or Form 1040-NR ou materially participated									



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 10/7/21) 3299

uu	1.50.901															-								
	First name and middle initi	ial								Last r	name							Y	our so	cial s	ecurity	numbe	er	
	NAGARJUNA						K	ARN	Δm·	т									774	4 – 0	1-54	100		
	Spouse's first name, if mai	rried fili	na ioi	intly			10	11/11		⊥ Last r	ame							S			cial se		um	ber
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	346 TUFTON CT																		(31		<u>790-</u>		9	
	City							Stat	е			ZIP)								x Year			
	CAYCE SC 2903																			20)22			
Part I	Information from	your	SC1	040	, Inc	divid	lual	Inco	me	Тах	Ret	urn												
1. Federa	al taxable income (line 1	of you	r SC	1040))														1		4.3	3,85	5	00
	x (line 15 of your SC1040																		2			2,19		
	ax (line 26 of your SC104																		3		2	<u> </u>		00
	Tax (add line 2 and line 3	,																	4		~	2,19		
	come Tax Withheld (add l																		5					
	dable credits (add line 21					-													6			5 , 13		
																			-					00
	d (line 30 of your SC1040																		7		2	2,94		
	ce due (line 34 of your SC								••••						••••		••••		8					00
Part II	Bank information	<u>for Re</u>	əfun	<u>d or</u>	r Ba	lanc	<u>:e Dı</u>	Je																
											М	ust b	e 9 di	aits	. т	he	firs	t two	o num	nbers	of the			
9. Routi	ng number (RTN)	0	2	1	0	0	0	3	2	2				•							gh 32.			
					1		1				1		1	1	–		<u> </u>				•			
10. Bank	account number (BAN)						4	8	3	0	4	5	9	5		5	2	2] (3 2	2	1-17 d	ligits		
44 T	r (157)	~			<u> </u>		1											-						
11. Type	of account:	Check	ing		Savi	ngs																		
For Bala	ance Due:																							
12. Payn	nent Withdrawal Date							Pay	men	t Witl	ndrav	wal A	mou	nt \$	5_							_		
Part III		navor																						
	a. I consent for my refund t	o be di	rectly															on lin	e 1 th	rough	n line 8	is corr	ect.	lf I
	filed a joint return, this is							• •			-													
	b. I authorize the South Ca																							(
	account, provided in Par																							
	funds and consent to the	e sharin	g of f	inanc	cial in	forma	ation	betwe	en ir	nstituti	ons fo	or the	e purp	ose	of	res	OIVI	ng is	sues i	relate	d to my	y paym	ient.	•
If the SCE and intere	OOR does not receive full an	d timel	у рауі	ment	ofm	y tax	liabili	ty, I u	nder	stand	that I	am r	espor	nsible	e f	or t	the	balar	ice du	ue, inc	cluding	all per	naltie	ЭS
		monto	ara tr			+	d	nlata	ta th	o h o o	ofm			~~ T		. d	مماد	ratio	n in h	aaad	on oll i	oformo	tion	of
	that this return and all attach preparer has any knowledg		are tr	ue, c	onec	i, and	u com	piete		e bes		іу кпо	owiedą	ge. i		su	ecia	ialio	nisda	aseu	onali	погпа	uon	01
Do not su	bmit a copy of this form to th	ne SCD	OR.	Retu	rn the	e sigr	ned co	opy to	you	r paid	prepa	arer.	Keep	a co	эру	y w	ith y	/our t	ax ree	cords.				
						I.																1		
Your sign	ature					Da	te		Spo	ouse's	sign	ature	(lf ma	arrie	d fi	ilin	g jo	intly,	BOTH	H mus	st sign)	Date		
Part IV	Declaration of Ele	ctron	ic R	etur	'n O	rigi	nato	r (EF	RO)	and	Paie	d Pr	epar	rer										
I declare t	that I have received the above	ve taxp	ayer's	s retu	ırn an	id the	e infor	matio	n is d	comple	ete ar	nd ac	curate	e to t	the	e be	est o	of my	know	ledge	e. I hav	e obtai	ned	the
	s signature on this form befo																							to
	ith the IRS and the SCDOR																							
	Income Tax Returns, and re	•		•																				
	d accompanying schedules a on of which I have knowledge																						all	
	ng documents for three ye		101310	ind i	uo 11	01 111			400				i am	icqu		cu		cep		0040				
								1	Da	to		heck i	f	I.	Ch	neck	/ if		1		PTI	N		
ERO's	ERO										al	so pai		-	sel	lf-					FII	IN		
Use	signature							04-	<u>15-</u>	-202	3 pr	repare	er 🖵	┛┼	em	nplo	yed							
Only	Firm name (or yours if self-employed), G	LOBA	L .	ГАХ	KES	ΓI	C								FE	IN	88	-21	145	487	1			
,		<u>15 R</u>	DONE	EY (CT,	Ε	BRU	NSW:	ICK	, N	<u>J 0</u>	881	6		Ph	one	€ (678	3)9	65-	952	2		
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dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 INDIVIDUAL INCOME TAX RETURN



Your Soci	Check if			
774	01	5400	deceased	
Spouse's Sc	Check if			
846	40	9430	deceased	



For the year January 1 - December 31, 2022, or fiscal tax year begin	ning	, 2022 and ending	, 2023							
First name and middle initial	Last nam	Last name								
NAGARJUNA	KARN	ATI								
Spouse's first name, if married filing jointly	Last nam	ne		Suffix						
SNEHA	KUMB	OJI								
Check if Mailing address (number and street, PO Box)										
new address 🛄 346 TUFTON CT				32						
City	State	ZIP	Daytime phone number with	area code						
CAYCE	SC	29033	(315)790-2049							
Check if address Foreign country address including postal code										
is outside US										
• Amended Return: Check if this is an Amended Retur	•	,								
Check this box if you are a part-year or nonresident fil	ing an S	SC Schedule NR		🕨 🔲						
Check this box only if you are filing a composite return	ו on beł	nalf of a Partnership o	r							
S Corporation. Do not check this box if you are an in	Idividua	Ι		🕨 🗖						
Check this box if you have filed a federal or state extension.										
• Check this box if you served in a military combat zone during the filing period										

 Check this box if you served if 	n a military combat zone during the filing period
Name of the combat zone:	

CHECK YOUR	(1) 🗌 Single	(3)	Married filing separa	tely - ent	er spouse's SSN:			
FEDERAL FILING STATUS	(2) X Married filing	jointly (4)	Head of household	(5)	Qualifying widow(er)			
Number of dependents also	imed on your 2020	2 federal ratura				•	0	

 Number of dependents claimed on your 2022 federal return

 Number of dependents claimed that were under the age of 6 years as of December 31, 2022

 Number of taxpayers age 65 or older as of December 31, 2022

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)		

1555



1 Enter federal taxable income from your federal form. If 2ero or less, enter zero here 1 Dollars ADDITIONS TO FEDERAL TAXABLE INCOME 43,855 00 ADDITIONS TO FEDERAL TAXABLE INCOME 0 a State tax addaex, if itemizing on federal return (see instructions) 0 b Out-of-state losses 1 a State tax addaex, if itemizing on federal return (see instructions) 0 c C Expenses related to National Guard and Military Reserve Income 0 c Other additions to income (attack explanation - see instructions) 0 2 Total additions (add line a through line e) 3 3 Ad 3, 855 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 1 0 G Total additions (add in a a frough line e) 3 43, 855 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 1 000 g Total and permanent disability reterment liceme, it taxed on your federal return 9 000 h Out-of-state income/gain: Itema income? 1 0 000 c Ada trace ductoris (see instructions) 1 0 00 0 0 0 g Volumere ductoris (see instructions) 1 0 000 0 <th colspan="3">INCOME AND ADJUSTMENTS You</th> <th>r SS</th> <th>N 774-01-540</th> <th>0</th> <th></th> <th></th> <th>20</th> <th>022</th>	INCOME AND ADJUSTMENTS You			r SS	N 774-01-540	0			20	022
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Ine 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX543,855006TAX on your South Carolina Income Subject to Tax (see SC1040TT))62,192007TAX on Lump Sum Distribution (attach SC4972))7008TAX on Active Trade or Business Income (attach I-335))8009TAX on excess withdrawals from Catastrophe Savings Accounts900						F	<u> </u>	+	0	
 6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)							5		43,855	00
 7 TAX on Lump Sum Distribution (attach SC4972)				-		<i>.</i>	-	4		<u> </u>
 8 TAX on Active Trade or Business Income (attach I-335)			- E	-	-1-72					
9 TAX on excess withdrawals from Catastrophe Savings Accounts			- E				1			
			- E	-			1			
			- L		INA TAX		10		2,192	00

Page 2 of 3



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11		00		
12 Two Wage Earner Credit (see instructions)	12		00		
13 Other nonrefundable credits. Attach SC1040TC and other state returns)	13		00		
14 Total nonrefundable credits (add line 11 through line 13)			1	14	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter ze	ro here		1	15 2,192	00
PAYMENTS AND REFUNDABLE CREDITS				· · · · · · · · · · · · · · · · · · ·	
16 SC income tax withheld (attach W-2 or SC41)	16	5,134	00		
17 2022 Estimated Tax payments	17		00		
18 Amount paid with extension	18		00		
19 Nonresident sale of real estate (paid on I-290)	19		00		
20 Other SC withholding (attach 1099)	20		00		
21 Tuition tax credit (attach I-319)	21		00		
22 Other refundable credits:					
22a Anhydrous Ammonia (attach I-333)	22a		00		
22b Milk Credit (attach I-334)	22b		00		
22c Classroom Teacher Expenses (attach I-360)	22c		00		
22d Parental Refundable Credit (attach I-361)	22d		00		
22e Motor Fuel Income Tax Credit (attach I-385)	22e		00		
Total refundable credits (add line 22a through line 22e)				22	00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.					
23 Add line 16 through line 22 and enter the total here These are your			· _	23 5,134	
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa	ayment			24 2,942	00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amour	nt due		[2	25	00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the ar		from line 25 on	line	9 31.	
26 USE TAX due on online, mail-order, or out-of-state purchases			00		
Use Tax is based on your county's Sales Tax rate. See instructions for more infe	ormatio	n.			
If you certify that no Use Tax is due, check here 🕨 🔀					
27 Amount of line 24 to be credited to your 2023 Estimated Tax			00		
28 Total Contributions for Check-offs (attach I-330)	28		00		
29 Add line 26 through line 28 and enter the total here			[2	29 0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line					
amount to be refunded to you (line 35 check box entry is required)			· –	30 2,942	00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter		-			00
32 Late filing and/or late payment: Penalties Interest	E	nter total here		32	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)					
Enter exception code from instructions here if applicable			· _		00
34 Add line 31 through line 33 and enter your balance due (select payment option on line		BALANCE DUE		34	00
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secur					
35 Select one: X Direct Deposit (line 37 required) (for US accounts only)		bit Card	Pa	per Check	
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas 36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bal					
For payments only: Withdrawal Date Withdrawal A	mount			00	_
37 Type of Account: ▶ ☑ Checking ▶ ☑ Savings Routing	ount				
Number (PTN)		483045955	232	1	I-17 digits
I declare that this return and all attachments are true, correct, and complete to the I					-
than the taxpayer, this declaration is based on all information of which the preparer		, ,	ii pic	sparoa sy a poroon oan	01
		• •	filing j	jointly, BOTH must sign)	
attachments, and related tax matters with the preparer.	SYAM P		GAR	GUPTA TALLAM	
	Check if se employed		>020	082703	
Use Firm name (or yours if self- GLOBAL TAXES LLC				3171965	
Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK	N'T U	8816 Phone		678)965-9522	
REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo					
MAIL TO: BALANCE DUE: Taxable Processing Center, PO Box 101105,					
30753222 REV 04/06/23 PRO		,			