Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ity numb	er
VEN	U GOPAL SADUPATI	703-67	-4267	7
Spouse	's name	Spouse's so	cial secu	rity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you a	are aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	37,888.
2	Total tax		2	2,786.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,720.
4	Amount you want refunded to you		4	1,934.
5	Amount you owe		5	

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

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	, see 197	E
X lauthorize GLOBAL TAXES	LLC	to enter or generate my PIN	_

7	4	2	6	7	
Ent don	as my				

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

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

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

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

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

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

Spouse's signature 🕨	Date 🕨	
Practitioner PIN N	ethod Returns Only—continue below	
Part III Certification and Authentication – P	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 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 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/02/23 PRO	Form 8879 (Rev. 01-2021)

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074	1 IRS Use	Only-	–Do not v	vrite or staple	e in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly but checked the MFS box, enter the national son is a child but not your dependent	ame of y	ed filing separately vour spouse. If you						spo	llifying sui use (QSS) s name if t)
Your first name		, ,	Last na	me						Your so	cial secur	ity number
VENU GOP				PATI							67-426	•
		s first name and middle initial	Last na									curity numbe
			Laorna							opence	000010100	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Flect	ion Campaigr
2147 BRI	`	, , ,						i			here if you	
-	-	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ntly, want \$3
Rocky Mc		,			NC			804		0	o this fund low will no	. Checking a
Foreign country			F	oreign province/stat				ign postal c	ode		x or refund	•
· · · · · · · · · · · · · · · · · · ·						,				,	You	Spouse
Digital	At a	ny time during 2022, did you: (a) rec	eive (as	a reward award o	or navn	nent for prope	rtv o	r services). or	(h) sell		
Assets		hange, gift, or otherwise dispose of a									Yes	X No
Standard		neone can claim: You as a de	•					/ (/		
Deduction	_	Spouse itemizes on a separate retur	•	— .								
Age/Blindness	You	: Were born before January 2, 1	958 🗌	Are blind S	pouse	: 🗌 Was bo	rn be	fore Janu	ary 2	, 1958	🗌 ls b	olind
Dependents	s (see	instructions):		(2) Social secur	rity	(3) Relationsh	nip	(4) Check t	he bo	ox if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	ax cr	edit	Credit for o	ther dependents
than four												
dependents, see instructions												
and check	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a	1	37,888.
moonio	b	Household employee wages not re	eported	on Form(s) W-2 .						1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	e instru	ctions)				10	1	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						16	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	29.					1f	:	
If you did not	g	Wages from Form 8919, line 6 .								10	1	
get a Form	h	Other earned income (see instruct	ions) .							11	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i	i					
	z	Add lines 1a through 1h								1z	:	37,888.
Attach Sch. B	2 a		2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt.			5b		
Deduction for-	6a	Social security benefits	6a		b Ta	axable amoun	ıt.			6b)	
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	nethod, check her	e (see	instructions)			. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche		-	•	,			. [7		
Married filing	8	Other income from Schedule 1, lin								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		37,888.
surviving spouse,	10	Adjustments to income from Sche								10		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-							11	-	37,888.
household,	12	Standard deduction or itemized	•							12		<u>12,950.</u>
\$19,400 • If you checked	13	Qualified business income deduct				5-A .				13		,>>>.
any box under	14									14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer					ne			15		24,938.
see instructions.			2 0. 100	.,					• •		·	<u> </u>

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	2,786.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	2,786.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18						22	2,786.
	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	2,786.
Payments	25	Federal income tax withheld							
,, ,	а	Form(s) W-2				25 a 4	,720.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instruction	s)			25c		1	
	d	Add lines 25a through 25c	<i>.</i>					25d	4,720.
	26	2022 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				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, lir				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	4,720.
Defund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,934.
Refund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆	35a	1,934.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 5 2 5					0		
	36	Amount of line 34 you want a			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 ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions	•				omplete b	oelow.	× No
		signee's		Phone			onal identi	ication	
	nai			no.			oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·							nt you an Identity
	ŶŎ	ur signature		Date	Your occupation				IN, enter it here
Joint return?					VALIDATION	N ENGINEER	(see	inst.)	
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.								tity Prote inst.)	ection PIN, enter it here
,		(400) = 40,000							
		one no. (409)549-963	5 Preparer's signat	Email address	VENUSADUPAT	1555@GMAIL.CO			Chook if:
Paid		eparer's name				Date	PTIN	0000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/11/2023	P02083		Self-employed
Use Only		m's name GLOBAL TA		NOLIT CT	T 00016				678)965-9522
			Y CT E BRU	INSWICK N			Firm	's EIN	88-2145487
Go to www.ire a	ov/Form	n1040 for instructions and the late	st information			PEV/ 01/02/22 PPO			Form 1040 (2022)

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

REV 01/02/23 PRO BAA

Form **1040** (2022)

D-400 (50) 8-8-22 202 < Staple All Pages of Your		lual Income Ta olina Department o		DOR Use				
Return and W-2s Here		Amended Return		Only				
For calendar year 2022, or fiscal year beg	-	2.2 and ending		,				
VENU GOPAL SADUPA 2147 BRIDGEWOOD RD	TI	Your SSN		our spouse a veteran? e you granted an automatic e	Yes No			
ROCKY M NC 27804NASH		Spouse's SSN		e you granted an automatic e 2 federal income t <u>ax r</u> eturn, <u>e</u>	,			
Filing Status X 1. Single 4. Head of Household	2. Married Filin 5. Qualifying W		Filing Separately	Yes No ar spouse died:				
Were you a resident of N.C. for the entire ye			urn for deceased taxpa	ayer. Date of death:				
Was your spouse a resident for the entire N.C. Education Endowment Fund: You m			urn for deceased spous ent Fund by making a (ng some or all of			
your overpayment to the Fund. To make a	contribution, enclos	se Form NC-EDU and you	ur payment of \$	0. To designate yo	our overpayment			
to the Fund, enter the amount of your des								
Select box if you, or if married filing jo Select box if return is filed and signed								
FS 1 PP Y	DT N OC	N TPRES	Y SPRES I	N VT N	SVT N			
SADU 2147 27804	DS N EA	N TD	SD		FDEXT N			
VENU GOPAL SA	ADUPATI		703674267	NASH				
				NC 27804				
2147 BRIDGEWOOD RD			ROCKY MOUN	Г				
06 37888	16	0	26C	0				
070	_18 Y	0	26E	0				
	20A	1602	TIT		15			
	ZUA	1602	EU					
10A 0	20B	0	27	0				
10B 0	21A	0	29	0				
11 S Y I N	21B	0	30	0				
11 12750	21C	0	31	0				
13 00000	21D	0	32	0				
14 25138	26A	0	34	348				
15 1254	26B	0						
TN 4095499635	PN	6789659522	PP	P02082703				
	nd Due		ent Due	0				
I declare and certify that I have examined this return and the best of my knowledge and belief, they are true, correct	accompanying schedules t, and complete.	and statements, and to		rize the North Carolina Depa d attachments with the paid p				
Your Signature	Date Sc	oouse's Signature (If filing joint re	turn hath much size)	A0954996 Date Contact Phone N	535 o. (Include area code)			
PAID PREPARER USE ONLY If prepared by a person								

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

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

REV 01/03/23 PRO

Preparer's FEIN, SSN, or PTIN

D-400 2022 Page 2 (50)

Your Social Security Number

703674267

	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	37888
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	37888
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
44	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
10	b. Subtract Line 12a from Line 8	12b.	25138
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	25138
15.	N.C. Income Tax	15.	1254
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1254
18.	Consumer Use Tax	18.	0
10	You certify that no Consumer Use Tax is due	10	Y
19.	Add Lines 17 and 18	19.	1254
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	1602
20a. 20b.	Spouse's tax withheld	20a. 20b.	1602
200.		200.	0
Other	Tax Payments		
21a.	2022 estimated tax	21a.	0c
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.	1602
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1602
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0

Pay this Amount Overpayment

Add Lines 26b and 26c and enter the total on 26d

Interest on the Underpayment of Estimated Income Tax

Exception to Underpayment of Estimated Tax

Amount of Refund to Apply to:

26d.

ΕU

26e.

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.	348

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

26d.

EU

26e.

27.

28.

0

0

0

348