#### 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)

Taxpayer's name Social security number SARAT C PIDAPARTHI 473-53-7031 Spouse's name Spouse's social security number 290-91-2607 SREEVALLI S PIDAPARTHI 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. 1 Adjusted gross income 126,165. 1 Total tax . . . . . . . . . . . . . . . 8,404. 2 2 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . 3 16,542. 4 4 8,138. 5 Amount you owe . . . . . . 5 . . . . . . . . . . . . . . Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

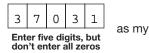
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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

X I authorize GLOBAL TAXES LLC

to enter or generate my PIN

Date



2

1

7

as mv

0

6

Enter five digits, but don't enter all zeros

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 I authorize GLOBAL TAXES LLC to enter or generate my PIN

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 Method Returns Only—continu	ie bel	ow					
Part III Certification and A	uthentication — Practitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-di	igit EFIN followed by your five-digit self-selected PIN.	5	1		2 3		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 🕨								
Do									
Fee Demonstrate Deduction Act Noti-			Farm 8870 (Day, 01 0001)						

Filing Status       Single X       Amried filing jointy       Married filing separately (MFS)       Head of household (HOH)       Outsitying surviving spontage (CS)         Order Chip       Tyou checked the MFS too, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying serviving spontage (CS)       Your spoule security number         SARAT C       PIDAPARTHI       473 - 53 - 703.1         Front returns and models initial       Last name       Spouse's social security number         SREEVALLI       Spouse's social security number       279 - 91 - 2607         Hore address function and streed, if you have a P.O. box se instructions.       Act. no.       Predicating Electricating Predicating Electricating Predicating Electricating Predicating	<b>1040</b>		rtment of the Treasury–Internal Revenue Servi 5. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not v	rite or staple	in this space.
person is a child but not your dependent:         Your frat mane and middle initial         Last name         Your social security number           Your frat mane and middle initial         Last name         PIDAPARTHI         473-53-7031         Boouse's social security number           Hjoint fruthm, spose's first name and middle initial         Last name         PIDAPARTHI         290-091-2607           FREEVALL S         PIDAPARTHI         290-091-2607         Presidential Electron Campaign           Foreign control office, Hyou have a foreign address, also complete spaces below.         State         212 FLATHEAD FL.           Fuguary Vaz'ina         Foreign province/state/county         Foreign possil county space         Toring possil county space           Piguary varian         Foreign province/state/county         Foreign possil county space         Toring possil county space         Toring possil county space           Standard         Someon can called missil (all county in the optimum of toring possil county space         Your goose as dependent         Your goose as dependent           Presidential         PiDaPARTHI         751-77-595         Daught as dependent         Your goose as dependent           Presidential         Proving toring possil county for moreign your count fore formelogit your your estate/county         Presidential Electron form adjut asset/f See instructions)         Toring toring toring your count fore lanalys your your estate/county	-			_	U		,			· · ·	spo	use (QSS)	0
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I joint etum, spouse's finance and middle initial       Last name       Spouse's social security number         SREEVALLI S       Apt.no.       Apt.no.       Apt.no.         4112 FLATHEAD PL       City, town, or post office. If you have a P.O. box, see instructions.       Apt.no.         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county         Standard       Someone can claim:       You is a dependent       You is a dependent       You is pouse is a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       App.no.       If organization of the organizatio forms weree the organization of the organization of th	Your first name	and mi	ddle initial	Last nar	ne						Your so	cial securi	y number
SREEVALLI         S         PIDAPARTHI         290-91-2607           Home address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign Order, town, or poot office. If you have a forsign address, also complete spaces below.         State         2/90-91-2607           City, town, or poot office. If you have a forsign address, also complete spaces below.         State         2/90-e6K here if you's office.         State and State.         2/90-e6K here if you's office.         State and State.         2/90-e6K here if you's office.         2/90-e6K here if you's office.         State and State.         2/90-e6K here if you's office.         State and State.         2/90-e6K here if you's office.         2/90-e6K here if you's office.         State.         2/90-e6K here if you's						I							
Internet address (number and stret), If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign (A B12_FLATHEAD_PL           Chy, town, or port difficult, If you have a threign address, also complete spaces below.         State         ZIP code         Spoces (Fining (pnin), yourt S3           Foreign country name         Foreign province/state/county         NC         215.52         box below will not change           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or service@itstate/county         Foreign province/state/county         Foreign province/sta	lf joint return, sp	oouse's	first name and middle initial	Last nar	ne						Spouse	's social see	curity number
4912 FLATHEAD PL       Chy. town, or poot cillice. If you have a foreign address, also complete spaces below.       State       ZIP. cove       State       ZIP cove       Spote af finition Change of the fund. Checking a box heles will pointly, want 35 to box heles will point by and 35 to box he						I					290-	91-260	7
City, tum, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spote office. If you have a foreign address, also complete spaces below.       NC       275.26       spote office. If you have a foreign address, also complete spaces below.       NC       275.26       spote office. If you have a foreign address, also complete spaces below.       NC       275.26       spote office. If you have a foreign control to the you is a control.       NC       275.26       spote office. If you have a foreign control to the you is a control.       NC       275.26       spote office. If you have a foreign control to the you is a control.       NC       275.26       spote office. If you have a foreign control to the you is a control.       NC       275.26       spote office. If you have a foreign control.       North to the you is a control.       North to t	Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	.pt. no.			
Cuty, torup, of pice unice, input rate a foreign address, and complete spaces device.       Date       27526       To go to pice fund. Checking a box healty will not change that a complete space device.         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse         Digital Asset       At any time during 2022, did you: (a) receive (as a reward, award, or payment for properfy or services); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       If was a dependent         Standard       Someone can calm:       You as a dependent       You as a dependent       You as a dependent         Age/Bindness       You:       Were born before January 2, 1958       Are bind       Spouse itemizes on a separate return or you were a dual-status allen         Age/Bindness       You:       Were born before January 2, 1958       Are bind       (g) Social socurity       (g) Realitorship       (hit can credit       Cet tor the dependents         JAGANNATH       PIDAPARTHI       751-77-5959       Daught er.       X       Image: Social socurity       (g) Baltonarche       Image: Social socurity       (hit can credit       Cet tor the dependents         W-20 and the complexe relates form form form (S)       JAGANNATH       PIDAPARTHI       727-74615       Son <td>-</td> <td></td> <td>-</td>	-												-
Foreign country name       Foreign province/state/county       Foreign postal cost       Your tax or, refund.       Your (model)         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or service3by or, (b) self.       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Your spouse as a dependent         Dependents       (see instructions):       (i) First name       (a) Social security number       (i) Restroamin, (ii) Chi dual cost if qualifies for (see instructions):         If more       (d) First name       (a) Social security number       (i) Restroamin, (ii) You.       (ii) Restroamin, (iii)         If a data ame       (d) First name       (d) Restroamin, (iii)       (d) Check the tox if qualifies for (see instructions):         If more       (d) First name       (d) Restroamin, (iii)       (d) Social security number       (d) Restroamin, (iii)         If more       (d) AddanNATH       PIDAPARTHI       751-77-5959       Daught err       (iii)         If a dotalamount from Form(s) W-2, box 1 (see instructions)       (d)       (d)       (d)       (d)         If b       Household employee wages not reported on Form(g) W-2.       (d)       (d) </td <td></td> <td></td> <td>, ,</td> <td>mplete sp</td> <td>baces bel</td> <td>OW.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			, ,	mplete sp	baces bel	OW.							
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self.         Assets       sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset). (See instructions).       Yes       No         Standard       Someone can claim:       You as a dependent.       You respouse as a dependent.       Yes       No         Age/Blindness       You:       Wee born before January 2, 1968       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationshin       (4) Check the box if qualifies for fee instructions]:         If more dependents, see instructions):       (1) First name       Last name       (2) Social security       (3) Relationshin       (4) Check the box if qualifies for fee instructions]         If more dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationshin       (4) Check the box if qualifies for fee instructions]         If more dependents       (1) First name       Last name       (2) Social security       (3) Relationshin       (4) Check the box if qualifies for fee instructions]         If more dependents       JAGANNATH       PIDAPARTHI       721-77-75959       Daugrite :       1a       134,197.			na					-					
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for properfy or services); or (b) self, assets         Standard Standard       Someone can claim:       Yes       X no         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       Yes       X no         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       (ii) First name       (iii) First name       (iii) Cold security       (iii) Relationshiii,       (ii) Cold the box if qualifies for fee instructions]:         If more       (ii) First name       (iii) First name         Attach Form(s)       V2.       (iii) First name       (iiii) First name       (iiii) First name       (iii) First name       (iii) First name         Item       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (iii) First name       (iii) First name       (iii) First name         Item       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (iii) First name       (iii) First name       (iii) First name         Item       1a <th< td=""><td>Foreign country</td><td>name</td><td></td><td>  F</td><td>oreign pr</td><td>ovince/state/</td><td>count</td><td>ty</td><td>Foreig</td><td>n postal code</td><td>your ta:</td><td>-</td><td>_</td></th<>	Foreign country	name		F	oreign pr	ovince/state/	count	ty	Foreig	n postal code	your ta:	-	_
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       (ii) Social security       (i) Restrictioneum       (ii) Check the box if qualifies for Gee instructions;         If more       than four       (iii) First name       Last name       (iiii) First name       Check the box if qualifies for Gee instructions;         If a Total amount from Form(s) W-2, box 1 (see instructions)       JAGANNATH       PIDAPARTHI       827-27-4615       Son       Ia       Ia       Ia 4       Ia 4, 197.         Nev 2-brex, Also       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       Ia 4, 197.       Ia       Ia 4, 197.         Va 2-brex, Also       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       Ia 4, 197.       Ia         Va 2-brex, Also       Total amount from Form (shy W-2, box 1 (see instructions)       Ia       Ia 4, 197.         Va 2-brex, Also       Total amount from Form (shy W-2, bo												L You	Spouse
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship         (1) First name       Last name       (2) Social security       (3) Relationship       (4) Oheck the box if qualifies for isee instructions):         (1) First name       Last name       (2) Social security       (3) Relationship       (4) Oheck the box if qualifies for isee instructions);         (1) First name       Last name       (2) Social security       (3) Relationship       (4) Oheck the box if qualifies for isee instructions);         and check       1a       Total amount from Form(s) W-2, box 1 (see instructions);       1a       134, 197.         Hatch Form(s)       V=2 hox Also       1a       Total amount from Form(s) W-2, box 1 (see instructions);       1d         V=2 hore Also       attach form       attach forms       (4) Ohece instructions);       1d       134, 197.         Medicaid waiver payments not reported on Form(s) W-2 (see instructions);       1d       134, 197.       1d       134, 197.         <									-				
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) Relexit on print       (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) Relexit on print       (4) Check the box if qualifies for (see instructions):         Age/Initiation       (1) First name       Last name       (1) First name       Last name       (1) First name       Check the box if qualifies for (see instructions)         Age instructions       Age instructions       (2) Social security       (2) Relaxity       (2) Relaxity       (2) Relaxity       (2) Relaxity         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)       (1)         Attach Form(s)       W-2 area       To pin come not reported on Form(s) W-2 (see instructions)       (1)       (1)       (1)       (1)         W-23 and table forms       (2) Social security fill       (2) Social security fill       (2) Social security fill       (2) Social security fill				•				÷	asset)	? (See Instru	ictions.)	res	
Age/Bilindmess       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Oheck the box if qualifies for (see instructions):         If more       KAARTHIKA       PIDAPARTHI       751 – 77 – 5959       Daught er       X       Image: Construction of the second of the sec		_											
Dependents fmore than four       (a) Social security number       (b) Relationshi pumber       (c) Oheck the box if qualifies for (see instructions): Child tax credit RAARTHIKA       PIDAPARTHI         Attach Form(s)       JAGANNATH       PIDAPARTHI       751-77-5959       Daught er       Image: Comparison of the second of t	Deduction		pouse itemizes on a separate retur	n or you	were a	dual-status	alien						
Dependents       (b) First name       Last name       (c) Tip is name       Child tax credit       Credit for other dependents.         the opendents, see instructions       JAGANNATH       PIDAPARTHI       751-77-5959       Daught er       (k)       (c)         the opendents, see instructions       JAGANNATH       PIDAPARTHI       827-27-4615       Son       (c)       (c)         and check       (c)       (c) <td></td> <td>-</td> <td></td> <td>958</td> <td>Are bl</td> <td>ind Spo</td> <td>ouse</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>		-		958	Are bl	ind Spo	ouse						-
If more than four dependents, see instructions       Clinic data dependents is see instructions       Clinic data dependents is see instructions       Clinic data dependents is is source instructions       Clinic data dependents is is source instructions         Income here       I       I       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       134,197.         Income here       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       134,197.         Income here       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       134,197.         Income here       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       134,197.         Income here       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       134,197.         Income here       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       134,197.         Income here       Ia       Total amount from Form Sense structions)       Ia       134,197.         Income here       Ia       Total amount from Form Sense structions)       Ia       134,197.         Instructions.       Ia       Total amount from Form Sense structions)       Ia       134,197.         If you did not get a form       M did ines 1a through 1h       Ia       Ia       134,197	Dependents				<b>(2)</b> S				iip (4			i ,	,
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here       Image: Construction of the second o		<u>JAG</u>	ANNATH PIDAPARTHI		827	<u>-27-461</u>	5	Son				l	╡───
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       134,197.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c       1c         W-28 ner. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-28 ner. Also       d       Medicaid waiver payments not reported on Form 2441, line 26       1e         if you did not       g       Wages from Form 8919, line 6       1f       1g         get a Form       h       Other earned income (see instructions)       1h       0.         v-2, see       instructions       in       1g       134, 197.         z       Add lines 1a through 1h       1z       134, 197.         Attach Sch. B       2a       Gualified dividends       3a       b       b       Taxable amount       4b         Standard Deduction for       5a       b       Taxable amount       5b       5a       b       Taxable amount       6b         Wared tiling separately, 11, 9g       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tayable amount       5b       5b       5b       5b												l	╡───
Itechnic       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-2 for also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       f       Employer-provided adoption benefits from Form 2441, line 26       1e         If you did not get a form       g       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1i       1         v-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       134, 197.         z       Add lines 1a through 1h       z       1z       134, 197.         Attach Sch. B       a       Qualified dividends       3a       b       D         get a form       f       Fensions and annuities       5a       b       D         Standard       Deduction for       6a       Social security benefits       6a       b       Tax-exempt interest       2b         7       Sale and or (loss). Attach Schedule D if required. If not required, check here		4.		4 (	·								
Attach Form(s) W-2 here. Also dattach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also dattach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1e         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         W-2 here armed income (see instructions)       1i       0.         W-2, see       instructions.       1i       1z         Nontaxable combat pay election (see instructions)       1i       1z       134, 197.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Attach Sch. B       Tax-exempt interest       3a       b       Taxable interest       2b         Standard       Gualified dividends       3a       b       Taxable amount       4b         Standard Beduction for- Single or Married filing esclably. \$12,960       For pensions and annuities       5a       b       Taxable amount       5b         Gualified dividends       5a       Ga       b       Taxable amount       6b       5b         Standard Deduction for- Single or Gualing sprusets, \$12,950       For pensions an	Income			•			Σ.		•••				34,197.
W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tar       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tar       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       f       Wages from Form 8919, line 6       1g         W-2, see       in the earned income (see instructions)       1h       0.         Instructions.       z       Add lines 1a through 1h       1z       134, 197.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         4a       b       Taxable amount       5b       5a       b       5b       5b         Standard       Social security benefits       6a       b       Taxable amount       5b       5b         Single or Married filing separately, S12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         S12,950       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income       9       126, 165.         19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       126, 165. <td></td>													
W-2G and 1999-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         199-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         y-2, see instructions.       h       Other earned income (see instructions)       1i         x2       Add lines 1a through 1h       1       1z         Attach Sch. B       2a       b       b       Tax-exempt interest       2b         if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- 6a       Social security benefits       5a       b       Taxable amount       6b         Single or Maried fling separately, s12,950       f       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Varied fling bifty or Qualifying       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 165.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       126, 165.         10       Subtract line 10 from line 9. This is your a		d									. 10	1	
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       134, 197.         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Taxable interest       2b       2b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       7         Single or       f you elect to use the lump-sum election method, check here (see instructions)       7       7       Social security benefits       6a       6b       7         Single or       f you elect to use the lump-sum election method, check here (see instructions)       7       7       7       Social security benefits       6		е						· · · ·			. 16	•	
Image: Number of the second		f	Employer-provided adoption bene	fits from	Form 8	839, line 29					. 1f		
h Other earned income (see instructions) 1h 0.   W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i   Attach Sch. B 2a Tax-exempt interest 2b   Attach Sch. B 2a Tax-exempt interest 2b   if required. 3a 0   4a b Taxable interest 2b   5a 5a b Ordinary dividends 3b   5a 5a 6a b Taxable amount 4b   5a 5a 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 6b   5a 6a b Taxable amount 6b 6b   5a 6a b Taxable amount 6b   5a 6a b Taxable amount 7   5b 6a 5b 6b 6b   5a 6a b Taxable amount 7   5b 6a 5b 6b 7   6a Other income from Schedule 1 if required. If not required, check here 7   7 9 126,165. 10   9 126,165. 10   9 126,165. 11   9 126,165. 11   9 126,165. 12   9 126,		g									. 1g	1	
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Add lines 1a through 1h       Image: Combat pay election (see instructions)         Attach Sch. B       Image: Combat pay election (see instructions)         Attach Sch. B       If required.       Image: Combat pay election (see instructions)         If required.       Image: Combat pay election (see instructions)         Standard Decourtion for       6a       Image: Combat pay election (see instructions)		h									. 1h	1	0.
z       Add lines 1a through 1h       12       134,197.         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       3a       b       Taxable interest       2b         4a       IRA distributions       3a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         8       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       8       -8,032.         9       126,165.       10       11       126,165.       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       126,165.       12       29,942.         14       Add lines 12 and 13		i	Nontaxable combat pay election (s	see instru	uctions)			1i					
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         • Single or Married filing separately, \$12,950       C       If you elect to use the lump-sum election method, check here (see instructions)       0       7         • C       If you elect to use the lump-sum election method, check here (see instructions)       0       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         • Head of household, \$19,400       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 165.         10       11       126, 165.       10       11       126, 165.         14       Add lines 12 and 13       12       29, 942.       13         15       Subtract line 14 from line 11 if zero or less enter -0-       This is your taxable income       13		z	Add lines 1a through 1h								. 1z	: 13	34,197.
4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       0       Other income from Schedule 1, line 10       7         9       126,165.       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126,165.         10       Adjustments to income from Schedule 1, line 26       10       11       126,165.         11       126,165.       10       11       126,165.       10         12       29,942.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       29,942.         14       29,942.       14       Add lines 12 and 13       14       29,942.       15 <td>Attach Sch. B</td> <td><b>2</b>a</td> <td>Tax-exempt interest</td> <td>2a</td> <td></td> <td></td> <td>bΤ</td> <td>axable interes</td> <td>t.</td> <td></td> <td>. 2b</td> <td>)</td> <td></td>	Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interes	t.		. 2b	)	
Standard Deduction for-       5a       9a       b Taxable amount	if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .		. 3b	)	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       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       126, 165.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       126, 165.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       29, 942.         • If you checked any box under Standard       14       29, 942.       15       96, 223		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b	)	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income 11 12 29,942.</li> <li>Standard deduction or itemized deductions (from Schedule A)</li></ul>		5a	Pensions and annuities	5a			bΤ	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			bΤ	axable amoun	t		. 6b	•	
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, check here       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       126, 165.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       9       126, 165.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       12       29, 942.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       29, 942.         • If you checked any box under Standard       14       29, 942.       15       96, 223	Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	check here	(see	instructions)		L			
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       126, 165.         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       126, 165.         • If you checked any box under Standard       12       Subtract line 10 from line 9. This is your adjusted gross or Form 8995-A       12       29, 942.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       29, 942.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       96, 223		7			required	d. If not requ	iired	, check here		L	_ 7		
Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 165.         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       126, 165.         12       29, 942.       12       29, 942.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       29, 942.       14       29, 942.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       96, 223		8									. 8		
\$25,900       10       Adjustments to income norm outredule 1, line 20       11       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       126,165.         • 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       29,942.       13         • If you checked any box under Standard       14       29,942.       13         • If you checked any box under Standard       14       29,942.       13         • If you checked any box under Standard       14       29,942.       14         • If you checked any box under Standard       14       29,942.       14         • If you checked any box under Standard       14       29,942.       15         • If you checked any box under Standard       15       96,223       15	Qualifying					our <b>total inc</b>	ome	е					26,165.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       29,942.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       29,942.         14       Add lines 12 and 13       14       29,942.       14       29,942.         15       Subtract line 14 from line 11.       If zero or less enter -0- This is your taxable income       15       96,223		10									. 10	-	
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       29,942.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       29,942.       14       29,942.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       96,223				•	-	-							
any box under Standard         14         Add lines 12 and 13         14         29,942.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         96,223	\$19,400 r												29,942.
Standard         14         Add lines 12 and 13         14         29,942           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         96.223				on from	Form 89	995 or Form	899	5-A				-	
	Standard												
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -	·U This is y	ourt	taxable incom	ie.		. 15		16,223.

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

Form **1040** (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	12,404.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,404.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	8,404.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,404.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	16,542.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,542.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,138.
neruna	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	8,138.
Direct deposit?	b	Routing number       0       5       4       0       0       0       3       0       c Type:       Checking       Savings		
See instructions.	d	Account number 5 3 4 5 6 0 5 3 1 5		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS? See		_
Designee	ins	tructions	elow.	X No
	De nai	signee's Phone Personal identif ne no. Pursonal identif	ication	
0.		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	*ha haa	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here			· ·	nt you an Identity
		Prote	ection P	N, enter it here
Joint return?		SW CONSULTANT (see	nst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.				ection PIN, enter it here
-	Dh	NOME MARER (	,	
		Done no.     (919)637-9267     Email address     SARATCPIDAPARTHI@GMAIL.COM       eparer's name     Preparer's signature     Date     PTIN		Check if:
Paid			2000	Self-employed
Preparer		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082		
Use Only				678)965-9522
			s EIN	84-3171965
Go to www.irs.g	ov/Forn	1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form <b>1040</b> (2022)

Go to www.irs.gov/Form104 information.

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# 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	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SARAT C & SREE	VALLI S PIDAPARTHI	473-53	-7031
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-8,032.
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 (	4	
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_		
0	Tatal other income Add lines Rethrough Ra	8z	9	
9 10	Total other income. Add lines 8a through 8z			-8,032.
10				-0,034.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee			
12	officials. Attach Form 2106	-basis government	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	·		
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	×
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:	040		
a h	5 51 5 ( )	24a	-	
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
~	Nontaxable amount of the value of Olympic and Paralympic medals	240	-	
С	and USOC prize money reported on line 8m	24c		
d		24d		
	Repayment of supplemental unemployment benefits under the Trade			
Ū	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		24g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	04-		
25	Total other adjustments. Add lines 24s through 24z	24z	25	
25 26	Total other adjustments. Add lines 24a through 24z		20	<u> </u>
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA			le 1 (Form 1040) 2022
	DAA	REV 03/22/23 PRO		

SCHEDULE	A	Itemized Deductions	0	DMB No. 1545-0074		
(Form 1040)	-	Go to www.irs.gov/ScheduleA for instructions and the latest in Attach to Form 1040 or 1040-SR.	nforn	nation.		20 <b>22</b>
Department of the T Internal Revenue Se		n y	e instr	uctions for line 1	6. <sup>4</sup>	Attachment Sequence No. <b>07</b>
Name(s) shown on						cial security number
	SR	EEVALLI S PIDAPARTHI			473-	53-7031
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1		_	
Dental Expenses		Enter amount from Form 1040 or 1040-SR, line 11 2	3			
Lypenses		Multiply line 2 by 7.5% (0.075)	-		. 4	
		· · · ·	•	· · · · ·	. 4	
Taxes You Paid		State and local taxes.				
Falu	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes,				
		check this box	5a	6,025	7.	
	k	State and local real estate taxes (see instructions)	5b			
	c	State and local personal property taxes	5c			
		Add lines 5a through 5c	5d	6,027	<u>'.</u>	
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	6,027	<u>,                                    </u>	
	6	Other taxes. List type and amount:				
	7	Add lines 5e and 6	6		. 7	6 0 2 7
Interest		Home mortgage interest and points. If you didn't use all of your home			. /	6,027.
You Paid Caution: Your	0	mortgage loan(s) to buy, build, or improve your home, see instructions and check this box				
mortgage interest deduction may be limited. See	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	23,915		
instructions.	Ł	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special	8c			
		rules	8d		_	
		Add lines 8a through 8c	8e	23,915		
		Investment interest. Attach Form 4952 if required. See instructions .	9		·	
		Add lines 8e and 9			. 10	23,915.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
<b>Caution:</b> If you made a gift and got a benefit for it,	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12			
see instructions.	13	Carryover from prior year	13			
		Add lines 11 through 13	•		. 14	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of	that form. Se		
Other	16	instructions	•			<u> </u>
Itemized Deductions	10				 	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			n	20.042
Itemized Deductions	18	Form 1040 or 1040-SR, line 12			<b>17</b>	29,942.
		check this box				

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

SCHE (Form				upplemental							OMB No	. 1545-0074
(10111	1040)	(From	rental real estate, ro			-			trusts, REMIC	s, etc.)	20	22
	ent of the Treasury Revenue Service			ch to Form 1040,					formation		Attachm	ent 10
	ě							Veur	al security r	ce No. <b>13</b>		
			S PIDAPARTHI								3-7031	lumber
		-				valtica				4/3-5	3-7031	
Part	Note: If yo	u are in	ss From Rental F the business of rentin oss from Form 4835 o	ig personal propert			<b>C</b> . See	instru	ctions. If you ar	re an indiv	vidual, repo	ort farm
Α			ents in 2022 that we		to file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	s 🛛 No
			you file required Fo									
1a			each property (stree									
A			HASE-2 BENGAL			,	05					
B			CT Cary NC 2									,
C	ZUZ HOSIA		CI CALY NC 2	7515								
	Type of Prope	rty 2	For each rental r	aal astata nronar	ty liet	ted		Fa	ir Rental	Person	معالاه	
10	(from list below		above, report the					Ia	Days	Da		QJV
Α	3	<i>,</i>	personal use day	/s. Check the QJ	V box	k only	Α		365		0	
В	3		if you meet the re				В		61		304	
С			qualified joint ver	nture. See instruc	ctions	5.	С					$\overline{\Box}$
Туре	of Property:										I	
	Single Family R	esidend	ce 3 Vacation/	Short-Term Rent	al	5 Land		7	Self-Rental			
	Multi-Family Re			ial		6 Roya	alties	8	Other (descri	be)		
							-		Propertie			
Incom							Α		B	- <b>5</b> .		С
3					3			00.		,600.		<u> </u>
4					4		0	00.	<u>⊥</u>	,000.		
Exper		veu .			<b>T</b>							
5					5							
6	0		nstructions)		6							
7					7		8	00.				
8					8							
9					9							
10			ssional fees		10							
11					-11		5	00.				
12	•		d to banks, etc. (see		12					981.		
13					13							
14					14		2,5	00.		251.		
15	Supplies				15		2,2	00.				
16	Taxes				16							
17					17		3,0	00.				
18	Depreciation e	xpense	or depletion		18							
19	Other (list)				19							
20	•		ines 5 through 19		20		9,0	00.	1	,232.		
21			line 3 (rents) and/or									
			instructions to find		21		-8,4	00		368.		
22			estate loss after lir		21		0,1	00.		500.		
	on Form 8582	(see in	structions)		22	(	8,40	00.)		)	(	)
23a			eported on line 3 for					23a	2	,200.		
b			eported on line 4 for					23b		0.01		
C d			eported on line 12 fo					23c		981.		
d			eported on line 18 fo					23d	1 ^	,232.		
е 24			eported on line 20 fo e amounts shown o					23e				260
24 25		-	e amounts shown o osses from line 21 an			-					(	368. 8,400.)
			ate and royalty inc								1	5,400.)
26	here. If Parts	II, III, I <sup>°</sup>	V, and line 40 on 140, line 5. Otherwise	page 2 do not a	apply	to you,	also er	nter th	is amount or			-8,032.

Schedule E (Form 1040) 2022

-8,032.

## SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

# Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 Attachment Sequence No. 47

Name(s	) shown on return	Your s	social s	security number
SARA'	T C & SREEVALLI S PIDAPARTHI	473-	-53-	7031
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	126,165.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	126,165.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0	, 	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	•	7	
8	Add lines 5 and 7	•	8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $200,000 \int \dots $	•	9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	· _	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	•	13	12,404.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	• [	14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ough l	line 27

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/22/23 PRO Schedule 8812 (Form 1040) 2022 BAA

	lle 8812 (Form 1040) 2022	Page 2
Part	II-A Additional Child Tax Credit for All Filers	
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.	
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<b>16a</b> 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.	
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.	
	<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,500 or more?	7
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
	Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residen	ts of Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 1322	
23	Add lines 21 and 22	_
24	1040 and	
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,	
	and Schedule 3 (Form 1040), line 11.	
25	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the <b>larger</b> of line 20 or line 25	26
Dart	ILC Additional Child Tax Credit	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
	BAA REV 03/22/23 PRO Sci	hedule 8812 (Form 1040) 2022

	8867	Paid Preparer's Due Diligence Checkli	st	OMB	No. 1545	-0074
Form		Earned Income Credit (EIC), American Opportunity Tax Credit (AOT	C), C) and	For tax yea		
(Rev. No	ovember 2022)	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filin			20	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040 Go to www.irs.gov/Form8867 for instructions and the latest inform		Attach Seque	nment ence No.	70
Тахрауе	er name(s) shown on	return	Taxpayer identification	n number		
		VALLI S PIDAPARTHI	473-53-703			
	r's name		Preparer tax identifica	tion num	ber	
		SAGAR GUPTA TALLAM	P02082703			
Part		gence Requirements				
		ropriate box for the credit(s) and/or HOH filing status claimed on the retuined (check all that apply).		the rel	A	arts I–V HOH
1		ete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)	by the taxpayer	Yes X	No	N/A
2	-	claimed on the return, did you complete the applicable EIC and/or C	TC/ACTC/ODC			
-		und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched				
		ons, and/or the AOTC worksheet found in the Form 8863 instructions				
		nat provides the same information, and all related forms and schedules	for each credit			
	claimed?			×		
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge requirement, you r	nust do both of			
		taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	<ul> <li>Review infor status and to</li> </ul>	d/or HOH filing	X			
4		nation provided by the taxpayer or a third party for use in preparing				
		asonably known to you, appear to be incorrect, incomplete, or inconsis	tent? (If "Yes,"			
		ons 4a and 4b. If " <b>No</b> ," go to question 5.)			X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b		mporaneously document your inquiries? (Documentation should include				
		om you asked, when you asked, the information that was provided, and				
-		d on your preparation of the return.)				
5		v the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 8867				
		ksheet(s), a record of how, when, and from whom the information used t				
	8867 and any	applicable worksheet(s) was obtained, and a copy of any document(s) p	provided by the			
		you relied on to determine eligibility for the credit(s) and/or HOH filing sta	•		_	
	the amount(s)			X		
	List those doci	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/her			
7		et to raudit?		×		
7	,	e taxpayer if any of these credits were disallowed or reduced in a previous e disallowed or reduced, go to question 7a; if not, go to question 8.)	year:			
а		e disallowed or reduced, go to question 7a; if not, go to question 8.) ete the required recertification Form 8862?				
8	-	is reporting self-employment income, did you ask questions to prepare				
0		le C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/22/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go t	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b c	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
Part	more than one person (tiebreaker rules)?	claim (	DTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part			o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and, on the return of the taxpayer identified above if you:			
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligit	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applical obtained.</li></ol>	ble wor	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	oayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information)	h failur ).	e to co	mply

15	Do you certify that all of the	he answers on this	Form 8867 are	e, to the best	of your knowledge, true	e, correct, and	Yes	No
	complete?						X	
					REV 03/22/23 PRO	Form <b>88</b> (	67 (Rev.	11-2022)

<b>D-400</b> < Staple A Return a	• •	of Yo		202				ina D	ncome epartme	nt c		<b>Return</b> evenue		DOR Use Only					
For calend SARAT 4812 F	lar year 20	) <u>22, o</u>	o <u>r fiscal y</u> C PI	<u>vear begir</u> IDAPAF				_	and ending LLI	S		DAPART 3537031	ls yo		e a veteran	? `	Yes		
FUQUAY									Spouse's	SSN	: 29	0912607			ted an auto ncome tax	return, e	e.g., Form	-	ur
Filing Stat		1. Sing 4. Hea	gle d of Hous	sehold			ed Filing	-	☐ 3. Ma	arried	Filing	Separately	Yea	ar spouse	Yes e died:	No 2	<u>K</u>		_
Were you Was your							Yes X Yes X	No No	$\square$			r deceased t r deceased s		·	Date of o				
N.C. Educ	ation End	owme	ent Fund:	: You ma	y conti	ribute t	to the N	.C. Edu		owm	ent Fi	und by makir		ontributi	ion or des	signatin	7		
												ment of \$ information	about		To desigi nd.)	nate yo	ur overpa	aymen	t
	•					•				-	•	15, 2023, an ersonal Repr			en or resi	dent.			
FS 2	PP	Y			DT	N	OC	N	TPRES		Y	SPRES			VT	N	SVT		N
PIDA	4812		2752	26	DS	N	EA	Ν	TD				SD				FDEX		N
SARAT			С	: PI	DAP	ARTH	HI			4	473	537031			WAKE				
SREEVA	LLI		S	S PI	DAP	ARTH	ΗI			4	290	912607		NC	2752	6			
4812 F	LATHE	AD	PL								FU	QUAY V	ARI	NA					
06	1	261	.65		-	16			0			26C				0			7
07			0		-	18	Y		0			26E				0			0201
09			0			20A			6027			EU							5002
10A			2			20B			0			27				0			4
10B		10	000			21A			0			29				0			
11 S	Y	I	Ν			21B			0			30				0			
11		255	500			21C			0			31				0			
13		000	000		-	21D			0			32				0			
14		996	565			26A			0			34			105	4			
15		49	973			26B			0										
TN	91963	792	267		]	PN	6	7896	59522			PP		P020	8270	3			
Sign Re	ertifv that I ha	ve exai	mined this r	Refun	ccompan	vina sch		1054 d stateme		aym	Chec	Due k here if you a			orth Carolir				e
the best of my	knowledge ar	nd belie	f, they are t	rue, correct,	and con	nplete.					to dis	cuss this retur	n and	attachme		ie paid p 53792	·	elow.	
Your Signature		Y IF	nrepared b	v a person o		Date	-		ature (If filing j			oth must sign.) which the prepa		Date	Contact		o. (Include a	area code	ē)
			,, c, c (	,											-				
	SYAM         PRIYA         RAM         SAGAR         GUPT         04         05         23         6789659522         P02082703           Paid Preparer's Signature         Date         Preparer's Contact Phone Number (Include area code)         Preparer's FEIN, SSN, or PTIN							-											
lf	If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640																		

REV 01/26/23 PRO

#### **22 D** <u>D</u> La \_

t Name	(First 10 Characters) PIDAPARTHI You	r Social Security Number	47353	37031
	D-400 Line-by-Line Information			
6.	Federal Adjusted Gross Income		6.	12616
7.	Additions to Federal Adjusted Gross Income		7.	
8.	Add Lines 6 and 7		8.	12616
9.	Deductions From Federal Adjusted Gross Income		9.	
10.	Child Deduction			
	a. Enter the number of qualifying children for whom you were allowed a federal child	tax credit	10a.	
	b. Enter the amount of the child deduction		10b.	100
11.	N.C. Standard Deduction		11.	
11.	N.C. Itemized Deduction		11.	
11.	Deduction amount		11.	2550
12.	a. Add Lines 9, 10b, and 11		12a.	2650
10	b. Subtract Line 12a from Line 8		12b.	9966
13.	Part-year Residents and Nonresidents Taxable Percentage		13.	0.000
14.	N.C. Taxable Income		14.	9966
15. 16.	N.C. Income Tax		15. 16.	497
16. 17.	Tax Credits Subtract Line 16 from Line 15		16. 17.	497
18.	Consumer Use Tax		17.	497
10.	You certify that no Consumer Use Tax is due		10.	
19.	Add Lines 17 and 18		19.	497
20a.	Your tax withheld		20a.	602
20b.	Spouse's tax withheld		20b.	
Other	Tax Payments			
21a.	2022 estimated tax		21a.	
21b.	Paid with extension		21b.	
21c.	Partnership		21c.	
21d.	S Corporation		21d.	
22.	Additional Payments		22.	
23.	Add Lines 20a through 22		23.	602
24.	Previous Refunds		24.	
25.	Subtract Line 24 from Line 23		25.	602
26a.	Tax Due		26a.	
26b.	Penalties		26b.	
26c.	Interest		26c.	
26d.	Add Lines 26b and 26c and enter the total on 26d		26d.	
EU	Exception to Underpayment of Estimated Tax		EU	
26e.	Interest on the Underpayment of Estimated Income Tax		26e.	
27.	Pay this Amount		27.	1.0-
28.	Overpayment		28.	105
Amou	int of Refund to Apply to:			
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax		29.	

29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	1054