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)

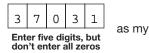
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax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

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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	1040		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.
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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>2a</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	2 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)	
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 12 29,942. Standard deduction or itemized deductions (from Schedule A)		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			
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\$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 total inc	ome	е					26,165.
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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 2
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 total tax	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 refunded to you . 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 amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		_
Designee	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 1040 (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. 01
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		2 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 22
Department of the T Internal Revenue Se		n y	e instr	uctions for line 1	6. ⁴	Attachment Sequence No. 07
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			
Caution: 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 must 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			17	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. 13		
			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			C . 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	- 5 .		С
3					3			00.		,600.		<u> </u>
4					4		0	00.	<u>⊥</u>	,000.		
Exper		veu .			T							
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 [°]	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, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.	
	Enter the result. If zero, stop here ; 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?	
	No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19	
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.	
	Yes. 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	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,	
	and Schedule 3 (Form 1040), line 11.	
25	1040-NR filers: 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 larger 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			
	 Review infor status and to 	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 " No ," 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 2
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.			
	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).	's eligit	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	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 88 (67 (Rev.	11-2022)

D-400 < Staple A Return a	• •	of Yo		202				ina D	ncome epartme	nt c		Return 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				
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												ment of \$ information	about		To desigi nd.)	nate yo	ur overpa	aymen	t
	•					•				-	•	15, 2023, an ersonal Repr			en or resi	dent.			
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11		255	500			21C			0			31				0			
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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)
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	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