

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br>VENKATA RAGHAVENDRA SRIKAKULA | Social security number<br>022-55-1143          |
| Spouse's name<br>LAKSHMI DEEPTHI THOTA           | Spouse's social security number<br>962-91-2741 |

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |          |
|---|---|----------|
| 1 Adjusted gross income . . . . .   | 1 | 161,730. |
| 2 Total tax . . . . .   | 2 | 18,344.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 15,420.  |
| 4 Amount you want refunded to you . . . . .                               | 4 |          |
| 5 Amount you owe . . . . .  | 5 | 2,968.   |

## 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 1 | 1 | 4 | 3 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 7 | 4 | 1 |
|---|---|---|---|---|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (VENKATA RAGHAVENDRA), Last name (SRIKAKULA), Your social security number (022-55-1143), Spouse's social security number (962-91-2741), Home address (131 BUFFALOE SPRINGS ST), City (GARNER), State (NC), ZIP code (27529).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: AYAAN, SRIKAKULA, 728-99-1337, Son, [X] in Child tax credit, [ ] in Credit for other dependents.

Main income table with columns 1a-1z and 2a-2z. Row 1a: Total amount from Form(s) W-2, box 1 (see instructions) 152,851. Row 1z: Add lines 1a through 1h 152,851. Row 2a: Tax-exempt interest 2a. Row 2b: Taxable interest 2b. Row 2c: Qualified dividends 3c 13. Row 2d: Ordinary dividends 3d 16. Row 2e: IRA distributions 4e. Row 2f: Taxable amount 4f. Row 2g: Pensions and annuities 5g. Row 2h: Taxable amount 5h. Row 2i: Social security benefits 6i. Row 2j: Taxable amount 6j. Row 7: Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 7 22,168. Row 8: Other income from Schedule 1, line 10 8 -13,305. Row 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 161,730. Row 10: Adjustments to income from Schedule 1, line 26 10. Row 11: Subtract line 10 from line 9. This is your adjusted gross income 11 161,730. Row 12: Standard deduction or itemized deductions (from Schedule A) 12 25,900. Row 13: Qualified business income deduction from Form 8995 or Form 8995-A 13. Row 14: Add lines 12 and 13 14 25,900. Row 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 135,830.

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 20,344. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 20,344. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> | 2,000.  |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 2,000.  |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 18,344. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 18,344. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 15,420. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 15,420. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 15,420. |

|                                      |            |  |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--------------------------------------|------------|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>35a</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X          | X | X | X | X | X | X | X | X | X |   |   |   |   |   |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>d</b>   | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>                                 | X          | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X | X | X | X | X | X |   |   |   |  |  |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>   | <b>36</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

|                       |           |   |           |        |
|-----------------------|-----------|---|-----------|--------|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | 2,968. |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> | 44.    |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                                 |  |   |  |  |  |  |  |  |
|---|---------------------------------|--|---|--|--|--|--|--|--|
| Your signature  | Date                            | Your occupation<br>INFRASTRUCTURE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>         |  |  |  |  |  |  |
|   |                                 |  |   |  |  |  |  |  |  |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                            | Spouse's occupation<br>HOME MAKER          | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |
|   |                                 |  |   |  |  |  |  |  |  |
| Phone no. (203) 543-1260                                      | Email address SVR3105@GMAIL.COM |  |   |  |  |  |  |  |  |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/23/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>84-3171965                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
V SRIKAKULA & L THOTA

Your social security number  
022-55-1143

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -13,305. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -13,305. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return

V SRIKAKULA & L THOTA

Your social security number

022-55-1143

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 33,578.                          | 23,551.                         |   | 10,027.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | 4,249.                           | 3,133.                          |   | 1,116.  |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 11,143.  |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 30,945.                          | 21,562.                         |  | 9,383.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  | 8,520.                           | 6,878.                          |  | 1,642.  |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> 11,025.   |

**Part III Summary**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 22,168. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |         |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |         |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |         |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |         |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                  |           |         |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.   | <b>21</b> | ( )     |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |         |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
V SRIKAKULA & L THOTA

Social security number or taxpayer identification number  
022-55-1143

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|--|--|--|---|--------------------------------|--|
|                  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|                  | FIDELITY BROKERAGE SERVICES LLC  | 01/01/22                                | 12/31/22   | 3,453.   | 3,605.   |   |                                | -152.  |
|                  | FIDELITY BROKERAGE SERVICES LLC  | 01/01/22                                | 12/31/22   | 29,452.  | 18,884.  |   |                                | 10,568.  |
|                  | ROBINHOOD SECURITIES LLC   | 01/01/22                                | 12/31/22   | 673.   | 1,062.   |   |                                | -389.  |
|                  |  |   |  |  |  |   |                                |  |
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|                  |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |  | 33,578.  | 23,551.  |   |                                | 10,027.  |

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



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 V SRIKAKULA & L THOTA

Social security number or taxpayer identification number  
 022-55-1143

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

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

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

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

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g), enter a code in column (f).<br><b>See the separate instructions.</b> |                             | (h)<br><b>Gain or (loss)</b><br>Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|---|---|--|--|---|---|-----------------------------|---|
|                  |   |   |  |  |   | (f)<br>Code(s) from instructions  | (g)<br>Amount of adjustment |   |
|                  | FIDELITY BROKERAGE SERVICES LLC   | 01/01/22                                | 12/31/22   | 30,933.  | 21,387.   |   |                             | 9,546.  |
|                  | ROBINHOOD SECURITIES LLC  | 01/01/22                                | 12/31/22   | 12.  | 175.  |   |                             | -163.   |
|                  |   |   |  |  |   |   |                             |   |
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| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked). |   |  | 30,945.  | 21,562.   |   |                             | 9,383.  |

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

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

V SRIKAKULA & L THOTA

022-55-1143

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
|                  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | FIDELITY BROKERAGE SERVICES LLC  | 01/01/22                                | 12/31/22  | 4,249.   | 3,133.   |  |                                | 1,116.   |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
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|                  |  |   |   |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |   | 4,249.   | 3,133.   |  |                                | 1,116.   |

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 V SRIKAKULA & L THOTA

Social security number or taxpayer identification number  
 022-55-1143

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

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

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

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

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|---|---|--|--|--|--|--------------------------------|--|
|                  |   |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | FIDELITY BROKERAGE SERVICES LLC   | 01/01/22                                | 12/31/22   | 8,520.   | 6,878.   |  |                                | 1,642.   |
|                  |   |   |  |  |  |  |                                |  |
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|                  |   |   |  |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked). |   |  | 8,520.   | 6,878.   |  |                                | 1,642.   |

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

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

V SRIKAKULA & L THOTA

Your social security number

022-55-1143

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 11/198 CAR STREET ANANTAPURAM KADIRI ANDHRA PRADESH IN 515591

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:          |   | Properties: |             |          |
|------------------|---|-------------|-------------|----------|
|                  |   | A           | B           | C        |
| <b>3</b>         | Rents received . . . . .  | 3           | 642.        |          |
| <b>4</b>         | Royalties received . . . . .  | 4           |             |          |
| <b>Expenses:</b> |   |             |             |          |
| <b>5</b>         | Advertising . . . . .   | 5           |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | 6           |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 7           | 2,648.      |          |
| <b>8</b>         | Commissions . . . . .   | 8           |             |          |
| <b>9</b>         | Insurance . . . . .   | 9           |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | 10          |             |          |
| <b>11</b>        | Management fees . . . . .   | 11          | 2,497.      |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | 12          |             |          |
| <b>13</b>        | Other interest . . . . .  | 13          |             |          |
| <b>14</b>        | Repairs . . . . .   | 14          | 2,958.      |          |
| <b>15</b>        | Supplies . . . . .  | 15          | 2,869.      |          |
| <b>16</b>        | Taxes . . . . .   | 16          |             |          |
| <b>17</b>        | Utilities . . . . .   | 17          | 2,975.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 18          |             |          |
| <b>19</b>        | Other (list) _____  | 19          |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 20          | 13,947.     |          |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | 21          | -13,305.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | 22          | ( 13,305. ) | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a         | 642.        |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b         |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | 23c         |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 23d         |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 23e         | 13,947.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | 24          |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25          | ( 13,305. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26          |             | -13,305. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -13,305.

Schedule E (Form 1040) 2022

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

V SRIKAKULA & L THOTA

022-55-1143

**Part I Child Tax Credit and Credit for Other Dependents**

|           |   |           |          |          |
|-----------|---|-----------|----------|----------|
| <b>1</b>  | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 161,730. |
| <b>2a</b> | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |          |
| <b>b</b>  | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |          |
| <b>c</b>  | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |          |
| <b>d</b>  | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |          |
| <b>3</b>  | Add lines 1 and 2d . . . . .  | <b>3</b>  | 161,730. |          |
| <b>4</b>  | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 1        |          |
| <b>5</b>  | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |          |
| <b>6</b>  | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0        |          |
|           | <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.   |           |          |          |
| <b>7</b>  | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |          |
| <b>8</b>  | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |          |
| <b>9</b>  | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |          |
| <b>10</b> | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. } | <b>10</b> | 0.       |          |
| <b>11</b> | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |          |
| <b>12</b> | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.   |          |
|           | <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.  |           |          |          |
|           | <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.   |           |          |          |
| <b>13</b> | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 20,344.  |          |
| <b>14</b> | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 2,000.   |          |

**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 **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|            |  |                          |               |
|------------|--|--------------------------|---------------|
| <b>15</b>  | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <input type="checkbox"/> |               |
| <b>16a</b> | 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>b</b>   | Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>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 . . . . .  |                          | <b>16b</b>    |
|            | <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.  |                          |               |
| <b>17</b>  | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   |                          | <b>17</b>     |
| <b>18a</b> | Earned income (see instructions) . . . . .   | <b>18a</b>               |               |
| <b>b</b>   | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b>               |               |
| <b>19</b>  | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>                |               |
| <b>20</b>  | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <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. | <b>20</b>                |               |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>21</b> | 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. . . . . | <b>21</b> |  |
| <b>22</b> | 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 13 . . . . .  | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .   | <b>23</b> |  |
| <b>24</b> | <b>1040 and 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. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . | <b>27</b> |  |
|-----------|--|-----------|--|

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
022-55-1143

VENKATA RAGHAVENDRA SRIKAKULA

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b> 0.   |
| <b>3</b>  | If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b> 7,300.   |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b> 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b> 7,300.   |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .   | <b>6</b> 7,300.   |
| <b>7</b>  | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b> 7,300.   |
| <b>9</b>  | Employer contributions made to your HSAs for 2022 . . . . .  | <b>9</b> 6,830.   |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>   |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b> 6,830.  |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> 470.  |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b> 0.  |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |            |
|------------|--|------------|
| <b>14a</b> | Total distributions you received in 2022 from all HSAs (see instructions) . . . . .  | <b>14a</b> |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | <b>14b</b> |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | <b>16</b>  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |            |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | <b>17b</b> |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |           |
|-----------|--|-----------|
| <b>18</b> | Last-month rule . . . . .  | <b>18</b> |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | <b>19</b> |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | <b>20</b> |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | <b>21</b> |

**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

|   |  |   |
|---|--|---|
| Taxpayer name(s) shown on return<br>V SRIKAKULA & L THOTA |  | Taxpayer identification number<br>022-55-1143   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM      |  | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |



**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> 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? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> 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? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> 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? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> 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? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**BE SURE TO DETACH WHERE INDICATED.  
FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.**

▼ DETACH HERE ▼

**2023 Form 1-ES**

REV 02/09/23 PRO

**Estimated Tax Payment Voucher**

|                         |                   |  |   |   |         |  |
|-------------------------|-------------------|--|---|---|---------|--|
| Social Security number  | Tax filing period | Due date   | Tax type  | Voucher type  | ID type | Vendor code  |
| 022551143               | 12/31/2023        | 04/18/2023   | 053   | 17  | 005     | 1555   |
| Last name (print)       |                   | First name and initial (and spouse's, if joint return) |   | 1. Amount due with this installment (from line 12 of worksheet) . . . . .                         |         | 365.00   |
| V SRIKAKULA & L THOTA   |                   |  |   | Form you plan to file:  |         |  |
| Street address          |                   |  |   | <input type="checkbox"/> Form 1, Full-Year Resident   |         | <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident |
| 131 BUFFALOE SPRINGS ST |                   |  |   | Return this voucher with check or money order payable to: Commonwealth of Massachusetts.          |         |  |
| City/Town               | State             | Zip  | Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b>       |   |         |  |
| GARNER                  | NC                | 27529  | <b>Important: File your Form 1-ES and make your payment online. It's fast, easy and secure.</b> |   |         |  |
| E-mail address          |                   | Phone number   |   | Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information. |         |  |
| SVR3105@GMAIL.COM       |                   | 203-543-1260   |   |   |         |  |



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PROCESSING YOUR PAYMENT.

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**2023 Form 1-ES**

REV 02/09/23 PRO

**Estimated Tax Payment Voucher**

|   |                   |              |  |              |         |             |
|---|-------------------|--------------|--|--------------|---------|-------------|
| Social Security number  | Tax filing period | Due date     | Tax type   | Voucher type | ID type | Vendor code |
| 022551143   | 12/31/2023        | 06/15/2023   | 053  | 17           | 005     | 1555        |
| Last name (print)                      First name and initial (and spouse's, if joint return) |                   |              | 1. Amount due with this installment (from line 12 of worksheet) . . . . .  |              |         | 365.00      |
| V SRIKAKULA & L THOTA   |                   |              | Form you plan to file:   |              |         |             |
| Street address  |                   |              | <input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident |              |         |             |
| 131 BUFFALOE SPRINGS ST   |                   |              | Return this voucher with check or money order payable to: Commonwealth of Massachusetts.   |              |         |             |
| City/Town   | State             | Zip          | Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b>  |              |         |             |
| GARNER  | NC                | 27529        | <b>Important: File your Form 1-ES and make your payment online. It's fast, easy and secure.</b>                                      |              |         |             |
| E-mail address  |                   | Phone number | <b>Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.</b>                             |              |         |             |
| SVR3105@GMAIL.COM   |                   | 203-543-1260 |  |              |         |             |



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**2023 Form 1-ES**

REV 02/09/23 PRO

**Estimated Tax Payment Voucher**

|                         |                   |  |   |  |         |             |
|-------------------------|-------------------|--|---|--|---------|-------------|
| Social Security number  | Tax filing period | Due date   | Tax type  | Voucher type   | ID type | Vendor code |
| 022551143               | 12/31/2023        | 09/15/2023   | 053   | 17   | 005     | 1555        |
| Last name (print)       |                   | First name and initial (and spouse's, if joint return) |   | 1. Amount due with this installment (from line 12 of worksheet) . . . . .  |         | 365.00      |
| V SRIKAKULA & L THOTA   |                   |  |   | Form you plan to file:   |         |             |
| Street address          |                   |  |   | <input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident |         |             |
| 131 BUFFALOE SPRINGS ST |                   |  |   | Return this voucher with check or money order payable to: Commonwealth of Massachusetts.   |         |             |
| City/Town               | State             | Zip  | Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b> |  |         |             |
| GARNER                  | NC                | 27529  |   |  |         |             |
| E-mail address          |                   | Phone number   |   | <b>Important: File your Form 1-ES and make your payment online. It's fast, easy and secure.</b>                                      |         |             |
| SVR3105@GMAIL.COM       |                   | 203-543-1260   |   | Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.                                    |         |             |



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FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.**

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**2023 Form 1-ES**

REV 02/09/23 PRO

**Estimated Tax Payment Voucher**

|                         |                   |  |          |  |         |   |
|-------------------------|-------------------|--|----------|--|---------|---|
| Social Security number  | Tax filing period | Due date   | Tax type | Voucher type   | ID type | Vendor code   |
| 022551143               | 12/31/2023        | 01/16/2024   | 053      | 17   | 005     | 1555  |
| Last name (print)       |                   | First name and initial (and spouse's, if joint return) |          | 1. Amount due with this installment (from line 12 of worksheet) . . . . .                                |         | 365.00  |
| V SRIKAKULA & L THOTA   |                   |  |          | Form you plan to file:   |         |   |
| Street address          |                   |  |          | <input type="checkbox"/> Form 1, Full-Year Resident  |         | <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident          |
| 131 BUFFALOE SPRINGS ST |                   |  |          | Return this voucher with check or money order payable to: Commonwealth of Massachusetts.                 |         | Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b> |
| City/Town               | State             | Zip  |          |  |         |   |
| GARNER                  | NC                | 27529  |          |  |         |   |
| E-mail address          |                   | Phone number   |          | <b>Important: File your Form 1-ES and make your payment online. It's fast, easy and secure.</b>          |         |   |
| SVR3105@GMAIL.COM       |                   | 203-543-1260   |          | <b>Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.</b> |         |   |



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# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2022**  
**Massachusetts**  
**Department of**  
**Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2022.

|  |  |           |       |   |  |
|--|--|-----------|-------|---|--|
| Your first name and initial                        |  | Last name |       | Your Social Security number   |  |
| VENKATA RAGHAVENDRA SRIKAKULA                      |  |           |       | 022551143   |  |
| If a joint return, spouse's first name and initial |  | Last name |       | Spouse's Social Security number   |  |
| LAKSHMI DEEPTHI THOTA                              |  |           |       | 962912741   |  |
| Present street address (and apartment number)      |  |           |       |   |  |
| 131 BUFFALOE SPRINGS ST                            |  |           |       |   |  |
| City/Town/Post Office                              |  | State     | Zip   | Filing status: <input type="radio"/> Single <input checked="" type="radio"/> Married filing jointly |  |
| GARNER   |  | NC        | 27529 | <input type="radio"/> Married filing separately <input type="radio"/> Head of household             |  |

### Part 1. Tax Return Information for Electronic Filing

|  |          |       |
|--|----------|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .                 | <b>1</b> | 55318 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .          | <b>2</b> | 4318  |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .             | <b>3</b> |       |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . . | <b>4</b> | 2859  |
| 5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .                     | <b>5</b> |       |
| 6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58) . . . . .                           | <b>6</b> | 1459  |

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

|                |      |                    |      |
|----------------|------|--------------------|------|
| Your signature | Date | Spouse's signature | Date |
|                |      |                    |      |

### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

|  |             |           |  |   |
|--|-------------|-----------|--|---|
| ERO's signature and SSN or PTIN                    | Date        | EIN       | <input type="radio"/> Fill in if self-employed |   |
|  | 02232023    | 882145487 |  |   |
| Firm name (or yours, if self-employed) and address | City/Town   | State     | Zip  | <input type="radio"/> Fill in if also paid preparer |
| GLOBAL TAXES LLC 245 ROONEY CT                     | E BRUNSWICK | NJ        | 08816  |   |

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

|  |             |           |  |  |
|--|-------------|-----------|--|--|
| Paid preparer's signature and SSN or PTIN          | Date        | EIN       | <input type="radio"/> Fill in if self-employed |  |
| P02082703  | 02232023    | 843171965 |  |  |
| Firm name (or yours, if self-employed) and address | City/Town   | State     | Zip  |  |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT    | E BRUNSWICK | NJ        | 08816  |  |

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:  
MASSACHUSETTS DEPARTMENT OF REVENUE  
PO BOX 419540  
BOSTON, MA 02241-9540

DETACH HERE

REV 02/09/23 PRO

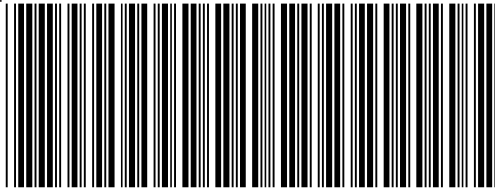
**2022 Form PV**  
**Massachusetts Income Tax Payment Voucher**

|  |   |  |                 |             |
|--|---|--|-----------------|-------------|
| Payment for period end date (mm/dd/yyyy) | Tax type                                    | Voucher type                               | ID type         | Vendor code |
| 12/31/2022                               | 053   | 01   | 005             | 1555        |
| Name of taxpayer                         | Social Security number                      |  | Amount enclosed |             |
| VENKATA RAGHAVENDRA SRIKAKULA            | 022551143                                   |  | \$ 1,459.00     |             |
| Name of taxpayer's spouse                | Social Security number of taxpayer's spouse |  |                 |             |
| LAKSHMI DEEPTHI THOTA                    | 962912741                                   |  |                 |             |
| Street address                           | City/Town                                   | State                                      | Zip             |             |
| 131 BUFFALOE SPRINGS ST                  | GARNER                                      | NC   | 27529           |             |
| Phone                                    | E-mail                                      | Fill in if name/address changed since 2021 |                 |             |
| 203-543-1260                             | SVR3105@GMAIL.COM                           | <input type="checkbox"/>                   |                 |             |

Pay online at [mass.gov/masstaxconnect](https://mass.gov/masstaxconnect). Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.  
Mail to: **Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540**



00100022551143 123122 0000000000 053 010051555 00001459001



2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1-December 31, 2022 or other taxable

Year beginning Ending

VENKATA RAGHAVEN SRIKAKULA 022551143
LAKSHMI DEEPTHI THOTA 962912741
131 BUFFALOE SPRINGS ST GARNER NC 27529

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula
Taxpayer deceased
Fill in if under age 18
Fill in if name change

\$1 You \$1 Spouse TOTAL
You Spouse
You Spouse
You Spouse
You Spouse

Check one: X Nonresident Filing as both nonresident and part-year resident
Part-year resident Nonresident composite

a. Total federal income 161730
b. Federal adjusted gross income 161730

1. Filing status (select one only): Single
X Married filing jointly
Married filing separate return
Head of household

Fill in if noncustodial parent
Fill in if filing Schedule TDS
Fill in if filing Schedule FCI
Fill in if reporting crypto currency

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

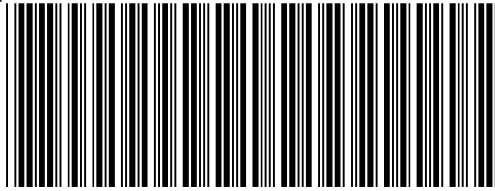
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

203-543-1260

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





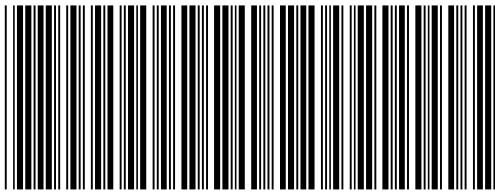
# 2022 Form 1-NR/PY, pg. 2

MA22006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
022551143

## 4. Exemptions:

|  |                          |             |            |        |
|--|--------------------------|-------------|------------|--------|
| a. Personal exemptions   |                          |             | <b>4a</b>  | 8800   |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number  | 1                        | x \$1,000 = | <b>4b</b>  | 1000   |
| c. Age 65 or over before 2023  | You + Spouse =           | x \$700 =   | <b>4c</b>  |        |
| d. Blindness   | You + Spouse =           | x \$2,200 = | <b>4d</b>  |        |
| e. Medical/dental  |                          |             | <b>4e</b>  |        |
| f. Adoption  |                          |             | <b>4f</b>  |        |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a   |                          |             | <b>4g</b>  | 9800   |
| 5. Wages, salaries, tips   |                          |             | <b>5</b>   | 68623  |
| 6. Taxable pensions and annuities  |                          |             | <b>6</b>   |        |
| 7. Mass. bank interest: a.   | - b. exemption           |             | <b>= 7</b> |        |
| 8. Business/profession income/loss a.  | + b. Farming income/loss |             | <b>= 8</b> |        |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss  |                          |             | <b>9</b>   | -13305 |
| 10a. Unemployment  |                          |             | <b>10a</b> |        |
| 10b. Mass. lottery winnings  |                          |             | <b>10b</b> |        |
| 11. Other income   |                          |             | <b>11</b>  |        |
| 12. TOTAL 5.0% INCOME  |                          |             | <b>12</b>  | 55318  |
| <b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other: |                          |             |            |        |
| Working days (or other basis) outside Massachusetts  |                          |             | <b>13a</b> |        |
| Working days (or other basis) inside Massachusetts   |                          |             | <b>13b</b> |        |
| Total working days   |                          |             | <b>13c</b> |        |
| Nonworking days (holidays, weekends, etc.)   |                          |             | <b>13d</b> |        |
| Massachusetts ratio  |                          |             | <b>13e</b> |        |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2  |                          |             | <b>13f</b> |        |
| Massachusetts income   |                          |             | <b>13g</b> |        |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2022 Form 1-NR/PY, pg. 3**

MA22006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

VENKATA RAGHAVEN

SRIKAKULA

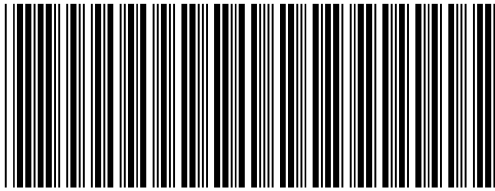
022551143

**14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO**

|   |     |        |
|---|-----|--------|
| a. Total 5.0% income  | 14a | 55318  |
| b. Interest income  | 14b |        |
| c. Total capital gain income  | 14c | 22709  |
| d. Total income this return   | 14d | 78027  |
| e. Non-Massachusetts source income. <b>Not less than "0"</b>                        | 14e | 84244  |
| f. Total income   | 14f | 162271 |
| g. Deduction and exemption ratio  | 14g | 0.4808 |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement              | 15a | 2000   |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b |        |
| 16. Reserved for future use   | 16  |        |
| 17. Reserved for future use   | 17  |        |

|  |          |       |
|--|----------|-------|
| 18. Rental deduction. a.   | ÷ 2 = 18 |       |
| Nonresidents, fill in if during 2022 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future |          |       |
| 19. Other deductions from Schedule Y, line 19  | 19       |       |
| 20. <b>Total deductions.</b> Add lines 15 through 19   | 20       | 2000  |
| 21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>   | 21       | 53318 |
| 22. Exemption amount. a. 9800  | 22       | 4712  |
| 23. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>   | 23       | 48606 |
| 24. <b>INTEREST AND DIVIDEND INCOME</b>  | 24       |       |
| 25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24  | 25       | 48606 |
| 26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585                                  | 26       | 2430  |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



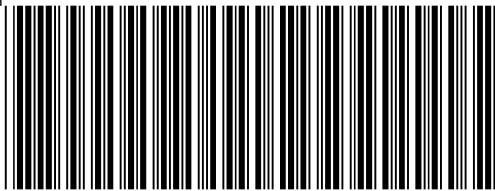
**2022 Form 1-NR/PY, pg. 4**

MA22006041555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
022551143

|     |   |       |           |      |
|-----|---|-------|-----------|------|
| 27. | <b>12% INCOME.</b> Not less than "0." a.  | 11143 | x .12 =27 | 1337 |
| 28. | <b>TAX ON LONG-TERM CAPITAL GAINS.</b> Not less than "0." Fill in if filing Schedule D-IS<br>Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 |       | 28        | 551  |
| 29. | Credit recapture amount (from Credit Recapture Schedule)  |       | 29        |      |
| 30. | Additional tax on installment sale  |       | 30        |      |
| 31. | If you qualify for No Tax Status, fill in and enter "0" on line 32  |       |           |      |
| 32. | <b>TOTAL INCOME TAX.</b> Add lines 26 through 30.   |       | 32        | 4318 |
| 33. | Limited Income Credit   |       | 33        |      |
| 34. | Income tax due to another state or jurisdiction   |       | 34        |      |
| 35. | Other credits (from Credit Manager Schedule)  |       | 35        |      |
| 36. | <b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. Not less than "0"  |       | 36        | 4318 |
| 37. | <b>Voluntary Contributions</b>  |       |           |      |
|     | a. Endangered Wildlife Conservation   |       | 37a       |      |
|     | b. Organ Transplant Fund  |       | 37b       |      |
|     | c. Massachusetts Public Health HIV and Hepatitis Fund   |       | 37c       |      |
|     | d. Massachusetts U.S. Olympic Fund  |       | 37d       |      |
|     | e. Massachusetts Military Family Relief Fund  |       | 37e       |      |
|     | f. Homeless Animal Prevention and Care  |       | 37f       |      |
|     | Total. Add lines 37a through 37f  |       | 37        |      |
| 38. | Use tax due on Internet, mail order and other out-of-state purchases  |       | 38        |      |
| 39. | Health care penalty a. You + b. Spouse  |       | 39        |      |
| 40. | <b>Amended return only.</b> Overpayment from original return  |       | 40        |      |
| 41. | <b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40   |       | 41        | 4318 |
| 42. | a. Massachusetts income tax withheld from Form(s) W-2   | 42a   | 2859      |      |
|     | b. Massachusetts income tax withheld from Form(s) 1099  | 42b   |           |      |
|     | c. Massachusetts income tax withheld from other forms   | 42c   |           |      |
|     | Total. Add lines 42a through 42c  |       | 42        | 2859 |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**





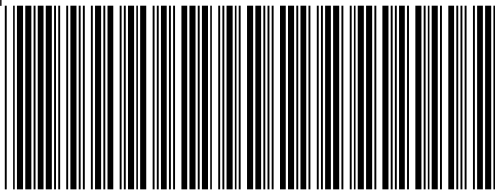
**2022 Schedule DI**

MA22SDI011555

VENKATA RAGHAVEN      SRIKAKULA      022551143

**Schedule DI. Dependent Information**

|       |   |           |
|-------|---|-----------|
| AYAAN | SRIKAKULA   | 728991337 |
| SON   | Is dependent a qualifying child for earned income credit? | 01042021  |
|       | Is dependent disabled?                                    |           |
|       | Is dependent a qualifying child for earned income credit? |           |
|       | Is dependent disabled?                                    |           |
|       | Is dependent a qualifying child for earned income credit? |           |
|       | Is dependent disabled?                                    |           |
|       | Is dependent a qualifying child for earned income credit? |           |
|       | Is dependent disabled?                                    |           |
|       | Is dependent a qualifying child for earned income credit? |           |
|       | Is dependent disabled?                                    |           |
|       | Is dependent a qualifying child for earned income credit? |           |
|       | Is dependent disabled?                                    |           |
|       | Is dependent a qualifying child for earned income credit? |           |
|       | Is dependent disabled?                                    |           |



# 2022 Schedule B

MA22010011555

VENKATA RAGHAVEN

SRIKAKULA

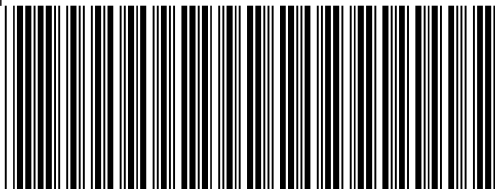
022551143

## Part 1. Interest and Dividend Income

|   |    |    |
|---|----|----|
| 1. Total interest income                            | 1  |    |
| 2. Total ordinary dividends                         | 2  | 16 |
| 3. Other interest and dividends not included above  | 3  |    |
| 4. Total interest and dividends                     | 4  | 16 |
| 5. Total interest from Massachusetts banks          | 5  |    |
| 6a. Other interest and dividends to be excluded     | 6a |    |
| 6b. Part-year/Nonresidents only                     | 6b | 16 |
| 7. Subtotal   | 7  |    |
| 8. Allowable deductions from your trade or business | 8  |    |
| 9. Subtotal   | 9  |    |

## Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

|  |     |       |
|--|-----|-------|
| 10. Massachusetts short-term capital gains   | 10  | 11684 |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales   | 11  |       |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12  |       |
| 13a. Add lines 10 through 12   | 13a | 11684 |
| 13b. Part-year/Nonresidents only   | 13b |       |
| 13c. Subtract line 13b from line 13a. Not less than 0  | 13c | 11684 |
| 14. Allowable deductions from your trade or business   | 14  |       |
| 15. Subtotal   | 15  | 11684 |
| 16. Massachusetts short-term capital losses  | 16  | -541  |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17  |       |
| 18. Prior short-term unused losses for years beginning after 1981  | 18  |       |



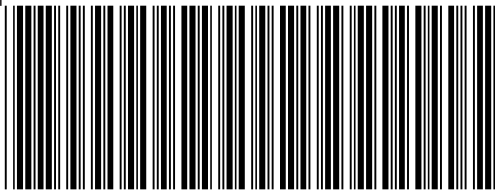
## 2022 Schedule B, pg. 2

022551143 MA22010021555

|      |  |     |       |
|------|--|-----|-------|
| 19a. | Combine lines 15 through 18                              | 19a | 11143 |
| 19b. | Part-year/Nonresidents only                              | 19b |       |
| 19c. | Exclude line 19b losses from line 19a                    | 19c | 11143 |
| 20.  | Short-term losses applied against interest and dividends | 20  |       |
| 21.  | Available short-term losses                              | 21  |       |
| 22.  | Short-term losses applied against long-term gains        | 22  |       |
| 23.  | Short-term losses available for carryover in 2023        | 23  |       |
| 24.  | Short-term gains and long-term gains on collectibles     | 24  | 11143 |
| 25.  | Long-term losses applied against short-term gain         | 25  |       |
| 26.  | Subtotal   | 26  | 11143 |
| 27.  | Long-term gains deduction                                | 27  |       |
| 28.  | Short-term gains after long-term gains deduction         | 28  | 11143 |

### Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

|     |  |    |       |
|-----|--|----|-------|
| 29. | Enter the amount from line 9                                 | 29 |       |
| 30. | Short-term losses applied against interest and dividends     | 30 |       |
| 31. | Subtotal interest and dividends                              | 31 |       |
| 32. | Long-term losses applied against interest and dividends      | 32 |       |
| 33. | Adjusted interest and dividends                              | 33 |       |
| 34. | Enter the amount from line 28                                | 34 | 11143 |
| 35. | Adjusted gross interest, dividends and certain capital gains | 35 | 11143 |
| 36. | Excess exemptions  | 36 |       |
| 37. | Subtract line 36 from line 35                                | 37 | 11143 |
| 38. | Interest and dividends taxable at 5.0%                       | 38 |       |
| 39. | Taxable 12% capital gains                                    | 39 | 11143 |
| 40. | Available short-term losses for carryover in 2023            | 40 |       |



## 2022 Schedule D

MA22012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

VENKATA RAGHAVEN

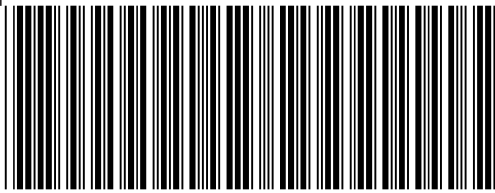
SRIKAKULA

022551143

### Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

|   |     |       |
|---|-----|-------|
| 1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h                          | 1   | 9383  |
| 2. Enter amounts from U.S. Schedule D, line 9, col. h                                   | 2   |       |
| 3. Enter amounts from U.S. Schedule D, line 10, col. h                                  | 3   | 1642  |
| 4. Enter amounts from U.S. Schedule D, line 11, col. h                                  | 4   |       |
| 5. Enter amounts from U.S. Schedule D, line 12, col. h                                  | 5   |       |
| 6. Enter amounts from U.S. Schedule D, line 13, col. h.                                 | 6   |       |
| 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II | 7   |       |
| 8. Carryover losses from prior years  | 8   |       |
| 9. Combine lines 1 through 8  | 9   | 11025 |
| 10a. Massachusetts adjustments  | 10a |       |
| 10b. Part-year/Nonresidents only  | 10b |       |
| 10c. Combine lines 10a and 10b  | 10c |       |
| 11. Massachusetts capital gains and losses  | 11  | 11025 |
| 12. Long-term gains on collectibles and pre-1996 installment sales                      | 12  |       |
| 13. Subtotal  | 13  | 11025 |
| 14. Capital losses applied against capital gains  | 14  |       |
| 15. Subtotal  | 15  | 11025 |
| 16. Long-term capital losses applied against interest and dividends                     | 16  |       |
| 17. Subtotal  | 17  | 11025 |
| 18. Allowable deductions from your trade or business                                    | 18  |       |
| 19. Subtotal  | 19  | 11025 |
| 20. Excess exemptions   | 20  |       |
| 21. Taxable long-term capital gains   | 21  | 11025 |
| 22. Tax on long-term capital gains  | 22  | 551   |
| 23. Massachusetts available losses for carryover  | 23  |       |





**2022 Schedule INC**

MA22INC011555

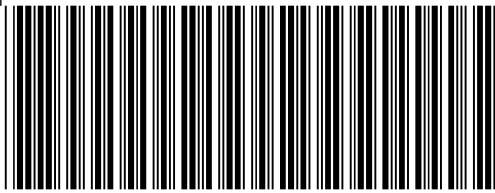
VENKATA RAGHAVEN SRIKAKULA

022551143

**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 043039129            |                       | 6540                  |                         |                       | W2                       |
| 041590850            | 2859                  | 62083                 | 4857                    |                       | W2                       |

|        |      |       |      |  |  |
|--------|------|-------|------|--|--|
| TOTALS | 2859 | 68623 | 4857 |  |  |
|--------|------|-------|------|--|--|



# 2022 Schedule NTS-L-NRPY

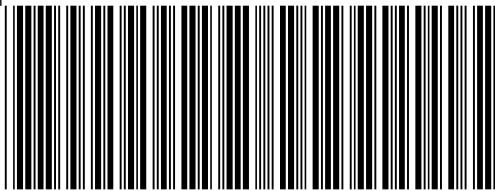
MA22021011555

No Tax Status and Limited Income Credit

022551143

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

|   |    |        |
|---|----|--------|
| 1. Total 5.0% income  | 1  | 55318  |
| 2. Adjustments to income  | 2  |        |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"   | 3  | 55318  |
| 4. Interest exemption used  | 4  |        |
| 5. Adjusted gross interest, dividends and certain capital gains   | 5  | 11143  |
| 6. Long-term capital gain   | 6  | 11025  |
| 7. Additional income/loss while a nonresident/part-year resident  | 7  | 84244  |
| 8. Total income. Combine lines 3 through 7  | 8  | 161730 |
| 9. Additional adjustments to income while a nonresident/part-year resident  | 9  |        |
| 10. Massachusetts Adjusted Gross Income (AGI)   | 10 | 161730 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status  |    |        |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount  | 11 | 17400  |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 | 30450  |
| 13. No Tax Status threshold   | 13 |        |
| 14. Income for Limited Income Credit  | 14 |        |
| 15. Tax before adjustments  | 15 |        |
| 16. Tax for Limited Income Credit   | 16 |        |
| 17. Limited Income Credit   | 17 |        |



# 2022 Schedule E

MA22013041555

VENKATA RAGHAVEN

SRIKAKULA

022551143

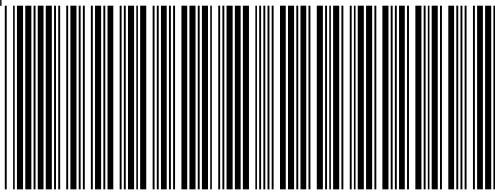
## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 642 |
| 2. Royalties received | 2 |     |

### Expenses

|   |    |        |
|---|----|--------|
| 3. Advertising  | 3  |        |
| 4. Auto and travel  | 4  |        |
| 5. Cleaning and maintenance   | 5  | 2648   |
| 6. Commissions  | 6  |        |
| 7. Insurance  | 7  |        |
| 8. Legal and other professional fees  | 8  |        |
| 9. Management fees  | 9  | 2497   |
| 10. Mortgage interest paid to banks, etc.                                       | 10 |        |
| 11. Other interest  | 11 |        |
| 12. Repairs   | 12 | 2958   |
| 13. Supplies  | 13 | 2869   |
| 14. Taxes   | 14 |        |
| 15. Utilities   | 15 | 2975   |
| 16. Other expenses  | 16 |        |
| 17. Add lines 3 through 16  | 17 | 13947  |
| 18. Depreciation expense or depletion   | 18 |        |
| 19. Total expenses. Add lines 17 and 18   | 19 | 13947  |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -13305 |
| 21. Deductible rental real estate loss  | 21 | -13305 |
| 22. Income. Enter positive amounts shown on line 20                             | 22 |        |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -13305 |
| 24. Rental real estate and royalty income or loss                               | 24 | -13305 |



## 2022 Schedule E, pg. 2

MA22013051555

022551143

### Income or Loss from Partnerships and S Corporations

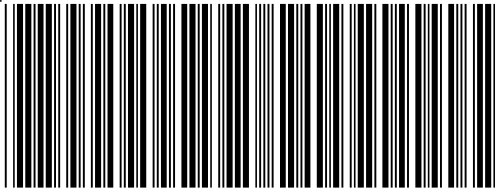
|   |    |
|---|----|
| 25. Passive loss allowed  | 25 |
| 26. Passive income  | 26 |
| 27. Non-passive loss  | 27 |
| 28. Section 179 expense deduction   | 28 |
| 29. Non-passive income  | 29 |
| 30. Combine lines 26 and 29   | 30 |
| 31. Combine lines 25, 27 and 28   | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31   | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32   | 33 |
| 34. Interest from Massachusetts banks if included in line 32  | 34 |
| 35. Total income or loss from partnerships and S corporations   | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses |    |

### Income or Loss from Estates and Trusts

|  |    |
|--|----|
| 37. Passive deduction or loss allowed                                | 37 |
| 38. Passive income   | 38 |
| 39. Non-passive deduction or loss                                    | 39 |
| 40. Non-passive other income   | 40 |
| 41. Add lines 38 and 40  | 41 |
| 42. Add lines 37 and 39  | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42         | 43 |
| 44. Estate or non-grantor-type trust income                          | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45                    | 46 |
| 47. Adjustments to 5.0% income                                       | 47 |
| 48. Subtotal. Combine lines 46 and 47                                | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income or Loss from REMICs

|                             |    |
|-----------------------------|----|
| 50. Excess inclusion        | 50 |
| 51. Taxable income or loss  | 51 |
| 52. Income                  | 52 |
| 53. Combine lines 51 and 52 | 53 |



**2022 Schedule E, pg. 3**

MA22013061555

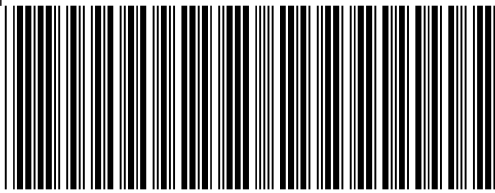
022551143

**Farm Income**

54. Net farm rental income or loss 54

**Summary**

|   |    |        |
|---|----|--------|
| 55. Income or loss. Combine lines 24, 35, 49, 53 and 54 | 55 | -13305 |
| 56. Massachusetts differences Enclose statements        | 56 |        |
| 57. Abandoned building renovation deduction             | 57 |        |
| 58. Total income or loss. Combine lines 55 through 57   | 58 | -13305 |



**2022 Schedule E-1**

MA22013011555

VENKATA RAGHAVEN SRIKAKULA 022551143  
11/198 CAR STREET, ATP DIST  
11/198 CAR STREET ANANTAPURAM

Check one:  Real estate  Royalty  Rental property used for short-term rentals

**Income or Loss from Real Estate and Royalties**

**Income**

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 642 |
| 2. Royalties received | 2 |     |

**Expenses**

|  |    |        |
|--|----|--------|
| 3. Advertising   | 3  |        |
| 4. Auto and travel   | 4  |        |
| 5. Cleaning and maintenance  | 5  | 2648   |
| 6. Commissions   | 6  |        |
| 7. Insurance   | 7  |        |
| 8. Legal and other professional fees   | 8  |        |
| 9. Management fees   | 9  | 2497   |
| 10. Mortgage interest paid to banks, etc   | 10 |        |
| 11. Other interest   | 11 |        |
| 12. Repairs  | 12 | 2958   |
| 13. Supplies   | 13 | 2869   |
| 14. Taxes  | 14 |        |
| 15. Utilities  | 15 | 2975   |
| 16. Other expenses   | 16 |        |
| 17. Add lines 3 through 16   | 17 | 13947  |
| 18. Depreciation expense or depletion  | 18 |        |
| 19. Total expenses. Add lines 17 and 18  | 19 | 13947  |
| 20. Income or loss from rental real estate or royalty properties   | 20 | -13305 |
| 21. Deductible rental real estate loss   | 21 | -13305 |
| 22. Income. Enter positive amounts shown on line 20  | 22 |        |
| 23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21  | 23 | -13305 |
| 24. Rental real estate and royalty income or loss  | 24 | -13305 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value |    |        |

**Form 1, 1-NR/PY  
Schedule B  
Line 6**

**Other Interest and Dividends  
Excluded Statement**

**2022**

▶ Attach to your return

**Statement** EXCL

|  |   |                                    |
|--|---|------------------------------------|
| Name as Shown on Return<br>V SRIKAKULA & L THOTA |   | Social Security No.<br>022-55-1143 |
| <b>1</b>   | Any interest on U.S. debt obligations (including its territories or dependencies) . . . . .                             | <b>1</b> _____                     |
| <b>2</b>   | Any interest and dividends taxed directly to Massachusetts estates and trusts . . . . .                                 | <b>2</b> _____                     |
| <b>3</b>   | Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 . . . . .           | <b>3</b> _____                     |
| <b>4</b>   | Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 . . . . .        | <b>4</b> _____                     |
| <b>5</b>   | Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions . . . . . | <b>5</b> _____                     |
| <b>6</b>   | Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. . . . .               | <b>6</b> _____                     |
| <b>7</b>   | Any interest on pre-retirement distributions from state and municipal contributory pension plans . . . . .              | <b>7</b> _____                     |
| <b>8</b>   | Other:<br>_____<br>_____<br>_____   | <b>8</b> _____<br>_____<br>_____   |
| <b>9</b>   | <b>Total to Schedule B, line 6a.</b> . . . . .  | <b>9</b> _____                     |

|  |  |
|--|--|
| <b>Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends</b>  |  |
| Note: Only use this worksheet if you are not filing as a full year Massachusetts resident. |  |
| <b>A</b>   | Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 . . . . . <u>16</u>  |
| <b>B</b>   | Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts . . . . . <u>0</u> |
| <b>C</b>   | Massachusetts excludable interest and dividends from sources other than Massachusetts (A minus B). Enter amount on Schedule B, line 6b. . . . . <u>16</u>  |

**D-400V (50)**

10-18-22

**Instructions for Form D-400V, Payment Voucher**

**What Is Form D-400V and Why Should You Use It?**

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

**Making an Online Payment**

To pay your tax via our online payment portal please visit [www.ncdor.gov](http://www.ncdor.gov) and select file and pay or use your mobile device to scan the QR code below.



**Benefits of Paying Taxes Online**

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

**Preparing and Sending Your Payment**

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue. Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

**What if You File Electronically?**

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

**Important Reminders**

- Do not submit this voucher if you submitted an electronic payment.
- Do not staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- Do not fold this voucher or check.
- Do not use a photocopy of this voucher.
- Do not use another person's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



Cut Here



**D-400V (50)**

9-16-08

**Individual Income Payment Voucher**

North Carolina Department of Revenue

REV 01/26/23 PRO

022551143      SRIK      131      27529      962912741

VENKATA RAGHA      SRIKAKULA      LAKSHMI DEEPT      THOTA

131 BUFFALOE SPRINGS ST      For Calendar Year      2022

GARNER      NC      27529

**AMOUNT OF THIS PAYMENT**

This must match the amount shown on your check or money order.

\$      167 .00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 02 23 23      Phone: (678) 965-9522

7270150106



20222 0225511438 0000000 06408

Mail to:  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640



**D-400 (50)** 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

|  |   |   |
|--|---|---|
| For calendar year 2022, or fiscal year beginning <u>22</u> and ending <u>22</u>  |   | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |
| VENKATA RAGHA SRIKAKULA LAKSHMI DEEPT THOTA<br>131 BUFFALOE SPRINGS ST Your SSN: 022551143<br>GARNER NC 27529 WAKE Spouse's SSN: 962912741   |   | Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately<br><input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)   | Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | Return for deceased taxpayer. Date of death: _____  |   |
| Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | Return for deceased spouse. Date of death: _____  |   |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) |   |   |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.   |   |   |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.  |   |   |

|                         |            |           |    |     |    |    |            |           |   |       |       |      |     |           |   |
|-------------------------|------------|-----------|----|-----|----|----|------------|-----------|---|-------|-------|------|-----|-----------|---|
| FS                      | 2          | PP        | Y  | DT  | N  | OC | N          | TPRES     | Y | SPRES | Y     | VT   | N   | SVT       | N |
| SRIK                    | 131        | 27529     | DS | N   | EA | N  | TD         |           |   | SD    |       |      |     | FDEXT     | N |
| VENKATA RAGHA           |            | SRIKAKULA |    |     |    |    |            | 022551143 |   |       |       | WAKE |     |           |   |
| LAKSHMI DEEPT           |            | THOTA     |    |     |    |    |            | 962912741 |   | NC    | 27529 |      |     |           |   |
| 131 BUFFALOE SPRINGS ST |            |           |    |     |    |    |            | GARNER    |   |       |       |      |     |           |   |
| 06                      |            | 161730    |    | 16  |    |    |            | 3280      |   | 26C   |       |      |     | 0         |   |
| 07                      |            | 0         |    | 18  | Y  |    |            | 0         |   | 26E   |       |      |     | 0         |   |
| 09                      |            | 0         |    | 20A |    |    |            | 3351      |   | EU    |       |      |     |           |   |
| 10A                     |            | 1         |    | 20B |    |    |            | 0         |   | 27    |       |      | 167 |           |   |
| 10B                     |            | 0         |    | 21A |    |    |            | 0         |   | 29    |       |      |     | 0         |   |
| 11                      | S          | Y         | I  | N   |    |    |            | 0         |   | 30    |       |      |     | 0         |   |
| 11                      |            | 25500     |    | 21C |    |    |            | 0         |   | 31    |       |      |     | 0         |   |
| 13                      |            | 00000     |    | 21D |    |    |            | 0         |   | 32    |       |      |     | 0         |   |
| 14                      |            | 136230    |    | 26A |    |    |            | 167       |   | 34    |       |      |     | 0         |   |
| 15                      |            | 6798      |    | 26B |    |    |            | 0         |   |       |       |      |     |           |   |
| TN                      | 2035431260 |           |    | PN  |    |    | 6789659522 |           |   | PP    |       |      |     | P02082703 |   |



|   |
|---|
| <b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>167</u>  |
| <small>I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.</small> <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. |
| Your Signature _____ Date _____ Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ <u>2035431260</u><br>Contact Phone No. (Include area code)  |
| <b>PAID PREPARER USE ONLY</b> <small>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</small>   |
| <u>SYAM PRIYA RAM SAGAR GUPT</u> <u>02 23 23</u> <u>6789659522</u> <u>P02082703</u><br>Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code) Preparer's FEIN, SSN, or PTIN   |

**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

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

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 161730 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 161730 |
| 9.  | Deductions From Federal Adjusted Gross Income   | 9.   | 0      |
| 10. | Child Deduction   |      |        |
|     | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 1      |
|     | b. Enter the amount of the child deduction  | 10b. | 0      |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 25500  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 25500  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 136230 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 136230 |
| 15. | N.C. Income Tax   | 15.  | 6798   |
| 16. | Tax Credits   | 16.  | 3280   |
| 17. | Subtract Line 16 from Line 15   | 17.  | 3518   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 3518   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 3351 |
| 20b. | Spouse's tax withheld | 20b. | 0    |

**Other Tax Payments**

|      |  |      |            |
|------|--|------|------------|
| 21a. | 2022 estimated tax                                   | 21a. | 0          |
| 21b. | Paid with extension                                  | 21b. | 0          |
| 21c. | Partnership  | 21c. | 0          |
| 21d. | S Corporation  | 21d. | 0          |
| 22.  | Additional Payments                                  | 22.  | 0          |
| 23.  | Add Lines 20a through 22                             | 23.  | 3351       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 3351       |
| 26a. | <b>Tax Due</b>                                       | 26a. | 167        |
| 26b. | Penalties  | 26b. | 0          |
| 26c. | Interest   | 26c. | 0          |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0          |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |            |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0          |
| 27.  | <b>Pay this Amount</b>                               | 27.  | <b>167</b> |
| 28.  | <b>Overpayment</b>                                   | 28.  | 0          |

**Amount of Refund to Apply to:**

|     |  |     |          |
|-----|--|-----|----------|
| 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. | <b>Amount to be Refunded</b>                                 | 34. | <b>0</b> |

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) SRIKAKULA Your Social Security Number 022551143

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Count, Amount. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Line, Description, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Line, Description, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table with 3 columns: Line, Description, Amount. Rows 14-20.

