

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name RAJA REDDY BETHI	Social security number 891-38-0956
Spouse's name	Spouse's social security number

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	111,074.
2 Total tax	2	17,386.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,207.
4 Amount you want refunded to you	4	3,821.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

8	0	9	5	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

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 [X] Single [] 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 (RAJA REDDY), Last name (BETHI), Your social security number (891-38-0956), Home address (19230 YELLOW BIRCH DRIVE), City (CHARLOTTE), State (NC), ZIP code (28278).

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-6a and 11-15. Total taxable income: 98,124.

Table with 2 columns: Line number and Amount. Rows include Tax and Credits (lines 16-24) with amounts like 17,386 and 0.

Table with 2 columns: Line number and Amount. Rows include Payments (lines 25-33) with amounts like 21,207 and 21,207.

Table with 2 columns: Line number and Amount. Rows include Refund (lines 34-36) with amounts like 3,821 and 3,821.

Table with 2 columns: Line number and Amount. Rows include Amount You Owe (lines 37-38).

Third Party Designee section with fields for name, phone number, and personal identification number (PIN).

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and PIN entry boxes.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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 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
RAJA REDDY BETHI

Your social security number
891-38-0956

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,015.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,015.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**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 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

RAJA REDDY BETHI

Your social security number

891-38-0956

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 H NO 6-19, BUDHANAGAR COLO NY UPPAL DEPOT, STREET HYDERABAD, TELANGANA IN 500092

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			
A	3		A	180	0	<input type="checkbox"/>	
B			B			<input type="checkbox"/>	
C			C			<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
3 Rents received	3 620.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 950.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,400.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,100.		
15 Supplies	15 3,200.		
16 Taxes	16		
17 Utilities	17 1,985.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 9,635.		
21 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 Form 6198	21 -9,015.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,015.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 620.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 9,635.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (9,015.)		
26 Total rental real estate and royalty income or (loss). 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 -9,015.		



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

SC8453 (Rev. 10/7/21) 3299

Form with fields for First name and middle initial, Last name, Your social security number, Spouse's first name, Spouse's social security number, Mailing address, Daytime phone number, City, State, ZIP, Tax Year.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

Form with fields for Routing number (RTN), Bank account number (BAN), Type of account (Checking/Savings), Payment Withdrawal Date, and Payment Withdrawal Amount.

Part III Declaration of taxpayer

13. a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account...

Signature lines for Taxpayer and Spouse (if married filing jointly).

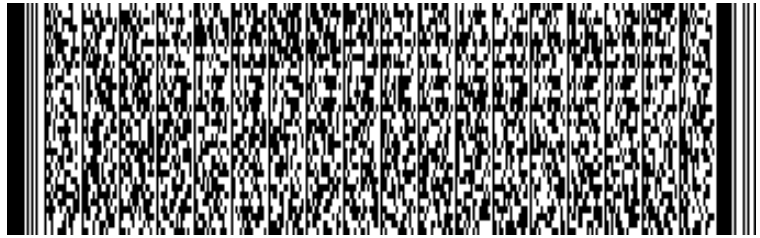
Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR.

Form with fields for ERO's Use Only (signature, date, firm name, address, PTIN) and Paid Preparer's Use Only (signature, date, firm name, address, PTIN).



Your Social Security Number			Check if deceased <input type="checkbox"/>
891	38	0956	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2022, or fiscal tax year beginning _____, 2022 and ending _____, 2023

First name and middle initial RAJA REDDY		Last name BETHI		Suffix
Spouse's first name, if married filing jointly		Last name		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 19230 YELLOW BIRCH DRIVE			County code 46
City CHARLOTTE		State NC	ZIP 28278	Daytime phone number with area code (408) 480-5492
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2022 federal return

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

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

DEPENDENTS

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



INCOME AND ADJUSTMENTS

Your SSN 891-38-0956

2022

1	Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars	98,124	00
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ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (see instructions)	a	00		
b	Out-of-state losses Type: _____	b	00		
c	Expenses related to National Guard and Military Reserve Income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e	Other additions to income (attach explanation - see instructions)	e	00		
2	Total additions (add line a through line e)	2			00
3	Add line 1 and line 2 and enter the total here	3			00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f	State tax refund, if included on your federal return	f	00		
g	Total and permanent disability retirement income, if taxed on your federal return	g	00		
h	Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i	44% of net capital gains held for more than one year	i	00		
j	Volunteer deductions (see instructions) Type: _____	j	00		
k	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k	00		
l	Active Trade or Business Income deduction (see instructions)	l	00		
m	Interest income from obligations of the US government	m	00		
n	Certain nontaxable National Guard or Reserve pay	n	00		
o	Social Security and/or railroad retirement, if taxed on your federal return	o	00		
p	Retirement Deduction (see instructions)				
p-1	Taxpayer (date of birth: _____)	p-1	00		
p-2	Spouse (date of birth: _____)	p-2	00		
p-3	Surviving spouse (date of birth of deceased spouse: _____)	p-3	00		
p-4	Military Retirement Deduction (see instructions) Taxpayer (date of birth: _____)	p-4	00		
p-5	Spouse (date of birth: _____)	p-5	00		
p-6	Surviving spouse (date of birth of deceased spouse: _____)	p-6	00		
q	Age 65 and older deduction (see instructions)				
q-1	Taxpayer (date of birth: _____)	q-1	00		
q-2	Spouse (date of birth: _____)	q-2	00		
r	Negative amount of federal taxable income	r	00		
s	Subsistence allowance (multiply _____ days by \$8)	s	00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	00		
u	Consumer Protection Services	u	00		
v	Other subtractions (see instructions)	v	00		
w	South Carolina Dependent Exemption (see instructions)	w	00		
4	Total subtractions (add line f through line w)	4	<		00
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5		17,668	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	489	00	
7	TAX on Lump Sum Distribution (attach SC4972)	7	00		
8	TAX on Active Trade or Business Income (attach I-335)	8	00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		489	00



NON-REFUNDABLE CREDITS

Table with 5 rows: 11 Child and Dependent Care, 12 Two Wage Earner Credit, 13 Other nonrefundable credits, 14 Total nonrefundable credits, 15 Subtract line 14 from line 10...

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows: 16 SC income tax withheld, 17 2022 Estimated Tax payments, 18 Amount paid with extension, 19 Nonresident sale of real estate, 20 Other SC withholding, 21 Tuition tax credit, 22 Other refundable credits (22a-22e), 22 Total refundable credits

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows: 23 Add line 16 through line 22 and enter the total here, 24 If line 23 is larger than line 15, subtract line 15 from line 23, 25 If line 15 is larger than line 23, subtract line 23 from line 15

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 10 rows: 26 USE TAX due on online, mail-order, or out-of-state purchases, 27 Amount of line 24 to be credited to your 2023 Estimated Tax, 28 Total Contributions for Check-offs, 29 Add line 26 through line 28, 30 If line 29 is larger than line 24, go to line 31, 31 Add line 25 and line 29, 32 Late filing and/or late payment: Penalties Interest, 33 Penalty for Underpayment of Estimated Tax, 34 Add line 31 through line 33 and enter your balance due

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!
35 Select one: [X] Direct Deposit (line 37 required) (for US accounts only) [] Debit Card [] Paper Check
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!
36 Select one: [] MyDORWAY (pay at dor.sc.gov/pay) [] ACH Debit (enter your US bank information on line 37)
For payments only: Withdrawal Date [] Withdrawal Amount []
37 Type of Account: [X] Checking [] Savings
Routing Number (RTN) [121000358] Bank Account Number (BAN) [325068281591]

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if married filing jointly, BOTH must sign) _____

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [] No [X] Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03-17-2023 Check if self-employed [] PTIN P02082703
Use Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC FEIN 84-3171965
Only 245 ROONEY CT E BRUNSWICK NJ 08816 Phone (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105
30753222 REV 02/17/23 PRO

1555



dor.sc.gov



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 3/30/22) 3081

For the year January 1 - December 31, 2022, or fiscal tax year beginning 2022 and ending 2023

Your name: BETHI, RAJA REDDY; Your Social Security Number: 891-38-0956; Spouse's first name; Spouse's Social Security Number

Your dates of SC residency to; Spouse's dates of SC residency to; Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040.

INCOME AND EXCLUSIONS

Table with 4 columns: Line number, Description, Federal Return (COLUMN A), and South Carolina Income (COLUMN B). Rows include Wages (120,089), Dividend income, Rents (-9,015), and Total Income (111,074).

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 4 columns: Line number, Description, Federal Adjustment, and SC Adjustment. Rows include Educator expenses, Health savings account deduction, and Deductible part of self-employment tax.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811228



		COLUMN A	COLUMN B	
22	Self-employed SEP, SIMPLE, and qualified plans.....		00	00
23	Self-employed health insurance deduction		00	00
24	Penalty on early withdrawal of savings		00	00
25	Alimony paid		00	00
26	IRA deduction		00	00
27	Student loan interest deduction		00	00
28	Other adjustments		00	00
29	Reserved			
30	Total adjustments: Add line 17 through line 29		00	00
31	Adjusted gross income: Subtract line 30 from line 16	111,074	00	20,000 00
SOUTH CAROLINA ADJUSTMENTS				
ADDITIONS				
32	South Carolina additions			00
SUBTRACTIONS				
33	South Carolina dependent exemption (see instructions)			0 00
34	44% of net capital gains held for more than one year			00
35	Retirement deduction (see instructions)			
	a) Taxpayer (date of birth: _____)			00
	b) Spouse (date of birth: _____)			00
	c) Surviving spouse (date of birth of deceased spouse: _____)			00
	Military retirement deduction (see instructions)			
	d) Taxpayer (date of birth: _____)			00
	e) Spouse (date of birth: _____).....			00
	f) Surviving spouse (date of birth of deceased spouse: _____)			00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)			
	a) Taxpayer (date of birth: _____)			00
	b) Spouse (date of birth: _____)			00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____			
	Date of birth: _____ SSN: _____			00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program			00
39	Active Trade or Business Income deduction (see instructions)			00
40	Consumer Protection Services			00
41	Other subtractions (see instructions)			00
42	Total South Carolina subtractions: Add line 33 through line 41.....			0 00
43	Total South Carolina adjustments: Subtract line 42 from line 32			0 00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43			20,000 00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>18.01</u> % (do not exceed 100%)			
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, use the Schedule NR instructions , and enter the amount from Part IV on line 46. Enter the following amounts from the instructions:			
	Part I (Itemized Deductions) _____			
	Part II, Worksheet, line 6 (State Taxes) _____			
	Part III (Other Expenses) _____			
46			12,950	00
47	Allowable deductions: Multiply line 46 by <u>18.01</u> % (from line 45).....			2,332 00
48	South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5.....			17,668 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.

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

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

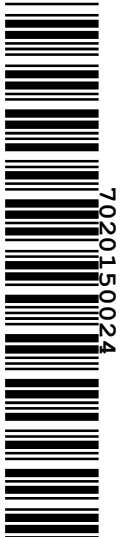
North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (RAJA REDDY BETHI), filing status (Single), and various checkboxes for veteran status and residency.

Table with columns for tax line items (FS, PP, Y, DT, N, OC, N, TPRES, Y, SPRES, N, VT, N, SVT, N) and corresponding values for BETHI, RAJA REDDY, and other identifiers.



7020150024

Sign Return Below section with checkboxes for Refund Due (checked) and Payment Due, followed by signature lines for taxpayer and preparer.

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	111074
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	111074
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	98324
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	98324
15.	N.C. Income Tax	15.	4906
16.	Tax Credits	16.	489
17.	Subtract Line 16 from Line 15	17.	4417
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	4417

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	4871
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.	4871
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4871
26a.	Tax Due	26a.	0
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.	Pay this Amount	27.	0
28.	Overpayment	28.	454

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.	Amount to be Refunded	34.	454

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) BETHI Your Social Security Number 891380956

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Code, Count. Rows include 01, 02, 04, 06, 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: Description, Line, Amount. Rows include Total income from all sources, Portion of Line 1, Divide Line 2 by Line 1, Total North Carolina income tax, Multiply Line 4 by Line 3, Amount of net tax paid, Credit for Income Tax Paid, Number of states or countries.

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: Description, Line, Amount. Rows include An income-producing historic structure, Enter installment amount of credit, A nonincome-producing historic structure, An income-producing historic mill facility, A nonincome-producing historic mill facility, An income-producing historic structure, A nonincome-producing historic structure.

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

Table with 4 columns: Line, Description, Line, Amount. Rows include Tax credits carried over, Reserved for Future Use, Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15, North Carolina income tax, Enter the lesser of Line 16 or Line 17, Business incentive and energy tax credits, Total Tax Credits to be Taken for Tax Year 2022.

