#### Department of the Treasury Internal Revenue Service

#### **IRS e-file Signature Authorization**

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

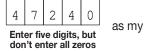
Submission Identification Number (SID)

Taxpay	er's name	Social s	security	numbe	r
ABH	INAY SARVAYYAGARI	781	-34-	7240	
Spouse	's name	Spouse	e's socia	al securi	ty number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year y	ou ar	e auth	orizing.)
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	90,705.
2	Total tax		. [	2	12,728.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. [	3	18,365.
4	Amount you want refunded to you		. [	4	5,637.
5	Amount you owe		. [	5	· · ·
Par	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a	сору	of yo	our return)

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

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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	E
				ERO firm name		- 1



don't enter all zeros

as mv

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	k one hox only						
	( one box only			1			
I authorize		to enter or generate my PIN					
	ERO firm name		Ent	er fiv	e digi	its, k	out

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

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

Spouse's signature >	Date								
Practitioner PIN Method Returns Only—continu	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all zei	I	9	89	,

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 🕨					
Don'	ERO Must Retain This Form — S Submit This Form to the IRS Unles					
			E 0070 (D of 0004)			

	<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		rn 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	rite or staple in this space.			
One box       If you checked the MFB 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:         Your frameward middle initial       Last name       Your social socutify number         ABHINAY       SAVAYYAGARI       781 - 34 - 7240         Torm thur, spouse's fast name and middle initial       Last name       Spouse's social socutify number         Home address (number and street). If you have a P.O. box, soc instructions.       Apl. no.       Presidential Election Campaign         Cdy, town or poort file. If you have a P.O. box, soc instructions.       NC       28278       box below will not change         Foreign powhoe stratecourty       Foreign powhoe stratecourty       Foreign powhoe stratecourty       Proving peak of the molecular strate in the number of the strate in the nume of the strate in the nume of the strate in	-	XS	Single  Married filing jointly	Married	d filing separately (N	/IFS)	Head of	house	hold (HOH)					
ABRINAY       SARVAYYGARI       781-34-7240         Hjörit return, spoce's first name and midde initial       Last name       Spoce's social security number         Home address further and street, Hyou have a P.O.box, see instructions.       Apt. no.       Check here in You any a P.O.box, see instructions.       Apt. no.         CHAPECLANE ROAD       Check here in You have a foreign address, also complete spaces below.       State       ZIP code       Top Co thic fund. Checking and the You. any and You. any and You.       State       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       Top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spoces' filling jointy, wart S3       top Co thic fund. Checking and the You.       You > Spocese Spoces instructions; </td <td></td> <td>-</td> <td></td> <td>-</td> <td>our spouse. If you c</td> <td>heck</td> <td>ed the HOH or</td> <td>QSS</td> <td>box, enter t</td> <td></td> <td></td> <td>g</td>		-		-	our spouse. If you c	heck	ed the HOH or	QSS	box, enter t			g		
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address frumber and street). If you have a P-0. box, see instructions.       Apt. no.       Presidential Election Campaign         11313 CHAPECLARKE ROAD       Dot       State       ZP code       spouse' filing jointly, word Social security and street, if you, or your approaler filing jointly, word Social security and in or during       op to this fund. Checking a box below will not change in the outring 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       box below will not change in the outring 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       box below will not change in the outring 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       box below will not change in the outring 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       box below will not change in the outring 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       box below will not change in the outring 2023, filing and ansatz in the outring ansatz in the outring asset?       box below will not change in the outring asset?         Standard       Someone can claim:       You as a dependent       You as a dependent       (a) change in the outring asset?       change in the outring in the outring asset?         Mage/Blindness       You:       Were bom before January 2, 1958.       La blind       change in the outring in the outring	Your first name	and mi	ddle initial	Last nam	ie					Your so	Your social security number			
Home address (number and streed). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Gampaign         I1319 CHAPECLANE ROAD       State       ZP code       Spoce if filing jointy, want Spoce if a spoce if	ABHINAY			SARVA	AYYAGARI					781-	34-7240			
11319 CHAPECLANE ROAD       Check here if you provide the construction of the provide spaces below.       State       ZIP code       Check here if you provide the provide spaces below.       State       ZIP code       box below will not change to provide spaces below.       NC 28278       box below will not change to provide spaces below.       NC 28278       box below will not change to provide spaces below.       To a the space spa	lf joint return, sp	ouse's	first name and middle initial	Last nam	ie					Spouse	s social security number	er		
Child Control       Control       Control       State       ZP code       spouse if ling jointly, Vant 32         CHALCTTE       NC       28279       box befow will not change         Foreign country name       Foreign province/state/county       Foreign postal cide       your ac or refund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell,       You       Spouse         Assets       Schedow will not change       You spouse as a dependent       You spouse as a dependent       You       Spouse         Degletal       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell,       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       You       Spouse iternizes on a separate return or you were a dual-status alien         Age/Bindness You:       (I) First name       Last name       (g) Scoal security       (P Relationable)       (G) clack the box if qualifies for (see instructions);         If more       (I) First name       Last name       In unther       (g) clast security       (Relationable)       (h) clast areadit for dependent         Wo benchold       (I) First name       Last name       In unther       (g) clast areadit       (h) clast areadit for dependent ar				instruction	าร.			Å	Apt. no.	+		jn		
City: Online in port links a lobelin address, also Complete spaces below.       Sale       Life Cool       to go to this fund. Checking a         Foreign country name       Correign province/state/county       Foreign postal code       You       Spouse         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       No         Standard Deduction       Spouse iteriances on a separate return or you were a dual-status alien       Age/Bindness       You       Spouse iteriances on a separate return or you were a dual-status alien         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       Immobr       Credit for der degendents         est Instructions:       (f) First name       Last name       Immobr	-					0.	1.		1 -			3		
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         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       No         Standard Deduction       Someone can claim:       You as a dependent       You spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Chick the box if qualifies for (see instructions):       Immore			ce. If you have a foreign address, also co	omplete sp	aces below.					to go to	this fund. Checking a			
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions);       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions;       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions;       Image: Content of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions;       Image: Content of the dependent as a dependent and the wise the dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Content of the dependent as a depen					union over inter (state (					-	•			
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Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Was born before January 2, 1958       Are blind       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Was born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       (ii) First name       Credit for dhe dependents         (ii) First name       Last name       number       to you       Credit for dhe dependents       Credit for dhe dependent         (iii) First name       Last name       number       to you       Credit for dhe dependent       Credit for dhe dependent         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       115, 438.         Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1a       115, 438.         1098-Rit fax       e       Taxable dependent care benefits from Form 838, line 29       1f         Wages from Form 8919, line 6       1g       1h       0.         1099-Rit fax       a       Qualified dividends       3a         1099-Rit fax       Add lines 1a through 1h       1z	-							-						
Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents       (see instructions):       (a) Security       (a) Relationship       (d) Check the box if qualifies for (see instructions):       Orbit data credit       Credit for other dependents         dependents, see instructions, and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         here       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         here       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         here       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         here       Image: Credit for other dependent credit form form (s) W-2, the for (s) W-2, the form (s) W-2, the form (s)	-			-				40001)	. (000 1101)	40110110.)		-		
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents see instructions and check here         and check here       1       Total amount from Form(s) W-2, box 1 (see instructions): bousehold employee wages not reported on Form(s) W-2.       1<		_			•		•							
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       115, 438.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         V:2 here Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         w:2 here Also       d       Medicaid vaiver payments not reported on Form (s) W-2 (see instructions)       1d         w:2 here Also       d       Medicaid vaiver payments not reported on Form S241, line 26       1e         1099-Ri it ax       f       Employer-provided adoption benefits from Form 2441, line 26       1g         g       Wages from Form 8919, line 6       1g       1d       1f         g       Wages from Form 8919, line 6       1g       1d       1g         w:2, see       instructions,       1i       1z       115, 438.         instructions,       z       Add lines 1a through 1h       1z       115, 438.         Attach Sch. B       a       Tax-exempt interest       2a       b       b       orany dividends       3b         Standard       G       Qualified dividends       5a       b       Datable amount       5b         Deduction for-       6a       Social security benefits       6a <td< td=""><td>. —</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	. —													
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Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also dtattach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-23 gead 1099-Rift tax       f       Taxable dependent care benefits from Form 2441, line 26       1e         W-23 gead ristructions       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       Wages form Form 8919, line 6       1g       1h       0.         W-2, see instructions.       z       Add lines 1a through 1h       1h       0.         V-2, see instructions.       z       Add lines 1a through 1h       1z       115, 438.         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b         Attach Sch. B       a       Qualified dividends       3a       b       b Taxable amount       4b         Standard Deduction for- * Single or Maried filing jointly or Outlifying jointly or Outlifying spouse, St32,900       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90, 705.         11       Social security benefits       6a       1       9       90, 705.         Standard Deduction for- Siggeartely, or Narried filing jointly or Outlifying jointly or Narried filing jointly or Narri	Income													
W-2 here. Also attach Forms       Image: A stach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Image: A stach Forms         W-26 and 1099-Fit ftax was withheld.       Taxable dependent care benefits from Form 2441, line 26       Image: A stach Forms       Image: A stach Forms         was withheld.       Wages from Form 8919, line 6       Image: A stach Forms	Attach Form(s)							• •				-		
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1099-Rif fax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       y       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         W-2, see instructions.       z       Add lines 1a through 1h       1z       115, 438.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Maried fling separately, S11,990       Qualified dividends       3a       b       Datable amount       5b         Maried fling jointly or Qualifying pountly or Qualifying surviving spouse       Ga       b       Taxable amount       5b         Maried fling jointly or Qualifying surviving spouse       G       Other income from Schedule 1, line 10       7       7         Notard tilling surviving spouse       H       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90, 705.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       90, 705.         11       90, 705.       11       90, 705.       12       12       12, 950. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td></td> <td>_</td> <td>-</td>								• •			_	-		
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In you building       Image of a Form       Image of a Form       Image of a Form       Image of a Form         W-2, see       in Nontaxable combat pay election (see instructions)       11       11       0.         W-2, see       in Nontaxable combat pay election (see instructions)       11       12       115, 438.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Defuction for       3b       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or       If you elect to use the lump-sum election method, check here (see instructions)       10       7       5b         Pensions and annuities       6a       D       D       Taxable amount       10       7         Silzepson       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       52,900		, a				•		• •				-		
W-2, see instructions.       i       1i       1i         Attach Sch. B       2a       Add lines 1a through 1h       1z       115, 438.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Other interest       2b         4a       IRA distributions       4a       b       Other interest       3b       4b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         Married fling jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married fling jointly or Qualifying surviving spouse, \$25,900       9       90,705.       10       8       -24,733.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       90,705.       10         11       Subtract line 10 from line 9. This is your adjusted gross income       12       12,950.       12       12,950.			0			• •		• •				_		
Instructions. z Add lines 1a through 1h 115, 438.   Attach Sch. B 2a Tax-exempt interest 2b   if required. 3a Qualified dividends 3a   4a IRA distributions 4a   5a Pensions and annuities 5a   • Single or 6a   Social security benefits 6a   • Social security benefits 6a   • If you elect to use the lump-sum election method, check here (see instructions) 6b   • Married filing jointly or 9   Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7   • Married filing spouse, \$25,900 11   • Head of household, \$14,400 12   • Head of struction, 12 Standard deduction or itemized deductions (from Schedule A)   13 Qualified business income deduction from Form 8995 or Form 8995-A   • Head of struction, 14 Add lines 12 and 13   • Household, \$14,400 14   • Household, \$14,400 14	W-2, see			,	ictions)		11					-		
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5tandard       5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Pensions and annuities       6a       b       Taxable amount       7       6b         • Single or Married filing separately, \$12,950       6a       b       Taxable amount       7       6b         • C       If you elect to use the lump-sum election method, check here (see instructions)       7       7         • Married filing jointly or Qualifying surving spouse, \$25,900       0       Other income from Schedule 1, line 10       7       8       -24,733.         9       90,705.       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       90,705.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       90,705.         11       90,705.       12       12,950.       12       12,950.         14       12,950. <t< td=""><td>instructions.</td><td>z</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 1z</td><td>115,438.</td><td></td></t<>	instructions.	z								. 1z	115,438.			
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       5a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         • Married filing jointly or Qualifying surving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90, 705.         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       90, 705.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       90, 705.         12       12, 950.       12       12, 950.       12       12, 950.         14       12, 950.       14       12, 950.       14       12, 950.         15       Subtract line 14 from line 11. If zero or less, enter -0-       This is your tavable income       15	Attach Sch. B	2a	- 1	2a		bТ	axable interest	t.		. 2b		_		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying spouse, \$25,900       0       Other income from Schedule 1, line 10       8       -24,733.         9       90,705.       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       90,705.         9       90,705.       10       Adjustments to income from Schedule 1, line 26       10       11       90,705.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         14       Add lines 12 and 13       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 if zero or less enter -0-       This is your taxable	if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds .		. 3b		_		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or       Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Varied filing       separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         Married filing       8       Other income from Schedule 1, line 10       .       .       .       8       -24,733.         You alifying       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       90,705.         10       Adjustments to income from Schedule 1, line 26       .       .       .       10         Head of       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       11       90,705.         14       12       12       12,950.       .       .       .       .       .         13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		4a	IRA distributions	4a			-			. 4b		_		
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying</li> <li>Other income from Schedule 1, line 10</li> <li>Married filing jointly or Qualifying</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Gualified business income deduction from Form 8995 or Form 8995-A</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income</li> <li>To Taxable and the formation or the second or taxable income</li> <li>To Taxable and the formation or the second or taxable income</li> <li>To Taxable and the formation or the second or taxable income</li> <li>To Taxable income</li> </ul>	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. 5b		_		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for –	6a	Social security benefits	6a		b T	axable amoun	t		. 6b	1			
\$12,950       7       Capital gain of (loss). Attach Schedule D if required. If not required, check here       1         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       90, 705.         10       Adjustments to income from Schedule 1, line 26       10       11       90, 705.         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       90, 705.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12, 950.       14       12, 950.       15       77, 755	Married filing	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)							
<ul> <li>Married filing jointly or Qualifying surviving spouse, surviving spouse, surviving spouse, spectral deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>If you checked any box under Standard Deduction, deduction, but and the spectral deduction and the spectral deduction or itemized or provided and the spectral deduction and the spectral deduction or itemized deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 12 and 13</li> <li>Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income</li> <li>The spectral deduction or itemized or spectral deduction or itemized or spectral deduction from Form 8995 or Form 8995-A</li> <li>Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income</li> <li>To the spectral deduction or taxable income</li> </ul>		7	Capital gain or (loss). Attach Sche	dule D if r	required. If not requ	uired	, check here			7				
Qualifying surviving spouse, \$25,900       9       90,705.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       Subtract line 10 from line 9. This is your adjusted gross income       11       90,705.         12       Standard deduction or itemized deductions (from Schedule A)       12       12       12         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       14       12,950.       15       500 price 11 from line 11 from line 11 from or less enter -0-       15       77,755	Married filing	8	Other income from Schedule 1, lin	e10 .						. 8	-24,733.	,		
\$25,900       10       Adjustments to income nom ochedule 1, line 20       11       90,705.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       90,705.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11         16       11         90,705.         12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A         14       12,950.         15       Subtract line 14 from line 11	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b> d	come	ə			. 9		_		
• Head of household, \$11       Subtract line 10 from line 9. This is your adjusted gross income       11       90,705.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • If you checked any box under Standard       14       12,950.       14       12,950.         • If you checked any box under Standard       14       12,950.       14       12,950.         • If you checked any box under Standard       14       12,950.       14       12,950.		10	Adjustments to income from Sche	dule 1, lir	ne 26					. 10	1			
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,950.       14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       77       755	Head of	11	Subtract line 10 from line 9. This is	s your <b>ad</b> j	justed gross incor	ne				. 11	90,705.			
If you checked any box under Standard Deduction,       13       13       14       12,950.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       77,755		12	Standard deduction or itemized	deductio	ons (from Schedule	A)				. 12	12,950.			
Standard         14         12,950.           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         77         755		13	Qualified business income deduct	ion from I	Form 8995 or Form	899	5-A			. 13		_		
	Standard	14								. 14				
		15	Subtract line 14 from line 11. If zer	ro or less,	, enter -0 This is y	our 1	taxable incom	ie .		. 15	77,755.			

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if a	iny from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	12	2,728.
Credits	17	Amount from Schedule 2, line 3	8					17		
	18	Add lines 16 and 17						18	12	2,728.
	19	Child tax credit or credit for oth	er dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	12	2,728.
	23	Other taxes, including self-emp	loyment tax, t	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is you	ur total tax					24	12	2,728.
Payments	25	Federal income tax withheld fro								
2	а	Form(s) W-2				<b>25a</b> 18	,365.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c						25d	18	3,365.
	26	2022 estimated tax payments a						26		<u> </u>
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S				28				
	29	American opportunity credit fro	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1				31		-		
	32	Add lines 27, 28, 29, and 31. Th				undable credits		32		
	33	Add lines 25d, 26, and 32. Thes						33	18	3,365.
Defined	34	If line 33 is more than line 24, s						34		5,637.
Refund	35a	Amount of line 34 you want ref					. 🗆	35a		5,637.
Direct deposit?	b	Routing number 0 5 3 0					Savings			
See instructions.	d	Account number 2 3 7 0					J			
	36	Amount of line 34 you want app	· · · · ·		_ · _ · _ · _ ·	36				
Amount	37	Subtract line 33 from line 24. Th	-							
You Owe	07	For details on how to pay, go to						37		
	38	Estimated tax penalty (see instr	-	-		38				
Third Party	Do	you want to allow another pe								
Designee							omplete	below.	X No	
<b>J</b>	De	signee's		Phone			onal identi	fication	· · · · ·	
	nar			no.			ber (PIN)			
Sign	Un	der penalties of perjury, I declare that	I have examine	d this return and	accompanying sch	nedules and stateme	nts, and to	the bes	st of my kno	wledge and
Here		ief, they are true, correct, and complet	e. Declaration c		, <b>,</b> ,	ased on all informati			,	0
	Yo	ur signature		Date	Your occupation				nt you an Ic IN, enter it	
Joint return?					DATA SCIE	NTTST		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, both	n must sign.	Date	Spouse's occupat		If the	e IRS se	nt your spor	use an
Keep a copy for	- 1-						Iden	tity Prot		enter it here
your records.							(see	inst.)		
	Ph	one no. (704) 957-1495		Email address	ABHINAYREDD	Y641@GMAIL.CO				
Paid	Pre	eparer's name Pr	eparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/14/2023	P0208	2703	Self-e	employed
Use Only	Firi	m's name GLOBAL TAXE	S LLC				Pho	ne no.	(678)96	5-9522
	Firi	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3	171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest ir	nformation.		BAA	REV 02/05/23 PRO			Form	1040 (2022)

REV 02/05/23 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## **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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ABHINAY SARVAYYAGARI 781-34-7240

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-24,733.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e	-	
f	Income from Form 8889	8f	-	
g	Alaska Permanent Fund dividends	8g	-	
h	Jury duty pay	8h	_	
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
_	Stock options	8k	-	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t		
u 7	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z	-	9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF		9 10	-24,733.
10			10	-24,/33.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis	s gove	rnment		
	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	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction	• •			23	
24	Other adjustments:					
а		24a			_	
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals	04-				
ام		24c			-	
d	· · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
£		24e 24f			-	
f g		24g			-	
•	Attorney fees and court costs for actions involving certain unlawful	279			- 1	
	,	24h				
;	Attorney fees and court costs you paid in connection with an award	<u> </u>				
	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,				
		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.			and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	ВАА	REV 0	2/05/23 PF	80	Schedu	le 1 (Form 1040) 2022

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074

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,

2022
Attachment

BHIN. Part I	hown on return AY SARVAYYAG	GARI						ial security	number
Part I		GARI					701 0		
	Income or						/81-3	4-7240	
		Loss From Rental Real Estate ar	nd Ro	yalties					
	<b>Note:</b> If you an rental income	e in the business of renting personal prope or loss from <b>Form 4835</b> on page 2, line 40.	erty, use	Schedul	e C. See	instructions. If	you are an indi	vidual, rep	ort farm
		ayments in 2022 that would require you	u to file	Form(s)	1099? S	ee instructior	ns	. 🗌 Ye	s 🛛 No
lf "	Yes," did you or v	will you file required Form(s) 1099?						. 🗌 Ye	es 🗌 No
1a	Physical address	of each property (street, city, state, Zl	IP code	e)					
Α	11319 CHAPEC	LANE ROAD CHARLOTTE NC 28	278						
		BOUND WA CHARLOTTE NC 28	-						
C			-						
	Type of Property	2 For each rental real estate prop	ertv list	ted		Fair Rent	al Persor	nal Use	0.11/
	(from list below)	above, report the number of fair	rental	and		Days		ays	QJV
A	1	personal use days. Check the Q			Α	60	)	0	
B	1	if you meet the requirements to			В	300	)	0	
С		qualified joint venture. See instru	uctions	<b>.</b>	С				
pe of	Property:								
1 Si	ingle Family Resid	lence 3 Vacation/Short-Term Rer	ntal	5 Lano	d	7 Self-Re	ental		
2 M	lulti-Family Reside	ence 4 Commercial		6 Roy	alties	8 Other (	describe)		
							perties:		
come					Α		B		С
			3		<b>A</b> 1,05	50	7,000.		0
					1,00		7,000.		
			4						
(penso			5						
	•	$\cdots$							
	•	e instructions)					300.		
	0		-				500.		
					1 40				
					1,42	22.	100.		
	•	ofessional fees					100.		
	-	paid to banks, etc. (see instructions)	12		10,09	1	2,184.		
					10,03		2,104.		
							1,200.		
	•						1,200.		
					2,28	22	448.		
					2,20		110.		
		nse or depletion			13,27	73	7,636.		
	Other (liet)		10		10/1		.,		
	`	dd lines 5 through 19			27,07	71.	11,968.	+	
	•	om line 3 (rents) and/or 4 (royalties). If			,		,		
		ee instructions to find out if you must							
					-26,02	21.	-4,968.		
2 D	Deductible rental r	real estate loss after limitation, if any,							
		e instructions)		(	19,76	5.)(	4,968.)	(	
<b>3a</b> ⊺	otal of all amount	ts reported on line 3 for all rental prope	erties			23a	8,050.		
		ts reported on line 4 for all royalty prop				23b			
сT	otal of all amount	ts reported on line 12 for all properties	s		[	23c	12,278.		
d T	otal of all amount	ts reported on line 18 for all properties	s		[	23d	20,909.		
		ts reported on line 20 for all properties			[	23e	39,039.		
е Т		itive amounts shown on line 21. Do no	ot inclu	ide anv li	osses		24	1	
	ncome. Add pos			ac any n	00000				
.4 li		ty losses from line 21 and rental real esta		-				( 2	24,733

-24,733.

26

-4,968.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

Form **8889** Department of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment Sequence No. <b>52</b>
ber of HSA beneficiary. HSAs, see instructions

Internal I	Revenue Service	S	Sequence No. 52
	If both spouses h	ave HS	of HSA beneficiary. As, see instructions.
	NAY SARVAYYAGARI 781-34		
-	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if		
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	lf-only 🗌 Family
2	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	2	0.
3	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	3	3,650.
4	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	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	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	6	3,650.
7	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 .	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	350.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,300.
13	<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.	13	0.
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate I	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
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	14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions.       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	16	
17a	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		
b	Additional 20% tax (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	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO		Form <b>8889</b> (2022)

<b>4562</b> Depreciation and Amortization								OMB No. 1545-0172	
Form <b>TJUZ</b> (Including Information on Listed Property)							2022		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information.								Attachment	
	al Revenue Service		Sequence No. 179						
	(s) shown on return INAY SARVAYYA	СЛРТ			hich this form rela NIRIT BOU			t <b>ifying number</b> L-34-7240	
	-	-				JND WA	/01	L-34-7240	
га			rtain Property Und ed property, comple			mplete Part I.			
1	,	,	s)		,	1	1	1,080,000.	
2			placed in service (see				2		
3	Threshold cost of	section 179 pro	perty before reductior	n in limitation	(see instruction	ons)	3	2,700,000.	
4	Reduction in limita	tion. Subtract li	ne 3 from line 2. If zer	o or less, ent	ter-0		4		
5	Dollar limitation for	5							
6	separately, see ins	Description of proper			ness use only)	(c) Elected cost	5		
	()		.,	(1) 0000 (500)		(0) 200000 0000		-	
								-	
7	Listed property. Er	nter the amount	from line 29		7				
8	· · · ·		property. Add amount		·	7	8		
9	Tentative deduction	on. Enter the <b>sm</b>	aller of line 5 or line 8				9		
10	Carryover of disall	owed deductior	n from line 13 of your 2	2021 Form 4	562		10		
11	•		•			line 5. See instructions	11		
12			dd lines 9 and 10, bu				12		
13			to 2023. Add lines 9			13			
Note	,		for listed property. In						
						clude listed property	. See	instructions.)	
		-		-		rty) placed in service			
	• •		ns	•			14		
15			1) election				15		
	16								
Par	t III MACRS De	epreciation (D	S)	property. Se	e instruction	is.)			
				Section A					
17	MACRS deduction	is for assets pla	ced in service in tax y	ears beginniı	ng before 202	2	17		
18				-		one or more general			
	Section	-		2022 Tax Y	ear Using the	General Depreciation	Syst	em	
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) D	Depreciation deduction	
<b>19</b> a	3-year property		,				1		
k									
c	7-year property								
C	10-year property								
	15-year property								
	f 20-year property						1		
	25-year property			25 yrs.		S/L			
	Residential rental	02/22	240,000.	27.5 yrs.	MM	S/L		7,636.	
	property			27.5 yrs.	MM	S/L		,	
	Nonresidential rea								
	property	<u> </u>							
	on Sy	stem							
<b>20</b> a	Class life					S/L			
	12-year			12 yrs.		S/L	1		
	: 30-year	<u> </u>							
	40-year	S/L S/L	<u> </u>						
Par	,	(See instructio	ons.)	40 yrs.	MM	1			
21	Listed property. Er	1	/				21		
				lines 19 and	20 in column	(g), and line 21. Enter			
<u>ک ۔</u>			of your return. Partner				22	7,636.	
23	For assets shown	above and plac	ed in service during the section 263A costs	-	•	23		· · ·	

Form <b>8582</b>
Department of the Treasury

Internal Revenue Service

Part I

### **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 781-34-7240

Name(s) shown on return

ABHINAY SARVAYYAGARI

**2022 Passive Activity Loss Caution:** Complete Parts IV and V before completing Part I.

Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b26,021.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c0.Combine lines 1a, 1b, and 1c	1d	-26,021.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-26,021.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Par	Part II Special Allowance for Rental Real Estate Activities With Active Participation									
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.									
4	Enter the smaller of the loss on line 1	d or the loss on line 3				4	26,021.			
5	Enter \$150,000. If married filing separ	rately, see instructions	. 5	1	150,000.					
6	6 Enter modified adjusted gross income, but not less than zero. See instructions 6 110, 470.									
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.									
7	Subtract line 6 from line 5									
8	8	19,765.								
9	9 Enter the smaller of line 4 or line 8									
Par	III Total Losses Allowed									
10	Add the income, if any, on lines 1a ar		10	0.						
11	11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find									
	out how to report the losses on your tax return									
Par	IV Complete This Part Befor	e Part I, Lines 1a, 1b, and 1c. Se	ee instruc	tions.						

Norma of activity	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
11319 CHAPECLANE ROAD	0.	26,021.			26,021.	
		0.0.001				
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	26,021.				
For Departmerk Peduation Act Nation and instru	uctions		551/00/0		Earma 9597 (0000)	

For Paperwork Reduction Act Notice, see instructions. BAA

REV 02/05/23 PRO

Form **8582** (2022)

Part V Complete This Part B	efore Part I, Lines 2	2a, 2b,	and 2c. S	See instruc	tions.			
News of estivity	Curre	Current year (a) Net income (b) Net loss (line 2a) (line 2b)			ears	Overall gain or loss		
Name of activity					owed e 2c) (d) Gain		(e) Loss	
	(	(	10 2.0)		0 20)			
otal. Enter on Part I, lines 2a, 2b, and Part VI Use This Part if an Ar		Dart II	line 9 S	l See instruc	tions			
	Form or schedule				10115.			
Name of activity	and line number to be reported on (see instructions)	(0)	Loss (b) Rat		(b) Ratio (c) Spec allowand		(d) Subtract column (c) from column (a).	
11319 CHAPECLANE ROAD	E Ln 22		26,021.	1.0000	0000	19,76	5. 6,256	
otal			26,021.	1.00	)	19,76	5. 6,256	
Part VII Allocation of Unallow		ruction	s.					
Name of activity	Name of activity See instructions		(a) Loss		<b>(b)</b> Ratio		(c) Unallowed loss	
1319 CHAPECLANE ROAD	E Ln 2	,		6,256.	1.00000000		6,256	
otal	· · · · · · · · ·			6,256.		1.00	6,256	
Part VIII Allowed Losses. See		a alcula						
Name of activity	Form or sch and line nu to be report (see instruc	mber ed on	<b>(a)</b> Loss		(b) Unallowed loss		(c) Allowed loss	
11319 CHAPECLANE ROAD	E Ln 2	2		26,021.		6,256.	19,765	
Fotal				26,021.		6,256.	19,765	

REV 02/05/23 PRO

Form **8582** (2022)

<b>D-40</b> < Stapl Retu	e All	Pages	s of Yo		2022			lina D		me	Tax Return	DOR Use Only			
Return and W-2s Here     Amended Return       For calendar year 2022, or fiscal year beginning     2 2 and ending   Are you a veteran?       Yes     No															
ABHI					ARVAYYA	GARI						Is your spor	use a veteran?	Yes	No 🗌
				E RO <i>f</i> } MECK					Y Spous		SSN: 781347240		anted an automa I income tax retu		-
Filing S			1. Sing		<u> </u>	2. Marr	ied Filing	Jointly			ried Filing Separately			lin, e.g., Form lo X	1040 :
			4. Hea	ad of Hou		5. Qua	ifying Wic	dow(er)		_	<b>U</b> . <i>I</i>	Year spo			
1 1					e entire year? he entire yea		Yes X Yes	No No			Return for deceased t Return for deceased s		Date of dea Date of dea		
								-	cation I		wment Fund by makir			-	or all of
your o	verpa	yment	to the F	Fund. To	o make a con	tribution,	enclose	Form N	IC-EDU	Jand	your payment of \$	0.	To designat	e your overpa	
							-				<i>ctions for information</i> on April 15, 2023, ar			nt	
		-								-	ointed Personal Repr				
FS 1	L	PP	Y		D	C N	OC	Ν	TPR	ES	Y SPRES	N	VT N	SVT	N
SARV		113	1	282	78 DS	S N	ΕA	Ν	TD			SD		FDEX	KT N
ABHII	NAY				SAR	/AYYA	.GARI				781347240		MECKL		
												NC	28278		
11319	9 C	HAPI	ECLA	ANE 1	ROAD						CHARLOTT	E			
06			907	705		16				0	26C		0		
07				0		18	Y			0	26E		0		
09				0		20A			522	23	EU				5002
10A				0		20B				0	27		0		
10B				0		21A				0	29		0		
11	S	Y	I	Ν		21B				0	30		0		
11			127	750		21C				0	31		0		
13			000	000		21D	I			0	32		0		
14			779	955		26A				0	34		1333		
15			38	390		26B				0					
TN	7	049	5714	195		PN	6	7896	595	22	PP	P02	2082703		
Sign					Refund I			1333			yment Due		0		
<i>I declare a</i> the best of	md cert my kno	ify that I I owledge	have exa and belie	<i>mined this</i> f, they are	return and accor true, correct, and	<i>mpanying sc</i> d complete.	hedules an	nd staterne	nts, and t	0	Check here if you a to discuss this return	uthorize the n and attach	North Carolina I ments with the p	Department of F baid preparer be	Revenue elow.
													70495		
Your Signa			NIY If	nrenared	hy a person other	Date		•		•••	int return, both must sign.) formation of which the prepa	Date		one No. (Include a	area code)
	PRI	YA F	RAM S			02 14 Date	<u>2</u> 3	67896	65952	22	iber (Include area code)		P020	82703 EIN, SSN, or PTI	1N

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 27640-064

#### D-400 2022 Page 2 (50)

Last Name (11st 10 Characters) SATUATIAGA	Last Name (First 10 Characters)	SARVAYYAGA
---	---------------------------------	------------

Your Social Security Number

781347240

6.	Federal Adjusted Gross Income	6.	90705
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	90705
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.	77955
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	77955
15.	N.C. Income Tax	15.	3890
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3890
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3890
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	5223
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.	5223
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	5223
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.	1333
Amoi	int 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.	1333

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

D-400 Line-by-Line Information