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 security nun | nber |
|--------|--|---------------------|---------------|
| ABH | INAY SARVAYYAGARI | 781-34-724 | 10 |
| Spouse | 's name | Spouse's social se | curity number |
| | | | |
| Part | Tax Return Information – Tax Year Ending December 31, 2022 (Enter | r year you are a | uthorizing.) |
| 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 | |

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

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

| Taxpayer's | PIN: | check | one | box | only |
|------------|------|-------|-----|-----|------|
|------------|------|-------|-----|-----|------|

X | I authorize GLOBAL TAXES LLC to enter or generate my PIN

| 4 | ' | 2 | - | 0 | as my |
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ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Spouse's PIN: check one box only

| - | |
|---|-------------|
| | l authorize |

to enter or generate my PIN

Date 🕨

2/1/2023

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 ► D | ate 🖡 | | | | | | | | |
|---|-------|---|---|--|--|------------------|--------|---|--|
| 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 | | | 6 III zer | 98 | 9 | |

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

| ERO's signature > | | | |
|--|--|--|---------------------------------|
| | Retain This Form — See Form to the IRS Unless | | |
| For Denomyork Doduction Act Nation and your toy return | un instructions | | Form 8870 (Day, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/23 PRO

| | 1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | rn 20 2 | 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) | | | |
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| 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 | cial security number | |
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| 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 | | _ |
| Single or Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing jointly or Qualifying Other income from Schedule 1, line 10 Married filing jointly or Qualifying Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Married filing jointly or Qualifying Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A) Gualified business income deduction from Form 8995 or Form 8995-A Qualified business income deduction from Form 8995 or Form 8995-A Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income To Taxable and the formation or the second or taxable income To Taxable and the formation or the second or taxable income To Taxable and the formation or the second or taxable income To Taxable income | 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) | | | | | |
| Married filing jointly or Qualifying surviving spouse, surviving spouse, surviving spouse, spectral deduction or itemized deductions (from Schedule A) Head of household, \$19,400 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 Subtract line 12 and 13 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income The spectral deduction or itemized or spectral deduction or itemized or spectral deduction from Form 8995 or Form 8995-A Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income To the spectral deduction or taxable income | | 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 total in 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. 13 14 12,950. • If you checked any box under Standard 14 5 77,755. 15 5 | | 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 ad 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 l | 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 |
|------------------------------------|---------|---|-------------|----------------------|------------------|----------------------|------------|-----------|---|
| Tax and | 16 | Tax (see instructions). Check if any fr | om Form | n(s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 12,728. |
| Credits | 17 | Amount from Schedule 2, line 3 . | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 12,728. |
| | 19 | Child tax credit or credit for other d | ependen | its from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, line 8 . | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero | or less, | enter -0 | | | | 22 | 12,728. |
| | 23 | Other taxes, including self-employn | nent tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your to | tal tax | | | | | 24 | 12,728. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | |
| 2 | а | Form(s) W-2 | | | | 25a 18 | 3,365 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions) | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 18,365. |
| If | 26 | 2022 estimated tax payments and a | imount a | applied from 20 | 21 return | | | 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schee | | | | 28 | | | |
| | 29 | American opportunity credit from Fo | orm 8863 | 3, line 8 | | 29 | | - | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 . | | | | 31 | | - | |
| | 32 | Add lines 27, 28, 29, and 31. These | | | | | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These ar | | | | | | 33 | 18,365. |
| Defined | 34 | If line 33 is more than line 24, subtra | - | | | | | 34 | 5,637. |
| Refund | 35a | Amount of line 34 you want refunde | | | | | | | 5,637. |
| Direct deposit? | b | Routing number 0 5 3 0 0 | | | | Checking | Savings | | |
| See instructions. | d | Account number 2 3 7 0 3 | | | | | J | | |
| | 36 | Amount of line 34 you want applied | · · | | _ · _ · _ · | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is | - | | | | | | |
| You Owe | 07 | For details on how to pay, go to ww | | | | | | 37 | |
| | 38 | Estimated tax penalty (see instruction | - | - | | 38 | | | |
| Third Party | Do | you want to allow another persor | | | | | | | |
| Designee | | structions | | | | | omplete | below. | × No |
| J | De | signee's | | Phone | | | sonal iden | | |
| | nai | ne | | no. | | num | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare that I hav | | | | | | | |
| Here | | ief, they are true, correct, and complete. De | eclaration | 1 | | ased on all informat | | | , , |
| | Yo | ur signature | | Date | Your occupation | | | | ent you an Identity PIN, enter it here |
| Joint return? | | | | | DATA SCIE | NTTST | | e inst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, both mu | st sign. | Date | Spouse's occupat | | lf ti | he IRS se | nt your spouse an |
| Keep a copy for | - 1- | | 5 | | | | | | ection PIN, enter it he |
| your records. | | | | | | | (se | e inst.) | |
| | Ph | one no. (704) 957-1495 | | Email address | ABHINAYREDD | Y641@GMAIL.C | OM | | |
| Paid | Pre | eparer's name Prepare | er's signat | ture | | Date | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM | PRIYA | RAM SAGAR | GUPTA TALLAM | 01/31/2023 | P0208 | 82703 | Self-employed |
| Use Only | Fir | n's name GLOBAL TAXES I | LC | | | | Ph | one no. | (678)965-9522 |
| | Fir | m's address 245 ROONEY CT | E BRU | JNSWICK N | J 08816 | | Firr | m's EIN | 88-2145487 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest inform | nation. | | BAA | REV 01/24/23 PRO | | | Form 1040 (202 |

BAA

| 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 | | 2 a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -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 | - | |
| Ι | 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 | 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 | | | |
| 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 | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | - | |
| d | Reforestation amortization and expenses | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| 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) | | | |
| : | 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 | | | |
| i | Housing deduction from Form 2555 | | | |
| J k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| IX. | 1041) | | | |
| 7 | 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 | | | |
| _ 2 | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | | 24/23 PRO | | 1 (Form 1040) 2022 |

| SCHEDULE | E |
|-------------|---|
| (Form 1040) | |

OMB No. 1545-0074

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

Department of the Treasury

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

| If "Yes," did you or will you file required Form(s) 1099? Image: Constraint of the second secon | | Revenue Service | | Go to www.irs.gov/ScheduleE to | rinstri | uccions an | u the la | liest In | iormation. | | | e No. 13 |
|--|----------|---------------------|------------|--|---------|------------|----------------|----------|------------------|--------------|-------------|-----------------|
| Bit Income or Loss From Rental Real Estate and Royalties Income or Loss From Rental Real Estate and Royalties Miter Ivgue in the business of enting personal aproperty. Issted and require you to file Form(s) 10997. See instructions. Image: See Instructions Ima | | | | | | | | | | | - | umber |
| Note: Hyou are in the business of reining personal property, use Schedule C: See instructions. Hyou are an individual, report farm Note: Hyou are in the business of reining personal property (street, city, state, ZIP code) Image: Schedule C: See instructions. Image: Schedule C: Schedule | | - | - | _ | | | | | | 781-34 | 4-7240 | |
| Installing Instal | Part | | | | | | C 800 | inctru | tions If your | aro an indiv | idual room | ort farm |
| If "Yes," did you or will you file required Form(s) 10997 □ Yes No 1a Physical address of each property (street, city, state, ZIP code) A A I I A Physical address of each property (street, city, state, ZIP code) A I I A I I A I I Personal Use QJV A B 1 C For each rental real estate property listed above, report the number of fair rental and the requirements to file as a qualified joint venture. See instructions. A I | | rental income | or loss fi | rom Form 4835 on page 2, line 40. | ny, use | Scriedule | U . 366 | IIISUU | Stions. If you a | | iuuai, repu | nt iaiiii |
| Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each property (street, city, state, ZIP code) Image: Physical address of each prophysicaddres Image: | | | | | | | | | | | | s 🛛 No |
| A 11319 CHAPECLANE ROAD CHARLOTTE INC 28273 B 12707 SPERT BOUND WA CHARLOTTE INC 28273 C C C Ditype of Property (from list below) 2 For each rental real estate property listed above, report the number of pir rental and personal use days. Check the QLV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 192 0 0 Personal Use Optimized above, report the number of pir rental and personal use days. Check the QLV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 192 0 0 Personal Use Days QLV Personal Use Days QLV Personal Use Days QLV Personal Use Days A 192 0 0 0 Personal Use Days QLV Personal Use Days QLV Personal Use Days QLV Personal Use Days QLV Personal Use Days QLV QLV QLV Personal Use Days QLV Personal Use Days QLV QLV Commercial S Land For Personal Use Days QLV QLV Commercial S Land S Land < | B | f "Yes," did you or | will you | file required Form(s) 1099? . | | | | | | | . 🗌 Yes | s 🗌 No |
| B 12707 SPIRIT BOUND WA CHARLOTTE NC 28273 C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV A 1 1 2 0 132 0 0 B 1 2 0 132 0 0 0 B 1 2 0 </td <td>1a</td> <td>Physical address</td> <td>of each</td> <td>n property (street, city, state, ZII</td> <td>P code</td> <td>e)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | 1a | Physical address | of each | n property (street, city, state, ZII | P code | e) | | | | | | |
| C Image: Control of the control of the number of fair rental and personal use days. Check the QJV box only if used the control of the number of fair rental and personal use days. Check the QJV box only if used the control of the number of fair rental and personal use days. Check the QJV box only if used the control of the number of fair rental and personal use days. Check the QJV box only if used the control of the number of fair rental and personal use days. Check the QJV box only if used the control of the c | Α | 11319 CHAPE | CLANE | ROAD CHARLOTTE NC 282 | 278 | | | | | | | |
| Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and powe, report the number of fair rental and gualified joint venture. See instructions. Fair Rental Days Personal Use Days OJV B 1 - - 0 - 0 - B 1 - - - 0 - 0 - B 1 - - - - 0 - 0 - 0 - B 1 - - - - - 0 - 0 - 0 - 0 0 - 0 0 - 0 0 - 0 | В | 12707 SPIRI | r BOUN | ID WA CHARLOTTE NC 282 | 273 | | | | | | | |
| Image: market below, A is a bove, report the number of fair cental and personal use days. Check the QU box only for the number of fair cental and personal use days. Check the QU box only is a number of fair cental and qualified joint venture. See instructions. Days Days Col A 1 Image: number of fair cental and qualified joint venture. See instructions. A 192 0 Image: number of fair cental and qualified joint venture. See instructions. A 192 0 Image: number of fair cental and qualified joint venture. See instructions. pe 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) Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair cental and the profescional fees Image: number of fair centa | С | | | | | | | | | | | |
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| b 1 qualified joint venture. See instructions. B 363 0 0 per of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) | | 1 | | | | | | | | | | |
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| result is a (loss), see instructions to find out if you must file Form 6198 | 20 | · / | | | 20 | | 27,0 | 71. | 11 | ,968. | | |
| file Form 6198 26,021 -4,968 2 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (19,765.) (4,968.) 3a Total of all amounts reported on line 3 for all rental properties 23a 8,050. b Total of all amounts reported on line 4 for all royalty properties 23b 23c 12,278. c Total of all amounts reported on line 12 for all properties 23d 20,909. 23e 39,039. e Total of all amounts reported on line 20 for all properties 10 not include any losses 24 25 24,733. 6 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 25 24,733. | 21 | Subtract line 20 fr | rom line | 3 (rents) and/or 4 (royalties). If | | | | | | | | |
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| | 25 | | • | | | | | | | | 2 | .4,/33. |
| | 26 | | | | | | | | | | | |

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-24,733.

Form 888 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.

| 20 22 |
|---|
| Attachment Sequence No. 52 |
| ber of HSA beneficiary. HSAs, see instructions |

| Internal F | Revenue Service | Go to www.irs.gov/Form8889 for instructions and the latest informa | tion. | Se | equence No. 52 |
|------------|-----------------------------------|--|------------------|--------|----------------------|
| | | 40, 1040-SR, or 1040-NR | | ve HSA | s, see instructions. |
| ABHI | NAY SARVAY | YAGARI | 781-34- | -724(| 0 |
| Befor | e you begin: | Complete Form 8853, Archer MSAs and Long-Term Care Insurance | Contracts, if r | requir | red. |
| Part | | ntributions and Deduction. See the instructions before completing n you and your spouse each have separate HSAs, complete a separate | | | |
| 1 | Check the bo See instruction | x to indicate your coverage under a high-deductible health plan (HDHP) on the second s | - | Self | f-only 🗌 Family |
| 2 | unextended d | ions you made for 2022 (or those made on your behalf), including those rule date of your tax return that were for 2022. Do not include employer chrough a cafeteria plan, or rollovers. See instructions | ontributions, | 2 | 0. |
| | were, or were | der age 55 at the end of 2022 and, on the first day of every month durin considered, an eligible individual with the same coverage, enter \$3,650 e). All others , see the instructions for the amount to enter | (\$7,300 for | 3 | 3,650. |
| | lines 1 and 2. | unt you and your employer contributed to your Archer MSAs for 2022 from If you or your spouse had family coverage under an HDHP at any time durin nount contributed to your spouse's Archer MSAs | g 2022, also | 4 | 0. |
| 5 | Subtract line 4 | from line 3. If zero or less, enter -0 | [| 5 | 3,650. |
| | | unt from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2022, see the instructions for the amount to e | | 6 | 3,650. |
| 7 | | e 55 or older at the end of 2022, married, and you or your spouse had fam P at any time during 2022, enter your additional contribution amount. See in | | 7 | 0. |
| 8 | | d7 | | 8 | 3,650. |
| | | ributions made to your HSAs for 2022 . . . 9 funding distributions . . . 10 | 350. | | |
| | | d 10 | | 11 | 350. |
| | | 1 from line 8. If zero or less, enter -0 | | 12 | 3,300. |
| 13 | HSA deductio | n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), F 2 is more than line 13, you may have to pay an additional tax. See instructional tax. | Part II, line 13 | 13 | 0. |
| Part | HSA Dis | stributions. If you are filing jointly and both you and your spouse each ate Part II for each spouse. | | ate H | SAs, complete |
| 14a | | ons you received in 2022 from all HSAs (see instructions) | | 14a | |
| b | | ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14 | | | |
| | withdrawn by | the due date of your return. See instructions | [* | 14b | |
| | | 4b from line 14a | | 14c | |
| | | cal expenses paid using HSA distributions (see instructions) | - | 15 | |
| 16 | | distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, total on Schedule 1 (Form 1040), Part I, line 8f | | 16 | |
| 17a | | istributions included on line 16 meet any of the Exceptions to the Additio inclines), check here | | | |
| | are subject to 1040), Part II, | | lule 2 (Form | 17b | |
| Part I | complet complet | and Additional Tax for Failure To Maintain HDHP Coverage. See ing this part. If you are filing jointly and both you and your spouse ea e a separate Part III for each spouse. | ach have sepa | | |
| 18 | | e | | 18 | |
| 19 | | funding distribution | - | 19 | |
| | | Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part | | 20 | |
| 21 | | . Multiply line 20 by 10% (0.10). Include this amount in the total on Schedine 17d . | | 21 | |

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

REV 01/24/23 PRO BAA

| | 4562 | | Depreciatio | on and A | mortizati | on | (| OMB No. 1545-0172 |
|---|---|--|--|---------------------|----------------------------------|--------------------------|----------|-------------------------------------|
| Form | (Including Information on Listed Property) | | | | | | 2022 | |
| Depar | Attach to your tax return. Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. | | | | | | | Attachment |
| | al Revenue Service | Go to i | | | | | | Sequence No. 179 |
| | (s) shown on return INAY SARVAYYA | СЛРТ | | | hich this form rela NIRIT BOU | | | t ifying number 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 | 3 | 2,700,000. | | | | | |
| 4 | 4 | | | | | | | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions | | | | | | | | |
| 6 | · · · | Description of proper | | | ness use only) | (c) Elected cost | 5 | |
| | () | | - | | | | | |
| | | | | | | | | - |
| 7 | Listed property. Er | nter the amount | from line 29 | | 7 | | | |
| 8 | · · · · | | property. Add amount | | · | 7 | 8 | |
| 9 | Tentative deduction | on. Enter the sm | 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 Property subject to section 168(f)(1) election | | | | | | 15 | | |
| 16 Other depreciation (including ACRS) | | | | | | | 16 | |
| Par | t III MACRS De | epreciation (D | on't include listed | 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 |
| 19 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 | al | | 39 yrs. | MM | S/L | | |
| | property MM S/L | | | | | | | |
| | Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System | | | | | | | |
| 20 a | Class life | | | | | S/L | | |
| | 12-year | | | 12 yrs. | | S/L | 1 | |
| | : 30-year | | | 30 yrs. | MM | S/L | <u> </u> | |
| | 40-year | | | 40 yrs. | MM | S/L | <u> </u> | |
| Par | , | (See instructio | ons.) | V - | l | 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 8582 |
|----------------------------|
| 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))2b (Prior years' unallowed losses (enter the amount from Part V, column (c))2c (Combine lines 2a, 2b, and 2c | 2d | |
| 3 | 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 Par | t II as positive amounts. See instruct | ions for an | examp | ole. | | |
| 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 | ately, see instructions | 5 | 1 | 50,000. | | |
| 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 on line 9. Otherwise, go to line 7. | to line 5, skip lines 7 and 8 and enter | er -0- | | | | |
| 7 | Subtract line 6 from line 5 | | 7 | | 39,530. | | |
| 8 | 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | | | | | | 19,765. |
| 9 | 9 Enter the smaller of line 4 or line 8 | | | | | 9 | 19,765. |
| Par | t III Total Losses Allowed | | | | | | |
| 10 | 0 Add the income, if any, on lines 1a and 2a and enter the total | | | | | 0. | |
| 11 | | | | | | 19,765. | |
| Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. | | | | | | | |
| | | Current vear | Prior ve | | Ove | rall dai | n or loss |

| Norse of optivity | 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) | (d) Gain | (e) Loss | |
| 11319 CHAPECLANE ROAD | 0. | 26,021. | | | 26,021. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 26,021. | | | | |
| For Paperwork Poduction Act Notice, see instru | uctions | | | | Form 8582 (2022) | |

For Paperwork Reduction Act Notice, see instructions. BAA

REV 01/24/23 PRO

Form **8582** (2022)

| Part V Complete This Part Bef | ore Part I, Lines 2 | 2a, 2b, a | and 2c. S | ee instruc | tions. | | | |
|---|--|---------------|---------------------------|------------------|--------------------|------------------------------|---|--|
| | Curre | Current year | | | ears | Overall gain or loss | | |
| Name of activity | (a) Net income (line 2a) | | (b) Net loss (line 2b) | | owed e 2c) | (d) Gain | (e) Loss | |
| | | | / | | / | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | |
| Part VI Use This Part if an Amo | unt Is Shown on | Part II, | Line 9. S | ee instruc | tions. | | | |
| Name of activity | e of activity Form or schedule and line number to be reported on (see instructions) | | Loss | (b) Ratio | | (c) Special allowance | (d) Subtract column (c) from column (a). | |
| 11319 CHAPECLANE ROAD | E Ln 22 | 2 | 26,021. | 1.0000 | 0000 | 19,765 | 5. 6,256 | |
| | | | | | | | | |
| | | | | | | | | |
| otal | | | 26,021. | 1.00 |) | 19,765 | 5. 6 , 256 | |
| Part VII Allocation of Unallowed | | | 8. | | | | | |
| Name of activity | Form or sch and line nu to be report (see instruct | mber ed on | (a) l | _OSS | | b) Ratio | (c) Unallowed loss | |
| 1319 CHAPECLANE ROAD | E Ln 2 | 22 | 6,256. | | 1.00000000 | | 6,256. | |
| | | | | | | | | |
| | | | | | | | | |
| otal Part VIII Allowed Losses. See ins | | | | 6,256. | | 1.00 | 6,256 | |
| | Form or sch | nedule | | | | | | |
| Name of activity | and line nu to be report (see instruct | mber ed on | (a) Loss | | (b) Unallowed loss | | (c) Allowed loss | |
| 1319 CHAPECLANE ROAD | E Ln 2 | 2 | , | 26,021. | | 6,256. | 19,765 | |
| | | | | | | | | |
| | | | | | | | | |
| otal | | | | 26,021. | | 6,256. | 19,765 | |

REV 01/24/23 PRO

Form **8582** (2022)

| | lina Departmer | nt of Revenue | DOR Use Only | |
|-------------------|--|---|--|---|
| L_ ing | | | Are you a veteran? | Yes 🗌 No 🗵 |
| GARI | | | Is your spouse a ve | |
| | | | | n automatic extension to file your |
| | | | | e tax return, e.g., Form 1040? |
| - | | ried Filing Separately | | |
| | | Return for deceased t | • | e of death: |
| ar? Yes | | | | e of death: |
| | | - | - | r designating some or all of esignate your overpayment |
| | | | | ssignate your overpayment |
| | - | | | resident. |
| Executor, Adminis | strator, or Court-App | ointed Personal Repr | esentative. | |
| T N OC | N TPRES | Y SPRES | n vt | 'N SVT N |
| S N EA | N TD | | SD | FDEXT N |
| VAYYAGARI | | 781347240 | ME | CKL |
| | | | NC 28 | 278 |
| | | CHARLOTT | E | |
| 16 | 0 | 26C | | |
| 18 Y | 0 | 26E | | |
| 20A | 5223 | EU | | |
| 20в | 0 | 27 | | |
| 21A | 0 | 29 | | 0 |
| 21B | 0 | 30 | | 0 |
| 21C | 0 | 31 | | 0 |
| 21D | 0 | 32 | | 0 |
| 26A | 0 | 34 | 1 | 333 |
| 26B | 0 | | | |
| | | PP | P02082 | 703 |
| | | | | arolina Department of Revenue |
| d complete. | , | to discuss this retur | n and attachments w | ith the paid preparer below. |
| | | | | 049571495 |
| • | · · ·· | | | ontact Phone No. (Include area code) |
| <u>01 31 2</u> 3 | 6789659522 | | | P02082703 eparer's FEIN, SSN, or PTIN |
| | North Caro Ing GARI 2. Married Filing 5. Qualifying Wi 5. Qualifying Wi 7. Yes 2. Married Filing 5. Qualifying Wi 7. Yes 2. Married Filing 5. Qualifying Wi 7. Yes 2. Married Filing 1. N OC S. N EA VAYYAGARI 1. N OC S. N EA VAYYAGARI 2. DA 2. DA 3. D | North Carolina Departmer ing 2.2 and ending GARI Your S Spouse's S 3. Mar 5. Qualifying Widow(er) 3. Mar 5. Qualifying Widow(er) 3. Mar 5. Qualifying Widow(er) 3. Mar 2. Married Filing Jointy 3. Mar 5. Qualifying Widow(er) 3. Mar 2. Married Filing Jointy 3. Mar 5. Qualifying Widow(er) 4 Yes No ar? Yes Yes No ar? Yes your spouse were out of the country Executor, Administrator, or Court-App T N C N T N OC N TPRES S N EX N TD VAYYAGARI 16 0 21A 0 21B 0 21D 0 26A 0 PN 6789659522 Due 133 Pa < | North Carolina Department of Revenue Amended Return ing 2.2 GARI Your SSN: 781347240 Spouse's SSN: 2.1 2. Married Filing Jointy 3. Married Filing Separately 5. Qualifying Widow(er) 3. Married Filing Separately 2. Married Filing Jointy 3. Married Filing Separately 5. Qualifying Widow(er) 3. Married Filing Separately 2. Married Filing Jointy 3. Married Filing Separately 5. Qualifying Widow(er) 3. Married Filing Separately 2. Married Filing Jointy 3. Married Filing Separately 5. Qualifying Widow(er) Return for deceased to the country on April 15, 2023, and Executor, Administrator, or Court-Appointed Personal Repr F N OC N F N OC N VAYYAGARI 781347240 CHARLOTT: 16 0 26C 18 Y 0 26E 20A 5223 EU 20B 0 27 21A 0 29 21B 0 30 21D 0 | North Carolina Department of Revenue Dot Manended Return Are you a veteran? na 2.2 and ending Are you a veteran? GARI Your SSN: 781347240 Were you granted at 2022 federal income 2022 federal income 2020 for incometation about the Fund) r N O N N N T r N OC N TPRES Y SPRES N VT S N EA N TD SD VAYYAGARI 781347240 ME I N OC N TPRES Y SPRES N VT S N A D 26E O 20A 2023 EU O 20A 21D 0 31 21D |

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 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 |
| <u>Other</u> | 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 |
| Αmoι | 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 |
| | | | |

D-400 Line-by-Line Information

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