Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name Social security number GOWTHAM VAKKAVANTHULA 780-10-0634 Spouse's social security number Spouse's name 990-98-8716 AMULYA NUTHAKKI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 67,980. 1 1 4,393. 2 2 3 3 12,250. 4 4 7,857. 5 5

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

Under penalties of periury. 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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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Enter five digits, but don't enter all zeros

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

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

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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.

Practitioner PIN Method Returns Only—continue b											
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			6 nter a		2	7	1	

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

ERO's signature 🕨		Date 🕨									
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So											
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)								

Date

Filing Status Single Head of household (HOH) Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the ohild's name if the qualifying person is a child but not your dependent: Qualifying surviving spouse (QSS) Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Yes No Standard Somous itemizes on a separate return or you were a dual-status alien Age/Blindness Yes Yes No Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents see instructions): (1) First name Last name (1) Spouse itervizes on a separate return or you were a dual-status alien Household employee wages not reported on Form(s) W-2. Ib Number (1) First name Last name (2) Social security number (3) Spousei tervizes on a separate return or you were a	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	ple in this space.
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get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1i instructions. i Nontaxable combat pay election (see instructions) 1i 1i Attach Sch. B 2a Tax-exempt interest 2a 2b 2b Attach Sch. B 2a Tax-exempt interest 3a b Taxable interest 2b Attach Sch. B 2a Qualified dividends 3a b Dordinary dividends 3b Attach Sch. B 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a 6a b Taxable amount 5b Ga Social security benefits 6a Social security benefits 6a 1f you elect to use the lump-sum election method, check here (see instructions) 1 7 Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If nor required, check here 7 7 Standard filing surving spouse, String spouse, String spouse, String spouse, String spouse, Strindard deduction or itemized deductins (rom Schedule 1,	If you did not	a											
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z Add lines 1a through 1h 12 85,000. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a b Ordinary dividends 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b Attach Sch. B 3a Ja b Ordinary dividends 3b Ja Attach Sch. B 4a IRA distributions 4a b Taxable amount 4b Attach Sch. B 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Ga Social security benefits 6a b Taxable amount 7 Married filing c If you elect to use the lump-sum election method, check here (see instructions) 7 7 Married filing Additional income from Schedule 1, line 10 7 8 -17,020 9 Additional income from Schedule 1, line 26 10 11 67,980 10 Subtract line 10 from line 9. This is your ad			,	,				1i					
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beduction for- 5a Pensions and annulutes		4a	IRA distributions	4a			b Ta	axable amoun	t		. 4b		
Single or Married filing separately, \$13,850 6a b Taxable amount	Standard	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5b		
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	• Single or	6a	Social security benefits	6a			b Ta	axable amoun	t		. 6b		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointy or Qualifying surviving spouse, \$27,700 8 -17,020. 9 67,980. 9 67,980. 10 4d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 10 Addjustments to income from Schedule 1, line 26 10 11 67,980. 10 \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 67,980. 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 27,700.		с		lection	method,	check here	(see	instructions)		[
8Additional income from Schedule 1, line 108-17,020Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income967,98010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1012Standard deduction or itemized deductions (from Schedule A)1167,98013Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700	\$13,850	7	-							[7		
Qualifying surviving spouse, \$27,709Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income967,980.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income101167,980.1212Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1313	jointly or	8	Additional income from Schedule	1, line 1	0						. 8		-17,020.
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 67,980. 12 27,700. 13 Standard deduction or itemized deduction from Form 8995 or Form 8995-A 12 27,700. 14 Add lines 12 and 13 13 14 27,700.		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our total inc	ome	e			. 9		
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income167,980.12Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A131314Add lines 12 and 131314	\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10		
If you checked any box under Standard 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 27,700.	household,	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11		67,980.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard Deduction,14Add lines 12 and 131427,700.		12	Standard deduction or itemized	deduct	t ions (fro	m Schedule	A)				. 12		27,700.
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deducti	ion fron	n Form 8	995 or Form	899	5-A			. 13		
see instructions.] 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 40, 280.	Deduction,	14	Add lines 12 and 13								. 14		
	see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter ·	-0 This is y	our t	taxable incom	ie .		. 15		40,280.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	4,393.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	4,393.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,393.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	4,393.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 12	2,250.		
	b	Form(s) 1099				25b		-	
	С	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	12,250.
	26	2023 estimated tax payment						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		,		30			
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	33	12,250.					
Defined	34	If line 33 is more than line 24						34	7,857.
Refund	34 35a	Amount of line 34 you want				, ,	· ·	34 35a	7,857.
Direct deposit?	b 35a	Routing number $\begin{vmatrix} 1 \\ 1 \end{vmatrix} \begin{vmatrix} 1 \\ 1 \end{vmatrix}$				Checking		35a	1,001.
See instructions.		Account number 5 8 6					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete l	aalaw	X No
Designee							•		INO NO
	nai	signee's ne		Phone no.			onal identi ber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statemer	its, and to t	he best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informati	on of which	n prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
					-				IN, enter it here
Joint return?					STUDENT		`	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	R		inst.)	ection i na, enter it nere
	Ph	one no. (361) 488-806	3	Email address		THULA373@GMAIL.	MOY		
		eparer's name	Preparer's signat		JOWITHAR AND A CONTRACTOR	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	-1				P0208	2703	Self-employed
Preparer		n's name GLOBAL TAX		ITTUI DUGUL	GOLIN INDAM	101/20/2024	· · · ·		
Use Only			Y CT E BRU	NGWICK N	J 08816			's EIN	(678) 965-9522
Co to unin im				NOWICK N				5 EIIN	84-3171965 Form 1040 (2023)
GO IO WWW.IIS.go	wrom	n1040 for instructions and the late	st mornation.		BAA	REV 01/21/24 PRO			Form IUHU (2023)

REV 01/21/24 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

Attachment Sequence No. 01 Your social security number 780-10-0634

Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

()			•	
GOWTHAM	VAKKAVANTHULA	&	AMULYA	NUTHAKKI

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received		
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		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	5	-17,020.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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 8		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)		
n	Section 951(a) inclusion (see instructions)		
0	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment	_	
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		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
Z	Other income. List type and amount:		
~	Tatal ather income. Add lines 0a through 0a		
9	Total other income. Add lines 8a through 8z.		
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		-17,020.
For Po	perwork Reduction Act Notice, see your tax return instructions.		le 1 (Form 1040) 2023
IULLA	permore neuronon Activitice, see your las return instructions.	Schedu	ie i (Futti 1040) 2023

Part	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				
-	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:		• •	 	
 a		24a			
-	Deductible expenses related to income reported on line 81 from the	210			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

(Form 1040) (From rental real estate, royalties		Supplementa	al Inc	ome ar	nd Los	SS			OMB No	o. 1545-0074		
(Form	1040)	(Fr	om re	ental real estate, royalties, partner	ships, S	corporat	ions, es	states,	trusts, REMI	Cs, etc.)	20	73
	ent of the Treasury Revenue Service			Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation.		Attachn	nent ce No. 13
Name(s)	shown on return									Your soci	al security	
GOWT	HAM VAKKA	VAN	THU	LA & AMULYA NUTHAKKI						780-1	0-0634	
Part				From Rental Real Estate a	nd Ro	valties						
	Note: If yo	ou are	e in th	e business of renting personal propersion of the business of renting personal propersion of the business of th	erty, use		e C . See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm
Α)id you make ar	iy pa	aymei	nts in 2023 that would require you	u to file	Form(s)	1099? 8	See ins	structions .		. 🗌 Ye	s 🛛 No
				ou file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical addr	ess	of ea	ch property (street, city, state, Z	IP code	e)						
A	3-218/A,S	T N.	AYA	NAGAR KODAD SURYAPET	TELAN	NGANA I	EN 50	8206				
B												
C								1		1		
1b	Type of Prope (from list below		2	For each rental real estate prop above, report the number of fair	erty list r rental	ted and		Fa	ir Rental Days	Person Da		QJV
Α	3	,		personal use days. Check the C			Α		365		0	
B	5	_		if you meet the requirements to	file as	a	B		505		0	
C				qualified joint venture. See instr	uctions	S.	C					
	of Property:						U					
	Single Family R	asid	onco	3 Vacation/Short-Term Re	ntal	5 Land	4	7	Self-Rental			
	Multi-Family Re			4 Commercial	inai	6 Roya				ribe)		
	Manu-i anniy ne	Side	nee	4 Commercial		0 HOya	aities	0	Other (desc			
_									Propert	ies:		
Incom							Α		В			С
3					3		6	64.				
_4		ived			4							
Expen					_							
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6				tructions)	6			7.0				
7	-			nce	7		2,9	76.				
8					8							
9					9							
10				sional fees	10		0 1	2.0				
11					11		Ζ,Ι	30.				
12 13			•	to banks, etc. (see instructions)	12 13							
	Diner Interest	·	• •		13		2 0	25.				
14 15	Supplies				14			64.				
16					16		<i>∠,</i> /	04.				
17					17		2.4	81.				
18				r depletion	18			08.				
19	Other (list)				19							
20	· · ·	s. Ar	dd lin	es 5 through 19	20		17,6	84.				
21				ne 3 (rents) and/or 4 (royalties). If			, .					
				structions to find out if you must								
					21		-17,0	20.				
22	Deductible rer	ntal r	eal e	state loss after limitation, if any,								
				ructions)	22	(17,02	20.)	()	()
23a	Total of all am	ount	s rep	orted on line 3 for all rental prop	erties			23a		664.		i i i i i i i i i i i i i i i i i i i
b			-	orted on line 4 for all royalty pro				23b				
с			-	orted on line 12 for all properties	-			23c				
d	Total of all am	ount	s rep	orted on line 18 for all properties	s			23d		3,508.		
е	Total of all am	ount	s rep	orted on line 20 for all properties	s			23e	17	7,684.		
24	Income. Add	oosit	tive a	mounts shown on line 21. Do no	ot inclu	de any lo	sses			. 24		
25	Losses. Add ro	yalty	y loss	es from line 21 and rental real esta	te losse	es from lin	e 22. E	nter to	tal losses hei	re 25	(17,020.)
26				e and royalty income or (loss).								
				IV, and line 40 on page 2 do n								
	Schedule 1 (Fo	orm ⁻	1040), line 5. Otherwise, include this a	amount			ine 41		· 26		-17,020.
For Pa	perwork Reduct	ion A		otice, see the separate instruction	•	NI	ÞΔ		-17,020). 60	hadula E (E	orm 1040) 2023

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Return					ear beginning				nded Retur						<u>/ </u>	No 🛛	×
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DURHA	M I	<u>NC 2</u>	7703	BWAKE					Spouse's	<u>SSN: 99</u>	90988716		income ta	x return, e	.g., Form	-	
Filing St	tatus		1. Sing	-			ed Filing		📙 3. M	arried Filin	g Separately		Yes	No X	Ś		
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your ov	rerpayr	ment to	o the F	-und. To r	make a contrib	ution, o	enclose	Form NO	C-EDU an	d your pa	yment of \$	0.	To desig	-	-		
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	FEL	MAN									JRHAM						
06			850			16			0		26C			0			70
07				0		18	Y		0		26E			0			2015
09				0		20A			3600		EU						0025
10A				0		20B			0		27			0			
10B				0		21A			0		29			0			
11	S	Y	Ι	Ν		21B			0		30			0			
11			255	00		21C			0		31			0			
13			000	00		21D			0		32			0			
14			595	00		26A			0		34		71	74			
15			28	326		26B			0								
TN	36	148	8880	163		PN	6	7896	59522		PP	P02	0827(03			
Sign					Refund Du			774		aymen	t Due		0				
I declare an the best of r	d certify my know	that I ha	ave exar nd belief	nined this read the f, they are true	eturn and accompar ue, correct, and cor	iying sch nplete.	redules and	d statemen	its, and to		eck here if you a liscuss this retur						Je
														48880			

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											
Paid Prep	arer's Signatu	ıre				Date		Preparer's Contact Phone Number (Include area code)	Preparer's FEIN, SSN, or PTIN		
SYAM	PRIYA	RAM	SAGAR	GUPT	01	29	24	(678)965-9522	P02082703		
	PARER USE	UNLT	n prepared b	y a person o	olner in	an laxp	ayer, l	nis cerunication is based on all mormation of which the preparer has any knowle	age.		

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Last Name (First 10 Characters)	VAKKAVANTH
()	

Your Social Security Number

780100634

6.	Federal Adjusted Gross Income	6.	85000
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	85000
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction	0.	0
	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.	Ŷ
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	59500
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	59500
15.	N.C. Income Tax	15.	2826
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2826
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Ŷ
19.	Add Lines 17 and 18	19.	2826
<u>North</u>	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	3600
20b.	Spouse's tax withheld	20b.	0
Other	Tax Payments		
			0
21a.	2023 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.	3600
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3600
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.	774
<u>Αmoι</u>	int of Refund to Apply to:		
_			
29.	Amount of Line 28 to be applied to 2024 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.	774

D-400 Line-by-Line Information

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