

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

| | | |
|--|-------------------------------|---|
| Your first name and middle initial MALLA REDDY | Last name GAJJALA | Your social security number 724-52-3030 |
| If joint return, spouse's first name and middle initial THANMAI | Last name KATTA | Spouse's social security number APPLIED FOR |
| Home address (number and street). If you have a P.O. box, see instructions. 6805 ROWLETT DRIVE | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. MCKINNEY | | |
| State TX | ZIP code 75070 | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | SHARVIL REDDY | GAJJALA | 174-98-6761 | Son | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|---|-----|-----|---------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 56,523. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | 2b | |
| | 3a Qualified dividends | 3a | 3b | |
| | 4a IRA distributions | 4a | 4b | |
| | 5a Pensions and annuities | 5a | 5b | |
| | 6a Social security benefits | 6a | 6b | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 Other income from Schedule 1, line 9 | | 8 | |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 56,523. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | |
| | a From Schedule 1, line 22 | 10a | | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| | c Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 56,523. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | 12 | 24,800. |
| | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| | 14 Add lines 12 and 13 | | 14 | 24,800. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 31,723. |

| | | | |
|-----------|--|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 3,412. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 3,412. |
| 19 | Child tax credit or credit for other dependents | 19 | 2,000. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 2,000. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,412. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 1,412. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,879. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,879. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 2,300. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 2,300. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 7,179. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 5,767. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 5,767. |
| b | Routing number 1 2 2 1 0 1 7 0 6 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 4 5 7 0 4 1 2 1 5 2 5 8 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (717) 343-7362 Email address GMALLAREDDY@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 07/15/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

| | |
|---|---|
| Taxpayer name(s) shown on return MALLA REDDY GAJJALA & THANMAI KATTA | Taxpayer identification number 724-52-3030 |
|---|---|

| | |
|---|-----------|
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM | P02082703 |
|---|-----------|

Part I Due Diligence Requirements

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

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

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

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
 ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ►
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►
 GAJJALA MALLA REDDY 724-52-3030
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ►

Additional information for **a** and **f**: Enter treaty country ► and treaty article number ►

| | | | |
|---|---------------------------------|-------------|--------------------|
| Name (see instructions) Name at birth if different ► | 1a First name THANMAI | Middle name | Last name KATTA |
| | 1b First name | Middle name | Last name |

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
 6805 ROWLETT DRIVE
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.
 MCKINNEY TX USA 75070

Foreign (non-U.S.) Address
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
 City or town, state or province, and country. Include postal code where appropriate.

Birth Information

| | | | |
|---|---------------------------|---------------------------------------|--|
| 4 Date of birth (month / day / year) 06/03/1994 | Country of birth INDIA | City and state or province (optional) | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|---|---------------------------|---------------------------------------|--|

Other Information

6a Country(ies) of citizenship: INDIA

6b Foreign tax I.D. number (if any):

6c Type of U.S. visa (if any), number, and expiration date: H4 P6198830 09/20/2022

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other

Issued by: INDIA No.: S1048207 Exp. date: 04/26/2028 Date of entry into the United States (MM/DD/YYYY): 02/28/2020

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** **IRSN** and name under which it was issued ►
 First name Middle name Last name

6g Name of college/university or company (see instructions) ►
 City and state ► Length of stay ►

Sign Here
 Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.

| | | |
|--|--------------------------------------|---|
| Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| Name of delegate, if applicable (type or print) | Delegate's relationship to applicant | <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney |

Acceptance Agent's Use ONLY

| | | | |
|--------------------------------|---------------------------|-------------|------|
| Signature | Date (month / day / year) | Phone | Fax |
| Name and title (type or print) | Name of company | EIN | PTIN |
| | | Office code | |

D-400 (50) 8-10-20 **2020 Individual Income Tax Return**

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

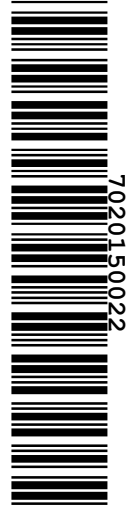
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|---|--|
| For calendar year 2020, or fiscal year beginning <u>20</u> and ending <u>20</u> | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| MALLA REDDY GAJJALA THANMAI KATTA | Your SSN: 724523030 | Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 6805 ROWLETT DRIVE MCKINNE TX 75070 | Spouse's SSN: APPLIED F | Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> Return for deceased taxpayer. | Date of death: |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> Return for deceased spouse. | Date of death: |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

| | | | | | | | | | | | | | | | |
|--------------------|------------|---------|----|-----|----|----|------------|-----------|---|-------|-------|----|---|-----------|---|
| FS | 2 | PP | Y | DT | N | OC | N | TPRES | N | SPRES | N | VT | N | SVT | N |
| GAJJ | 6805 | 75070 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| MALLA REDDY | | GAJJALA | | | | | | 724523030 | | | | | | | |
| THANMAI | | KATTA | | | | | | APPLIED F | | TX | 75070 | | | | |
| 6805 ROWLETT DRIVE | | | | | | | | MCKINNEY | | | | | | | |
| 06 | | 56523 | | 16 | | | | 0 | | 26C | | | | 0 | |
| 07 | | 0 | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | | 0 | | 20A | | | | 2551 | | EU | | | | | |
| 10A | | 1 | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | | 2000 | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | | 21500 | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | | 10000 | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | | 33023 | | 26A | | | | 0 | | 34 | | | | 817 | |
| 15 | | 1734 | | 26B | | | | 0 | | | | | | | |
| TN | 7173437362 | | | PN | | | 6789659522 | | | PP | | | | P02082703 | |



| | | | |
|---|------------|--|-------------------------------|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>817</u> | | <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. | | <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. | |
| Your Signature _____ | Date _____ | Spouse's Signature (If filing joint return, both must sign.) _____ | Date _____ |
| | | 7173437362 Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | | | |
| SYAM PRIYA RAM SAGAR GUPT | 07 15 21 | 6789659522 | P02082703 |
| Paid Preparer's Signature | Date | Preparer's Contact Phone Number (Include area code) | Preparer's FEIN, SSN, or PTIN |

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

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 56523 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 56523 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 1 |
| | b. Enter the amount of the child deduction | 10b. | 2000 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 21500 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 23500 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 33023 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 1.0000 |
| 14. | N.C. Taxable Income | 14. | 33023 |
| 15. | N.C. Income Tax | 15. | 1734 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 1734 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 1734 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 2551 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|----------|
| 21a. | 2020 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 2551 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 2551 |
| 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. | 817 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2021 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. | 817 |

D-400 Sch PN (50)

8-12-20

2020 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

| | |
|--|--|
| Last Name (First 10 Characters) GAJJALA | Your Social Security Number 724523030 |
|--|--|

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

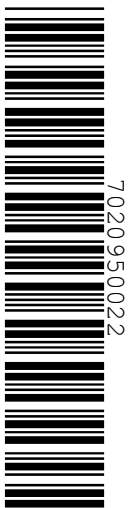
Important: Refer to the Instructions before completing this form.

| | | | | | |
|-----|---|-----|---|----|-------|
| NRT | Y | PYT | N | 22 | 56523 |
| NRS | Y | PYS | N | 23 | 56523 |

| | |
|---|---|
| Part A. Residency Status | |
| Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended | Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended |

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

| | | | |
|---|------------------------------|----------------------------|--|
| Part B Location of Income for Part-Year Residents and Nonresidents | | | |
| Total Income | COLUMN A | COLUMN B | |
| | Total Income | Amount of Column A | |
| | from all sources | subject to N.C. tax | |
| 1. Wages, Salaries, Tips, Etc. | 1. 56523 | 56523 | |
| 2. Taxable Interest | 2. 0 | 0 | |
| 3. Taxable Dividends | 3. 0 | 0 | |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. 0 | 0 | |
| 5. Alimony Received | 5. 0 | 0 | |
| 6. Business Income or (Loss) | 6. 0 | 0 | |
| 7. Capital Gain or (Loss) | 7. 0 | 0 | |
| 8. Other Gains or (Losses) | 8. 0 | 0 | |
| 9. Taxable Amount of IRA Distributions | 9. 0 | 0 | |
| 10. Taxable Amount of Pensions and Annuities | 10. 0 | 0 | |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. 0 | 0 | |
| 12. Farm Income or (Loss) | 12. 0 | 0 | |
| 13. Unemployment Compensation | 13. 0 | 0 | |
| 14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits | 14. 0 | 0 | |
| 15. Other Income | 15. 0 | 0 | |
| 16. Total Income | 16. 56523 | 56523 | |
| North Carolina Adjustments | | | |
| | COLUMN A | COLUMN B | |
| | Enter the amount from | Amount of Column A | |
| | Form D-400 Schedule S | subject to N.C. tax | |
| 17. Additions | | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 | |
| b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 17b. 0 | 0 | |
| c. Bonus Depreciation | 17c. 0 | 0 | |
| d. IRC Section 179 Expense | 17d. 0 | 0 | |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 | |
| 18. Total Additions | 18. 0 | 0 | |



| | | |
|--|-----------------------------|-----------|
| Last Name (First 10 Characters) GAJJALA | Your Social Security Number | 724523030 |
|--|-----------------------------|-----------|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | COLUMN A | COLUMN B |
|---|--|---|
| | Enter the amount from Form D-400 Schedule S | Amount of Column A subject to N.C. tax |
| 19. Deductions | | |
| a. State or Local Income Tax Refund | 19a. 0 | 0 |
| b. Interest From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security or Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Depreciation | 19e. 0 | 0 |
| f. IRC Section 179 | 19f. 0 | 0 |
| g. Recognized IRC Section 1400Z-2 Gain | 19g. 0 | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. 0 | 0 |
| 20. Total Deductions | 20. 0 | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. 56523 | 56523 |

Part C. art-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 56523 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 56523 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 1.0000 |