D-40 < Stapl	e All	Pages	of Yo	bur	2 020			<u>li</u> na [Departme	nt of	x Return Revenue	DOR Use Only					
		<u>nd W-2</u>			hogioping			<u> </u>	ended Retur	n					V 🗌		∇
SRID		-	<u>020, (</u>	or fiscal year	ARALA			20	and ending			Are you a ve Is your spou		an?	Yes	No No	
		KES S	3T	UNG	АГАЛА				Your	SSN· 1	L70960961	Were you gr					_
CARY				WAKE					Spouse's		1/0/00/01	your 2020 fe					
Filing S			1. Sing			2. Marri	ed Filina	Jointly			ing Separately		Yes [No			,
				ad of Househo	ld	5. Quali	-	-			3	Year spou	se died:				
Was y	our s	pouse a	resid	C. for the ent	ntire year?		Yes X Yes	No		Returr	n for deceased to n for deceased s	spouse.	Date o	f death: <u>f death:</u>			
					-						t Fund by maki	-		-	-		
											ayment of \$ for information	0. about the Fi		gnate y	our overp	bayme	ent
											oril 15, 2021, ar			sident			
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SRID	HAR	<u>.</u>			UNGAF	RALA				170	960961		WAK	Е			
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TN	4	1551	.015	546		PN	6	789	659522		PP	P02	0827	03			
Sign Return Below Refund Due 0 X Payment Due 11																	
				mined this return f, they are true,	n and accomp correct, and c	anying sch omplete.	nedules ai	nd staten			heck here if you a discuss this retu	authorize the N	North Caro	lina Depa	artment of	Rever	nue
		<u> </u>		,						10	100000 (110 IC(U)	in and allacill		55101		501099.	

If you ARE NOT		,			N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NO. 2011, and D-400V to: N.C. DEPT. OF REVENUE, P.O.		ALEIGH, NC 27640-0640		
Paid Preparer's Signature			Date		Preparer's Contact Phone Number (Include area code)		Preparer's FEIN, SSN, or PTIN		
SYAM PRIYA RAM	SAGAR G	GUPT	03 06	21	6789659522		<u>P02082703</u>		
PAID PREPARER USE ONLY	lf prepared by a	a person othe	er than taxp	bayer, i	his certification is based on all information of which the prepare	r has any knowle	idge.		
Your Signature	Date				Spouse's Signature (If filing joint return, both must sign.)	Date	Contact Phone No. (Include area code)		
							4155101546		

Last Name (First 10 Characters) UNGARALA

170960961

6.	Federal Adjusted Gross Income	6.	95768
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	95768
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.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	Ν
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	85018
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	85018
15.	N.C. Income Tax	15.	4463
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	4463
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	4463
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	4452
20b.	Spouse's tax withheld	20b.	0
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.	4452
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4452
26a.	Tax Due	26a.	11
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	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	11
28.	Overpayment	28.	0
20.	overpayment	20.	0
Amou	nt 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
32. 33.	Add Lines 29 through 32	33.	0
55.		55.	0

D-400 Line-by-Line Information

Amount to be Refunded

34.

0

34.