

**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 20 and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PARTHIVAN GOU BOOSARAPU 1716 EMPRESS DR NW 8J Your SSN: 648708358 ROANOKE VA 24012 Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input 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)		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"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <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 \$ 0. 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 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

BOOS 1716 24012 DS N EA N TD SD FDEXT N

PARTHIVAN GOU BOOSARAPU 648708358

VA 24012

1716 EMPRESS DR NW 8J ROANOKE

06 20160 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 572 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 06190 21D 0 32 0

14 5825 26A 0 34 266

15 306 26B 0

TN 8133130388 PN 6789659522 PP P02082703



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> 266 <input type="checkbox"/> <b>Payment Due</b> 0	
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 _____
8133130388 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> 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 03 10 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.	20160
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	20160
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.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	9410
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.6190
14.	N.C. Taxable Income	14.	5825
15.	N.C. Income Tax	15.	306
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	306
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	306

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	572
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.	572
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	572
26a.	<b>Tax Due</b>	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.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	<b>266</b>

**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.	<b>Amount to be Refunded</b>	34.	<b>266</b>

**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) <b>BOOSARAPU</b>	Your Social Security Number <b>648708358</b>
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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.

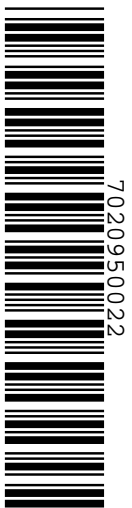
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	12480
NRS	N	PYS	N	23	20160

<b>Part A. Residency Status</b>	
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 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.

<b>Part B. Allocation of Income for Part-Year Residents and Nonresidents</b>			
<b>Total Income</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	
	Total Income	Amount of Column A	
	from all sources	subject to N.C. tax	
1. Wages, Salaries, Tips, Etc.	1. 20160	12480	
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. 20160	12480	
	<b>COLUMN A</b>	<b>COLUMN B</b>	
<b>North Carolina Adjustments</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)    BOOSARAPU	Your Social Security Number	648708358
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	<b>COLUMN A</b>	<b>COLUMN B</b>
	<b>Enter the amount from Form D-400 Schedule S</b>	<b>Amount of Column A subject to N.C. tax</b>
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.            20160	12480

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21		22.            12480
23. Enter the Amount From Column A, Line 21		23.            20160
24. Part-Year Residents and Nonresident Taxable Percentage		24.            0.6190

**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 <b>PARTHIVAN GOUD</b>	Last name <b>BOOSARAPU</b>	Your social security number <b>648-70-8358</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>1716 EMPRESS DR NW</b>		Apt. no. <b>8J</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ROANOKE</b>	State <b>VA</b>	ZIP code <b>24012</b>
Foreign country name	Foreign province/state/county	Foreign postal code

You  Spouse

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"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	20,160.
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	20,160.
<b>Standard Deduction for—</b> • 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.	<b>10</b> Adjustments to income:		
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	20,160.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	12,400.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	7,760.

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	778.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	778.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	778.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	778.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,850.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2,850.
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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	2,850.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,072.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,072.
b	Routing number 063100277		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 229056193551		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		IIB DEVELOPER	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/10/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

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



PARTHIVAN GO BOOSARAPU  
 1716 EMPRESS DR NW APT 8J  
 ROANOKE VA 24012

SSN - You BOOS 648708358 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	20160.	Withholding (VA) - You	19A.	377.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	20160.	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	240.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	617.
Total VA Adj Gross Income (VAGI)	9.	20160.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	10.
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	14730.	Sales and Use Tax	33.	
Amount of Tax	16.	607.	<b>Amount You Owe</b>		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	IN	
VAGI - Spouse	17A.		<b>Your Refund</b>		10.
Net Amount of Tax	18.	607.	Bank Routing #	C 063100277	
			Bank Account #	229056193551	





**Filing Status, Age & License Information**

**Additional Filing Information**

Filing Status 1  
 Federal Head of Household  
 DOB - You 03171995  
 VA Driver's License ID - You A69301099  
 VA Driver's License - Iss. Date - You 09212020  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 161  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

**Exemptions (A)**

**Exemptions (B)**

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

**Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date \_\_\_\_\_ Phone - You 8133130388  
 Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse \_\_\_\_\_  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 031021 Phone - Preparer 6789659522  
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

**File by May 1, 2021**

Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN  
 CUMMING

GA 30041



**2020 Schedule INC/CG**

648708358

Report all W-2s, 1099s & VK-1s with VA Withholding



PARTHIVAN GO BOOSARAPU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
648708358	W	377.	263273067	30263273067F001	7680.

Total VA Withholding	SSN	VA Withholding
You	648708358	377.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

**2020 Schedule OSC/CG**

Enclose other state tax returns when filing



648708358

**Credit Computation State 1**

**If Claiming border state**

1. Filing Status - other state's return	1	6. Other State Abbreviation	NC
2. Person Claiming the Credit	1	7. Virginia Income Tax	607.
3. Qualifying Taxable Income - other state	5825.	8. Income percentage	39.5
4. Virginia Taxable Income	14730.	9. Virginia Ratio of Income Tax	240.
5. Qualifying Tax Liability - other state	306.	10. Credit Allowed	240.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	240.

Enclose other state tax returns when filing your Virginia tax return.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>Your Name</b>	<b>B Your Social Security Number</b>	
PARTHIVAN GOUD BOOSARAPU	648-70-8358	
<b>Spouse's Name</b>	<b>A Spouse's Social Security Number</b>	
<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		20160.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		20160.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		14730.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		607.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		377.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		10.

**Part II Declaration of Taxpayer and Signature Authorization**

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

**Taxpayer's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN 

0	8	3	5	8
---	---	---	---	---

 as my signature on my 2020 e-filed Virginia individual income tax return.  
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN 

--	--	--	--	--

 as my signature on my 2020 e-filed Virginia individual income tax return.  
Do not enter all zeros

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature \_\_\_\_\_ Date 03-10-21

**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		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PARTHIVAN GOU BOOSARAPU 1716 EMPRESS DR NW 8J Your SSN: 648708358 ROANOKE VA 24012 Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input 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)		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"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <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 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

BOOS 1716 24012 DS N EA N TD SD FDEXT N

PARTHIVAN GOU BOOSARAPU 648708358

VA 24012

1716 EMPRESS DR NW 8J ROANOKE

06 20160 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 572 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 06190 21D 0 32 0

14 5825 26A 0 34 266

15 306 26B 0

TN 8133130388 PN 6789659522 PP P02082703



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>266</u> <input type="checkbox"/> <b>Payment Due</b> <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 _____
8133130388 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> 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 03 10 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.	20160
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	20160
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.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	9410
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.6190
14.	N.C. Taxable Income	14.	5825
15.	N.C. Income Tax	15.	306
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	306
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	306

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	572
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.	572
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	572
26a.	<b>Tax Due</b>	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.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	<b>266</b>

**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.	<b>Amount to be Refunded</b>	34.	<b>266</b>

**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) <b>BOOSARAPU</b>	Your Social Security Number <b>648708358</b>
--	--

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.

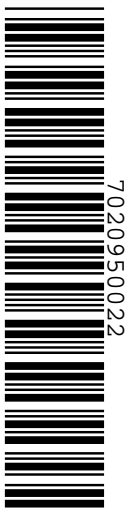
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	12480
NRS	N	PYS	N	23	20160

<b>Part A. Residency Status</b>	
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 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.

<b>Part B. Allocation of Income for Part-Year Residents and Nonresidents</b>			
<b>Total Income</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	
	Total Income	Amount of Column A	
	from all sources	subject to N.C. tax	
1. Wages, Salaries, Tips, Etc.	1. 20160	12480	
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. 20160	12480	
	<b>COLUMN A</b>	<b>COLUMN B</b>	
<b>North Carolina Adjustments</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)    BOOSARAPU	Your Social Security Number	648708358
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	<b>COLUMN A</b>	<b>COLUMN B</b>
	<b>Enter the amount from</b>	<b>Amount of Column A</b>
	<b>Form D-400 Schedule S</b>	<b>subject to N.C. tax</b>
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.            20160	12480

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21		22.            12480
23. Enter the Amount From Column A, Line 21		23.            20160
24. Part-Year Residents and Nonresident Taxable Percentage		24.            0.6190