

## Instructions for Form D-400V, Payment Voucher

### What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

### Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

### What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

### Other Payment Methods

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit [www.ncdor.gov](http://www.ncdor.gov).

### Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



<b>D-400V (50)</b> 9-16-08	<b>Individual Income Payment Voucher</b> North Carolina Department of Revenue
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REV 02/23/21 PRO

777778737      AILA      1511      28262

MADHURIKA      AILA

15110 OLD CORN LN      For Calendar Year      2020

CHARLOTTE      NC      28262

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 03 06 21      Phone: (678)965-9522

#### AMOUNT OF THIS PAYMENT

This must match the amount shown  
on your check or money order.

**\$**      343 .00

7270150106



20206 7777787378 0000000 06408

Mail to:  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640

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

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

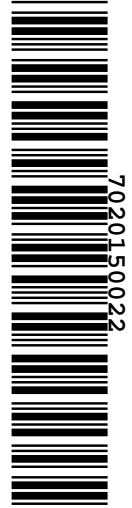
North Carolina Department of Revenue

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"/>
MADHURIKA AILA 15110 OLD CORN LN CHARLOT NC 28262MECKL		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 777778737 Spouse's SSN:		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 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 a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <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 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	Y	SPRES	N	VT	N	SVT	N
AILA	1511	28262	DS	N	EA	N	TD			SD				FDEXT	N
MADHURIKA			AILA					777778737				MECKL			
												NC	28262		
15110	OLD CORN LN							CHARLOTTE							
06		20488		16				168		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				0		EU					
10A		0		20B				0		27			343		
10B		0		21A				0		29				0	
11	S	Y	I	N				21B		30				0	
11		10750		21C				0		31				0	
13		00000		21D				0		32				0	
14		9738		26A				343		34				0	
15		511		26B				0							
TN	5733886991			PN				6789659522		PP				P02082703	



<b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>343</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 _____
5733886991 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 _____	Date <u>03 06 21</u>
Paid Preparer's Signature _____	Preparer's Contact Phone Number (Include area code) <u>6789659522</u>
P02082703 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.	20488
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	20488
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.	9738
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	9738
15.	N.C. Income Tax	15.	511
16.	Tax Credits	16.	168
17.	Subtract Line 16 from Line 15	17.	343
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	343

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	0
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.	0
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	<b>Tax Due</b>	26a.	343
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>343</b>
28.	<b>Overpayment</b>	28.	0

**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>0</b>

D-400TC (50)

8-10-20

2020 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) AILLA Your Social Security Number 777778737

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Count, Code. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows 1-7b.

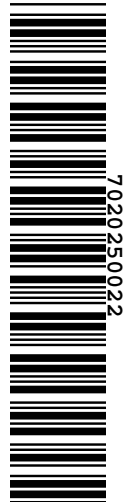
Part 2. Credits for Rehabilitating Historic Structures

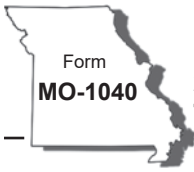
Enter expenditures and expenses on Lines 8a, 9a, 10a, and 11a only in the first year the credit is taken. For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015. For Lines 10a and 11a, an eligibility certification must have been submitted to the State Historic Preservation Office prior to January 1, 2015. Enter the installment amount of the tax credit on Lines 8b, 9b, and 11b, and the total amount of the tax credit on 10b.

Table with 3 columns: Description, Line, Amount. Rows 8a-13.

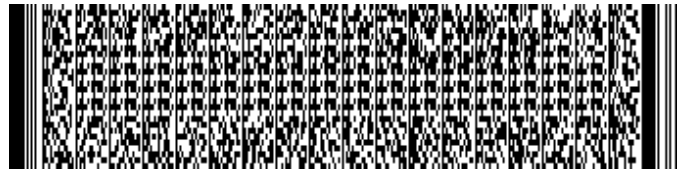
Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2020

Table with 3 columns: Description, Line, Amount. Rows 14-19.





MISSOURI DEPARTMENT OF  
**REVENUE**  
2020 Individual Income  
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.

- Amended Return**     **Composite Return**  
(For use by S corporations or Partnerships)
- Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)		Fiscal Year Ending (MM/DD/YY)		Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Filing Status**

Single     Claimed as a Dependent     Married Filing Combined     Married Filing Separately     Head of Household     Qualifying Widow(er)

Age 62 through 64    Age 65 or Older    Blind    100% Disabled    Non-Obligated Spouse

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse

**Name**

Social Security Number    Deceased in 2020    Spouse's Social Security Number    Deceased in 2020

777 -  77 -  8737         -  -    

First Name    M.I.    Last Name    Suffix

MADHURIKA         AILA   

Spouse's First Name    M.I.    Spouse's Last Name    Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

**Address**

Present Address (Include Apartment Number or Rural Route)

15110 OLD CORN LN

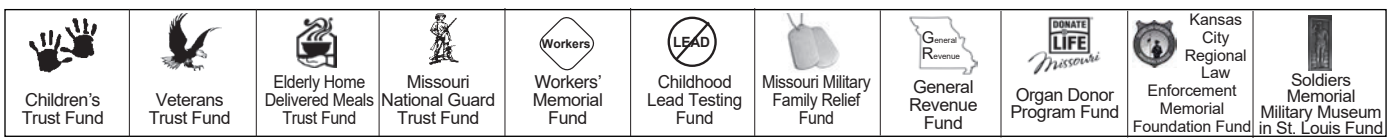
City, Town, or Post Office    State    ZIP Code

CHARLOTTE     NC     28262 -

County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	20488	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y		2S	.00
3. Total income - Add Lines 1 and 2 . . . . .	3Y	20488	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y		4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3 . . . . .	5Y	20488	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	20488	6	.00
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) . . . . .	8		.00
9. Tax from federal return . . . . .	9	808	.00
10. Other tax from federal return . . . . .	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld. . . . .	11	808	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . .	12	35.00	%

Missouri Adjusted Gross Income Range, Line 6:      Federal Tax Percentage:

\$25,000 or less . . . . .	35%
\$25,001 to \$50,000 . . . . .	25%
\$50,001 to \$100,000 . . . . .	15%
\$100,001 to \$125,000 . . . . .	5%
\$125,001 or more . . . . .	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .	13	283	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400      • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6. . . . .	14	12400	.00
15. Long-term care insurance deduction . . . . .	15		.00
16. Health care sharing ministry deduction . . . . .	16		.00
17. Active Duty Military income deduction . . . . .	17		.00
18. Inactive Duty Military income deduction . . . . .	18		.00
19. Bring jobs home deduction . . . . .	19		.00
20. Transportation facilities deduction . . . . .	20		.00

A. Port Cargo Expansion     B. International Trade Facility     C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	21	<input style="width: 100px;" type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	12683	.00
23. Subtotal - Subtract Line 22 from Line 6			23	7805	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S			24Y	7805	.00
			24S	<input style="width: 100px;" type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification			25Y	<input style="width: 100px;" type="text"/>	.00
			25S	<input style="width: 100px;" type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24			26Y	7805	.00	26S	<input style="width: 100px;" type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)			27Y	240	.00	27S	<input style="width: 100px;" type="text"/>	.00
28. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s)			28Y	<input style="width: 100px;" type="text"/>	.00	28S	<input style="width: 100px;" type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100%			29Y	0.13	%	29S	<input style="width: 100px;" type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29			30Y	0	.00	30S	<input style="width: 100px;" type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.								
<input type="checkbox"/> Lump sum distribution (Form 4972)								
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)			31Y	<input style="width: 100px;" type="text"/>	.00	31S	<input style="width: 100px;" type="text"/>	.00
32. Subtotal - Add Lines 30 and 31			32Y	0	.00	32S	<input style="width: 100px;" type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S			33	0	.00			

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099			34	0	.00			
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020			35	<input style="width: 100px;" type="text"/>	.00			
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b>			36	<input style="width: 100px;" type="text"/>	.00			
37. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b>			37	<input style="width: 100px;" type="text"/>	.00			
38. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> )			38	<input style="width: 100px;" type="text"/>	.00			
39. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC			39	<input style="width: 100px;" type="text"/>	.00			
40. Property tax credit - Attach <b>Form MO-PTS</b>			40	<input style="width: 100px;" type="text"/>	.00			
41. Total payments and credits - Add Lines 34 through 40			41	0	.00			







Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.  
 Amount of UNDERPAYMENT ..... 50 0 00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ... 51 0 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically ..... 52 0 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
SYAM@GTAXFILE.COM	5733886991		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03	06	21
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
30-1017196	6789659522		
Preparer's Address	State	ZIP Code	
2530 PEBBLE CREEK LN CUMMING	GA	30041	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm .....  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. ....  Yes  No

Department Use Only

A  FA  E10  DE  F  .

(Revised 12-2020)

**Mail To: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 329  
 Jefferson City, MO 65105-0329

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 500  
 Jefferson City, MO 65105-0500

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 522-1762  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)





**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

777 - 77 - 8737

Name

AILA, MADHURIKA

Address

15110 OLD CORN LN

City, State, ZIP Code

CHARLOTTE NC 28262

- 1. Nonresident of Missouri  
State of residence during 2020 NORTH CAROLINA
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

- 1. Nonresident of Missouri  
State of residence during 2020 \_\_\_\_\_
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2020.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 29 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
  - Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
  - Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
  - Missouri Home of Record  
I did not at any time during the tax year 2020 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
  - Non-Missouri Home of Record  
I resided in Missouri during 2020 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc. ....	1	A	26.00	A	00
B. Taxable interest income. ....	2b	B	00	B	00
C. Dividend income ....	3b	C	00	C	00
D. State and local income tax refunds (from schedule 1, part 1) ....	1	D	00	D	00
E. Alimony received (from schedule 1, part 1) ....	2a	E	00	E	00
F. Business income or (loss) (from schedule 1, part 1) ....	3	F	00	F	00
G. Capital gain or (loss) ....	7	G	00	G	00
H. Other gains or (losses) (from schedule 1, part 1) ....	4	H	00	H	00
I. Taxable IRA distributions ....	4b	I	00	I	00
J. Taxable pensions and annuities ....	5b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) ....	5	K	00	K	00
L. Farm income or (loss) (from schedule 1, part 1) ....	6	L	00	L	00
M. Unemployment compensation (from schedule 1, part 1) ....	7	M	00	M	00
N. Taxable social security benefits ....	6b	N	00	N	00
O. Other income (from schedule 1, part 1) ....	8	O	00	O	00
P. Total - Add Lines A through O ....		P	26.00	P	00
Q. Less: federal adjustments to income ....	10c	Q	00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. ....	11	R	26.00	R	00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) ....		S	00	S	00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) ....		T	00	T	00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1. ....		U	00	U	00

**Missouri Income Percentage**

Part C

	1Y	2Y	3Y	1S	2S	3S
1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) ....	26.00					
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) ....	20488.00					
3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 29Y and 29S ....	0.13 %					

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 11/16/20) 3299

Personal information section including names (MADHURIKA, AILA), social security numbers (777-77-8737), home address (15110 OLD CORN LN, CHARLOTTE NC 28262), and tax year (2020).

Table with 8 rows and 3 columns: Line number, Description (e.g., Federal taxable income, Net SC tax), and Amount (e.g., 8,088.00).

Part II: Direct Deposit of Refund or EFW Payment of Tax Due. Includes routing transit number (RTN) 081000032 and bank account number (BAN) 355010747040.

Part III: Declaration of Taxpayer. Includes consent checkboxes for direct deposit and electronic funds withdrawal.

Disclaimer text: 'If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.'

Declaration text: 'I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return.'

Sign Here section with lines for signature and date for both taxpayer and spouse.

Part IV: Declaration of Electronic Return Originator (ERO) and Paid Preparer. Includes a declaration of accuracy and a three-year retention requirement.

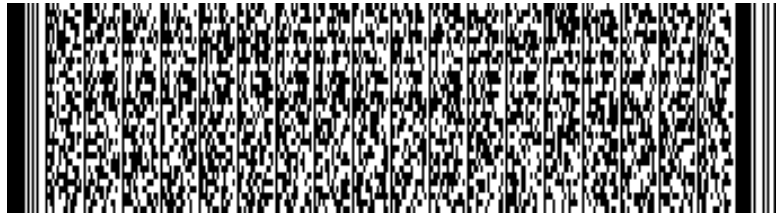
ERO's Use Only section. Includes fields for signature, date (03-06-2021), firm name (GLOBAL TAXES LLC), and address (2530 Pebble Creek Ln, Cumming, GA).

Paid Preparer's Use Only section. Includes fields for signature, date (03-06-2021), firm name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address (2530 Pebble Creek Ln Cumming GA).



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number 777 77 8737 Check if deceased Spouse's Social Security Number Check if deceased



For the year January 1 - December 31, 2020, or fiscal tax year beginning \_\_\_\_\_, 2020 and ending \_\_\_\_\_, 2021

First name and middle initial MADHURIKA Last name AILA Suffix Spouse's first name, if married filing jointly Last name Suffix Mailing address (number and street, PO Box) 15110 OLD CORN LN County code 99 City CHARLOTTE State NC ZIP 28262 Daytime phone number with area code (573) 388-6991

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD)
Check this box if you are a part-year or nonresident filing an SC Schedule NR
Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
Check this box if you have filed a federal or state extension.
Check this box if you served in a military combat zone during the filing period. Name of the combat zone:

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (3) [ ] Married filing separately - enter spouse's SSN: (2) [ ] Married filing jointly (4) [ ] Head of household (5) [ ] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return 0
Number of dependents claimed that were under the age of 6 years as of December 31, 2020
Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



**INCOME AND ADJUSTMENTS**

Your SSN 777-77-8737

**2020**

<b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	<b>1</b>	<b>Dollars</b>	<b>8,088</b>	<b>00</b>
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	<b>00</b>		
<b>b</b> Out-of-state losses Type: _____	<b>b</b>	<b>00</b>		
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	<b>00</b>		
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	<b>00</b>		
<b>e</b> Other additions to income. (attach explanation - see instructions)	<b>e</b>	<b>00</b>		
<b>2 Total additions</b> (add line a through line e)	<b>2</b>			<b>00</b>
<b>3</b> Add line 1 and line 2 and enter the total here	<b>3</b>			<b>00</b>

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	<b>00</b>		
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	<b>00</b>		
<b>h</b> Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	<b>h</b>	<b>00</b>		
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	<b>00</b>		
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	<b>00</b>		
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	<b>k</b>	<b>00</b>		
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	<b>00</b>		
<b>m</b> Interest income from obligations of the US government	<b>m</b>	<b>00</b>		
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	<b>00</b>		
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	<b>00</b>		
<b>p</b> Retirement Deduction (see instructions)				
<b>p-1</b> Taxpayer (date of birth: _____)	<b>p-1</b>	<b>00</b>		
<b>p-2</b> Spouse (date of birth: _____)	<b>p-2</b>	<b>00</b>		
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-3</b>	<b>00</b>		
<b>p-4</b> Taxpayer (date of birth: _____)	<b>p-4</b>	<b>00</b>		
<b>p-5</b> Spouse (date of birth: _____)	<b>p-5</b>	<b>00</b>		
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-6</b>	<b>00</b>		
<b>q</b> Age 65 and older deduction (see instructions)				
<b>q-1</b> Taxpayer (date of birth: _____)	<b>q-1</b>	<b>00</b>		
<b>q-2</b> Spouse (date of birth: _____)	<b>q-2</b>	<b>00</b>		
<b>r</b> Negative amount of federal taxable income	<b>r</b>	<b>00</b>		
<b>s</b> Subsistence allowance (multiply _____ days by \$8)	<b>s</b>	<b>00</b>		
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	<b>00</b>		
<b>u</b> Consumer Protection Services	<b>u</b>	<b>00</b>		
<b>v</b> Other subtractions (see instructions)	<b>v</b>	<b>00</b>		
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	<b>00</b>		
<b>4 Total subtractions</b> (add line f through line w)	<b>4</b>	<b>&lt;</b>		<b>00 &gt;</b>
<b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>		<b>8,078</b>	<b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	<b>168</b>	<b>00</b>	
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	<b>00</b>		
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	<b>00</b>		
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	<b>00</b>		
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>		<b>168</b>	<b>00</b>



**NON-REFUNDABLE CREDITS**

11 Child and Dependent Care (see instructions) . . . . .	▶	11		00	
12 Two Wage Earner Credit (see instructions) . . . . .	▶	12		00	
13 Other nonrefundable credits. Attach SC1040TC and other state returns . . . . .	▶	13		00	
14 <b>Total nonrefundable credits</b> (add line 11 through line 13) . . . . .		14			00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here . . . . .		15		168	00

**PAYMENTS AND REFUNDABLE CREDITS**

16 SC income tax withheld (attach W-2 or SC41) . . . . .	▶	16	1,298	00	
17 2020 Estimated Tax payments . . . . .	▶	17		00	
18 Amount paid with extension . . . . .	▶	18		00	
19 Nonresident sale of real estate . . . . .	▶	19		00	
20 Other SC withholding (attach 1099) . . . . .	▶	20		00	
21 Tuition tax credit (attach I-319) . . . . .	▶	21		00	
22 Other refundable credits:					
22a Anhydrous Ammonia (attach I-333) . . . . .	▶	22a		00	
22b Milk Credit (attach I-334) . . . . .	▶	22b		00	
22c Classroom Teacher Expenses (attach I-360) . . . . .	▶	22c		00	
22d Parental Refundable Credit (attach I-361) . . . . .	▶	22d		00	
22e Motor Fuel Income Tax Credit (attach I-385) . . . . .	▶	22e		00	
<b>Total refundable credits</b> (add line 22a through line 22e) . . . . .	▶	22			00

**AMENDED RETURN: Use Schedule AMD for line 23 calculation.**

23 Add line 16 through line 22 and enter the total here. These are your <b>TOTAL PAYMENTS</b> ▶	23	1,298	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment . . . . .	24	1,130	00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due . . . . .	25		00

**AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.**

26 USE TAX due on online, mail-order, or out-of-state purchases . . . . .	▶	26	0	00
Use Tax is based on your county's Sales Tax rate. See instructions for more information.				
If you certify that no Use Tax is due, check here . . . . . <input checked="" type="checkbox"/>				
27 Amount of line 24 to be credited to your 2021 Estimated Tax . . . . .	▶	27		00
28 Total Contributions for Check-offs (attach I-330) . . . . .	▶	28		00
29 Add line 26 through line 28 and enter the total here . . . . .		29	0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 30a check box entry is required) This is your <b>REFUND</b> ▶		30	1,130	00

**REFUND OPTIONS** (subject to program limitations)

30a Mark one refund choice:  Direct Deposit (30b required)  Debit Card  Paper Check

30b Direct Deposit (for US accounts only) Type:  Checking  Savings

Routing Number (RTN)  Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Bank Account Number (BAN)  1-17 digits

31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax due	▶	31		00
32 Late filing and/or late payment: Penalties _____ Interest _____ Enter total here ▶		32		00
33 Penalty for Underpayment of Estimated Tax (attach SC2210) Enter exception code from instructions here if applicable _____ ▶		33		00
34 Add line 31 through line 33 and enter the total here. This is your <b>BALANCE DUE</b> ▶		34		00

**Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.**

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03-06-2021	P02082703
Use Only	Firm name (or yours if self-employed), address, ZIP	FEIN Phone
	GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041	30-1017196 (678)965-9522

**MAIL TO: REFUNDS OR ZERO TAX:** SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100  
**BALANCE DUE:** Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 10/15/20) 3081

For the year January 1 - December 31, 2020, or fiscal tax year beginning 2020 and ending 2021

Table with 4 columns: Your name (AILA, MADHURIKA), Your Social Security Number (777-77-8737), Spouse's first name, Spouse's Social Security Number

Table with 3 columns: Dates of SC residency to, Schedule NR is for Nonresidents or Part-year residents, Attach to completed SC1040.

INCOME AND EXCLUSIONS

Main table with 4 columns: Line number, Description, Income as shown on Federal Return Column A, South Carolina Income Column B. Includes lines 1-16 with total income of 20,488.

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 4 columns: Line number, Description, Federal Adjustment, SC Adjustment. Includes lines 17-21.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.





SC adjustment continued

		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans		00
23	Self-employed health insurance deduction		00
24	Penalty on early withdrawal of savings		00
25	Alimony paid		00
26	IRA deduction		00
27	Student loan interest deduction		00
28	Tuition and fees deduction		00
29	Charitable contributions if you take the standard deduction		00
30	<b>Total adjustments:</b> Add line 17 through line 29		00
31	<b>Adjusted gross income:</b> Subtract line 30 from line 16	20,488	00
<b>SOUTH CAROLINA ADJUSTMENTS</b>			
<b>ADDITIONS</b>			
32	South Carolina additions		00
<b>SUBTRACTIONS</b>			
33	South Carolina dependent exemption (see instructions)		0 00
34	44% of net capital gains held for more than one year		00
35	Retirement deduction (see instructions)		
a)	Taxpayer (date of birth: _____)		00
b)	Spouse (date of birth: _____)		00
c)	Surviving spouse (date of birth of deceased spouse: _____)		00
	Military retirement deduction (see instructions)		
d)	Taxpayer (date of birth: _____)		00
e)	Spouse (date of birth: _____)		00
f)	Surviving spouse (date of birth of deceased spouse: _____)		00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
a)	Taxpayer (date of birth: _____)		00
b)	Spouse (date of birth: _____)		00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____		00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program		00
39	Active Trade or Business Income deduction (see instructions)		00
40	Consumer Protection Services		00
41	Other subtractions (see instructions)		00
42	<b>Total South Carolina subtractions:</b> Add line 33 through line 41		0 00
43	<b>Total South Carolina adjustments:</b> Subtract line 42 from line 32		0 00
44	<b>SC modified adjusted gross income:</b> Add Column B, line 31 and line 43		20,462 00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>99.87</u> % (do not exceed 100%)		
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, <b>use the Schedule NR instructions</b> , and enter the amount from Part IV on line 46. Enter the following amounts from the instructions: Part I (Itemized Deductions) _____ Part II, Worksheet, line 6 (State Taxes) _____ Part III (Other Expenses) _____		
46		12,400	00
47	<b>Allowable deductions:</b> Multiply line 46 by <u>99.87</u> % (from line 45)	< 12,384	00 >
48	<b>South Carolina taxable income:</b> Subtract line 47 from line 44, Column B. Enter the difference <b>here and on SC1040, line 5</b> . If line 48 is a negative figure, enter zero on SC1040, line 5	8,078	00

Attach this form and a complete copy of your federal return to your SC1040. Check the **Schedule NR** box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.