

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SWATHI PEDDI REDDY	Social security number 832-34-7652
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	48,128.
2	Total tax	2	4,090.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,342.
4	Amount you want refunded to you	4	4,852.
5	Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	7	6	5	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 SWATHI	Last name PEDDI REDDY	Your social security number 832-34-7652
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. 613 HELIOS LN		Apt. no. B
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE		State NC
Foreign country name		ZIP code 28262
Foreign province/state/county		Foreign postal code

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.
 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

Dependents (see instructions):	(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
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"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	50,628.
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	50,628.
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	10b	
	b	Charitable contributions if you take the standard deduction. See instructions			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	2,500.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	48,128.
	12	Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	35,728.

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	4,090.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,090.
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	4,090.
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	4,090.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,342.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,342.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	8,942.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,852.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,852.
b	Routing number 1 0 3 0 0 0 6 4 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 8 2 2 5 0 1 3 3		
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	
Note: 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 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	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/18/2021	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.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SWATHI PEDDI REDDY

Your social security number
832-34-7652

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	2,500.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,500.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 03/13/21 PRO

Schedule 1 (Form 1040) 2020



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

SC8453 (Rev. 11/16/20) 3299

Personal information section including name (SWATHI PEDDI REDDY), social security number (832-34-7652), home address (613 HELIOS LN APT B, CHARLOTTE NC 28262), and tax year (2020).

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, Net SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Tuition Tax Credit, Refund, and Amount you owe.

Part II Direct Deposit of Refund or EFW Payment of Tax Due. Includes routing transit number (RTN) 103000648 and bank account number (BAN) 782250133.

Part III Declaration of Taxpayer. Includes consent to direct deposit and authorization for electronic funds withdrawal.

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.

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 taxpayer and spouse signatures and dates.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.) I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge.

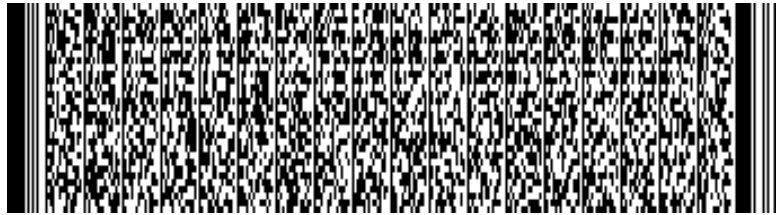
ERO's Use Only section. Includes signature of Global Taxes LLC, date 03-18-2021, and address 2530 Pebble Creek Ln, Cumming, GA.

Paid Preparer's Use Only section. Includes signature of Syam Priya Ram Sagar Gupta Tallam, date 03-18-2021, and address 2530 Pebble Creek Ln Cumming GA.



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

Your Social Security Number 832 34 7652 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 SWATHI Last name PEDDI REDDY Suffix Spouse's first name, if married filing jointly Last name Suffix Mailing address (number and street, PO Box) 613 HELIOS LN B County code 12 City CHARLOTTE State NC ZIP 28262 Daytime phone number with area code Check if address is outside US Foreign country address including postal code

- 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 [X]
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 832-34-7652

2020

1 Enter federal taxable income 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 ▶	1	Dollars 35,728	00
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ADDITIONS TO FEDERAL TAXABLE INCOME

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

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return ▶	f		00
g Total and permanent disability retirement income, if taxed on your federal return ▶	g		00
h 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 _____ ▶	h		00
i 44% of net capital gains held for more than one year ▶	i		00
j Volunteer deductions (see instructions) Type: _____ ▶	j		00
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program ▶	k		00
l Active Trade or Business Income deduction (see instructions) ▶	l		00
m Interest income from obligations of the US government ▶	m		00
n Certain nontaxable National Guard or Reserve pay ▶	n		00
o Social Security and/or railroad retirement, if taxed on your federal return . . ▶	o		00
p Retirement Deduction (see instructions)			
p-1 Taxpayer (date of birth: _____) ▶	p-1		00
p-2 Spouse (date of birth: _____) ▶	p-2		00
p-3 Surviving spouse (date of birth of deceased spouse: _____) ▶	p-3		00
Military Retirement Deduction (see instructions)			
p-4 Taxpayer (date of birth: _____) ▶	p-4		00
p-5 Spouse (date of birth: _____) ▶	p-5		00
p-6 Surviving spouse (date of birth of deceased spouse: _____) ▶	p-6		00
q Age 65 and older deduction (see instructions)			
q-1 Taxpayer (date of birth: _____) ▶	q-1		00
q-2 Spouse (date of birth: _____) ▶	q-2		00
r Negative amount of federal taxable income ▶	r		00
s Subsistence allowance (multiply _____ days by \$8) ▶	s		00
t Dependents under the age of 6 years on December 31 of the tax year . . . ▶	t		00
u Consumer Protection Services ▶	u		00
v Other subtractions (see instructions) ▶	v		00
w South Carolina Dependent Exemption (see instructions) ▶	w		00
4 Total subtractions (add line f through line w) ▶	4	<	00 >
5 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 SOUTH CAROLINA INCOME SUBJECT TO TAX ▶	5		35,728 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) ▶	6	1,980	00
7 TAX on Lump Sum Distribution (attach SC4972) ▶	7		00
8 TAX on Active Trade or Business Income (attach I-335) ▶	8		00
9 TAX on excess withdrawals from Catastrophe Savings Accounts ▶	9		00
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX ▶	10		1,980 00



NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits (lines 11-15). Line 15 total: 1,980.00

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits (lines 16-22e). Line 22 total: 0.00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return (lines 23-25). Line 23 total: 3,296.00

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

Table with 6 rows for amended return (lines 26-30). Line 30 total: 1,316.00

REFUND OPTIONS (subject to program limitations)

Form for refund options including choice of Direct Deposit, Debit Card, or Paper Check, and routing/bank account numbers.

Table with 4 rows for tax due and penalties (lines 31-34). Line 34 total: 0.00

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.

Signature and preparer information section including names, dates, and contact details for SYAM PRIYA RAM SAGAR GUPTA TALLAM.

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 (PEDDI REDDY, SWATHI), Your Social Security Number (832-34-7652), 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.

Main table with columns: INCOME AND EXCLUSIONS, INCOME AS SHOWN ON FEDERAL RETURN COLUMN A, SOUTH CAROLINA INCOME COLUMN B. Includes rows 1-16 and ADJUSTMENTS TO INCOME 17-21.

Attach to SC1040

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	00
23	Self-employed health insurance deduction		00	00
24	Penalty on early withdrawal of savings		00	00
25	Alimony paid		00	00
26	IRA deduction		00	00
27	Student loan interest deduction	2,500	00	2,500 00
28	Tuition and fees deduction		00	00
29	Charitable contributions if you take the standard deduction		00	
30	Total adjustments: Add line 17 through line 29	2,500	00	2,500 00
31	Adjusted gross income: Subtract line 30 from line 16	48,128	00	48,128 00
SOUTH CAROLINA ADJUSTMENTS				
ADDITIONS				
32	South Carolina additions			00
SUBTRACTIONS				
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	Total South Carolina subtractions: Add line 33 through line 41			0 00
43	Total South Carolina adjustments: Subtract line 42 from line 32			0 00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43			48,128 00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>100.00</u> % (do not exceed 100%)			
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, use the Schedule NR instructions , 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	Allowable deductions: Multiply line 46 by <u>100.00</u> % (from line 45)		47	< 12,400 00 >
48	South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5 . If line 48 is a negative figure, enter zero on SC1040, line 5		48	35,728 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.

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

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

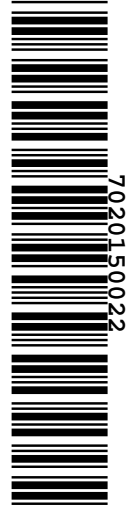
North Carolina Department of Revenue

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"/>
SWATHI PEDDI REDDY 613 HELIOS LN B Your SSN: 832347652 CHARLOT NC 28262 MECKL 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 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: _____		Year spouse died: _____
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
PEDD	613	28262	DS	N	EA	N	TD			SD				FDEXT	N
SWATHI			PEDDI	REDDY				832347652				MECKL			
												NC	28262		
613	HELIOS	LN					B	CHARLOTTE							
06		48128		16				1962		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				0		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		10750		21C				0		31				0	
13		00000		21D				0		32				0	
14		37378		26A				0		34				0	
15		1962		26B				0							
TN	4055353165		PN	6789659522				PP		P02082703					



Sign Return Below <input type="checkbox"/> Refund Due <u>0</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 _____
4055353165 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 03 18 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.	48128
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	48128
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.	37378
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	37378
15.	N.C. Income Tax	15.	1962
16.	Tax Credits	16.	1962
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

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.	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.	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.	Amount to be Refunded	34.	0

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) PEDDI REDD Your Social Security Number 832347652

Table with 8 columns: Line number, Amount, Code, Count, Code, Amount, Code, Amount. Rows include 01, 02, 04, 06, 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 number, 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 number, Amount. Rows 8a-13.

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

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

