£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Your first name and middle initial AKHIL KUMAR REDDY MARAM AKHIL KUMAR REDDY If joint return, spouse's first name and middle initial Last name MARAM Apt. no. Presidential Election Campaigr Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Toreign country name Foreign province/state/county Apt. no. Presidential Election Campaigr Check here if you, or your State NC 28 2 6 2 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 Someone can claim: You as a dependent Your spouse as a dependent Deduction Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Your spouse it qualifies for (see instructions): Your spouse it plants a spouse instructions): Your spouse it gling jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allien Age/Blindness You: Were born before January 2, 1956 Is blind Dependents (see instructions):	Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name of y									
If joint return, spouse's first name and middle initial Last name Home address (number and street). If you have a P.O. box, see instructions. 9416 GROVE SIDE LANE City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security 1 mumber Apt. no. Presidential Election Campaigr 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. Your Spouse Your tax or refund. You Spouse Was born before January 2, 1956 Is blind Dependents (see instructions):	Your first name	and m	iddle initial	Last na	me					Yo	ur so	cial securit	y number
Home address (number and street). If you have a P.O. box, see instructions. 9416 GROVE SIDE LANE City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code You Spouse Apt. no. 907 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 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): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions):	AKHIL K	UMAR	REDDY	MARA	ΔM					34	45-	87-950	5
9416 GROVE SIDE LANE City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Foreign province/state/county At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Standard 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: (2) Social security 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 itemizes on a separate return or you were a dual-status alien Age/Blindness You: Gheck 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 itemizes on a separate return or you were any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship Yell in qualifies for (see instructions):	If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse's social security number			curity number
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code Tour post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign province/state/county Foreign postal code You Spouse Standard 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: (2) Social security State ZIP code 18 by to go to this fund. Checking a box below will not change your tax or refund. You Spouse itemical interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Was born before January 2, 1956 Is blind Dependents (see instructions):	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pre	eside	ntial Election	on Campaign
CHARLOTTE Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code Togo to this fund. Checking a box below will not change your tax or refund. You Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent Souse 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): (2) Social security State 21 Focde to go to this fund. Checking a box below will not change your tax or refund. You spouse it any virtual currency? Yes No Standard 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 Is blind Dependents (see instructions): (2) Social security Your Spouse itemizes on this fund. Checking a box below will not change your tax or refund. Your Spouse Your box No Standard 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 Is blind Dependents (see instructions):	9416 GR	OVE	SIDE LANE						907	- 1			•
The control of the c	City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code			0,	•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard 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): (2) Social security (3) Relationship (4) V if qualifies for (see instructions):	CHARLOT'	TE				NO	2	28	3262		_		•
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): (2) Social security (3) Relationship (4) V if qualifies for (see instructions):	Foreign countr	y name		F	Foreign province/state	/coun	ty	For	eign postal cod	de you	ur tax		_
Deduction ☐ 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): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions):	At any time du	uring 20	D20, did you receive, sell, send, exc	hange, o	or otherwise acquire	any	financial inter	est ir	any virtual	curren	ncy?		
Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions):		_			•		•		·				
	Age/Blindness	s You	: Were born before January 2, 1	956	Are blind Sp	ouse	: Was bo	orn be	efore Januar	y 2, 19	956	☐ Is bl	ind
	Dependent	s (see	instructions):		(2) Social securit	У	(3) Relations	hip	(4) ✓ if	f qualifi	ies foi	r (see instru	ctions):
If more (1) First name Last name number to you Child tax credit Credit for other dependents	-				number	-	to you	·	l		- 1		
than four	than four]			
dependents, see instructions]			
and check												[
here ▶ □	here ▶ □]		[
		1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	3	37,540.
Attach Sala Biff 2a Tax-exempt interest		2a	Tax-exempt interest	2a		b T	axable interes	st			2b		
Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends 3b		3a	Qualified dividends	3a		b C	rdinary divide	ends			3b		
4a IRA distributions 4a b Taxable amount 4b		4a	IRA distributions	4a		b T	axable amoui	nt.			4b		
5a Pensions and annuities 5a b Taxable amount 5b		5a	Pensions and annuities	5a		b T	axable amoui	nt.			5b		
Standard 6a Social security benefits 6a b Taxable amount 6b		6a	Social security benefits	6a		b T	axable amoui	nt.			6b		
Deduction for— 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ 7		7	Capital gain or (loss). Attach Sche	dule D if	required. If not req	uired	, check here		•		7		
Married filing 8 Other income from Schedule 1, line 9	Married filing	8	Other income from Schedule 1, lir	ne 9							8		
separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inc	ome					9	3	37,540.
Married filing 10 Adjustments to income:	Married filing	10	Adjustments to income:										
jointly or Qualifying a From Schedule 1, line 22		а	From Schedule 1, line 22				10)a					
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions	widow(er),	b	Charitable contributions if you take	the stan	dard deduction. Se	e insti	ructions 10)b					
thead of c Add lines 10a and 10b. These are your total adjustments to income		С	Add lines 10a and 10b. These are	your tot	al adjustments to	incor	ne			•	100	;	
household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income		11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome				•	11	3	37,540.
of fyou checked 12 Standard deduction or itemized deductions (from Schedule A)				•	-						-		
any box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	any box under				•	,	995-A				-		
Deduction, 14 Add lines 12 and 13	Deduction,	14	Add lines 12 and 13								14		12,400.
to the see instructions. Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	see instructions.	J		from lin	e 11. If zero or less	, ente	r-0						

Form 1040 (2020))									Page	2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	2,818	_
	17	Amount from Schedule 2, lir							17		_
	18	Add lines 16 and 17							18	2,818	
	19	Child tax credit or credit for	other dependen	ts					19		_
	20	Amount from Schedule 3, lir	ne 7						20	2,000	
	21	Add lines 19 and 20							21	2,000	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	818	
	23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 10 .				23	0 .	_
	24	Add lines 22 and 23. This is							24	818	_
	25	Federal income tax withheld	•								_
	а	Form(s) W-2				25a	5	,728.			
	b	Form(s) 1099				25b		,			
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,						25d	5,728	
	26	2020 estimated tax paymen							26	37,20	_
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20		—
attach Sch. EIC.	28	Additional child tax credit. A				28			-		
If you have nontaxable	29	American opportunity credit				29			-		
combat pay,		,		•		30	1	,800.	+		
see instructions.	30	Recovery rebate credit. See						, 600.	-		
	31	Amount from Schedule 3, lir				31	1:4		-	1 000	
	32	Add lines 27 through 31. The							32	1,800	_
	33	Add lines 25d, 26, and 32. T						. •	33	7,528	
Refund	34	If line 33 is more than line 24				-	-		34	6,710	_
D: 1.1 :10	35a	Amount of line 34 you want							35a	6,710	<u>. </u>
Direct deposit? See instructions.	►b	Routing number 1 1 1 Account number 4 8 8				Check	ing	Savings			
	► d					1					
	36	Amount of line 34 you want									—
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37		
You Owe For details on		Note: Schedule H and Sch	· ·	•		of the t	axes you	owe for			
how to pay, see		2020. See Schedule 3, line 1	•			1 1					
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another					¬ 0		la a La cons	∇ N.	
Designee		structions					Yes. C	•		⊠ No	
		signee's ne ▶		Phone no. ▶				onal iden ber (PIN)			\neg
Sian		der penalties of perjury, I declare t	hat I have examine		d accompanying sch	nedules a				at of my knowledge a	nd
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If th	ne IRS sei	nt you an Identity	
	k							- 1		IN, enter it here	_
Joint return?	L				SOFTWARE 1		IEER	`	e inst.) 🕨		\sqcup
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it he	oro
your records.								- 1	e inst.) ▶	CHOIT FIN, EINEFILTE	٦
	————	one no. (734)612-334	3	Email address	MARAMKUMAI	D 3 @CIV	INTI. CC)M	,		_
-		eparer's name	Preparer's signat		PARAMICUMAI	Date		PTIN		Check if:	—
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.אא		6/2021	P0208	2772	Self-employed	
Preparer		m's name ► GLOBAL TA		MADAG FIFTE	COLIA IADUAN	1 0 0 / 1				678)965-9522	
Use Only		m's address ► 2530 Pebb		n Cummin	~ CA 30041						
0-1				ii Culliliiii					n's EIN ▶	-	
GO TO WWW.Irs.go	ov/rorn	n1040 for instructions and the late	st information.		BAA	KEV	07/28/21 PR	J		Form 1040 (20	∠∪)

SCHEDULE 3 (Form 1040)

Internal Revenue Service

Additional Credits and Payments Department of the Treasury

► 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 Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR AKHIL KUMAR REDDY MARAM

Your social security number 345-87-9505

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	2,000.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: a \square 3800 b \square 8801 c \square		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or	1040-NR, line 20	7	2,000.
Par	Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions) .		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439	12a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b		
С	Health coverage tax credit from Form 8885	12c		
d	Other:	12d		
е	Deferral for certain Schedule H or SE filers (see instructions) .	12e		
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or	1040-NR, line 31	13	

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 50

Name(s) shown on return

AKHIL KUMAR REDDY MARAM

Your social security number

345-87-9505

	A	\
CA	UTI	ON

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

D	Defendable Associated Constitution (Constitution Constitution Constitu				
Part					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:		١		
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable Americaskip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from				
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	14,470.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	37,540.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	31,460.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	,	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.

BAA

Name(s) shown on return	Your social security number
AKHIL KUMAR REDDY MARAM	345-87-9505



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par			
20	Student name (as shown on page 1 of your tax return) AKHIL KUMAR REDDY	21 Student social security number (as shown on page 1 or your tax return)	of
	MARAM	345-87-9505	
22	Educational institution information (see instructions)		
a	Name of first educational institution Ottawa University	b. Name of second educational institution (if any)	
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1001 S. Cedar, #20	(1) Address. Number and street (or P.O. box). City, town post office, state, and ZIP code. If a foreign address instructions.	
	OTTAWA KS 66067		
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T Yes from this institution for 2020?	No
(3) Did the student receive Form 1098-T from this institution for 2019 with box ▼ Yes □ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☐ 7 checked?	No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(EIN) if you're claiming the American opportunity cre	edit or
	48-0543772		
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	— YES — 5100° —	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	No - Stop! Go to line 25.	e 31
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	Yes — Stop! X Go to line 31 for this student. No — Go to line 26.	
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?		
CAUT	you complete lines 27 through 30 for this student, don't o	lifetime learning credit for the same student in the same year. complete line 31.	If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29	Multiply line 28 by 25% (0.25)		
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl		170.

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

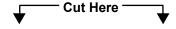
In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit www.ncdor.gov.

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.



CHARLOTTE





D-400V (50) Individual Income Payment Voucher

9-16-08 North Carolina Department of Revenue

NC

28262

REV 04/06/21 PRO

345879505 MARA 9416 28262

AKHIL KUMAR R MARAM

9416 GROVE SIDE LANE APT 907

For Calendar Year 2020

AMOUNT OF THIS PAYMENT

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

\$

16.00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 09 16 21 Phone: (678) 965-9522

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

D-40 (< Staple Return	e All	Pages	of Yo		2020	_		<u>l</u> ina D		Tax Return t of Revenue	Us	OR se nly			
For cale	enda	year 2	2020, c	or fiscal ye	ar beginning	1	_		and ending		Are you	u a veteran?			10 X
	GR	OVE S	SIDE	MA LANE 2MECKL	RAM			907	Your S Spouse's S	SN: 345879505 SN:	Were y	spouse a veter rou granted an a 020 federal inco	automatio	extension to	
Filing S	tatus	X	1. Sing	gle ad of House		2. Marrie	-	-	3. Marr	ied Filing Separately		Yes		X	
Were yo	ou a i	residen			ntire year?	5. Qualit	Yes X			Return for deceased		spouse died: r.	of death:		
					entire year?	,	Yes _	No		Return for deceased			of death:		
					-					vment Fund by maki your payment of \$	-		-	ing some or our overpay	
$\overline{}$										tions for information		-			
		-							-	on April 15, 2021, a pinted Personal Rep			esident.		
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	If yo	u ARE	NOT d		-					O. BOX R, RALEIGH, PT. OF REVENUE, P.0			H, NC 27	640-0640	

Name	(First 10 Characters) MARAM Your Social Security Number	34587	/9505
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	3754
7.	Additions to Federal Adjusted Gross Income	7.	3,31
8.	Add Lines 6 and 7	8.	3754
9.	Deductions From Federal Adjusted Gross Income	9.	3731
10.	Child Deduction	0.	
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	1075
12.	a. Add Lines 9, 10b, and 11	12a.	1075
	b. Subtract amount on Line 12a from Line 8	12b.	2679
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.000
14.	N.C. Taxable Income	14.	2679
15.	N.C. Income Tax	15.	140
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	140
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	140
	Carolina Income Tax Withheld		
<u>NOTUI</u>			
<u>могип</u> 20а.	Your tax withheld	20a.	139
	Your tax withheld Spouse's tax withheld	20a. 20b.	139
20a. 20b.	Spouse's tax withheld Tax Payments		139
20a. 20b. Other 21a.	Spouse's tax withheld Tax Payments 2020 estimated tax	20b. 21a.	139
20a. 20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension	20b. 21a. 21b.	139
20a. 20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	139
20a. 20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d.	139
20a. 20b. Other 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments	21a. 21b. 21c. 21d. 22.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments	21a. 21b. 21c. 21d. 22. 23.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds	21a. 21b. 21c. 21d. 22. 23. 24.	139
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	139
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	139
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	139
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	139
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	139
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	139
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	139 139 139
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU 26e. 27. 28. Amou	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	139 139 1
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	139 139