

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 SHARATH KUMAR ALURI	Social security number 650-90-7954
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (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	80,917.
2	Total tax	2	10,866.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,688.
4	Amount you want refunded to you	4	5,126.
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

0	7	9	5	4
---	---	---	---	---

 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 SHARATH KUMAR	Last name ALURI	Your social security number 650-90-7954
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. 1348 ARCH PLACE		Apt. no.	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. DALLAS	State TX	ZIP code 75215	
Foreign country name	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? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	91,441.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	0.
	3a	Qualified dividends	3a	3b	13.
	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	-3,000.
	8	Other income from Schedule 1, line 9		8	-7,252.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	81,202.
	10	Adjustments to income:			
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		285.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	285.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	80,917.
	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	68,517.

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	10,866.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,866.
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	10,866.
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	10,866.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,688.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,688.
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	304.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	304.
33	Add lines 25d, 26, and 32. These are your total payments	33	15,992.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,126.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,126.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 4 9 9 6 6 0 6 8		
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 DEVELOPER	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 02/24/2021	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
SHARATH KUMAR ALURI

Your social security number
650-90-7954

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	-7,270.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ <u>Other Income from box 3 of 1099-Misc</u> 18.	8	18.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-7,252.

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	
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	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SHARATH KUMAR ALURI

Your social security number

650-90-7954

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	34,805.	38,072.	-11.	-3,278.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -3,278.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-3,278.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SHARATH KUMAR ALURI

650-90-7954

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 11-8-12 MIG-23 KOTHAPETA HYDERABAD TELANGANA IN 500036
B
C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	500.		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	930.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	750.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	2,160.		
15 Supplies	15	1,950.		
16 Taxes	16			
17 Utilities	17	1,980.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	7,770.		

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-7,270.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-7,270.)	()	()

23a Total of all amounts reported on line 3 for all rental properties	23a	500.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	7,770.		

24 Income. Add positive amounts shown on line 21. **Do not** include any losses **24**

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (7,270.)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -7,270.

Did you know you can pay online?

Benefits of Paying Taxes Online

- Accurate, secure, convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Enjoy peace of mind, knowing your payment will be processed timely and efficiently

How to Pay Taxes Online

Visit www.ncdor.gov.

How to Pay Taxes Using Paper

If you are unable to pay online, complete the voucher (below), cut across the dotted line, and send the completed voucher and your check or money order to the NCDOR. If you pay taxes online, DO NOT submit the paper voucher.



Cut Here



NC-40 (50)		Individual Estimated Income Tax			
9-16-09		North Carolina Department of Revenue			
ALUR	1348	75215	For calendar year	2021	or fiscal tax year beginning
SHARATH KUMAR		ALURI	650907954		and ending
1348 ARCH PLACE					
DALLAS		TX	75215		
Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630					
					PAYMENT DUE DATE 04 15 21
					AMOUNT OF THIS PAYMENT
					\$ 306.00
					7170150206

12211 6509079542 0000000 06301



REV 02/15/21 PRO

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Cut Here



NC-40 (50) Individual Estimated Income Tax
9-16-09 North Carolina Department of Revenue

ALUR 1348 75215 For calendar year 2021 or fiscal tax year beginning

SHARATH KUMAR ALURI 650907954 and ending

1348 ARCH PLACE

DALLAS TX 75215

PAYMENT DUE DATE
06 15 21

AMOUNT OF THIS PAYMENT

\$ 306.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

7170150206



12211 6509079542 0000000 06301

REV 02/15/21 PRO

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Cut Here



NC-40 (50) Individual Estimated Income Tax
9-16-09 North Carolina Department of Revenue

ALUR 1348 75215 For calendar year 2021 or fiscal tax year beginning

SHARATH KUMAR ALURI 650907954 and ending

1348 ARCH PLACE

DALLAS TX 75215

PAYMENT DUE DATE
09 15 21

AMOUNT OF THIS PAYMENT

\$ 306.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

7170150206



12211 6509079542 0000000 06301

REV 02/15/21 PRO

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How to Pay Taxes Using Paper

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Cut Here



NC-40 (50) Individual Estimated Income Tax
9-16-09 North Carolina Department of Revenue

ALUR 1348 75215 For calendar year 2021 or fiscal tax year beginning

SHARATH KUMAR ALURI 650907954 and ending

1348 ARCH PLACE

DALLAS TX 75215

PAYMENT DUE DATE
01 15 22

AMOUNT OF THIS PAYMENT

\$ 306.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630

7170150206



12211 6509079542 0000000 06301

REV 02/15/21 PRO

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.



Cut Here



D-400V (50) 9-16-08		Individual Income Payment Voucher North Carolina Department of Revenue		REV 02/15/21 PRO
650907954	ALUR	1348	75215	
SHARATH KUMAR	ALURI			
1348 ARCH PLACE				For Calendar Year 2020
DALLAS	TX	75215		AMOUNT OF THIS PAYMENT
Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G				This must match the amount shown on your check or money order.
Date: 02 24 21	Phone: (678) 965-9522			\$ 1246 .00

7270150106



20206 6509079542 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

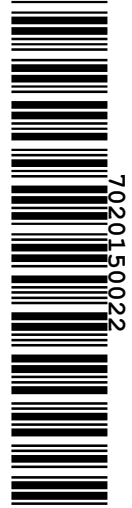
DOR
Use
Only

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"/>
SHARATH KUMAR ALURI 1348 ARCH PLACE DALLAS TX 75215		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 650907954 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
ALUR 1348 75215 DS N EA N TD SD FDEXT N
SHARATH KUMAR ALURI 650907954

TX 75215
1348 ARCH PLACE DALLAS

06	80917	16	0	26C	0
07	285	18 Y	0	26E	25
09	0	20A	2478	EU	C
10A	0	20B	0	27	1246
10B	0	21A	0	29	0
11 S Y I N		21B	0	30	0
11	10750	21C	0	31	0
13	00000	21D	0	32	0
14	70452	26A	1221	34	0
15	3699	26B	0		
TN	5107503626	PN	6789659522	PP	P02082703



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>1246</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 _____
5107503626 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 02 24 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.	80917
7.	Additions to Federal Adjusted Gross Income	7.	285
8.	Add Lines 6 and 7	8.	81202
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.	70452
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	70452
15.	N.C. Income Tax	15.	3699
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3699
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3699

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2478
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.	2478
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2478
26a.	Tax Due	26a.	1221
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	C
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	25
27.	Pay this Amount	27.	1246
28.	Overpayment	28.	0

Amount of Refund to Apply to:

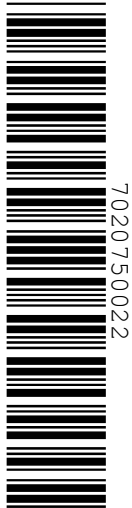
29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.
Important: Refer to the instructions before completing Parts A or B of this form.

Last Name (First 10 Characters) ALURI	Your Social Security Number 650907954
---------------------------------------	---------------------------------------

01	0	11	0	22	0	24E	0
02	0	12	0	23A	0	25	0
03	0	13	0	23B	0	26	0
04	0	14	0	23C	0	27	0
05	0	15	0	23D	0	28	0
06	0	16	285	23E	0	29	0
07	0	18	0	24A	0	30	0
08	0	19	0	24B	0	31	0
09	0	20	0	24C	0	32	0
10	0	21	0	24D	0	33	0

Part A. Additions to Federal Adjusted Gross Income	
1. Interest Income From Obligations of States Other Than North Carolina	1. 0
2. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	2. 0
3. Bonus Depreciation	3. 0
4. IRC Section 179 Expense	4. 0
5. S-Corporation Shareholder Built-in Gains Tax	5. 0
6. Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020	6. 0
7. Unabsorbed Net Operating Loss Deduction	7. 0
8. Excess Net Operating Loss Carryforward Deduction	8. 0
9. Withdrawal of 529 Plan Contributions not Used for Permissible Purpose	9. 0
10. Discharge of Qualified Principal Residence Indebtedness	10. 0
11. Qualified Tuition and Related Expenses	11. 0
12. Excess Business Loss	12. 0
13. Qualified Education Loan Payments by Employer	13. 0
14. Expenses Deducted Under a Forgiven PPP Loan	14. 0
15. Business Interest Limitation	15. 0
16. Above-the-line Qualified Charitable Contribution Deduction	16. 285
17. Total additions - Add Lines 1 through 16	17. 285



Last Name (First 10 Characters) ALURI

Your Social Security Number

650907954

Part B. Deductions From Federal Adjusted Gross Income

18.	State or Local Income Tax Refund							18.	0
19.	Interest Income From Obligations of the United States or United States' Possessions							19.	0
20.	Taxable Portion of Social Security and Railroad Retirement Benefits							20.	0
21.	Bailey Settlement Retirement Benefits							21.	0
22.	Bonus Asset Basis							22.	0
23.	Bonus Depreciation								
23a.	2015	0	23b.	2016	0	23c.	2017	0	
23d.	2018	0	23e.	2019	0			0	23f. Total
									0
24.	IRC Section 179 Expense								
24a.	2015	0	24b.	2016	0	24c.	2017	0	
24d.	2018	0	24e.	2019	0			0	24f. Total
									0
25.	Recognized IRC Section 1400Z-2 Gain							25.	0
26.	Gain From the Disposition of Exempt N.C. Obligations Issued Before July 1, 1995							26.	0
27.	Exempt Income Earned or Received by a Member of a Federally Recognized Indian Tribe							27.	0
28.	Amount by Which State Basis Exceeds Federal Basis for Property Disposed of in 2020							28.	0
29.	Ordinary and Necessary Business Expense Reduced or not Allowed Due to Claiming a Federal Tax Credit in Lieu of a Deduction							29.	0
30.	Personal Education Savings Account Deposits							30.	0
31.	State Emergency Response and Disaster Relief Reserve Fund Payments							31.	0
32.	Certain Economic Incentives							32.	0
33.	Extra Credit Grant							33.	0
34.	Total Deductions - 18 through 22, 23f, 24f, and 25 through 33							34.	0