

**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"/>
RAMESH UMMALANENI HARSHITA SUDANAGU	Your SSN: 293975287	Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2505 KILPECK DR HENRICO VA 23294	Spouse's SSN: 971942586	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 type="checkbox"/> 1. Single <input checked="" 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)	Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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	2	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
UMMA	2505	23294	DS	N	EA	N	TD			SD				FDEXT	N
RAMESH				UMMALANENI				293975287							
HARSHITA				SUDANAGUNTA				971942586		VA	23294				
2505 KILPECK DR								HENRICO							
06		75532		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				2403		EU					
10A		1		20B				0		27				0	
10B		1500		21A				0		29				0	
11	S	Y	I	N				21B		0				0	
11		21500		21C				0		31				0	
13		06777		21D				0		32				0	
14		35601		26A				0		34				534	
15		1869		26B				0							
TN	8046657813			PN			6789659522			PP				P02082703	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>534</u>		<input type="checkbox"/> <b>Payment Due</b> <u>0</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.			
Your Signature _____		Spouse's Signature (If filing joint return, both must sign.) _____	
Date _____		Date _____	
		Contact Phone No. (Include area code) <u>8046657813</u>	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
<u>SYAM PRIYA RAM SAGAR GUPT</u>		<u>6789659522</u>	
Paid Preparer's Signature		Preparer's Contact Phone Number (Include area code)	
<u>01 25 21</u>		<u>P02082703</u>	
Date		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.	75532
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	75532
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.	1
	b. Enter the amount of the child deduction	10b.	1500
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	21500
12.	a. Add Lines 9, 10b, and 11	12a.	23000
	b. Subtract amount on Line 12a from Line 8	12b.	52532
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.6777
14.	N.C. Taxable Income	14.	35601
15.	N.C. Income Tax	15.	1869
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1869
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1869

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	2403
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.	2403
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2403
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	28.	534

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	534

**D-400 Sch PN (50)**

8-12-20

**2020 Part-Year Resident and Nonresident Schedule**  
 North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **UMMALANENI** Your Social Security Number **293975287**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	51190
NRS	Y	PYS	N	23	75532

**Part A. Residency Status**

Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began                      Date N.C. residency ended			Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began                      Date N.C. residency ended		
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If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

Total Income	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1. 82262	51190
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -6730	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 75532	51190
<b>North Carolina Adjustments</b>		
17. Additions	<b>COLUMN A</b> Enter the amount from Form D-400 Schedule S	<b>COLUMN B</b> Amount of Column A subject to N.C. tax
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0



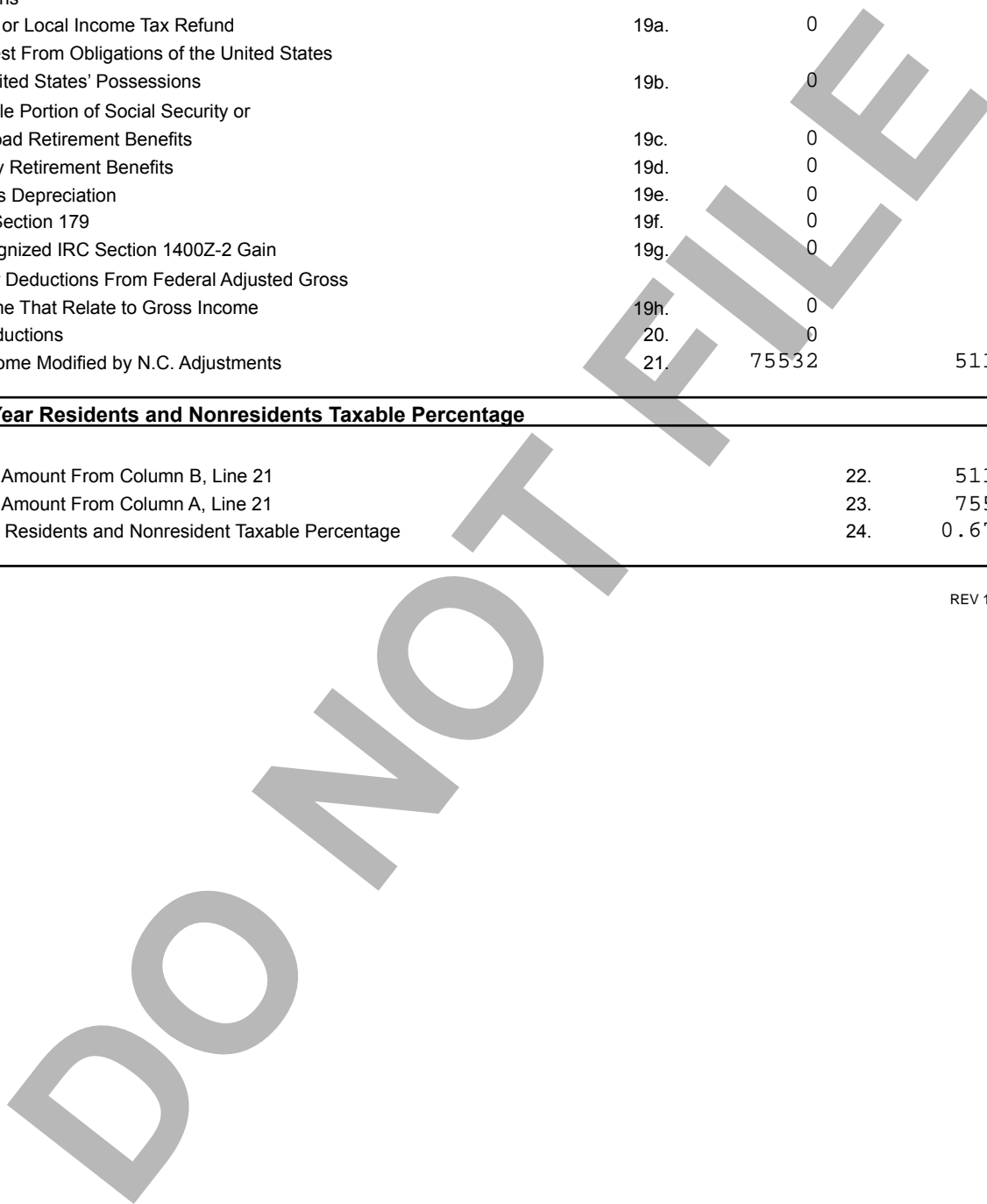
Last Name (First 10 Characters) UMMALANENI	Your Social Security Number	293975287
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security or Railroad Retirement Benefits	19c. 0	0
d. Bailey Retirement Benefits	19d. 0	0
e. Bonus Depreciation	19e. 0	0
f. IRC Section 179	19f. 0	0
g. Recognized IRC Section 1400Z-2 Gain	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 75532	51190

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

22. Enter the Amount From Column B, Line 21		22. 51190
23. Enter the Amount From Column A, Line 21		23. 75532
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.6777





RAMESH UMMALANENI  
 HARSHITA SUDANAGUNTA  
 2505 KILPECK DR

HENRICO VA 23294

SSN - You UMMA 293975287

Vendor ID 1555 XXXXX

SSN - Spouse SUDA 971942586

Fed Adj Gross Income (FAGI) 1. 75532.

Withholding (VA) - You 19A. 1572.

Additions 2.

Withholding (VA) - Spouse 19B.

Subtotal 3. 75532.

Estimated Payments 20.

Age Deduction - You 4A.

2019 Overpayment 21.

Age Deduction - Spouse 4B.

Extension Payments 22.

Soc Sec & Tier 1 Railroad 5.

Credit - Low-Income or EIC 23.

State Income Tax Overpayment 6.

Credit - Schedule OSC 24. 1869.

Subtractions 7.

Credits - Schedule CR 25.

Subtotal Subtractions 8.

Total Payments / Credits 26. 3441.

Total VA Adj Gross Income (VAGI) 9. 75532.

Tax You Owe 27.

Itemized Deductions - VA Sch A 10.

Tax Overpayment 28. 33.

Standard Deduction 11. 9000.

Overpayment Credited to Next Year 29.

Exemptions 12. 2790.

VAC - Virginia 529 / ABLEnow 30.

Deductions 13.

VAC - Other Contributions 31.

Subtotal (Deductions & Exemptions) 14. 11790.

Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 63742.

Sales and Use Tax 33.

Amount of Tax 16. 3408.

**Amount You Owe**  
 Will Pay by Credit/Debit Card N  
**Your Refund** 33.

Spouse Tax Adjustment (STA) 17.

VAGI - Spouse 17A.

Bank Routing # C 021200339

Net Amount of Tax 18. 3408.

Bank Account # 381053890533





**Filing Status, Age & License Information**

**Additional Filing Information**

Filing Status 2  
 Federal Head of Household  
 DOB - You 12301986  
 VA Driver's License ID - You  
 VA Driver's License - Iss. Date - You  
 Spouse Name (Filing Status 3 Only)

Locality 087  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman

DOB - Spouse 09041989  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount

**Exemptions (A)**

**Exemptions (B)**

You 1  
 Spouse 1  
 Dependents 1  
 Total (A) 3

65 & Over - You  
 65 & Over - Spouse  
 Blind - You  
 Blind - Spouse

Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

Total (B)

**Contact Information**

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

Signature - You \_\_\_\_\_ Date

Phone - You 8046657813

Signature - Spouse \_\_\_\_\_ Date

Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 012521

Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02082703

**File by May 1, 2021**

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

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN  
CUMMING

GA 30041