

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 MANOJ | Last name ALLE | Your social security number 182-02-8981 |
| 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. 3001 COLONIAL PARKWAY | | Apt. no. 9104 | 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. CEDAR PARK | State TX | ZIP code 78613 | |
| 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"/> |

| | | | | |
|--|--|---|------------|---------|
| Attach Sch. B if required. 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. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 33,500. |
| | 2a | Tax-exempt interest | 2a | |
| | 3a | Qualified dividends | 3a | |
| | 4a | IRA distributions | 4a | |
| | 5a | Pensions and annuities | 5a | |
| | 6a | Social security benefits | 6a | |
| | 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 | 33,500. |
| | 10 | Adjustments to income: | | |
| | a | From Schedule 1, line 22 | 10a | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | 33,500. |
| | 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 | 21,100. | |

| | | | |
|----|---|-----|--------|
| 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 | 2,338. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 2,338. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 1,900. |
| 21 | Add lines 19 and 20 | 21 | 1,900. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 438. |
| 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 | 438. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,679. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,679. |
| 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 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,679. |

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,241. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,241. |
| b | Routing number 1 1 1 0 0 0 0 2 5 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 4 8 8 0 6 1 5 1 0 0 8 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.) |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 07/09/2021 | 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 |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MANOJ ALLE

Your social security number
182-02-8981

Part 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 | 1,900. |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 1,900. |

Part II 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: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | 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 | |

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

BAA

REV 05/29/21 PRO

Schedule 3 (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)
 ▶ Attach to Form 1040 or 1040-SR.
 ▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number
 182-02-8981



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.

Part I Refundable American Opportunity Credit

| | | | |
|----------|---|----------|--|
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, 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: • 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 (rounded to at least three places) | 6 | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> | 7 | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | 8 | |

Part II Nonrefundable Education Credits

| | | | |
|-----------|---|-----------|---------|
| 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 all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | 9,500. |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | 9,500. |
| 12 | Multiply line 11 by 20% (0.20) | 12 | 1,900. |
| 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 | 33,500. |
| 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 | 35,500. |
| 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 (rounded to at least three places) | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ | 18 | 1,900. |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | 1,900. |

Name(s) shown on return

MANOJ ALLE

Your social security number

182-02-8981



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.

Part III Student and Educational Institution Information. See instructions.

| | | | |
|---|--|--|--|
| <p>20 Student name (as shown on page 1 of your tax return) MANOJ ALLE</p> | <p>21 Student social security number (as shown on page 1 of your tax return) 182-02-8981</p> | | |
| <p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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. 61-0469267</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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.</p> </td> </tr> </table> | | <p>a. Name of first educational institution Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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. 61-0469267</p> | <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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.</p> |
| <p>a. Name of first educational institution Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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. 61-0469267</p> | <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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.</p> | | |
| <p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p> | | | |
| <p>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. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p> | | | |
| <p>25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p> | | | |
| <p>26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p> | | | |



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

| | | |
|--|-----------|--|
| 27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000 | 27 | |
| 28 Subtract \$2,000 from line 27. If zero or less, enter -0- | 28 | |
| 29 Multiply line 28 by 25% (0.25) | 29 | |
| 30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 | 30 | |

Lifetime Learning Credit

| | | |
|---|-----------|--------|
| 31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 | 31 | 9,500. |
|---|-----------|--------|

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 04/06/21 PRO

182028981 ALLE 3001 78613

MANOJ ALLE

3001 COLONIAL PARKWAY APT 9104 For Calendar Year 2020

CEDAR PARK TX 78613

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 07 09 21 Phone: (678)965-9522

AMOUNT OF THIS PAYMENT

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

\$ 1 . 00

7270150106



20206 1820289818 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"/> |
| MANOJ ALLE 3001 COLONIAL PARKWAY 9104 Your SSN: 182028981 CEDAR P TX 78613 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 type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: | | Year spouse died: |
| 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 N SPRES N VT N SVT N

ALLE 3001 78613 DS N EA N TD SD FDEXT N

MANOJ ALLE 182028981

TX 78613

3001 COLONIAL PARKWAY 9104 CEDAR PARK

06 33500 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 766 EU

10A 0 20B 0 27 1

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 06418 21D 0 32 0

14 14601 26A 1 34 0

15 767 26B 0

TN 4698592628 PN 6789659522 PP P02082703



| | |
|--|---|
| Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>1</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 _____ |
| 4698592628 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 07 09 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. | 33500 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 33500 |
| 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. | 22750 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.6418 |
| 14. | N.C. Taxable Income | 14. | 14601 |
| 15. | N.C. Income Tax | 15. | 767 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 767 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 767 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 766 |
| 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. | 766 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 766 |
| 26a. | Tax Due | 26a. | 1 |
| 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. | 1 |
| 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-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) ALLE | Your Social Security Number 182028981 |
|---|--|

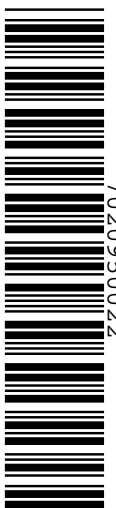
A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved 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 | 21500 |
| NRS | N | PYS | N | 23 | 33500 |

| | |
|---|--|
| 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 type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended |

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 | COLUMN B | |
| | Total Income | Amount of Column A | |
| | from all sources | subject to N.C. tax | |
| 1. Wages, Salaries, Tips, Etc. | 1. 33500 | 21500 | |
| 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. 0 | 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. 33500 | 21500 | |
|  | | | |
| 7020950022 | | | |
| North Carolina Adjustments | COLUMN A | COLUMN B | |
| | Enter the amount from | Amount of Column A | |
| | Form D-400 Schedule S | subject to N.C. tax | |
| 17. Additions | | | |
| 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) ALLE | Your Social Security Number | 182028981 |
|--------------------------------------|-----------------------------|-----------|

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. 33500 | 21500 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 21500 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 33500 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.6418 |