

**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<br>SRIRAM  | Last name<br>PENDYALA | <b>Your social security number</b><br>840-83-8316 |
| If joint return, spouse's first name and middle initial   | Last name             | <b>Spouse's social security number</b>            |
| Home address (number and street). If you have a P.O. box, see instructions.<br>7800 HOLLISWOOD CT   |                       | Apt. no.<br>702                                   |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>CHARLOTTE |                       | State<br>NC                                       |
| Foreign country name  |                       | ZIP code<br>28217                                 |
| Foreign province/state/county   |                       | Foreign postal code                               |

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

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

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

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name Last name |  | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions):<br>Child tax credit Credit for other dependents |                          |
|--|--------------------------|--|----------------------------|-------------------------|--|--------------------------|
|  |                          |  |                            |                         |  | <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.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |                   | <b>1</b> 77,395.  |
|  | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>         | <b>2b</b>         |
|  | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b>         | <b>3b</b>         |
|  | <b>4a</b> IRA distributions . . . . .  | <b>4a</b>         | <b>4b</b>         |
|  | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b>         | <b>5b</b>         |
|  | <b>6a</b> Social security benefits . . . . .   | <b>6a</b>         | <b>6b</b>         |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |                   | <b>7</b>          |
|  | <b>8</b> Other income from Schedule 1, line 9 . . . . .  |                   | <b>8</b> -5,800.  |
|  | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |                   | <b>9</b> 71,595.  |
|  | <b>10</b> Adjustments to income:   |                   |                   |
|  | <b>a</b> From Schedule 1, line 22 . . . . .  | <b>10a</b>        |                   |
|  | <b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b>        |                   |
|  | <b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    | <b>10c</b>        |                   |
|  | <b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                   |                   | <b>11</b> 71,595. |
|  | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   |                   | <b>12</b> 12,400. |
| <b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .   |  | <b>13</b>         |                   |
| <b>14</b> Add lines 12 and 13 . . . . .  |  | <b>14</b> 12,400. |                   |
| <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .   |  | <b>15</b> 59,195. |                   |

|           |   |            |         |
|-----------|---|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b>  | 8,809.  |
| <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17   | <b>18</b>  | 8,809.  |
| <b>19</b> | Child tax credit or credit for other dependents   | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7  | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20   | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b>  | 8,809.  |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10  | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b>  | 8,809.  |
| <b>25</b> | Federal income tax withheld from:   |            |         |
| <b>a</b>  | Form(s) W-2   | <b>25a</b> | 10,078. |
| <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 10,078. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return   | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>NO</b>  | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812   | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions  | <b>30</b>  | 1,200.  |
| <b>31</b> | Amount from Schedule 3, line 13   | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | <b>32</b>  | 1,200.  |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | <b>33</b>  | 11,278. |

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

|            |   |            |        |
|------------|---|------------|--------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 2,469. |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 2,469. |
| <b>b</b>   | Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
| <b>d</b>   | Account number 798279753  |            |        |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | <b>36</b>  |        |

**Amount You Owe**

For details on how to pay, see instructions.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | <b>37</b> |  |
| <b>38</b> | Estimated tax penalty (see instructions)                             | <b>38</b> |  |

**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.

**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     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> 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                   | Preparer's signature                  | Date       | PTIN      | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM     | 03/09/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name                       | Firm's address                        |            |           | Phone no.                              |
| GLOBAL TAXES LLC                  | 2530 Pebble Creek Ln Cumming GA 30041 |            |           | (678) 965-9522                         |
|                                   |                                       |            |           | Firm's EIN                             |
|                                   |                                       |            |           | 30-1017196                             |

**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](http://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  
SRIRAM PENDYALA

Your social security number  
840-83-8316

**Part I Additional Income**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                   | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .   | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                      |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .   | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .  | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E      | <b>5</b>  | -5,800. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .   | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .  | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____<br>_____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,<br>line 8 . . . . . | <b>9</b>  | -5,800. |

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**  
▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

SRIRAM PENDYALA

840-83-8316

**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**

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | # 11-26-163/1, KOTHAWADA, WARANGAL, TELANAGANA IN 506002          |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | 365                     | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  |                         |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  |                         |                          | <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)

| <b>Income:</b>  | <b>Properties:</b> | <b>A</b>    | <b>B</b> | <b>C</b> |
|---|--------------------|-------------|----------|----------|
| <b>3</b> Rents received . . . . .   | <b>3</b>           | 580.        |          |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>           |             |          |          |
| <b>Expenses:</b>  |                    |             |          |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>           |             |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>           |             |          |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>           | 1,000.      |          |          |
| <b>8</b> Commissions . . . . .  | <b>8</b>           |             |          |          |
| <b>9</b> Insurance . . . . .  | <b>9</b>           |             |          |          |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>          |             |          |          |
| <b>11</b> Management fees . . . . .   | <b>11</b>          | 1,200.      |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |             |          |          |
| <b>13</b> Other interest . . . . .  | <b>13</b>          |             |          |          |
| <b>14</b> Repairs . . . . .   | <b>14</b>          | 1,340.      |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b>          | 1,240.      |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>          |             |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b>          | 1,600.      |          |          |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>          |             |          |          |
| <b>19</b> Other (list) ▶ . . . . .  | <b>19</b>          |             |          |          |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          | 6,380.      |          |          |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b>          | -5,800.     |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          | ( -5,800. ) | ( )      | ( )      |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>         |             | 580.     |          |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>         |             |          |          |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>         |             |          |          |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>         |             |          |          |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b>         |             | 6,380.   |          |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |             |          |          |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( 5,800. )  |          |          |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>          | -5,800.     |          |          |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**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"/>  |
| SRIRAM PENDYALA<br>7800 HOLLISWOOD CT 702 Your SSN: 840838316<br>CHARLOT NC 28217 MECKL Spouse's SSN: _____  |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately<br><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)?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: _____<br>Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____   |  | Year spouse died: _____   |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) |  |   |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.   |  |   |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.  |  |   |

|        |            |          |    |     |    |            |      |           |    |       |   |       |       |           |   |
|--------|------------|----------|----|-----|----|------------|------|-----------|----|-------|---|-------|-------|-----------|---|
| FS     | 1          | PP       | Y  | DT  | N  | OC         | N    | TPRES     | Y  | SPRES | N | VT    | N     | SVT       | N |
| PEND   | 7800       | 28217    | DS | N   | EA | N          | TD   |           |    | SD    |   |       |       | FDEXT     | N |
| SRIRAM |            | PENDYALA |    |     |    |            |      | 840838316 |    |       |   | MECKL |       |           |   |
|        |            |          |    |     |    |            |      |           |    |       |   | NC    | 28217 |           |   |
| 7800   | HOLLISWOOD | CT       |    |     |    |            | 702  | CHARLOTTE |    |       |   |       |       |           |   |
| 06     |            | 71595    |    | 16  |    |            |      | 0         |    | 26C   |   |       |       | 0         |   |
| 07     |            | 0        |    | 18  | Y  |            |      | 0         |    | 26E   |   |       |       | 0         |   |
| 09     |            | 0        |    | 20A |    |            | 3570 |           |    | EU    |   |       |       |           |   |
| 10A    |            | 0        |    | 20B |    |            |      | 0         |    | 27    |   |       |       | 0         |   |
| 10B    |            | 0        |    | 21A |    |            |      | 0         |    | 29    |   |       |       | 0         |   |
| 11     | S          | Y        | I  | N   |    |            |      | 0         |    | 30    |   |       |       | 0         |   |
| 11     |            | 10750    |    | 21C |    |            |      | 0         |    | 31    |   |       |       | 0         |   |
| 13     |            | 00000    |    | 21D |    |            |      | 0         |    | 32    |   |       |       | 0         |   |
| 14     |            | 60845    |    | 26A |    |            |      | 0         |    | 34    |   |       |       | 376       |   |
| 15     |            | 3194     |    | 26B |    |            |      | 0         |    |       |   |       |       |           |   |
| TN     | 3307866364 |          |    | PN  |    | 6789659522 |      |           | PP |       |   |       |       | P02082703 |   |



|  |   |
|--|---|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>376</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. <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 _____ |
| Contact Phone No. (Include area code) <u>3307866364</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.   |   |
| SYAM PRIYA RAM SAGAR GUPT <u>03 09 21</u> <u>6789659522</u>  | <u>P02082703</u>  |
| Paid Preparer's Signature _____ Date _____   | Preparer's Contact Phone Number (Include area code) _____                     |
| Preparer's FEIN, SSN, or PTIN _____  |   |
| <b>If REFUND, mail return to:</b> N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001<br><b>If you ARE NOT due a refund, mail return, any payment, and D-400V to:</b> 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.   | 71595  |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 71595  |
| 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. | 60845  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 60845  |
| 15. | N.C. Income Tax   | 15.  | 3194   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 3194   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 3194   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 3570 |
| 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.  | 3570       |
| 24.  | Amended Returns Only - Previous refunds              | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 3570       |
| 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.  | <b>0</b>   |
| 28.  | <b>Overpayment</b>                                   | 28.  | <b>376</b> |

**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. | <b>376</b> |