

**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 SUBBIAH	Last name VIMAL KUMAR DAVID	Your social security number 476-41-6649
If joint return, spouse's first name and middle initial RAJASUNDARI	Last name KESAVAN	Spouse's social security number 977-92-7569
Home address (number and street). If you have a P.O. box, see instructions. 7304 PARK RIDGE BLVD		Apt. no. 014
City, town, or post office. If you have a foreign address, also complete spaces below. IRVING	State TX	ZIP code 75063
Foreign country name	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):

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): 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"/>	<input type="checkbox"/>

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	115,330.
Attach Sch. B if required.	<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>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	115,330.
<b>Standard Deduction for—</b> • 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.	<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>	115,330.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	24,800.
	<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>	24,800.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	90,530.

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	11,496.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,496.
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	11,496.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	11,496.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	22,485.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	22,485.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	22,485.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	10,989.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,989.
b	Routing number 2 1 1 3 9 1 8 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 4 2 3 2 9 9 9		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (612) 814-5621	Email address VIMAL.DAVID@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/14/2021	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



**D-400 (50)** 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

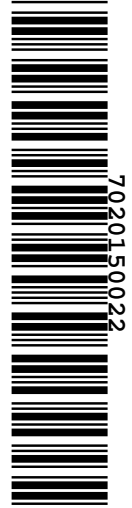
North Carolina Department of Revenue

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"/>
SUBBIAH VIMAL KUMAR D RAJASUNDARI KESAVAN		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7304 PARK RIDGE BLVD 014 Your SSN: 476416649		Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IRVING TX 75063 Spouse's SSN: 977927569		
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)		
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: _____		
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" 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
VIMA	7304	75063	DS	N	EA	N	TD			SD				FDEXT	Y
SUBBIAH				VIMAL KUMAR D				476416649							
RAJASUNDARI				KESAVAN				977927569		TX	75063				
7304 PARK RIDGE BLVD							014	IRVING							
06		115330		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				2269		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		21500		21C				0		31				0	
13		03683		21D				0		32				0	
14		34558		26A				0		34				455	
15		1814		26B				0							
TN	6128145621			PN			6789659522			PP				P02082703	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>455</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>6128145621</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>09 14 21</u>	
Paid Preparer's Signature		Date	
<u>6789659522</u>		<u>P02082703</u>	
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.	115330
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	115330
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.	21500
12.	a. Add Lines 9, 10b, and 11	12a.	21500
	b. Subtract amount on Line 12a from Line 8	12b.	93830
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.3683
14.	N.C. Taxable Income	14.	34558
15.	N.C. Income Tax	15.	1814
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1814
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1814

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	2269
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.	2269
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2269
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>455</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>455</b>

**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) **VIMAL KUMA**

Your Social Security Number **476416649**

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	N	PYT	Y	01 01 20	10 01 20	22	42479
NRS	N	PYS	Y	01 01 20	10 01 20	23	115330

**Part A. Residency Status**

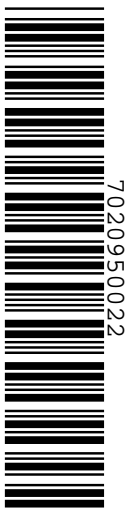
Taxpayer is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began  Date N.C. residency ended  
 01 01 20 10 01 20

Spouse is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began  Date N.C. residency ended  
 01 01 20 10 01 20

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. 115330	42479
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. 115330	42479



**North Carolina Adjustments**

North Carolina Adjustments	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A 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)    VIMAL KUMA	Your Social Security Number    476416649
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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.            115330	42479

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

22. Enter the Amount From Column B, Line 21		22.            42479
23. Enter the Amount From Column A, Line 21		23.            115330
24. Part-Year Residents and Nonresident Taxable Percentage		24.            0.3683

SOCIAL SECURITY NUMBER 476416649	Deceased <input type="checkbox"/> Date of Death:	*SPOUSE'S SOCIAL SECURITY NUMBER 977927569	Deceased <input type="checkbox"/> Date of Death:
LAST NAME VIMAL KUMAR DAVID		SUFFIX	YOUR FIRST NAME SUBBIAH MI
SPOUSE'S LAST NAME KESAVAN		SUFFIX	SPOUSE'S FIRST NAME RAJASUNDARI MI
FIRST LINE OF ADDRESS 7304 PARK RIDGE BLVD APT 014		SECOND LINE OF ADDRESS	
CITY IRVING	STATE TX	ZIP CODE 75063	
TELEPHONE NUMBER 6128145621	EMAIL VIMAL.DAVID@GMAIL.	EXTENDED DUE DATE MM/DD/YYYY	

- Amended return     
  Check before 4/15/21 if you wish to stop the original debit (amended return only)     
  Nonresident Special     
  Nonresident/Part-Year Resident     
  Form WV-8379 filed as an injured spouse

**FILING STATUS**  
(Check One)

1  Single

2  Head of Household

3  Married, Filing Joint

4  Married, Filing Separate  
\*Enter spouse's SS# and name in the boxes above

5  Widow(er) with dependent child

**Exemptions** (If someone can claim you as a dependent, leave box (a) blank.) Enter "1" in boxes a and b if they apply

Yourselves (a)	1
Spouse (b)	1

c. List your dependents. If more than five dependents, continue on Schedule DP on page 40.

First name	Last name	Social Security Number	Date of Birth (MM DD YYYY)

d. Additional exemption if surviving spouse (see page 17) Enter total number of dependents (c)

Enter decedents SSN: \_\_\_\_\_ Year Spouse Died: \_\_\_\_\_ (d)

e. **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) **2**

- Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1
- Additions to income (line 56 of Schedule M)
- Subtractions from income (line 48 of Schedule M)
- West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3)
- Low-Income Earned Income Exclusion (see worksheet on page 23)
- Total Exemptions as shown above on Exemption Box (e) 2 x \$2,000
- West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO
- Income Tax Due (Check One)

1	115330	.00
2		.00
3		.00
4	115330	.00
5		.00
6	4000	.00
7	111330	.00
8	4463	.00

- Tax Table     
  Rate Schedule     
  Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN	COR	SCTC	NRSR	HEPTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)**



\*T 0 4 0 2 0 2 0 0 1\*



PRIMARY LAST NAME SHOWN ON FORM IT-140 <b>VIMAL KUMAR</b>	SOCIAL SECURITY NUMBER <b>476416649</b>	<b>8.Total Taxes Due</b> (line 8 from previous page)	<b>8</b>	<b>4463</b>	<b>.00</b>
9. Credits from Tax Credit Recap Schedule (see schedule on page 5 ) (now includes the Family Tax Credit)			<b>9</b>	<b>1814</b>	<b>.00</b>
10. Line 8 minus 9. If line 9 is greater than line 8, enter 0			<b>10</b>	<b>2649</b>	<b>.00</b>
11. Overpayment previously refunded or credited (amended return only) .....			<b>11</b>		<b>.00</b>
12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here			<b>12</b>		<b>.00</b>
13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 9). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE .....			<b>13</b>		<b>.00</b>
14. Add lines 10 through 13. This is your total amount due.....			<b>14</b>	<b>2649</b>	<b>.00</b>
15. West Virginia Income Tax Withheld (See instructions) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)			<b>15</b>	<b>4953</b>	<b>.00</b>
16. Estimated Tax Payments and Payments with Schedule 4868 .....			<b>16</b>	<b>0</b>	<b>.00</b>
17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1) .....			<b>17</b>		<b>.00</b>
18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-1) .....			<b>18</b>		<b>.00</b>
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1) .....			<b>19</b>		<b>.00</b>
20. Amount paid with original return (amended return only) .....			<b>20</b>		<b>.00</b>
21. Payments and Refundable Credits (add lines 15 through 20) .....			<b>21</b>	<b>4953</b>	<b>.00</b>
<b>22. Balance Due</b> (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 .... <b>PAY THIS AMOUNT</b>			<b>22</b>		<b>.00</b>
23. Line 21 minus line 14. This is your overpayment .....			<b>23</b>	<b>2304</b>	<b>.00</b>
24. Donations of part or all of line 23. Indicate below and enter the sum of columns 24A, 24B, and 24C on Line 24			<b>24</b>		<b>.00</b>
24A. WEST VIRGINIA CHILDREN'S TRUST FUND	24B. WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE	24C. DONEL C. KINNARD MEMORIAL STATE VETERANS CEMETERY			
25. Amount of Overpayment to be credited to your 2021 estimated tax.....			<b>25</b>		<b>.00</b>
26. Refund due to you (line 23 minus line 24 and line 25)..... <b>REFUND</b>			<b>26</b>	<b>2304</b>	<b>.00</b>

**Direct Deposit of Refund**

CHECKING  SAVINGS

211391825  
ROUTING NUMBER

44232999  
ACCOUNT NUMBER

**PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.**

I authorize the State Tax Department to discuss my return with my preparer  YES  NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Preparer: Check HERE if client is requesting that form NOT be e-filed

301017196 SYAM PRIYA RAM SAGAR GUPTA TAL 09142021 6789659522

Preparer's EIN Signature of preparer other than above Date Telephone Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC

Preparer's Printed Name Preparer's Firm

**FOR REFUND, MAIL TO THIS ADDRESS:** WV STATE TAX DEPARTMENT  
P.O. BOX 1071  
CHARLESTON, WV 25324-1071

**FOR BALANCE DUE, MAIL TO THIS ADDRESS:** WV STATE TAX DEPARTMENT  
P.O. BOX 3694  
CHARLESTON, WV 25336-3694

**Payment Options:** Returns filed with a balance of tax due may pay through any of the following methods:

- Check or Money Order payable to the WV State Tax Department - Enclose check or money order with your return.
- Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
- Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax



\*T O 4 0 2 0 2 0 0 2\*

Nonresidents/Part-Year Residents  
Schedule of Income

**2020**

**PART-YEAR RESIDENTS:** FROM: 10 01 2020 TO: 12 31 2020  
Enter period of West Virginia residency MM/DD/YYYY

(To Be Completed By Nonresidents and Part-Year Residents Only) <b>INCOME</b>	COLUMN A: AMOUNT FROM FEDERAL RETURN		COLUMN B: ALL INCOME DURING PERIOD OF WV RESIDENCY		COLUMN C: WV SOURCE INCOME DURING NONRESIDENT PERIOD	
1. Wages, salaries, tips (withholding documents).....	1	115330 .00	84233 .00	0 .00		
2. Interest .....	2	.00	.00			.00
3. Dividends .....	3	.00	.00			.00
4. IRAs, pensions and annuities .....	4	.00	.00			.00
5. Total taxable Social Security and Railroad Retirement benefits (see line 33 and 38 of Schedule M) .....	5	.00	.00			
6. Refunds of state and local income tax (see line 36 of Schedule M) .....	6	.00	.00			
7. Alimony received .....	7	.00	.00			
8. Business profit (or loss) .....	8	.00	.00			.00
9. Capital gains (or losses) .....	9	.00	.00			.00
10. Supplemental gains (or losses) .....	10	.00	.00			.00
11. Farm income (or loss) .....	11	.00	.00			.00
12. Unemployment compensation insurance .....	12	.00	.00			.00
13. Other income from federal return (identify source) .....	13	.00	.00			.00
14. Total income (add lines 1 through 13) .....	14	115330 .00	84233 .00	0 .00		
<b>ADJUSTMENTS</b>						
15. Educator expenses .....	15	.00	.00			.00
16. IRA deduction .....	16	.00	.00			.00
17. Self-employment tax deduction .....	17	.00	.00			.00
18. Self Employed SEP, SIMPLE and qualified plans...	18	.00	.00			.00
19. Self-employment health insurance deduction .....	19	.00	.00			.00
20. Penalty for early withdrawal of savings .....	20	.00	.00			.00
21. Other adjustments (See instructions page 25) .....	21	.00	.00			.00
22. Total adjustments (add lines 15 through 21) .....	22	.00	.00			.00
23. Adjusted gross income (subtract line 22 from line 14 in each column) .....	23	115330 .00	84233 .00	0 .00		
24. West Virginia income (line 23, Column B plus column C) .....	24			84233 .00		
25. Income subject to West Virginia state tax but exempt from federal tax.....	25					.00
26. Total West Virginia income (line 24 plus line 25). Enter here and on line 2 on the next page	26			84233 .00		



\*T 0 4 0 2 0 2 0 0 7\*

**SCHEDULE A (CONTINUED)**

**PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION**

1. Tentative Tax (apply the appropriate tax rate schedule on page 37 to the amount shown on line 7, Form IT-140).....	1	6111	.00
2. West Virginia Income (line 26, Schedule A).....	2	84233	.00
3. Federal Adjusted Gross Income (line 1, Form IT-140).....	3	115330	.00
4. Tax (divide line 2 by line 3, round to 4 decimal places and multiply the result by line 1). Enter here and on line 8, Form IT-140 .....	4	4463	.00

**PART II: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STATES AND CERTAIN ACTIVE MILITARY MEMBERS**

**ELIGIBILITY:** Complete this section **ONLY** if **ALL THREE** of the following statements were true for 2020.

- You were EITHER a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia **OR** a member of the military assigned to active duty in West Virginia whose domicile is outside West Virginia
- Your only West Virginia source income was from wages and salaries.
- West Virginia income tax was withheld from such wages and salaries by your employer(s).

If you were a non-military, domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you are also considered a resident of West Virginia and must file Form IT-140 as a resident of West Virginia.

**NOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you are ineligible to complete Part II. You must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule A and Part I to report any income from West Virginia sources.**

**I declare that I was not a resident of West Virginia at any time during 2020, I was a resident of the state shown OR was in West Virginia pursuant to active duty military orders, my only income from sources within West Virginia was from wages and salaries, and such wages and salaries were subject to income taxation by my state of residence.**

**YOUR STATE OF RESIDENCE (Check one):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Commonwealth of Kentucky | <input type="checkbox"/> Commonwealth of Pennsylvania  | Number of days spent in West Virginia _____ |
| <input type="checkbox"/> State of Maryland        | <input type="checkbox"/> Commonwealth of Virginia  | Number of days spent in West Virginia _____ |
| <input type="checkbox"/> State of Ohio            | <input type="checkbox"/> Active Military, stationed in West Virginia but not domiciled here (Must enclose military order and DD2058) |   |

	(A) Primary Taxpayer's Social Security Number	(B) Spouse's Social Security Number
5. Enter your total West Virginia Income from wages and salaries in the appropriate column	5	.00
6. Enter total amount of West Virginia Income Tax withheld from your wages and salaries paid by your employer in 2020.....	6	.00
7. Line 6, column A plus line 6 column B. Report this amount on line 15 of Form IT-140.....	7	.00



This form is used by individuals to summarize tax credits that they claim against their personal income tax. In addition to completing this summary form, each tax credit has a schedule or form that is used to determine the amount of credit that can be claimed. Both this summary form and the appropriate credit calculation schedule(s) or form(s) **MUST BE ENCLOSED** with your return in order to claim a tax credit. Information for all of these tax credits may be obtained by visiting our website at tax.wv.gov or by calling the Taxpayer Services Division at 1-800-982-8297.

**Note: If you are claiming the Schedule E credit(s) or the Neighborhood Investment Program Credit you are no longer required to enclose the other state(s) return(s) or the NIPA-2 schedule with your return. You must maintain the other state(s) return(s) or NIPA-2 schedule in your files.**

WEST VIRGINIA TAX CREDIT RECAP SCHEDULE				
TAX CREDIT	SCHEDULE	APPLICABLE CREDIT		
1. Credit for Income Tax paid to another state(s) .....	E	1	1814	.00
** For what states?	NC			
2. Family Tax Credit (see page 39).....	FTC-1	2		.00
3. General Economic Opportunity Tax Credit.....	WV EOTC-PIT	3		.00
4. WV Environmental Agricultural Equipment Credit.....	WV AG-1	4		.00
5. WV Military Incentive Credit.....	J	5		.00
6. Neighborhood Investment Program Credit.....	NIPA-2	6		.00
7. Historic Rehabilitated Buildings Investment Credit.....	RBIC	7		.00
8. Qualified Rehabilitated Buildings Investment Credit.....	RBIC-A	8		.00
9. Apprenticeship Training Tax Credit.....	WV ATTC-1	9		.00
10. Alternative-Fuel Tax Credit.....	AFTC-1	10		.00
11. Conceal Carry Gun Permit Credit.....	CCGP-1	11		.00
12. Farm to Food Bank Tax Credit.....		12		.00
13. Downstream Natural Gas Manufacturing Investment Tax Credit .....	DNG- 2	13		.00
14. Post Coal Mine Site Business Credit .....	PCM-2	14		.00
<b>15. TOTAL CREDITS</b> — add lines 1 through 14. <i>Enter on Form IT-140, line 9</i> .....		15	1814	.00

**\*\*You cannot claim credit for taxes paid to KY, MD, PA, OH, or VA unless your source income is other than wages and/or salaries.**



**TAXPAYERS WHO ARE DISABLED DURING 2020 REGARDLESS OF AGE**

If you were certified by a physician as being permanently and totally disabled during the taxable year 2020, OR you were the surviving spouse of an individual who had been certified disabled and DIED DURING 2020, read the instructions to determine if you qualify for the income reducing modification allowed on Schedule M.

If you qualify, you must (1) enter the name of and social security number of the disabled taxpayer in the space provided on this form, (2) have a physician complete the remainder of the certification statement and return it to you, (3) enclose the completed certification with your West Virginia personal income tax return, and (4) complete Schedule M to determine your modification.

A COPY OF YOUR FEDERAL SCHEDULE R (PART II) MAY BE SUBSTITUTED FOR THE WEST VIRGINIA SCHEDULE H.

If you have provided the West Virginia State Tax Department with an approved Certification of Permanent and Total Disability for a prior year AND YOUR DISABILITY STATUS DID NOT CHANGE FOR 2020, you do not have to submit this form with your return. However, you must have a copy of your original disability certification should the Department request verification at a later date.

I Certify under penalties of perjury that the taxpayer named below was permanently and totally disabled on or before December 31, 2020.

SCHEDULE H  
CERTIFICATION OF PERMANENT AND TOTAL DISABILITY

Name of Disabled Taxpayer	Social Security Number	
Physician's Name	Physician's FEIN Number	
Physician's Street Address		
City	State	Zip Code
Physicians Signature	Date	
	MM DD	YYYY

**INSTRUCTIONS TO PHYSICIAN COMPLETING DISABILITY STATEMENT**

A PERSON IS PERMANENTLY AND TOTALLY DISABLED WHEN HE OR SHE IS UNABLE TO ENGAGE IN ANY SUBSTANTIAL GAINFUL ACTIVITY BECAUSE OF A MENTAL OR PHYSICAL CONDITION AND THAT DISABILITY HAS LASTED OR CAN BE EXPECTED TO LAST CONTINUOUSLY FOR AT LEAST A YEAR, OR CAN BE EXPECTED TO LEAD TO DEATH. IF, IN YOUR OPINION, THE INDIVIDUAL NAMED ON THIS STATEMENT IS PERMANENTLY AND TOTALLY DISABLED DURING 2020, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED ABOVE AND RETURN TO THE INDIVIDUAL.

**RESIDENCY STATUS**

- Resident
- Nonresident – did not maintain a residence in West Virginia during the taxable year (NO CREDIT IS ALLOWED)
- Part-Year Resident – maintained a residence in West Virginia for part of the year; check the box which describes your situation and enter the date of your move:
 

10	01	2020
MM	DD	YYYY
- Moved into West Virginia
- Moved out of West Virginia, but had West Virginia source income during your nonresident period
- Moved out of West Virginia and had no West Virginia source income during your nonresident period

SCHEDULE E  
CREDIT FOR INCOME TAX PAID TO ANOTHER STATE

1. INCOME TAX COMPUTED on your 2020 <u>NC</u> return. Do not report Tax Withheld State Abbreviation		
2. West Virginia total income tax (line 8 of Form IT-140).....	1	1814.00
3. Net income derived from above state included in West Virginia total income.....	2	4463.00
4. Total West Virginia Income (Residents-Form IT-140, line 4. Part-Year Residents-Schedule A, line 26).....	3	42479.00
5. Limitation of Credit (line 2 multiplied by line 3 divided by line 4).....	4	84233.00
6. Alternative West Virginia taxable income Residents – subtract line 3 from line 7, Form IT-140 Part-year residents – subtract line 3 from line 4.....	5	2251.00
7. Alternative West Virginia total income tax (Apply the Tax Rate Schedule to the amount shown on line 6).....	6	41754.00
8. Limitation of credit (line 2 minus line 7).....	7	1680.00
9. Maximum credit (line 2 minus the sum of lines 2 through 14 of the Tax Credit Recap Schedule)	8	2783.00
10. Total Credit (SMALLEST of lines 1, 2, 5, 8, or 9) enter here and on line 1 of the Tax Credit Recap Schedule.	9	4463.00
	10	1814.00

A SEPARATE SCHEDULE E MUST BE COMPLETED FOR EACH STATE FOR WHICH CREDIT IS CLAIMED. YOU MUST MAINTAIN A COPY OF THE OTHER STATE TAX RETURN IN YOUR FILES. IN LIEU OF A RETURN YOU MAY MAINTAIN AN INFORMATION STATEMENT AND THE WITHHOLDING STATEMENTS PROVIDED BY THE PARTNERSHIP, LIMITED LIABILITY COMPANY OR S-CORPORATIONS. THIS CREDIT IS NOT ALLOWED IN ANY CASE FOR INCOME TAX IMPOSED BY A CITY, TOWNSHIP, BOROUGH, OR ANY OTHER POLITICAL SUBDIVISION OF A STATE OR ANY OTHER COUNTRY.