# **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of												
Your first name and middle initial Last name Y											Your social security number				
SHERA S	INGH		PATE	L					21	211-94-1207					
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	ouse's	s social sec	curity number			
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	ŀ			on Campaign			
2111 HO								1305			nere if you, if filing ioin	or your itly, want \$3			
	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			· ·	Checking a			
HOUSTON					T		_	7054			ow will not				
Foreign country	y name			Foreign province/state	e/coun	ty	For	eign postal cod	de you	ur tax	or refund.	Spouse			
At any time du	ring 20	020, did you receive, sell, send, ex	change, d	or otherwise acquir	e any	financial int	erest ir	n any virtual	curren	icy?	Yes	X No			
Standard Deduction		eone can claim:					nt								
Age/Blindness	You	Were born before January 2,	1956	Are blind S	oouse	: Was	born b	efore Januar	y 2, 19	956	☐ Is bli	ind			
Dependents	s (see	instructions):		(2) Social securi	tv	(3) Relatio	nship	(4) 🗸 i	f aualifi	es for	r (see instru	ctions):			
If more	•	irst name Last name		number to you				Child tax		- 1		her dependents			
than four															
dependents,											[				
see instruction and check	s —										[				
here ►									]						
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	14	44,897.			
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable inter	est			2b					
Sch. B if required.	За	Qualified dividends	3a	199.	<b>b</b> (	Ordinary divi	dends			3b		199.			
required.	4a	IRA distributions	4a		<b>b</b> T	axable amo	unt .			4b					
	5a	Pensions and annuities	5a		<b>b</b> T	axable amo	unt .			5b					
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amo	unt .			6b					
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D i	required. If not red	quired	, check her	е.	•		7		11,794.			
Single or Married filing	8	Other income from Schedule 1, li	ne 9 .							8		-6,500.			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				•	9	15	50,390.			
Married filing	10	Adjustments to income:													
jointly or Qualifying	а	From Schedule 1, line 22					10a								
widow(er), \$24,800	b	Charitable contributions if you tak													
Head of	С	Add lines 10a and 10b. These are	Add lines 10a and 10b. These are your total adjustments to income												
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	15	50,390.			
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)					12		12,400.			
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13					
Deduction, see instructions.	14	Add lines 12 and 13								14	1	12,400.			
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0				15	13	37,990.			

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	27,179.
	17	Amount from Schedule 2, lir							17	
	18	Add lines 16 and 17							18	27,179.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less.	enter -0					22	27,179.
	23	Other taxes, including self-e	*						23	0.
	24	Add lines 22 and 23. This is							24	27,179.
	25	Federal income tax withheld	•							
	a	Form(s) W-2				25a	27,7	755.		
	b	Form(s) 1099				25b				
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	27,755.
	26	2020 estimated tax paymen							26	27,733.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29									
combat pay,		American opportunity credit		•		30				
see instructions.	30	Recovery rebate credit. See				31				
	31	Amount from Schedule 3, lir	00							
	32	Add lines 27 through 31. The	32	07 755						
	33	Add lines 25d, 26, and 32. These are your total payments								27,755.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here								576.
D: 1.1 '10	35a	Amount of line 34 you want	35a	576.						
Direct deposit? See instructions.	▶b	Routing number 3 2 2								
	►d	Account number 6 3 3								
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				37	
You Owe		Note: Schedule H and Sch								
For details on how to pay, see		2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see in								
Third Party		you want to allow another	•							
Designee		structions	elow.	X No						
		Designee's Phone Personal identification no. ► number (PIN) ►								
Cian		der penalties of perjury, I declare t	hat I have examine		l accompanying sch	nedules and		· /		t of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
	k.	Ü			ate Four occupation					N, enter it here
Joint return?	<b>—</b>				SOFTWARE :		ER	+ `	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.	,							1	ıy Fiole nst.) ▶	Cuon Pin, enter it here
		one no. (510)709-653	1	Email address	PATELSHERAS	TNCUACM	ATT COM	(***	- /-	
-		one no. (510)709-653 eparer's name	Preparer's signat	Email address	CANIDOLLAS	Date Date		TIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	' "		מווטייא ייאדד אוא				202	Self-employed
Preparer				NAUNG INAN	GUPIA IALLAM	1   09/43/	2021   P	02082		
Use Only		m's name ► GLOBAL TA		n (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	~ (7) 20041					678)965-9522
		m's address ► 2530 Pebb		ii Cummin				Firm's	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/3	30/21 PRO			Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SHERA SINGH PATEL

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

211-94-1207

**Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,500. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -6,500. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . . . . . . . .

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number 211-94-1207 SHERA SINGH PATEL

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . 740,437. 742,568. 13,925. 11,794. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 11,794. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. (d) (e) Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. with column (g) line 2. column (a) 

вa	rotals for all long-term transactions reported on Form						
	1099-B for which basis was reported to the IRS and for						
	which you have no adjustments (see instructions).						
	However, if you choose to report all these transactions						
	on Form 8949, leave this line blank and go to line 8b .						
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with						
	<b>Box F</b> checked						
11	Gain from Form 4797, Part I; long-term gain from Forms	s 2439 and 6252;	and long-term ga	in or (loss)			
	from Forms 4684, 6781, and 8824				11		
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	lule(s) K-1	12		
13	Capital gain distributions. See the instructions	[	13				
14	Long-term capital loss carryover. Enter the amount, if any	y, from line 13 of y	our Capital Loss	Carryover			
	Worksheet in the instructions			[	14	(	
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then, go	to Part III			
	on the back	<u> </u>			15		

Schedule D (Form 1040) 2020 Page **2** 

### Part III **Summary** 11,794. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

211-94-1207

SHERA SINGH PATEL

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

<ul><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>			_	sis <b>wasn't</b> report	ed to the II	RS		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
DRIVEWEALTH, LLC	01/01/20	10/27/20	63,956.	56,728.	W	2.	7,230.	
Robinhood Securities LLC	01/01/20	11/23/20	676,481.	685,840.	W	13,923.	4,564.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (if B	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	740,437.	742,568.		13,925.	11,794.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

#### **SCHEDULE E**

(Form 1040)

### **Supplemental Income and Loss**

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

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

20**20**Attachment

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Name(s) to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13 Your social security number

	RA SINGH PATEL								L1-94			
Part		From Rental Real Estate and Ro	-		-							
		instructions. If you are an individual, repo										
		nts in 2020 that would require you to		. ,							es 🗵 No	
B If '		ou file required Form(s) 1099?								Y	es No	
<u>1a</u>	+ -	each property (street, city, state, ZIP		,								
_ <u>A</u>	CHIMAKURTHI ONGOLE ANDHRA PRADESH IN 523225											
B												
C	Town of Dunnant.					Fair	Dontol	Day	oonal I	laa		
1b	Type of Property (from list below)	2 For each rental real estate propabove, report the number of fa	perty I ir rent	isted al and			Rental Days	Per	sonal l Days	QJV		
A	(Horri list below)	personal use days. Check the										
B		if you meet the requirements to qualified joint venture. See inst	ructio	ns a ns.	A B		365			,		
		, ,			С							
	of Property:											
	gle Family Residence	3 Vacation/Short-Term Rental	5 la	nd	7	' Self-	Rental					
	ti-Family Residence			valties			r (describe)					
Incon		Properties:	T		A	7 0 1110	E				С	
3	Rents received		3		6	550.						
4			4									
Exper												
5	Advertising		5									
6	Auto and travel (see in	nstructions)	6									
7	•	nance	7		8	350.						
8			8									
9			9									
10		ssional fees	10									
11	_		11		3	300.						
12		d to banks, etc. (see instructions)	12									
13			13		1 -	- 0 0						
14	•		14			500.						
15 16			15 16		⊥,∠	200.						
17	Taxes		17		2 (	300.						
18		or depletion	18		۷, ۵	,00.						
19	Other (list) ►	•	19									
20	` ′	lines 5 through 19	20		7,1	L50.						
21	•	line 3 (rents) and/or 4 (royalties). If			, -							
		instructions to find out if you must										
	file <b>Form 6198</b>		21		-6,5	500.						
22	Deductible rental real	estate loss after limitation, if any,										
	on Form 8582 (see in		22	(	-6,5	00.)	(		)(		)	
23a		eported on line 3 for all rental prope				23a		6	50.			
b		eported on line 4 for all royalty prope	erties			23b						
С		eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d			-			
e		eported on line 20 for all properties				23e		7,1				
24	•	e amounts shown on line 21. <b>Do no</b>		-					24		C F00 \	
25		sses from line 21 and rental real estate							25 (		6,500.)	
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not a 40), line 5. Otherwise, include this ar							26		-6,500.	

NPA

# 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**

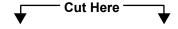
In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit <a href="https://www.ncdor.gov">www.ncdor.gov</a>.

#### **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.



HOUSTON



77054



D-400V (50) Individual Income Payment Voucher

9-16-08 North Carolina Department of Revenue

ΤХ

REV 04/06/21 PRO

211941207 PATE 2111

SHERA SINGH PATEL

2111 HOLLY HALL ST APT 1305

For Calendar Year 2020

AMOUNT OF THIS PAYMENT

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

. . . . .

77054

\$

197.00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 09 23 21 Phone: (678)965-9522

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0640

<b>D-400</b> < Staple Return		s of Yo	our	020	_		<u>l</u> ina D		Tax Returi of Revenue	1	OOR Jse Only				
For calendar year 2020, or fiscal year beginning 2 0 and ending												eran?			No 🗵 No 🔲
SHERA SINGH PATEL 2111 HOLLY HALL ST. 1305 HOUSTON TX 77054									Spouse's SSN:  Is your spouse a veteran?  Yes  Were you granted an automatic extens your 2020 federal income tax return (						
Filing St		1. Sin	gle		2. Marrie	-	-		ed Filing Separately			Yes	No 2		
Were vo	ou a reside	_	ad of Househol  C. for the enti		5. Qualit	ying Wic		□ I □ R	eturn for deceased		•	e died: Date of	death:		
Was you	ur spouse	a resid	ent for the er	ntire year?	, ,	Yes	No	$\square \mid \square$ R	eturn for deceased	spouse	e	Date of			
				-					ment Fund by mak our payment of	-			-	ng some o our overpa	
									ions for information				oidont		
	-							-	on April 15, 2021, a inted Personal Rej			en or re	siderit.		
FS 1	PP	Y		DT	N	OC	N	TPRES	Y SPRE	S N		VT	N	SVT	N
PATE	211	1	77054	DS	N	EΑ	N	TD		SD				FDEX	T N
SHERA	SING	Н		PATE				:	211941207						
											TX	7705	54		
2111	HOLLY	HAI	LL ST					1305	HOUSTON						
06		1503	390		16			0	26C				0		<b></b>
07			0		18	Y		0	26E				0		0201
09			0		20A			7134	EU						5002
10A			0		20B			0	27			19	97		
10B			0		21A			0	29				0		
11	S Y	I	N		21B			0	30				0		
11		10'	750		21C			0	31				0		
13		000	000		21D			0	32				0		
14		1396	640		26A			197	34				0		
15		73	331		26B			0							
TN	5107	096	531		PN	6	7896	559522	PP		P020	8270	)3		
I declare and	Return I	have exa	amined this return	fund D	anying sch	edules an			ment Due Check here if you	authoriz	197		ina Dena	rtment of R	evenue
the best of n	my knowledge	and belie	ef, they are true, o	correct, and o	omplete.				to discuss this ret	urn and a	attachme	ents with	the paid p	oreparer be	low.
Your Signate	ture				Date	Spor	use's Sigr	nature (If filing joins	t return, both must sign.)	Г	Date		70965 ct Phone N	531 o. (Include al	rea code)
PAID PREP	ARER USE C	NLY If	f prepared by a pe	erson other ti	nan taxpaye	er, this cer	rtification	is based on all info	rmation of which the pre	parer has a	any know	ledge.			
SYAM 1	PRIYA	RAM S	SAGAR GU	PT 09	9 23 2	1 678	89659	9522				P02	208270	03	
	rer's Signature			0.	Date				er (Include area code)					SSN, or PTII	<b>л</b>
	If you ARI	E NOT d		-					D. BOX R, RALEIGH PT. OF REVENUE, P				I, NC 276	40-0640	

Last Name (First 10 Characters) PATEL 211941207 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 150390 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 150390 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. Υ N.C. Itemized Deduction 11. 11. Ν **Deduction amount** 11. 10750 11. 12. a. Add Lines 9, 10b, and 11 12a. 10750 b. Subtract amount on Line 12a from Line 8 12b. 139640 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0000 14. N.C. Taxable Income 14. 139640 15. N.C. Income Tax 7331 15. 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 17. 17. 7331 Consumer Use Tax 18. 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 7331 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 7134 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2020 estimated tax 21a. 0 0 21b. Paid with extension 21b. 0 21c. Partnership 21c. 21d. S Corporation 21d. 0 22. Amended Returns Only - Previous payments 22. 0 23. **Total Payments** 23. 7134 24. Amended Returns Only - Previous refunds 24. 0 25. Subtract Line 24 from Line 23 25. 7134 Tax Due 26a. 26a. 197 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. Λ 27. Pay this Amount 27. 197 0 28. Overpayment 28. 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. 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. 0 33. Add Lines 29 through 32 34. 0 34. Amount to be Refunded