

Filing Status [X] 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: SRI HARSHA
Last name: GADDE
Your social security number: 287-19-4779
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 11222 STREAM WOOD LANE
Apt. no.:
City, town, or post office: CONCORD
State: NC
ZIP code: 28027
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (19,760); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (19,760); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (19,760); 12 Standard deduction or itemized deductions (12,400); 13 Qualified business income deduction; 14 Add lines 12 and 13; 15 Taxable income (7,360).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| | | | |
|----|---|-----|--------|
| 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 | 738. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 738. |
| 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 | 738. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 738. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,374. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,374. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,374. |

• 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 overpaid | 34 | 2,636. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,636. |
| b | Routing number 3 2 3 0 7 0 3 8 0 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 4 8 5 0 1 4 1 6 0 5 8 0 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (903) 423-1564 Email address SRIHARSHA2411@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 20 and ending | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| SRI HARSHA GADDE 11222 STREAM WOOD LANE CONCORD NC 28027 CABAR | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your SSN: 287194779 Spouse's SSN: | | Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | |
| Were you 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 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 \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

| | | | | | | | | | | | | | | | |
|------------|------------------|-------|----|-----|----|----|----|------------|---|-------|---|-------|-------|-----------|---|
| FS | 1 | PP | Y | DT | N | OC | N | TPRES | N | SPRES | N | VT | N | SVT | N |
| GADD | 1122 | 28027 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| SRI HARSHA | | GADDE | | | | | | 287194779 | | | | CABAR | | | |
| | | | | | | | | | | | | NC | 28027 | | |
| 11222 | STREAM WOOD LANE | | | | | | | CONCORD | | | | | | | |
| 06 | 19760 | | | 16 | | | | 0 | | 26C | | | | 0 | |
| 07 | 0 | | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | 0 | | | 20A | | | | 256 | | EU | | | | | |
| 10A | 0 | | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | 0 | | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S Y I N | | | 21B | | | | 0 | | 30 | | | | 0 | |
| 11 | 10750 | | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | 02632 | | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | 2371 | | | 26A | | | | 0 | | 34 | | | | 132 | |
| 15 | 124 | | | 26B | | | | 0 | | | | | | | |
| TN | 9034231564 | | | PN | | | | 6789659522 | | PP | | | | P02082703 | |



| | | | |
|---|--|--|--|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due 132 | | <input type="checkbox"/> Payment Due 0 | |
| 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 _____ | |
| | | 9034231564 | |
| | | Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | | | |
| SYAM PRIYA RAM SAGAR GUPT 09 14 21 | | 6789659522 | |
| Paid Preparer's Signature | | Preparer's Contact Phone Number (Include area code) | |
| | | P02082703 | |
| | | 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

Last Name (First 10 Characters) GADDE

Your Social Security Number

287194779

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 19760 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 19760 |
| 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. | 9010 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.2632 |
| 14. | N.C. Taxable Income | 14. | 2371 |
| 15. | N.C. Income Tax | 15. | 124 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 124 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 124 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 256 |
| 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. | 256 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 256 |
| 26a. | Tax Due | 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. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 132 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2021 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 132 |

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) GADDE | Your Social Security Number 287194779 |
|--|--|

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

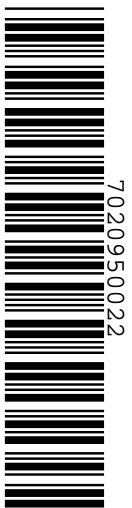
Important: Refer to the Instructions before completing this form.

| | | | | | |
|-----|---|-----|---|----|-------|
| NRT | Y | PYT | N | 22 | 5200 |
| NRS | N | PYS | N | 23 | 19760 |

| | |
|---|--|
| Part A. Residency Status | |
| Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended | Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended |

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

| | | | |
|--|------------------------------|----------------------------|--|
| Part B. Allocation of Income for Part-Year Residents and Nonresidents | | | |
| Total Income | COLUMN A | COLUMN B | |
| | Total Income | Amount of Column A | |
| | from all sources | subject to N.C. tax | |
| 1. Wages, Salaries, Tips, Etc. | 1. 19760 | 5200 | |
| 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. 19760 | 5200 | |
| | COLUMN A | COLUMN B | |
| North Carolina Adjustments | Enter the amount from | Amount of Column A | |
| | Form D-400 Schedule S | subject to N.C. tax | |
| 17. Additions | | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 | |
| b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 17b. 0 | 0 | |
| c. Bonus Depreciation | 17c. 0 | 0 | |
| d. IRC Section 179 Expense | 17d. 0 | 0 | |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 | |
| 18. Total Additions | 18. 0 | 0 | |



| | | |
|--|-----------------------------|-----------|
| Last Name (First 10 Characters) GADDE | Your Social Security Number | 287194779 |
|--|-----------------------------|-----------|

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. 19760 | 5200 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 5200 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 19760 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.2632 |