Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social se	curity numb	ber				
ANKA RAJU CHINNAM 392-95-4002								
Spouse's name Spouse's social security num								
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year yo	u are au	thorizing.)				
Enter	whole dollars only on lines 1 through 5.							
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		. 1	66,780.				
2	Total tax		. 2	7,612.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	8,928.				
4	Amount you want refunded to you		. 4	1,316.				
5	Amount you owe		. 5					
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

	5	4	0	0	2					
Enter five digits, but don't enter all zeros										

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sign	ature 🕨 🛛 Da	ate 🕨								
Practitioner PIN Method Returns Only—continue below										
Part III C	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		 	6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/12/22 PRO	Form 8879 (Rev. 01-2021)

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	21	OMB No. 154	15-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of	-	separately ouse. If you	. ,						, 0	ow(er) (QW) ne qualifying
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
ANKA RA	JU		CHIN	INAM							392-	95-400	2
If joint return, spouse's first name and middle initial			Last na	me							Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see ST	instructi	ons.					Apt. no. 7		Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP c	ode				ntly, want \$3 Checking a
LOWELL						MZ	A	01	851		0	ow will not	•
Foreign countr	y name		I	Foreign p	rovince/stat	e/count	ty	Forei	gn postal	code	your tax or refund.		
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	erwise di	spose of a	ny fina	ancial interes	t in any	virtual	curre	ncy?	Ves	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you				a dependent	t					
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	957	_ Are bl	lind S	pouse	: 🗌 Was b	orn bef	ore Jani	uary 2	2, 1957	ls b	lind
Dependent	s (see	instructions):		(2) 5	Social secur	ity	(3) Relation	ship				r (see instru	
If more	(1) F	irst name Last name		number			to you		Child tax cr		redit	Credit for ot	her dependents
than four dependents,										<u> </u>			
see instruction	s ——									<u> </u>			<u> </u>
and check here ►										<u> </u>			
	-	Manage and size time at Attack									-	<u> </u>	
Attach	1	Wages, salaries, tips, etc. Attach F	111	VV-2 .	· · ·	· ·	· · · ·	· · ·	• •	•	. 1		79,300.
Sch. B if	2a	· · -	2a 3a				axable intere		• •	•	. 2b 3b		
required.	3a)rdinary divid axable amou		• •	•	. 30 . 4b		
	/ 4a 5a		4a 5a				axable amou		• •	•	. 40. . 5b		
Standard	6a		5a 6a				axable amou		• •	•	. 50. . 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche		frequire	 d If not re				• •	► Г	. 00.		
 Single or Married filing 	8	Other income from Schedule 1, lin		require				• •			. 8		12,520.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		 This is vo						·	. <u>0</u>		66,780.
\$12,550Married filing	10	Adjustments to income from Sche								•	. 10		
jointly or	11	Subtract line 10 from line 9. This is	-							·	► 11		66,780.
Qualifying widow(er),	12a	Standard deduction or itemized		•	•			2a	12	,55			00,700.
\$25,100 " • Head of	b	Charitable contributions if you take		•		,		2b		30			
household,	c								с	12,850.			
\$18,800If you checked	13	Qualified business income deduct											_, _ 0 0 0 0
any box under Standard	14												12,850.
Deduction,	15	Taxable income. Subtract line 14											53,930.
see instructions.)												

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

Form **1040** (2021)

Form 1040 (2021)									Page
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		7,612.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18		7,612.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		7,612.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		7,612.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2				25a 8	,928.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,							
	d	Add lines 25a through 25c						25d		8,928.
If you have a	26	2021 estimated tax payment			NT -			26		
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a				
		Check here if you were a January 2, 2004, and you								
		taxpayers who are at least a								
	b	Nontaxable combat pay elec	-							
	с	Prior year (2019) earned inco								
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32		
	33	Add lines 25d, 26, and 32. T						33		8,928.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		1,316.
neiuliu	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	eck here		35a		1,316.
Direct deposit?	►b	Routing number 0 1 1	4 0 0 4	9 5	► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 3 8 8	0 0 3 9	7 2 4 7	7 5					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See				
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete b	below.	X No	
		signee's		Phone			onal identi			
0.		ne 🕨		no. 🕨			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,		,	0
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an lo	dentitv
							Prote	ection Pl	N, enter it	
Joint return?					JAVA/UI D	EVELOPER	(see	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spo	ouse an , enter it hei
your records.	,							inst.) 🕨		
	Ph	one no. (719)551-864	<u>ົ</u> ງ	Email address				·]		
		parer's name	Preparer's signat	1		Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	2703		-employed
Preparer		n's name GLOBAL TAX			COLTR TUTUN					55-9522
Use Only		n's address > 2530 Pebbl		n Cummin	a GA 30041			's EIN ►		L017196
Go to www.ire.cr		1040 for instructions and the late			-		1			1040 (202
GO 10 W WW.115.90		noto initiatiuotions and the late	sciniornation.		BAA	REV 03/12/22 PRO			FUIII	

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074 2021 Attachment Sequence No. **01**

Internal Revenue Service	•	Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ANKA RAJU CHIN	392-95	-4002	
Part Additio	onal Income		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	. 1	
2a	Alimony received		. 2a	
b	Date of original divorce or separation agreement (see instructions)	_		
3	Business income or (loss). Attach Schedule C		. 3	
4	Other gains or (losses). Attach Form 4797		. 4	
5	Rental real estate, royalties, partnerships, S corporations, transchedule E		-12,520.	
6	Farm income or (loss). Attach Schedule F		. 6	
7	Unemployment compensation		. 7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b	_	
С	Cancellation of debt	8c	_	
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i	_	
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
	property	8k	_	
	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount			
		8z	_	
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8			10.500
For Pa	1040-NR, line 8			

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2**

REV 03/12/22 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

2021 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

,								ur social securi	-
	RAJU CHINNAM							92-95-400	
Part		-		-				• •	
	Schedule C. See instructions. If you are an								
	d you make any payments in 2021 that would			. ,					
B If "	Yes," did you or will you file required Form(s)						• •	🗌	Yes 🗌 No
1 a	Physical address of each property (street, o		,						
Α	1-9 GARAPADU VATTICHERUKURU M	ANDAL GUN	TUR,A	IDHRA I	PRADES	H IN 522	017		
В									
С									
1b	(from list below) 2 For each rental readout above, report the	number of fair	rental a	nd	Fa	ir Rental Days			QJV
Α	3 if you meet the re qualified joint ver	s. Check the Q auirements to	JV box			365		0	
В	qualified joint ver	ture. See instru	uctions.	В					
С				С					
Туре	of Property:						1		
	gle Family Residence 3 Vacation/Short-	Ferm Rental 5	5 Land		7 Sel	f-Rental			
	ti-Family Residence 4 Commercial	6	6 Royal	ties	8 Oth	er (describe	e)		
Incom	ne:	Properties:	Í	Α			B		С
3	Rents received		3		550.				
4	Royalties received		4						
Exper									
5	Advertising		5						
6	Auto and travel (see instructions)	[6						
7	Cleaning and maintenance	[7	-	1,360.				
8	Commissions	[8						
9	Insurance		9						
10	Legal and other professional fees		10						
11	Management fees	[11	-	1,100.				
12	Mortgage interest paid to banks, etc. (see in	-	12						
13	Other interest.	· · · ·	13		3,000.				
14	Repairs		14		2,330.				
15	Supplies	-	15		2,500.				
16	Taxes		16						
17	Utilities	[17		2,780.				
18	Depreciation expense or depletion		18						
19	Other (list)		19						
20	Total expenses. Add lines 5 through 19 .		20	1:	3,070.				
21	Subtract line 20 from line 3 (rents) and/or 4								
	result is a (loss), see instructions to find out								
	file Form 6198		21	-12	2,520.				
22	Deductible rental real estate loss after limita	ation, if any, 🛛							
	on Form 8582 (see instructions)		22 (12	,520.)()()
23 a	Total of all amounts reported on line 3 for all	rental propert	ties .		23a	1	5	50.	
b	Total of all amounts reported on line 4 for all	royalty prope	rties .		23b)			
С	Total of all amounts reported on line 12 for a	all properties			230	;			
d	Total of all amounts reported on line 18 for a	all properties			230	1			
е	Total of all amounts reported on line 20 for a	all properties			236		13,0	70.	
24	Income. Add positive amounts shown on li	ne 21. Do not	include	any losse	es			24	
25	Losses. Add royalty losses from line 21 and ren	ntal real estate l	osses fr	om line 22	. Enter to	tal losses he	re.	25 (12,520.)
26	Total rental real estate and royalty incom	ne or (loss). C	ombine	lines 24	and 25.	Enter the re	sult		
	here. If Parts II, III, IV, and line 40 on page								
	Schedule 1 (Form 1040), line 5. Otherwise, in							26	-12,520.

< Stap	0 (50) le All Page urn and W-	8-23-21 es of Your 2s Here		Car <u>oli</u> na		Tax Return at of Revenue	DOR Use Only		
For ca		<u>2021, or fiscal</u> C	year beginning HINNAM	21	and ending	SN: 392954002	Are you a ve Is your spous Were you gra	se a veteran?	Yes No X Yes No C
LOWE Filing	<u>CLL MA</u> Status ∑			ied Filing Joint ifying Widow(e		SN: ried Filing Separately	2021 federal Year spous	Yes 🗌 No	a, e.g., Form 1040? X
Was y	our spouse	ent of N.C. for the a resident for the	entire year? ne entire year?	Yes X N Yes N	No 🔲 🔤 F	Return for deceased Return for deceased	taxpayer. spouse.	Date of death Date of death	
your o to the	verpaymen Fund, ente	t to the Fund. To r the amount of y	b) You may contribute b) make a contribution, your designation on P b) filing jointly, your spot	enclose Forr age 2, Line 3	m NC-EDU and 31. <i>(See instruc</i>	your payment of \$ ctions for information	0 about the Fu	To designate (und.)	your overpayment
	-		d signed by Executor,		-				
FS	1 PF	р Y	DT N	OC N	TPRES	Y SPRES	S N	VT N	SVT N
CHIN		0185		EA N	TD		SD		FDEXT N
ANKA	RAJU		CHINNAM			392954002		01851	
166	STEVEN	IS ST			7	LOWELL	MA	01031	
06		66780	16		0	26C		0	
07		0	18	Y	0	26E		0	
09		0	20A		3185	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		00000	21D		0	32		0	
14		56030	26A		0	34		243	
15 TN	7195	2942 5518642	26B PN		0 9659522	PP	P02	082703	
	Return		Refund Due			yment Due		0	
I declare a the best o	and certify that f my knowledge	I have examined this e and belief, they are	return and accompanying sci true, correct, and complete.	hedules and stat	tements, and to	Check here if you a to discuss this retu	authorize the N rn and attachm	orth Carolina Dep nents with the pai	partment of Revenue d preparer below.
Your Sign			Date	•	• • •	nt return, both must sign.)	Date		8642 No. (Include area code)
	EPARER USE		oy a person other than taxpay			onnauon or which the prepa	arer nas ariy knov	-	702
	PRIYA parer's Signatur	RAM SAGAR	GUPT 03 19 Date	_	59522 Contact Phone Num	ber (Include area code)		P02082 Preparer's FEI	7 U 3 N, 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

REV 03/01/22 PRO

Last Name (First 10 Characters) CHINNAM

392954002

6.	Federal Adjusted Gross Income	6.	66780
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	66780
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.	Ν
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.	56030
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	56030
15.	N.C. Income Tax	15.	2942
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2942
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2942
<u>North</u>	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	3185
20b.	Spouse's tax withheld	20b.	0
21a.	2021 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.	3185
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3185
_0. 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	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
20e. 27.	Pay this Amount	20e. 27.	0 0
27. 28.	Overpayment	27.	243
20.	Overpayment	20.	243
Amou	int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2022 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
		24	243

D-400 Line-by-Line Information

This page must be filed with the first page of this form.

Amount to be Refunded

34.

243

34.