

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name HARITHA VADLAMUDI | Social security number 670-61-7869 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 76,521. |
| 2 Total tax | 2 | 9,757. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 12,831. |
| 4 Amount you want refunded to you | 4 | 4,054. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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 acknowledgment 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 7 | 8 | 6 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- 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 my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- 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 signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication— Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 authorizing 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 ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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 HARITHA | Last name VADLAMUDI | Your social security number 670-61-7869 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 2800 GOLDEN HORSE SHOE CIRCLE | | Apt no. J |
| City, town, or post office. If you have a foreign address, also complete spaces below. MORRISVILLE | | State NC |
| Foreign country name | | ZIP code 27560 |
| 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 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 Are blind Spouse Was born before January 2, 1957 Is blind

| Dependents (see instructions): | (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 |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents see instructions and check here▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|---|---|---------|---------|---------|
| Attach Sch B if required | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 84,521. |
| | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 | Other income from Schedule 1, line 10 | | 8 | -8,000. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 76,521. |
| | 10 | Adjustments to income from Schedule 1, line 2b | | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | | 11 | 76,521. |
| | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. | |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | 300. | |
| | c | Add lines 12a and 12b | 12c | 12,850. | |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | | |
| 14 | Add lines 12c and 13 | 14 | 12,850. | | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 63,671. | | |

| | | | |
|-------------------------------------|---|-----|---------|
| 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 | 9,757. |
| 17 | Amount from Schedule 2 line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 9,757. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3 line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 9,757. |
| 23 | Other taxes, including self-employment tax, from Schedule 2 line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 9,757. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 12,831. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 12,831. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Non-taxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863 line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 980. |
| 31 | Amount from Schedule 3 line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | 980. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 13,811. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,054. |
| | 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,054. |
| Direct deposit? See instructions | b Routing number 0 5 1 0 0 0 0 1 7 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4 3 5 0 3 7 7 9 9 2 2 1 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

If you have a qualifying child, attach Sch. EIC.

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 (469) 367-8494 Email address VHARITHA63@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 02/02/2022 | 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 |

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.

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

Your social security number
670-61-7869

Part I Additional Income

| | | | | |
|----|---|--------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | 0. |
| 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, trusts, etc. Attach Schedule E | | 5 | -8,000. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation. | | 7 | |
| 8 | Other income: | | | |
| | a Net operating loss | 8a () | | |
| | b Gambling income | 8b | | |
| | c Cancellation of debt. | 8c | | |
| | d Foreign earned income exclusion from Form 2555 | 8d () | | |
| | e 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 | | |
| | l Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | | |
| | m Section 951(a) inclusion (see instructions) | 8m | | |
| | n Section 951A(a) inclusion (see instructions) | 8n | | |
| | o Section 461(l) excess business loss adjustment. | 8o | | |
| | p 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 | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -8,000. |

Part II Adjustments to Income

| | | | |
|-----|--|-----|-----|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | | 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 ▶ _____ | | |
| | c Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 20 | IRA deduction | | 20 |
| 21 | Student loan interest deduction | | 21 |
| 22 | Reserved for future use | | 22 |
| 23 | Archer MSA deduction | | 23 |
| 24 | Other adjustments | | |
| | a Jury duty pay (see instructions) | 24a | |
| | b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | |
| | c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8 | 24c | |
| | d Reforestation amortization and expenses | 24d | |
| | e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| | 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 | 24i | |
| | j Housing deduction from Form 2555 | 24j | |
| | 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 income. Enter here and on Form 1040 or 1040SR, line 10, or Form 1041NR, line 10a | | 26 |

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. 13

Name(s) shown on return

HARITHA VADLAMUDI

Your social security number

670-61-7869

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2 line 40

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|----|---|---|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | RANGANAGAR COLONY, CHINTAL HYDERABAD TELANGANA IN 500035 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

| Income: | Properties | A | B | C |
|---|------------|------------|-----|-----|
| 3 Rents received | 3 | 600. | | |
| 4 Royalties received | 4 | | | |
| Expenses | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 1,200. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 1,000. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 2,500. | | |
| 15 Supplies | 15 | 1,400. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | 2,500. | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses Add lines 5 through 19 | 20 | 8,600. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -8,000. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (8,000.) | () | () |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 600. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | 8,600. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (8,000.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | -8,000. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021

D-400 (50) 8-23-21 2021 Individual Income Tax Return

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

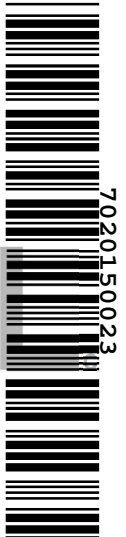
North Carolina Department of Revenue

Amended Return

DOR Use Only

| | | |
|---|--|---|
| For calendar year 2021, or fiscal year beginning 21 and ending | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| HARITHA VADLAMUDI 2800 GOLDEN HORSE SHOE CIRCLE J Your SSN: 670617869 | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| MORRISV NC 27560 WAKE Spouse's SSN: | | Were you granted an automatic extension to file your 2021 federal income tax return, e.g., 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) | Year spouse died: _____ | |
| 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, 2022, 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 |
| VADL | 2800 | 27560 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| HARITHA | | | | VADLAMUDI | | | | 670617869 | | | | WAKE | | | |
| | | | | | | | | | | | | NC | 27560 | | |
| 2800 | GOLDEN HORSE SHOE CIRCLE | | | J | | MORRISVILLE | | | | | | | | | |
| 06 | 76521 | | | 16 | | | | 0 | | 26C | | | | 0 | |
| 07 | 0 | | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | 0 | | | 20A | | | | 0 | | EU | | | | | |
| 10A | 0 | | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | 0 | | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | 10750 | | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | 00000 | | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | 0 | | | 26A | | | | 0 | | 34 | | | | 0 | |
| 15 | 0 | | | 26B | | | | 0 | | | | | | | |
| TN | 4693678494 | | | PN | | 6789659522 | | PP | | P02082703 | | | | | |



7020150023

| | | | | |
|---|-------------------------------------|--|--------------------------------------|---------------------------------------|
| Sign Return Below | <input type="checkbox"/> Refund Due | 0 | <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. | | <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. | | |
| Your Signature | Date | Spouse's Signature (if filing joint return, both must sign.) | Date | Contact Phone No. (Include area code) |
| | | | | 4693678494 |
| 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 | 02 02 2 | 6789659522 | | P02082703 |
| Paid Preparer's Signature | Date | 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 | | | | |

Last Name first 10 Characters VADLAMUDI

Your Social Security Number 670617869

D-400 Line-by-Line Information

| | | | |
|-----|---|------------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 76521 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 76521 |
| 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 10b and 11 | 12a. | 10750 |
| | b Subtract amount on Line 12a from Line 11 | 12b | 65771 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N C Taxable Income | 14. | 0 |
| 15. | N C Income Tax | 15. | 0 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 0 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 0 |

North Carolina Income Tax Withheld

| | | | |
|------------|------------------------------|------------|---|
| 20a. | Your tax withheld | 20a. | 0 |
| 20b | Spouse's tax withheld | 20b | 0 |

Other Tax Payments

| | | | |
|------------|---|------------|---|
| 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. | 0 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 0 |
| 26a. | Tax Due | 26a. | 0 |
| 2 b | Penalties | 2 b | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 2 b and 2 c and enter the total on 2 d | 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. | 0 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|---|
| 29. | Amount of Line 2 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 |
| 34. | Amount to be Refunded | 34. | 0 |

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) VADLAMUDI Your Social Security Number 670617869

Table with 8 columns: Line number, Amount, Code, Line number, Code, Amount, Line number, Amount. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows include Total income from all sources, Portion of Line 1, Divide Line 2 by Line 1, Total North Carolina income tax, Multiply Line 4 by Line 3, Amount of net tax paid, Credit for Income Tax Paid, Number of states or countries.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2021 is the first year the credit is taken. Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line number, Amount. Rows include An income-producing historic structure, Enter installment amount of credit, A nonincome-producing historic structure, Enter installment amount of credit, An income-producing historic mill facility, Enter amount of credit, A nonincome-producing historic mill facility, Enter installment amount of credit, An income-producing historic structure, A nonincome-producing historic structure.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2021

Table with 4 columns: Description, Line number, Amount, Total. Rows include Tax credits carried over, Reserved for Future Use, Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15, North Carolina income tax, Enter the lesser of Line 16 or Line 17, Business incentive and energy tax credits, Total Tax Credits to be Taken for Tax Year 2021.



D-400 Sch PN (50)

8-23-21

2021 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 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **VADLAMUDI** Your Social Security Number **670617869**

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 05 01 21 12 31 21 22 0
NRS N PYS N 23 76521

Part A. Residency Status

Taxpayer is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began 05 01 21 Date N.C. residency ended 12 31 21

Spouse is: (Select applicable box)
 Full-Year Resident Nonresident 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 Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax |
|--|--|---|
| 1. Wages, Salaries, Tips, Etc. | 1. 84521 | 0 |
| 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. -8000 | 0 |
| 12. Farm Income or (Loss) | 12. 0 | 0 |
| 13. Unemployment Compensation | 13. 0 | 0 |
| 14. Taxable Portion of Social Security Benefit and Railroad Retirement Benefits | 14. 0 | 0 |
| 15. Other Income | 15. 0 | 0 |
| 16. Total Income | 16. 76521 | 0 |

| 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 | 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) VADLAMUDI | Your Social Security Number 670617869 |
|--|--|

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 Income From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security and Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Asset Basis | 19e. 0 | 0 |
| f. Bonus Depreciation | 19f. 0 | 0 |
| g. IRC Section 179 Expense | 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. 76521 | 0 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|-----|--------|
| 22. Enter the Amount From Column B, Line 21 | 22. | 0 |
| 23. Enter the Amount From Column A, Line 21 | 23. | 76521 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | 24. | 0.0000 |

REV 01/18/22 PRO

FORM NOT FINAL.

DO NOT FILE