

### IRS e-file Signature Authorization

OMB No 1545-0074

▶ ERO must obtain and retain completed Form 8879.  
 ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>SUBHASHINI MEDISETTI</b>	Social security number <b>716-57-3086</b>
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 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	34,781.
2	Total tax	2	2,432.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,109.
4	Amount you want refunded to you	4	2,677.
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 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**

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

7	3	0	8	6
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 as my 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 ▶ M. Subhashini Date ▶ 02/14/2022

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my 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 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
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 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 SUBHASHINI	Last name MEDISETTI	Your social security number 716-57-3086
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. 2026 TIMBER OAKS LN		Apt. no. D	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE	State NC	ZIP code 28212	
Foreign country name	Foreign province/state/county	Foreign postal code	

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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	34,781.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<input type="checkbox"/>	<b>7</b>	
<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b>	
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		<b>9</b>	34,781.
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .		<b>11</b>	34,781.
<b>12a</b> Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>12a</b>	12,550.	
<b>b</b> Charitable contributions if you take the standard deduction (see instructions) . . . . .	<b>12b</b>	300.	
<b>c</b> Add lines 12a and 12b . . . . .		<b>12c</b>	12,850.
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>	
<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b>	12,850.
<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	21,931.

<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	2,432.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	2,432.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	2,432.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2,432.
<b>25</b>	Federal income tax withheld from:		
	<b>a</b> Form(s) W-2	<b>25a</b>	5,109.
	<b>b</b> Form(s) 1099	<b>25b</b>	
	<b>c</b> Other forms (see instructions)	<b>25c</b>	
	<b>d</b> Add lines 25a through 25c	<b>25d</b>	5,109.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right;">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, 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"/>		
	<b>b</b> Nontaxable combat pay election	<b>27b</b>	
	<b>c</b> Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,109.
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,677.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,677.
<b>b</b>	Routing number 082000073	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 487006350393		
<b>36</b>	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>37</b>	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

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

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

**Third Party Designee**

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

**Paid Preparer Use Only**

**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 <u>21</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SUBHASHINI MEDISETTI 2026 TIMBER OAKS LN D Your SSN: 716573086 CHARLOT NC 28212 MECKL Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input 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 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"/>	
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Return for deceased taxpayer. Date of death:	Year spouse died:
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 \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 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 Y SPRES N VT N SVT N  
 MEDI 2026 28212 DS N EA N TD SD FDEXT N

SUBHASHINI MEDISETTI 716573086 MECKL  
 NC 28212

2026 TIMBER OAKS LN D CHARLOTTE

06	34781	16	302	26C	0
07	0	18 Y	0	26E	0
09	0	20A	1226	EU	
10A	0	20B	0	27	0
LIB	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	24031	26A	0	34	266
15	1262	26B	0		

TN 4092937783 PN 6789659522 PP P02082703



Sign Return Below	<input checked="" type="checkbox"/> Refund Due <u>266</u>	<input type="checkbox"/> Payment Due <u>0</u>
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		<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 _____
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.		Contact Phone No. (include area code) <u>4092937783</u>
SYAM PRIYA RAM SAGAR GUPT <u>02 10 2</u>	Date _____	Preparer's Contact Phone Number (include area code) <u>6789659522</u>
Paid Preparer's Signature _____		Preparer's FEIN, SSN, or PTIN <u>P02082703</u>
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640		

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	34781
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	34781
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.	24031
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	24031
15.	N.C. Income Tax	15.	1262
16.	Tax Credits	16.	302
17.	Subtract Line 16 from Line 15	17.	960
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	960

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	1226
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.	1226
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1226
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	28.	266

**Amount 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
34.	<b>Amount to be Refunded</b>	34.	266

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) **MEDISETTI** Your Social Security Number **716573086**

01	34781	07B	1	10A	0	13	0
02	9161	08A	0	10B	0	14	0
04	1262	08B	0	11A	1	15	0
06	302	09A	0	11B	0	16	0
07A	302	09B	0	12	0		

**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.

1.	Total income from all sources while a resident of N.C. modified by N.C. adjustments to federal gross income	1.	34781
2.	Portion of Line 1 that was taxed by another state or country	2.	9161
3.	Divide Line 2 by Line 1	3.	0.2634
4.	Total North Carolina income tax (From Form D-400, Line 15)	4.	1262
5.	Multiply Line 4 by Line 3	5.	332
6.	Amount of net tax paid to the other state or country on the income shown on Line 2	6.	302
7a.	Credit for Income Tax Paid to Another State or Country	7a.	302
7b.	Number of states or countries for which a credit is claimed	7b.	1

**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.

8a.	An income-producing historic structure (Article 3D)	8a.	0
8b.	Enter installment amount of credit	8b.	0
9a.	A nonincome-producing historic structure (Article 3D)	9a.	0
9b.	Enter installment amount of credit	9b.	0
10a.	An income-producing historic mill facility (Article 3H)	10a.	0
10b.	Enter amount of credit	10b.	0
11a.	A nonincome-producing historic mill facility (Article 3H)	11a.	0
11b.	Enter installment amount of credit	11b.	0
12.	An income-producing historic structure (Article 3L)	12.	0
13.	A nonincome-producing historic structure (Article 3L)	13.	0

(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)

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

14.	Tax credits carried over from previous year	14.	0
15.	Reserved for Future Use	15.	0
16.	Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15	16.	302
17.	North Carolina income tax (From Form D-400, Line 15)	17.	1262
18.	Enter the lesser of Line 16 or Line 17	18.	302
19.	Business incentive and energy tax credits (Attach Form NC-478 and any required supporting schedules to the front of Form D-400.)	19.	0
20.	Total Tax Credits to be Taken for Tax Year 2021	20.	302

