

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

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

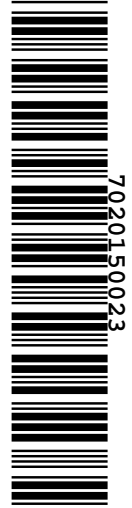
North Carolina Department of Revenue

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"/>
BALA SATISH R PULLAIAHGARI 945 MORTAR LN Your SSN: 682483323 CARY NC 27519 WAKE 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
PULL	945	27519	DS	N	EA	N	TD			SD				FDEXT	N
BALA	SATISH R	PULLAIAHGARI						682483323				WAKE			
												NC	27519		
945	MORTAR LN							CARY							
06		38893		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				1625		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		28143		26A				0		34				147	
15		1478		26B				0							
TN	3093181287			PN			6789659522			PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>147</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 _____
		3093181287 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 <u>03 12 2</u>		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

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	38893
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	38893
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.	28143
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	28143
15.	N.C. Income Tax	15.	1478
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1478
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1478

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1625
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.	1625
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1625
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.	147

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.	Amount to be Refunded	34.	147

Keep for your records

Part I - Personal Information

Taxpayer:

First Name BALA SATISH R
Middle Initial Suffix
Last Name PULLAIAHGARI
Social Security No. 682-48-3323
Date of Birth 07/04/1995
or age as of 1-1- 2022 26
Date of Death
Daytime phone (309)318-1287

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
or age as of 1-1- 2022
Date of Death
Daytime phone

Home phone (309)318-1287

Check to print phone number on your return . . . [X] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only) . . .

Street Address 945 MORTAR LN Apt No.
City CARY State NC ZIP Code 27519
County WAKE
Foreign province/country Foreign postal code
Foreign code Foreign country

Part II - Resident Status

Taxpayer Spouse
[X] []
[] []
[] []

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From To
Spouse residency dates From To

Part III - Filing Status

- [X] 1 Single
[] 2 Married filing jointly
[] 3 Married filing separately
Spouse's name
Spouse's Social Security Number
[] 4 Head of household
[] 5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV - Other Information

Federal Return Attachment:

Yes No
[] [X] Federal return attachment required

Dependent Information:

Yes No
[] [X] Can your parents (or someone else) claim you as a dependent?
[] [X] Can your parents (or someone else) claim your spouse as a dependent?

Veteran Information:

Yes No
[] [X] Are you a veteran?
[] [] Is your spouse a veteran?

Federal Automatic Extension:

Yes No
[] [X] Were you granted an automatic extension to file your 2021 federal income tax return

NC Itemized Deductions or NC Standard Deduction:

- [] Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
[] Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name Last Name
Phone Number

Part V - Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 01
QuickZoom to Firm/Preparer Info

Part VI - Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to the North Carolina Department of Revenue.

File state return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was Efiled
Date return was accepted by state
Date Form D400V was given to client
Preparer First name : SYAM
Preparer Middle initial :
Preparer Last name : PRIYA RAM SAGAR GUPTA TALLAM

Electronic Filing of Amended Return:

The amended return will be filed electronically
Another amended return will be filed electronically
Date amended return was Efiled
Date amended return was accepted by the state

Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)

See Tax Help for Refund Expectation

Yes No
Use direct deposit for state tax refund? (Electronic Filing Only)
Do you want electronic funds withdrawal of state tax payment (EF Only)?
Use electronic funds withdrawal for state tax payment of amended return? (EF Only)
Do you want direct debit of state tax payment for the amended return? (EF Only)

Enter the following information if you want to directly deposit the state tax refund:

Bank Information:

Name of Financial Institution (optional) . . . FIFTH THIRD BANK
Check the appropriate box:
Checking X Routing number . . 072400052
Savings Account number . . 7925031259

Enter the following information only if you are requesting direct debit of balance due.

Type of account Personal Business
Enter the payment date to withdraw from the account above
State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above
State balance-due amount paid with this amended return

International ACH Transactions

Yes No
Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?

Part VIII - Extension Status

If the North Carolina tax return can't be filed by April 18th, a 6-month automatic extension of time to file is allowed. Note: An extension of time to file is not an extension of time to pay.

Yes No
Tax return due date extended?
Out of the country on the date that this application was due?
Has the tax return due date been extended by filing a NC extension using Form D-410?
Extended due date

Filing and acceptance information (Electronic Filing Only)

File extension electronically?
Extension accepted?
Extension filing date
Extension acceptance date

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No
Use electronic funds withdrawal of extension tax payment?
Enter settlement date to withdraw the extension amount from the account above
Balance-due amount paid with this extension

QuickZoom to Form D-410, Application for Extension of Time to File