

**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"/>  |
| VEDA VYAS DYAWANAPALLY<br>328 FIRWOOD DRIVE C Your SSN: 324590929<br>DAYTON OH 45419 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<br><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 type="checkbox"/> No <input checked="" 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 N SPRES N VT N SVT N

DYAW 328 45419 DS N EA N TD SD FDEXT N

VEDA VYAS DYAWANAPALLY 324590929

OH 45419

328 FIRWOOD DRIVE C DAYTON

06 66826 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 2574 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 08297 21D 0 32 0

14 46526 26A 0 34 131

15 2443 26B 0

TN 9376262421 PN 6789659522 PP P02082703



|  |   |
|--|---|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>131</u> <input type="checkbox"/> <b>Payment Due</b> <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 _____                 |
| 9376262421<br>Contact Phone No. (Include area code)  |   |
| <b>PAID PREPARER USE ONLY</b> 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 03 12 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<br>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.   | 66826  |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 66826  |
| 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. | 56076  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.8297 |
| 14. | N.C. Taxable Income   | 14.  | 46526  |
| 15. | N.C. Income Tax   | 15.  | 2443   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 2443   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 2443   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 2574 |
| 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.  | 2574       |
| 24.  | Amended Returns Only - Previous refunds              | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 2574       |
| 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.  | <b>0</b>   |
| 28.  | <b>Overpayment</b>                                   | 28.  | <b>131</b> |

**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. | <b>131</b> |

**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) <b>DYAWANAPAL</b> | Your Social Security Number <b>324590929</b> |
|---|--|

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.

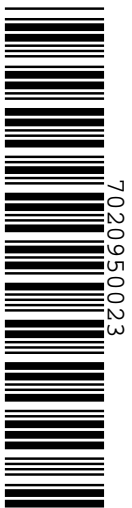
Important: Refer to the Instructions before completing this form.

|     |   |     |   |          |          |    |       |
|-----|---|-----|---|----------|----------|----|-------|
| NRT | N | PYT | Y | 01 01 21 | 04 25 21 | 22 | 56936 |
| NRS | N | PYS | N |          |          | 23 | 68626 |

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| <b>Part A. Residency Status</b>             |                                      |  |  |
| Taxpayer is: (Select applicable box)        |                                      | Spouse is: (Select applicable box)                     |  |
| <input type="checkbox"/> Full-Year Resident | <input type="checkbox"/> Nonresident | <input checked="" type="checkbox"/> Part-Year Resident |  |
| Date N.C. residency began                   |                                      | Date N.C. residency ended                              |  |
| 01 01 21                                    |                                      | 04 25 21   |  |

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.

|   |                              |                            |  |
|---|------------------------------|----------------------------|--|
| <b>Part B. Allocation of Income for Part-Year Residents and Nonresidents</b>    |                              |                            |  |
| <b>Total Income</b>   | <b>COLUMN A</b>              | <b>COLUMN B</b>            |  |
|   | <b>Total Income</b>          | <b>Amount of Column A</b>  |  |
|   | <b>from all sources</b>      | <b>subject to N.C. tax</b> |  |
| 1. Wages, Salaries, Tips, Etc.  | 1. 68626                     | 56936                      |  |
| 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 Portion of Social Security Benefit and Railroad Retirement Benefits | 14. 0                        | 0                          |  |
| 15. Other Income  | 15. 0                        | 0                          |  |
| 16. Total Income  | 16. 68626                    | 56936                      |  |
|   | <b>COLUMN A</b>              | <b>COLUMN B</b>            |  |
| <b>North Carolina Adjustments</b>   | <b>Enter the amount from</b> | <b>Amount of Column A</b>  |  |
|   | <b>Form D-400 Schedule S</b> | <b>subject to N.C. tax</b> |  |
| 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)    DYAWANAPAL | Your Social Security Number | 324590929 |
|---|-----------------------------|-----------|

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

|   | COLUMN A                                       | COLUMN B                                  |
|---|--|---|
|   | Enter the amount from<br>Form D-400 Schedule S | Amount of Column A<br>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<br>or United States' Possessions | 19b.            0                              | 0   |
| c. Taxable Portion of Social Security and<br>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<br>Income That Relate to Gross Income     | 19h.            0                              | 0   |
| 20. Total Deductions  | 20.            0                               | 0   |
| 21. Total Income Modified by N.C. Adjustments   | 21.            68626                           | 56936                                     |

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

|  |  |                       |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21                |  | 22.            56936  |
| 23. Enter the Amount From Column A, Line 21                |  | 23.            68626  |
| 24. Part-Year Residents and Nonresident Taxable Percentage |  | 24.            0.8297 |



03 12 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 324 59 0929

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

5703

First name VEDA VYAS

M.I. Last name DYAWANAPALLY

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

328 FIRWOOD DRIVE

Address line 2 (apartment number, suite number, etc.)

APT C

City

DAYTON

State

OH

ZIP code

45419

Ohio county (first four letters)

MONT

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary

Resident X Part-year resident Nonresident Indicate state NC

Check only one for spouse (if filing jointly)

Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Description, Line Number, Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 324 59 0929

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (937) 626-2421

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

324 59 0929



21280198

Sequence No. 7

03 12 22

Nonrefundable Credits

|   |     |      |    |
|---|-----|------|----|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) .....  | 1.  | 1537 | 00 |
| 2. Retirement income credit (see instructions for table; include 1099-R forms) .....                        | 2.  |      | 00 |
| 3. Lump sum retirement credit (see instructions for worksheet; include a copy) .....                        | 3.  |      | 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit) .....                                   | 4.  |      | 00 |
| 5. Lump sum distribution credit (see instructions for worksheet; include a copy) .....                      | 5.  |      | 00 |
| 6. Child care & dependent care credit (see instructions for worksheet; include a copy) .....                | 6.  |      | 00 |
| 7. Displaced worker training credit (see instructions for all required documentation; include copies) ..... | 7.  |      | 00 |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly .....                         | 8.  | 0    | 00 |
| 9. Income-based exemption credit (\$20 times the number of exemptions) .....                                | 9.  | 0    | 00 |
| 10. Total (add lines 2 through 9) .....   | 10. | 0    | 00 |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....                                  | 11. | 1537 | 00 |
| 12. Joint filing credit (see instructions for table). % times line 11, up to \$650 .....                    | 12. | 0    | 00 |
| 13. Earned income credit .....  | 13. |      | 00 |
| 14. Home school expenses credit .....   | 14. |      | 00 |
| 15. Scholarship donation credit .....   | 15. |      | 00 |
| 16. Nonchartered, nonpublic school tuition credit .....   | 16. |      | 00 |
| 17. Ohio adoption credit .....  | 17. |      | 00 |
| 18. Nonrefundable job retention credit (include a copy of the credit certificate) .....                     | 18. |      | 00 |
| 19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...  | 19. |      | 00 |
| 20. Grape production credit .....   | 20. |      | 00 |
| 21. InvestOhio credit (include a copy of the credit certificate) .....                                      | 21. |      | 00 |
| 22. Lead abatement credit (include a copy of the credit certificate) .....                                  | 22. |      | 00 |
| 23. Opportunity zone investment credit (include a copy of the credit certificate) .....                     | 23. |      | 00 |
| 24. Technology investment credit carryforward (include a copy of the credit certificate) .....              | 24. |      | 00 |
| 25. Enterprise zone day care & training credits (include a copy of the credit certificate) .....            | 25. |      | 00 |
| 26. Research & development credit (include a copy of the credit certificate) .....                          | 26. |      | 00 |



# 2021 Ohio Schedule of Credits

Primary taxpayer's SSN

324 59 0929



21280298

Sequence No. 8

|   |     |         |
|---|-----|---------|
| 27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 27. | 00      |
| 28. Total (add lines 12 through 27) .....   | 28. | 0 00    |
| 29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....               | 29. | 1537 00 |

### Nonresident Credit

Dates of Ohio residency 04 25 21 to 12 31 21 Other state of residency NC

|  |      |          |
|--|------|----------|
| 30. Nonresident Portion of Ohio adjusted gross income -<br>Ohio IT NRC Section I, line 18 (include a copy) ..... | 30.  | 66826 00 |
| 31. Ohio adjusted gross income (Ohio IT 1040, line 3).....   | 31.  | 66826 00 |
| 32a. Divide line 30 by line 31 (four decimals; do not round;<br>if greater than 1, enter 1.0000) .....           | 32a. | 1.0000   |
| 32. Nonresident credit (line 29 times line 32a) .....  | 32.  | 1537 00  |

### Resident Credit

|  |      |         |
|--|------|---------|
| 33. Portion of Ohio adjusted gross income taxed by another<br>state or the District of Columbia while an Ohio resident -<br>Ohio IT RC, line 1a (include a copy) .....             | 33.  | 00      |
| 34. Ohio adjusted gross income (Ohio IT 1040, line 3).....   | 34.  | 00      |
| 35a. Divide line 33 by line 34 (four decimals; do not round;<br>if greater than 1, enter 1.0000).....  | 35a. |         |
| 35. Line 29 times line 35a .....   | 35.  | 00      |
| 36. 2021 income tax liability after credits paid to<br>another state or the District of Columbia -<br>Ohio IT RC, line 1b (include a copy) .....                                   | 36.  | 00      |
| 37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation<br>in the boxes below for each state in which income was subject to tax ..... | 37.  | 00      |
| 38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..   | 38.  | 1537 00 |

### Refundable Credits

|  |     |    |
|--|-----|----|
| 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....           | 39. | 00 |
| 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) ..... | 40. | 00 |
| 41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....                                   | 41. | 00 |
| 42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | 42. | 00 |
| 43. Venture capital credit (include a copy of the credit certificate) .....                                | 43. | 00 |
| 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....       | 44. | 00 |