

**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"/>
SAITEJA ANISHETTY 113 POINT COMFORT LANE CARY NC 27519 WAKE		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 783860950 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)		
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:
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
ANIS	113	27519	DS	N	EA	N	TD			SD				FDEXT	N
SAITEJA			ANISHETTY					783860950				WAKE			
												NC	27519		
			113 POINT COMFORT LANE					CARY							
06		43483		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				1894		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		32733		26A				0		34				176	
15		1718		26B				0							
TN	2039195087			PN			6789659522			PP				P02082703	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>176</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.			
Your Signature _____		Spouse's Signature (If filing joint return, both must sign.) _____	
Date _____		Date _____	
		Contact Phone No. (Include area code) <u>2039195087</u>	
<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 <u>03 26 2</u>		<u>6789659522</u>	
Paid Preparer's Signature _____		Preparer's Contact Phone Number (Include area code) _____	
Date _____		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.	43483
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	43483
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.	32733
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	32733
15.	N.C. Income Tax	15.	1718
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1718
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1718

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	1894
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.	1894
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1894
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>176</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>176</b>

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SAITEJA
Middle Initial
Last Name ANISHETTY
Social Security No. 783-86-0950
Date of Birth 08/03/1998
or age as of 1-1- 2022 23
Date of Death
Daytime phone (203)919-5087

Spouse:

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

Home phone (203)919-5087

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

c/o Name (EF only)

Street Address 113 POINT COMFORT LANE 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.

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 Form 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) . . . BANK OF AMERICA  
Check the appropriate box:  
Checking . . . . .  Routing number . . 011900254  
Savings . . . . .  Account number . . 385026683508

**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 . . . . . ▶