

Cut on line before mailing

REV 03/22/22 PRO

POST FILING COUPON

PFC

0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 447 85 3503

\*SSN 2

Period End Date 12 31 2021

Date Due 04 18 2022

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

PAYAL DATTA

Amount Due:

13.00

113 POINT COMFORT LN

CARY NC 27519

06000044785350302000010111231202100

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return** **2021**

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  447  85  3503

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  PAYAL Initial  Last name  DATTA Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  113 POINT COMFORT LN Place "X" in box if you are married filing separately.

City  CARY State  NC Zip/Postal code  27519

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2021.

County where you lived  49 County where you worked  49 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  5964.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2  .00
3. Add line 1 and line 2 \_\_\_\_\_  3  5964.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4  .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  5964.00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  110.00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  5854.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  189.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank)  9  118.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  307.00



12. Enter credits from Schedule F, line 10 (enclose schedule) _____	12	294	.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00	
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	294	.00	
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	307	.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00	
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18		.00	
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).				
Enter your county code <input type="text"/> county tax to be applied __ \$	a		.00	
Spouse's county code <input type="text"/> county tax to be applied __ \$	b		.00	
Indiana adjusted gross income tax to be applied _____ \$	c		.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00	
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions <b>Your Refund</b>	21		.00	
<b>22. Direct Deposit</b> (see instructions)				
a. Routing Number <input type="text"/>				
b. Account Number <input type="text"/>				
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC				
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>				
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	13	.00	
24. Penalty if filed after due date (see instructions) _____	24		.00	
25. Interest if filed after due date (see instructions) _____	25		.00	
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	13	.00	

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

Your Signature	Date	Spouse's Signature	Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

PAYAL DATTA

447 85 3503

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	54047.00	1B	5964.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Taxable IRA distribution _____	10A	.00	10B	.00
11. Taxable pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	54047.00	21B	5964.00

**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 

21C		.00
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21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 

21D	0.110	
-----	-------	--

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments
22. Educator expenses (see instructions) _____	22A	.00	22B
23. Certain business expenses of reservists, performing artists, etc _____	23A	.00	23B
24. Health savings account deduction _____	24A	.00	24B
25. Moving expenses (see instructions) _____	25A	.00	25B
26. Deductible part of self-employment tax _____	26A	.00	26B
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	.00	27B
28. Self-employed health insurance deduction _____	28A	.00	28B
29. Penalty on early withdrawal of savings _____	29A	.00	29B
30. Alimony paid _____	30A	.00	30B
31. IRA deduction _____	31A	.00	31B
32. Student loan interest deduction (see instructions) _____	32A	2500.00	32B
33. Reserved for future use _____	33A	.00	33B
34. Other (see instructions) _____	34A	.00	34B
35. Add lines 22 through 34 _____	35A	2500.00	35B

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 

36A	51547	.00
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36B	5964	.00
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Name(s) shown on Form IT-40PNR

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447 85 3503

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts	1	181	.00
2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.	2	113	.00
3. Estimated tax paid for 2021: include any extension payment made with Form IT-9	3		.00
4. Unified tax credit for the elderly	4		.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> _____ Box A			.00
Enter number from Schedule A, Proration Section, line 21D _____ Box B		.	
Multiply Box A by Box B, enter total here _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 <b>Total Credits</b>	10	294	.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2					.00



Name(s) shown on Form IT-40PNR

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**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2021. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2021	06 01 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	NC	01 01 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B				Yes <input type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2





Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes  No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2021, enter date of death (MM/DD).

Taxpayer's date of death   2021 Spouse's date of death   2021

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

PAYAL DATTA

447

85

3503

**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2021.**

1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) \_\_\_\_\_

Column A - Yourself

Column B - Spouse's

1A	5854	.00	1B		.00
----	------	-----	----	--	-----

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021 \_\_\_\_\_

2A	.0202000		2B		
----	----------	--	----	--	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) \_\_\_\_\_

3A	118	.00	3B		.00
----	-----	-----	----	--	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below. \_\_\_\_\_

4	118	.00
---	-----	-----

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) \_\_\_\_\_

5		.00
---	--	-----

6. Multiply line 5 by .0181 and enter total here \_\_\_\_\_

6		.00
---	--	-----

7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR \_\_\_\_\_

7	118	.00
---	-----	-----

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2021, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2021**

1. Enter your principal employment income (see instructions) \_\_\_\_\_

Column A - Yourself		Column B - Spouse's			
1A		.00	1B		.00

2. Enter deductions. See the complete list of allowable deductions in the instructions \_\_\_\_\_

2A		.00	2B		.00
----	--	-----	----	--	-----

3. Subtract line 2 from line 1 \_\_\_\_\_

3A		.00	3B		.00
----	--	-----	----	--	-----

4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) \_\_\_\_\_

4A		.00	4B		.00
----	--	-----	----	--	-----

5. Subtract line 4 from line 3 (if less than zero, leave blank) \_\_\_\_\_

5A		.00	5B		.00
----	--	-----	----	--	-----

6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2021 \_\_\_\_\_

6A			6B		
----	--	--	----	--	--

7. Multiply the income on line 5 by the rate on line 6 \_\_\_\_\_

7A		.00	7B		.00
----	--	-----	----	--	-----

8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) \_\_\_\_\_

8		.00
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**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"/>
PAYAL DATTA 113 POINT COMFORT LN Your SSN: 447853503 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: _____ Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		Year spouse died: _____
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
DATT	113	27519	DS	N	EA	N	TD			SD				FDEXT	N
PAYAL		DATTA						447853503		WAKE					
										NC	27519				
113	POINT	COMFORT	LN					CARY							
06		51547		16				189		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				2189		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		40797		26A				0		34				236	
15		2142		26B				0							
TN	3176036922			PN			6789659522			PP				P02082703	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>236</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 _____
		3176036922 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 <u>03 30 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.	51547
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	51547
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.	40797
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	40797
15.	N.C. Income Tax	15.	2142
16.	Tax Credits	16.	189
17.	Subtract Line 16 from Line 15	17.	1953
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1953

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	2189
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.	2189
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2189
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>236</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>236</b>

D-400TC (50)

12-1-21

2021 Individual Income Tax Credits

North Carolina Department of Revenue

DOR
Use
Only

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) DATTA Your Social Security Number 447853503

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Count, Code. 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, Amount. Rows 1-7b detailing income and tax credit calculations.

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.

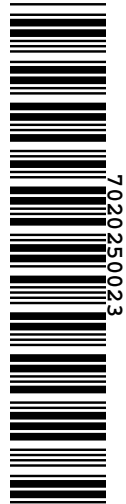
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

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

Table with 3 columns: Description, Line, Amount. Rows 8a-13 detailing historic structure credits.

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

Table with 3 columns: Description, Line, Amount. Rows 14-20 summarizing total tax credits.



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