D-40 < Stapl	le All	Pages	of Yo	bur	2022	-		<u>li</u> na D	ncome epartmen	-		DOR Use Only				
		nd W-2s			ar beginning	r		_	ended Return and ending			Are you a ve	toran			10 X
SUSH		ii yeai zu	<u>022, 0</u>		JJA			22				Is your spou		an?		
	5039 HAMILTON WOLFE Your SSN: 012497788 Were you granted an automatic extension to file your															
		TX 7							Spouse's S			2022 federal	r		n, e.g., Form 1	040?
Filing	Status		1. Sing 4. Hea	gle Id of Housel	hold		ied Filing ifying Wie	-	L 3. Marı	ried Filing	Separately	Year spou	Yes	NO	Χ	
Were	/ou a				ntire year?	0. Quu	Yes L	No	X _ F	Return fo	r deceased t		Date o	f death	1:	
					entire year	?	Yes	No			or deceased s		Date o	f death	ı:	
					-				ucation Endo		-	-		-	-	
									NC-EDU and (See instruc			0. about the F		ignate	your overpay	ment
Se Se	elect b	box if you	u, or if	f married fi	ling jointly,	our spo	ouse we	re out c	of the country	on April	15, 2023, an	id a U.S. cit	izen or re	esident		
L Se	elect b	oox if retu	urn is	filed and s	signed by E	kecutor,	Adminis	strator, o	or Court-App	pinted Pe	ersonal Repr	esentative.				
FS 2	1	PP	Y		DT	Ν	OC	Ν	TPRES	Ν	SPRES	Ν	VT	Ν	SVT	N
BOJJ		5039		78229) DS	Ν	EA	Ν	TD			SD			FDEX	ΓN
SUSHI	МA				BOJJ	A				012	497788					
												TX	782	29		
5039	HA	MILT	'ON	WOLFE	C					SA	N ANTO	NIO				
06			961	_47		16			0		26C			0		
07				0		18	Y		0		26E			0		
09				0		20A			1593		EU					
10A				0		20B			0		27			0		
10B				0		21A			0		29			0		
11	S	Y	I	N		21B			0		30			0		
11			127			210			0		31			0		
13			036			21D			0		32			0		
14			308			26A			0		34			54		
15				539		26B			0							
TN		1651				PN	6		559522		PP	P02	0827	03		
		tify that I ha			Refund D		hedules ar	5 4 nd stateme		ment Chec		uthorize the N	0 North Carc	lina De	partment of Re	evenue
the best of	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.															
Vera O'	3165161438															
-	Your Signature Date Spouse's Signature (If filing joint return, both must sign.) Date 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 Paid Prep			AM S	BAGAR (GUPT 0	<u>3 01</u> Date			659522 ntact Phone Numl	per (Include	e area code)			0208 Irer's FEI	2703 IN, 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

REV 01/26/23 PRO

D-400 2022 Page 2 (50)

Last Name	(First 10 Characters)) BOJJA

Your Social Security Number

012497788

6.	Federal Adjusted Gross Income	6.	96147
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	96147
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.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	83397
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.3697
14.	N.C. Taxable Income	14.	30832
15.	N.C. Income Tax	15.	1539
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1539
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1539
			2007
<u>North</u>	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	1593
20a. 20b.	Spouse's tax withheld	20a. 20b.	1593
Other	Tax Payments		
01-	2022 estimated tax	21a.	0
21a.			
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	1593
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1593
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.	54
Δμοι	int of Refund to Apply to:		
Anot			
29.	Amount of Line 28 to be applied to 2023 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.	54

D-400 Line-by-Line Information

D-400 Sch PN (50)

8-17-22

Ρ

2022 Part-Year Resident and Nonresident Schedule

DOR
Use
Only

North Carolina Department of Revenue

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 2022, 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) BOJJA

Your Social Security Number 012497788

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.

Part A.	Residency S	Status				
	NRS	Ν	PYS	Ν	23	96147
	NRT	Y	PYT	Ν	22	35550

Taxpayer is: (Select applica		Spouse is: (Select applicat	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended

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. Part B. Allocation of Income for Part-Year Residents and Nonresidents

			COLUMN A	COLUMN B	
Fotal	Income		Total Income	Amount of Column A	
		fr	om all sources	subject to N.C. tax	
1.	Wages, Salaries, Tips, Etc.	1.	105537	35550	
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.	-9390	0	
12.	Farm Income or (Loss)	12.	0	0	
13.	Unemployment Compensation	13.	0	0	
14.	Taxable Portion of Social Security				
	and Railroad Retirement Benefits	14.	0	0	
15.	Other Income	15.	0	0	
16.	Total Income	16.	96147	35550	
			COLUMN A	COLUMN B	
lorth	Carolina Adjustments	Enter the amount from		Amount of Column A	
		Form	D-400 Schedule S	subject to N.C. tax	
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

0

0

18.

D-400 Sch. PN 2022 Page 2 (50)

Last Name (First 10 Characters) BOJJA

Your Social Security Number

012497788

Part I	B. Allocation of Income for Part-Year Residents and Nonresidents (cc	ntinued)		
		C	OLUMN A	COLUMN B
		Enter t	he amount from	Amount of Column A
		Form D	-400 Schedule S	subject to N.C. tax
19.	Deductions			
	a. State or Local Income Tax Refund	19a.	0	0
	 Interest Income From Obligations of the United States 			
	or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security and			
	Railroad Retirement Benefits	19c.	0	0
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement			
	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			
	Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	96147	35550
Part	C. Part-Year Residents and Nonresidents Taxable Percentage			
22	Enter the Amount From Column D. Line 21		22	35550
22.	Enter the Amount From Column B, Line 21		22	
23.	Enter the Amount From Column A, Line 21		23	
24.	Part-Year Residents and Nonresident Taxable Percentage		24	. 0.3077

REV 01/26/23 PRO