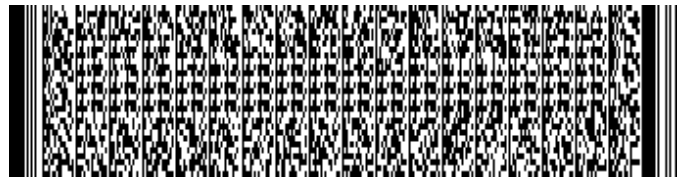


MISSOURI DEPARTMENT OF
REVENUE
2022 Individual Income
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.

Amended Return **Composite Return**
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)		Fiscal Year Ending (MM/DD/YY)		Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64	Age 65 or Older	Blind	100% Disabled	Non-Obligated Spouse
Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>

Name

Deceased in 2022 Deceased in 2022

Social Security Number Spouse's Social Security Number

779 - 05 - 5665 - -

First Name M.I. Last Name Suffix

AJAY KUMAR KALIKIVAI

Spouse's First Name M.I. Spouse's Last Name Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

718 MINGLEWOOD DR APT 11407

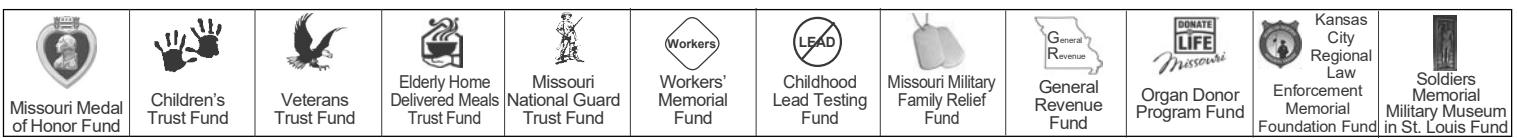
City, Town, or Post Office State ZIP Code

CHARLOTTE NC 28262 -

County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	112484	.00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S	.00
3. Total income - Add Lines 1 and 2.	3Y	112484	.00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	112484	.00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	112484	.00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8		.00		
9. Tax from federal return	9	17722	.00		
10. Other tax from federal return.	10		.00		
11. Total tax from federal return. Do not enter federal income tax withheld.	11	17722	.00		
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	5.00	%		

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	886	.00		
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,950 • Head of Household-\$19,400 • Married Filing Combined or Qualifying Widow(er)-\$25,900	14	12950	.00		
15. Additional Exemption for Head of Household and Qualified Widow(er)	15		.00		
16. Long-term care insurance deduction	16		.00		
17. Health care sharing ministry deduction.	17		.00		
18. Active Duty Military income deduction	18		.00		
19. Inactive Duty Military income deduction	19		.00		
20. Bring jobs home deduction	20		.00		
21. Transportation facilities deduction	21		.00		

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

22.	First time home buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	22	<input type="text"/>	<input type="text"/>
23.	Long term dignity savings account deduction					23	<input type="text"/>	<input type="text"/>
24.	Foster parent tax deduction					24	<input type="text"/>	<input type="text"/>
25.	Total deductions - Add Lines 8 and 13 through 24					25	13836	<input type="text"/>
26.	Subtotal - Subtract Line 25 from Line 6					26	98648	<input type="text"/>
27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	98648	<input type="text"/>	<input type="text"/>	27S	<input type="text"/>	<input type="text"/>
28.	Enterprise zone or rural empowerment zone income modification	28Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	28S	<input type="text"/>	<input type="text"/>

Tax

29.	Taxable income - Subtract Line 28 from Line 27	29Y	98648	<input type="text"/>	<input type="text"/>	29S	<input type="text"/>	<input type="text"/>
30.	Tax (see tax chart on page 26 of the instructions).	30Y	5044	<input type="text"/>	<input type="text"/>	30S	<input type="text"/>	<input type="text"/>
31.	Resident credit - Attach Form MO-CR and other states' income tax return(s).	31Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	31S	<input type="text"/>	<input type="text"/>
32.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	100	%	<input type="text"/>	32S	<input type="text"/>	%
33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	5044	<input type="text"/>	<input type="text"/>	33S	<input type="text"/>	<input type="text"/>
34.	Other taxes - Select box and attach federal form indicated.							
	<input type="checkbox"/> Lump sum distribution (Form 4972)							
	<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	34Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	34S	<input type="text"/>	<input type="text"/>
35.	Subtotal - Add Lines 33 and 34	35Y	5044	<input type="text"/>	<input type="text"/>	35S	<input type="text"/>	<input type="text"/>
36.	Total Tax - Add Lines 35Y and 35S					36	5044	<input type="text"/>

Payments and Credits

37.	MISSOURI tax withheld - Attach Forms W-2 and 1099	37	5448	<input type="text"/>	<input type="text"/>
38.	2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022	38	<input type="text"/>	<input type="text"/>	
39.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39	<input type="text"/>	<input type="text"/>	
40.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40	<input type="text"/>	<input type="text"/>	
41.	Amount paid with Missouri extension of time to file (Form MO-60).	41	<input type="text"/>	<input type="text"/>	
42.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42	<input type="text"/>	<input type="text"/>	
43.	Property tax credit - Attach Form MO-PTS	43	<input type="text"/>	<input type="text"/>	
44.	Total payments and credits - Add Lines 37 through 43	44	5448	<input type="text"/>	



Skip Lines 45 through 47 if you are not filing an amended return.

45. Amount paid on original return.

46. Overpayment as shown (or adjusted) on original return

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.
Enter on Line 47.

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.
Amount of OVERPAYMENT

49. Amount of Line 48 to be applied to your 2023 estimated tax

50. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

50a. Children's Trust Fund <input type="text"/> . <input type="text" value="00"/>	50b. Veterans Trust Fund <input type="text"/> . <input type="text" value="00"/>	50c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text" value="00"/>	50d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text" value="00"/>
50e. Workers' Memorial Fund <input type="text"/> . <input type="text" value="00"/>	50f. Childhood Lead Testing Fund <input type="text"/> . <input type="text" value="00"/>	50g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text" value="00"/>	50h. General Revenue Fund <input type="text"/> . <input type="text" value="00"/>
50i. Organ Donor Program Fund <input type="text"/> . <input type="text" value="00"/>	50j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> . <input type="text" value="00"/>	50k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> . <input type="text" value="00"/>	50l. Missouri Medal of Honor Fund <input type="text"/> . <input type="text" value="00"/>
50m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	50n. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>		

Total Donation - Add amounts from Boxes 50a through 50n and enter here

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**.

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here

a. Routing Number c. Checking Savings

b. Account Number



Amount Due

53. If Line 36 is larger than Line 44 or Line 47, enter the difference.
 Amount of UNDERPAYMENT 53 .00

54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 54 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

55. **AMOUNT DUE** - Add Lines 53 and 54.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 55 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo.**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	INFO@GTAXFILE.COM			Daytime Telephone	6189548443		
Preparer's Signature	SYAM PRIYA RAM SAGAR GUPTA TALLAM			Date (MM/DD/YY)	03	30	23
Preparer's FEIN, SSN, or PTIN	84-3171965			Preparer's Telephone	6789659522		
Preparer's Address	245 ROONEY CT E BRUNSWICK			State	NJ 08816		

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



22322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2022)

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329
Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.





Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

- -

Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2022 NORTH CAROLINA
- Remote Work (See instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
- Date From: _____ Date To: _____

Spouse's Social Security Number

- -

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2022 _____
- Remote Work (See instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2022.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
- Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
- Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record
I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
- Non-Missouri Home of Record
I resided in Missouri during 2022 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc.	1z	A	121984	00	A		00
B. Taxable interest income.	2b	B		00	B		00
C. Dividend income	3b	C		00	C		00
D. State and local income tax refunds (from schedule 1, part 1)	1	D		00	D		00
E. Alimony received (from schedule 1, part 1)	2a	E		00	E		00
F. Business income or (loss) (from schedule 1, part 1)	3	F		00	F		00
G. Capital gain or (loss)	7	G		00	G		00
H. Other gains or (losses) (from schedule 1, part 1)	4	H		00	H		00
I. Taxable IRA distributions	4b	I		00	I		00
J. Taxable pensions and annuities	5b	J		00	J		00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	0	00	K		00
L. Farm income or (loss) (from schedule 1, part 1)	6	L		00	L		00
M. Unemployment compensation (from schedule 1, part 1)	7	M		00	M		00
N. Taxable social security benefits	6b	N		00	N		00
O. Other income (from schedule 1, part 1)	9	O		00	O		00
P. Total - Add Lines A through O		P	121984	00	P		00
Q. Minus: federal adjustments to income	10	Q		00	Q		00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	121984	00	R		00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S		00	S		00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T		00	T		00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1.		U		00	U		00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	121984	00	1S		00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	112484	00	2S		00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S	3Y	100	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

D-400 (50) 8-8-22 **2022 Individual Income Tax Return**

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

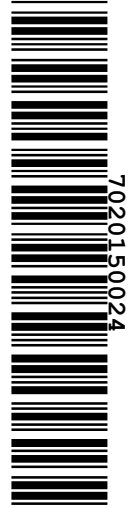
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2022, or fiscal year beginning <u>22</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
AJAY KUMAR KALIKIVAI 718 MINGLEWOOD DR 11407 Your SSN: 779055665 CHARLOT NC 28262 MECKL 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 2022 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, 2023, 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
KALI	718	28262	DS	N	EA	N	TD			SD				FDEXT	N
AJAY KUMAR				KALIKIVAI						779055665		MECKL			
												NC	28262		
718	MINGLEWOOD DR							11407	CHARLOTTE						
06		112484		16				4977		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				0		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				21B		0				0	
11		12750		21C				0		31				0	
13		00000		21D				0		32				0	
14		99734		26A				0		34				0	
15		4977		26B				0							
TN	6189548443			PN				6789659522		PP				P02082703	



Sign Return Below <input type="checkbox"/> Refund Due <u>0</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 _____
6189548443 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 03 30 23 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
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.	112484
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	112484
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.	99734
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	99734
15.	N.C. Income Tax	15.	4977
16.	Tax Credits	16.	4977
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2022 estimated tax	21a.	0
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.	0
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
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.	0

Amount of Refund to Apply to:

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.	0

D-400TC (50)

8-8-22

2022 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) KALIKIVAI Your Social Security Number 779055665

Table with 8 columns: Line, Federal Gross Income, State/Country Code, Federal Gross Income, State/Country Code, Federal Gross Income, State/Country Code, Federal Gross Income. Rows 01-07A.

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.

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 2022 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.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table with 3 columns: Description, Line, Amount. Rows 14-20.

