

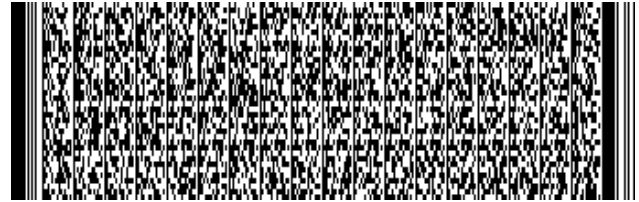


Illinois Department of Revenue  
**2022 Form IL-1040**  
 Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

**Step 1: Personal Information** Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

888-34-1584 1993  
 PURVA NARENDRA BANGAD  
 2599 EVANS ROAD 334  
 MORRISVILLE NC 27560  
 BANGADPURVA@GMAIL.COM



- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2022:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income** (Whole dollars only)

|   |                     |
|---|---------------------|
| <b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.                     | <b>1</b> 105,336.00 |
| <b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | <b>2</b> .00        |
| <b>3</b> Other additions. Attach Schedule M.  | <b>3</b> .00        |
| <b>4</b> Total income. Add Lines 1 through 3.   | <b>4</b> 105,336.00 |

**Step 3: Base Income**

|   |                     |
|---|---------------------|
| <b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | <b>5</b> .00        |
| <b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.                                 | <b>6</b> .00        |
| <b>7</b> Other subtractions. Attach Schedule M.   | <b>7</b> .00        |
| <b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.   | <b>8</b> .00        |
| <b>9</b> Illinois base income. Subtract Line 8 from Line 4.   | <b>9</b> 105,336.00 |

**Step 4: Exemptions**

|   |                    |
|---|--------------------|
| <b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.                                      | <b>a</b> 2,425.00  |
| <b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =   | <b>b</b> .00       |
| <b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | <b>c</b> .00       |
| <b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | <b>d</b> 0.00      |
| <b>Exemption allowance.</b> Add Lines 10a through 10d.  | <b>10</b> 2,425.00 |

**Step 5: Net Income and Tax**

|  |                     |
|--|---------------------|
| <b>11 Residents: Net income.</b> Subtract Line 10 from Line 9.   |                     |
| <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR. | <b>11</b> 49,369.00 |
| <b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.                                | <b>12</b> 2,444.00  |
| <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.                                     | <b>13</b> .00       |
| <b>13</b> Recapture of investment tax credits. Attach Schedule 4255.   | <b>13</b> .00       |
| <b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.   | <b>14</b> 2,444.00  |

**Step 6: Tax After Nonrefundable Credits**

|   |                    |
|---|--------------------|
| <b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.                      | <b>15</b> .00      |
| <b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.         | <b>16</b> .00      |
| <b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.   | <b>17</b> .00      |
| <b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | <b>18</b> 0.00     |
| <b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.                                       | <b>19</b> 2,444.00 |

**Step 7: Other Taxes**

|   |                    |
|---|--------------------|
| <b>20</b> Household employment tax. See instructions.   | <b>20</b> .00      |
| <b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | <b>21</b> 0.00     |
| <b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.                                     | <b>22</b> .00      |
| <b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.  | <b>23</b> 2,444.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 2,444.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,501.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 2,501.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 57.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 57.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 57.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 2 2 2 3 5 8 2 1 X Checking or Savings
Account number 1 5 7 5 0 5 3 5 5 4 4 4

- b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

- 41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue  
**2022 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident  
 Computation of Illinois Tax**

IL Attachment No. 2

PURVA NARENDRA BANGAD

Your name as shown on your Form IL-1040

8 8 8 - 3 4 - 1 5 8 4

Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.  
**a** I lived in **Illinois** from 01 / 01 / 22 to 06 / 30 / 22 I lived in North Carolina from 07 / 01 / 22 to 12 / 31 / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year  
**b** My spouse lived in **Illinois** from    /    / 22 to    /    / 22, and    from    /    / 22 to    /    / 22  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

|   | Column A<br>Federal Total | Column B<br>Illinois Portion |
|---|---------------------------|------------------------------|
| <b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)  | <u>5</u> 115,926.00       | <u>50,533.00</u>             |
| <b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)   | <u>6</u> .00              | <u>.00</u>                   |
| <b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)   | <u>7</u> .00              | <u>.00</u>                   |
| <b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)  | <u>8</u> .00              | <u>.00</u>                   |
| <b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)   | <u>9</u> .00              | <u>.00</u>                   |
| <b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)  | <u>10</u> .00             | <u>.00</u>                   |
| <b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)   | <u>11</u> .00             | <u>.00</u>                   |
| <b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)  | <u>12</u> .00             | <u>.00</u>                   |
| <b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)   | <u>13</u> .00             | <u>.00</u>                   |
| <b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)  | <u>14</u> .00             | <u>.00</u>                   |
| <b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)  | <u>15</u> -10,590.00      | <u>0.00</u>                  |
| <b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)  | <u>16</u> .00             | <u>.00</u>                   |
| <b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)  | <u>17</u> .00             | <u>.00</u>                   |
| <b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)  | <u>18</u> .00             | <u>.00</u>                   |
| <b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)<br>Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B. | <u>19</u> .00             | <u>.00</u>                   |
| <b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.  | <b>20</b> 50,533.00       | <u>50,533.00</u>             |

Continue with Step 3 on Page 2 →



**Step 3: Continued**

|                              |  | Column A<br>Federal Total | Column B<br>Illinois Portion |
|------------------------------|--|---------------------------|------------------------------|
| <b>Adjustments to Income</b> | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.   | <b>21</b>                 | 50,533.00                    |
|                              | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)   | <b>22</b>                 | .00                          |
|                              | 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | <b>23</b>                 | .00                          |
|                              | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)  | <b>24</b>                 | .00                          |
|                              | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)   | <b>25</b>                 | .00                          |
|                              | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)  | <b>26</b>                 | .00                          |
|                              | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)  | <b>27</b>                 | .00                          |
|                              | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)  | <b>28</b>                 | .00                          |
|                              | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)  | <b>29</b>                 | .00                          |
|                              | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)   | <b>30</b>                 | .00                          |
|                              | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | <b>31</b>                 | .00                          |
|                              | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)   | <b>32</b>                 | .00                          |
|                              | 33 RESERVED  | <b>33</b>                 | .00                          |
|                              | 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)  | <b>34</b>                 | .00                          |
|                              | 35 Other adjustments (see instructions)  | <b>35</b>                 | .00                          |
|                              | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.  | <b>36</b>                 | .00                          |
|                              | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.  | <b>37</b>                 | 105,336.00                   |
|                              | 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.  | <b>38</b>                 | 50,533.00                    |

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

|                             |   | Column A<br>Form IL-1040 Total | Column B<br>Illinois Portion |
|-----------------------------|---|--------------------------------|------------------------------|
| <b>Illinois Adjustments</b> | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)   | <b>39</b>                      | .00                          |
|                             | 40 Other additions (Form IL-1040, Line 3)   | <b>40</b>                      | .00                          |
|                             | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.                                 | <b>41</b>                      | 50,533.00                    |
|                             | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)   | <b>42</b>                      | .00                          |
|                             | 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | <b>43</b>                      | .00                          |
|                             | 44 Other subtractions (Form IL-1040, Line 7)  | <b>44</b>                      | .00                          |
|                             | 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.                                    | <b>45</b>                      | .00                          |

**Step 5: Figure your Illinois income and tax**

|                         |   |           |            |
|-------------------------|---|-----------|------------|
| <b>Tax Calculations</b> | 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.                                   | <b>46</b> | 50,533.00  |
|                         | 47 Enter the base income from Form IL-1040, Line 9.   | <b>47</b> | 105,336.00 |
|                         | 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.         | <b>48</b> | 0.480      |
|                         | 49 Enter your exemption allowance from your Form IL-1040, Line 10.  | <b>49</b> | 2,425.00   |
|                         | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.   | <b>50</b> | 1,164.00   |
|                         | 51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →                | <b>51</b> | 49,369.00  |
|                         | 52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. → | <b>52</b> | 2,444.00   |



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|--------------------------|-----------|--------------------------|
| W-2       | W                        | 1099-DIV  | D                        |
| W-2G      | WG                       | 1099-INT  | I                        |
| 1099-R    | R                        | 1042-S    | S                        |
| 1099-G    | G                        | 1099-B    | B                        |
| 1099-MISC | M                        | 1099-K    | K                        |
| 1099-OID  | O                        | 1099-NEC  | N                        |

## Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

PURVA NARENDRA BANGAD

8 8 8 - 3 4 - 1 5 8 4  
Your Social Security number

Your name as shown on Form IL-1040

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W                   | 27-5077523 000 0                                    | \$ 50,533.00  | \$ 50,533.00   | \$ 2,501.00                                 |
| 2                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 3                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 4                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 5                     |   | \$ .00  | \$ .00   | \$ .00                                      |

## Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 6                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 7                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 8                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 9                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 10                    |   | \$ .00  | \$ .00   | \$ .00                                      |

## Step 3: Total Illinois withholding

**11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.**

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2,501.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



**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"/>  |
| PURVA NARENDR BANGAD<br>2599 EVANS ROAD 334 Your SSN: 888341584<br>MORRISV NC 27560 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<br><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 type="checkbox"/> No <input checked="" type="checkbox"/>   |  | Year spouse died:   |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | 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       | N | SPRES | N | VT   | N     | SVT       | N |
| BANG          | 2599       | 27560  | DS | N   | EA | N  | TD         |             |   | SD    |   |      |       | FDEXT     | N |
| PURVA NARENDR |            | BANGAD |    |     |    |    |            | 888341584   |   |       |   | WAKE |       |           |   |
|               |            |        |    |     |    |    |            |             |   |       |   | NC   | 27560 |           |   |
| 2599          | EVANS      | ROAD   |    |     |    |    | 334        | MORRISVILLE |   |       |   |      |       |           |   |
| 06            |            | 105336 |    | 16  |    |    | 0          | 26C         |   |       |   |      |       | 0         |   |
| 07            |            | 0      |    | 18  | Y  |    | 0          | 26E         |   |       |   |      |       | 0         |   |
| 09            |            | 0      |    | 20A |    |    | 3035       | EU          |   |       |   |      |       |           |   |
| 10A           |            | 0      |    | 20B |    |    | 0          | 27          |   |       |   |      |       | 0         |   |
| 10B           |            | 0      |    | 21A |    |    | 0          | 29          |   |       |   |      |       | 0         |   |
| 11            | S          | Y      | I  | N   |    |    | 0          | 30          |   |       |   |      |       | 0         |   |
| 11            |            | 12750  |    | 21C |    |    | 0          | 31          |   |       |   |      |       | 0         |   |
| 13            |            | 06208  |    | 21D |    |    | 0          | 32          |   |       |   |      |       | 0         |   |
| 14            |            | 57477  |    | 26A |    |    | 0          | 34          |   |       |   |      |       | 167       |   |
| 15            |            | 2868   |    | 26B |    |    | 0          |             |   |       |   |      |       |           |   |
| TN            | 6573195400 |        |    | PN  |    |    | 6789659522 |             |   | PP    |   |      |       | P02082703 |   |



|   |  |   |  |
|---|--|---|--|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>167</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>6573195400</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.                  |  |   |  |
| <u>SYAM PRIYA RAM SAGAR GUPT</u>  |  | <u>02 18 23</u>   |  |
| Paid Preparer's Signature   |  | Preparer's Contact Phone Number (Include area code) <u>6789659522</u> |  |
|   |  | 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

Last Name (First 10 Characters) BANGAD

Your Social Security Number

888341584

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 105336 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 105336 |
| 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. | 92586  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.6208 |
| 14. | N.C. Taxable Income   | 14.  | 57477  |
| 15. | N.C. Income Tax   | 15.  | 2868   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 2868   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 2868   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 3035 |
| 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.  | 3035       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 3035       |
| 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>167</b> |

**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. | <b>Amount to be Refunded</b>                                 | 34. | <b>167</b> |



**D-400 Sch PN (50)**

8-17-22

**2022 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 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) **BANGAD** Your Social Security Number **888341584**

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 07 01 22 12 31 22 22 65393  
NRS N PYS N 23 105336

**Part A. Residency Status**

Taxpayer is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
Date N.C. residency began 07 01 22 Date N.C. residency ended 12 31 22

Spouse is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
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**

| Total Income   | COLUMN A<br>Total Income<br>from all sources                      | COLUMN B<br>Amount of Column A<br>subject to N.C. tax        |
|--|---|--|
| 1. Wages, Salaries, Tips, Etc.   | 1. 115926   | 65393  |
| 2. Taxable Interest  | 2. 0  | 0  |
| 3. Taxable Dividends   | 3. 0  | 0  |
| 4. Taxable Refunds, Credits, or Offsets<br>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<br>and Annuities                                    | 10. 0   | 0  |
| 11. Rental Real Estate, Royalties, Partnerships,<br>S-Corps, Estates, Trusts, Etc. | 11. -10590  | 0  |
| 12. Farm Income or (Loss)  | 12. 0   | 0  |
| 13. Unemployment Compensation  | 13. 0   | 0  |
| 14. Taxable Portion of Social Security<br>and Railroad Retirement Benefits         | 14. 0   | 0  |
| 15. Other Income   | 15. 0   | 0  |
| 16. Total Income   | 16. 105336  | 65393  |
| <b>North Carolina Adjustments</b>  |   |  |
| 17. Additions  | <b>COLUMN A</b><br>Enter the amount from<br>Form D-400 Schedule S | <b>COLUMN B</b><br>Amount of Column A<br>subject to N.C. tax |
| 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)    BANGAD | Your Social Security Number    888341584 |
|---|--|

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

|   | COLUMN A<br>Enter the amount from<br>Form D-400 Schedule S | COLUMN B<br>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. Retirement Benefits Received by <b>Vested</b> N.C. State Government, N.C.<br>Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i> | 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.            105336                                      | 65393   |

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

|  |  |                       |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21                |  | 22.            65393  |
| 23. Enter the Amount From Column A, Line 21                |  | 23.            105336 |
| 24. Part-Year Residents and Nonresident Taxable Percentage |  | 24.            0.6208 |