

**IRS e-file Signature Authorization**

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.  
 ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><u>SAILAJA KETHAM</u> | Social security number<br><u>491-89-5315</u> |
| Spouse's name                            | Spouse's social security number              |

**Part I Tax Return Information — Tax Year Ending December 31, 2022** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |                 |
|--|----------|-----------------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | <u>108,669.</u> |
| <b>2</b> Total tax . . . . .   | <b>2</b> | <u>16,810.</u>  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | <u>18,132.</u>  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | <u>1,322.</u>   |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |                 |

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 5 | 3 | 1 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ K.Sailaja Date ▶ 04/04/2023

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

|   |  |                               |  |  |
|---|--|-------------------------------|--|--|
| Your first name and middle initial<br>SAILAJA   |  | Last name<br>KETHAM           | Your social security number<br>491-89-5315 |  |
| If joint return, spouse's first name and middle initial   |  | Last name                     | Spouse's social security number            |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br>1125 PREWITT RANCH DR  |  |                               | Apt. no.                                   |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>HOLLY SPRINGS   |  | State<br>NC                   | ZIP code<br>27540                          |  |
| Foreign country name  |  | Foreign province/state/county | Foreign postal code                        |  |
| <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |  |                               |  |  |

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1958  Are blind **Spouse:**  Was born before January 2, 1958  Is blind

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         | Child tax credit                                       | Credit for other dependents |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

| Income    |   |           |           |           |                          |
|-----------|---|-----------|-----------|-----------|--------------------------|
| <b>1a</b> | Total amount from Form(s) W-2, box 1 (see instructions)                                       |           |           | <b>1a</b> | 108,669.                 |
| <b>b</b>  | Household employee wages not reported on Form(s) W-2  |           |           | <b>1b</b> |                          |
| <b>c</b>  | Tip income not reported on line 1a (see instructions)   |           |           | <b>1c</b> |                          |
| <b>d</b>  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       |           |           | <b>1d</b> |                          |
| <b>e</b>  | Taxable dependent care benefits from Form 2441, line 26                                       |           |           | <b>1e</b> |                          |
| <b>f</b>  | Employer-provided adoption benefits from Form 8839, line 29                                   |           |           | <b>1f</b> |                          |
| <b>g</b>  | Wages from Form 8919, line 6  |           |           | <b>1g</b> |                          |
| <b>h</b>  | Other earned income (see instructions)  |           |           | <b>1h</b> | 0.                       |
| <b>i</b>  | Nontaxable combat pay election (see instructions)   |           | <b>1i</b> |           |                          |
| <b>z</b>  | Add lines 1a through 1h   |           |           | <b>1z</b> | 108,669.                 |
| <b>2a</b> | Tax-exempt interest   | <b>2a</b> |           | <b>2b</b> |                          |
| <b>3a</b> | Qualified dividends   | <b>3a</b> |           | <b>3b</b> |                          |
| <b>4a</b> | IRA distributions   | <b>4a</b> |           | <b>4b</b> |                          |
| <b>5a</b> | Pensions and annuities  | <b>5a</b> |           | <b>5b</b> |                          |
| <b>6a</b> | Social security benefits  | <b>6a</b> |           | <b>6b</b> |                          |
| <b>c</b>  | If you elect to use the lump-sum election method, check here (see instructions)               |           |           |           | <input type="checkbox"/> |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here            |           |           | <b>7</b>  | <input type="checkbox"/> |
| <b>8</b>  | Other income from Schedule 1, line 10   |           |           | <b>8</b>  | 0.                       |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  |           |           | <b>9</b>  | 108,669.                 |
| <b>10</b> | Adjustments to income from Schedule 1, line 26  |           |           | <b>10</b> |                          |
| <b>11</b> | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       |           |           | <b>11</b> | 108,669.                 |
| <b>12</b> | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            |           |           | <b>12</b> | 12,950.                  |
| <b>13</b> | Qualified business income deduction from Form 8995 or Form 8995-A                             |           |           | <b>13</b> |                          |
| <b>14</b> | Add lines 12 and 13   |           |           | <b>14</b> | 12,950.                  |
| <b>15</b> | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |           |           | <b>15</b> | 95,719.                  |

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 16,810. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 16,810. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 16,810. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 16,810. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 18,132. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 18,132. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 18,132. |

If you have a qualifying child, attach Sch. EIC.

|               |            |  |            |        |
|---------------|------------|--|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                 | <b>34</b>  | 1,322. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>      | <b>35a</b> | 1,322. |
|               | <b>b</b>   | Routing number 1 0 1 2 0 0 4 5 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 1 5 2 3 2 0 8 4 2 0 9 8   |            |        |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>   | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                     |   |
|---|------|---------------------|---|
| Your signature  | Date | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|   |      | DEVOPS ENGINEER     | _____   |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|   |      |                     | _____   |

Phone no. (660) 238-6864 Email address SAILAJAK0319@GMAIL.COM

**Paid Preparer Use Only**

|                                   |                                    |            |                |  |
|-----------------------------------|------------------------------------|------------|----------------|--|
| Preparer's name                   | Preparer's signature               | Date       | PTIN           | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM  | 04/04/2023 | P02082703      | <input type="checkbox"/> Self-employed |
| Firm's name                       | Firm's address                     |            | Phone no.      | Firm's EIN                             |
| GLOBAL TAXES LLC                  | 245 ROONEY CT E BRUNSWICK NJ 08816 |            | (678) 965-9522 | 84-3171965                             |

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

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

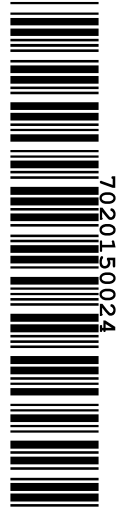
North Carolina Department of Revenue

Amended Return

DOR Use Only

|  |  |   |
|--|--|---|
| For calendar year 2022, or fiscal year beginning 22 and ending   |  | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| SAILAJA KETHAM<br>1125 PREWITT RANCH DR<br>HOLLY S NC 27540 DURHA  |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Your SSN: 491895315<br>Spouse's SSN:   |  | 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"/> |
| 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)  | Year spouse died:                                      |   |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | <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"/>   | <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 \$ 0. 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 |
| KETH    | 1125       | 27540            |   |   | DS     | N | EA | N | TD         |               |       | SD |       |       | FDEXT     | N |
| SAILAJA |            |                  |   |   | KETHAM |   |    |   |            | 491895315     |       |    | DURHA |       |           |   |
|         |            |                  |   |   |        |   |    |   |            |               |       |    | NC    | 27540 |           |   |
|         | 1125       | PREWITT RANCH DR |   |   |        |   |    |   |            | HOLLY SPRINGS |       |    |       |       |           |   |
| 06      |            | 108669           |   |   | 16     |   |    |   | 0          | 26C           |       |    |       |       | 0         |   |
| 07      |            | 0                |   |   | 18     | Y |    |   | 0          | 26E           |       |    |       |       | 0         |   |
| 09      |            | 0                |   |   | 20A    |   |    |   | 4942       | EU            |       |    |       |       |           |   |
| 10A     |            | 0                |   |   | 20B    |   |    |   | 0          | 27            |       |    |       |       | 0         |   |
| 10B     |            | 0                |   |   | 21A    |   |    |   | 0          | 29            |       |    |       |       | 0         |   |
| 11      | S          | Y                | I | N | 21B    |   |    |   | 0          | 30            |       |    |       |       | 0         |   |
| 11      |            | 12750            |   |   | 21C    |   |    |   | 0          | 31            |       |    |       |       | 0         |   |
| 13      |            | 00000            |   |   | 21D    |   |    |   | 0          | 32            |       |    |       |       | 0         |   |
| 14      |            | 95919            |   |   | 26A    |   |    |   | 0          | 34            |       |    |       |       | 156       |   |
| 15      |            | 4786             |   |   | 26B    |   |    |   | 0          |               |       |    |       |       |           |   |
| TN      | 6602386864 |                  |   |   | PN     |   |    |   | 6789659522 | PP            |       |    |       |       | P02082703 |   |



|   |   |  |
|---|---|--|
| <b>Sign Return Below</b>  | <input checked="" type="checkbox"/> <b>Refund Due</b> 156 | <input type="checkbox"/> <b>Payment Due</b> 0  |
| 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.) _____<br>Date _____   |
|   |   | Contact Phone No. (Include area code) 6602386864   |
| <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 04 04 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<br>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.   | 108669 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 108669 |
| 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. | 95919  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 95919  |
| 15. | N.C. Income Tax   | 15.  | 4786   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 4786   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 4786   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 4942 |
| 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.  | 4942     |
| 24.  | Previous Refunds                                     | 24.  | 0        |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 4942     |
| 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.  | 156      |

**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>156</b> |