

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140PY.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,2 AND ENDING 66F

1 VYVIKA Last Name CHINTHAPALLY Your Social Security Number 810 96 1115
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 2152 PINE TREE LANE Apt. No. Daytime Phone (with area code) 94 (928) 433-9152
3 ROCKY MOUNT NC 27804 Last Names Used in Last Four Prior Year(s) (if different) 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
5 Head of household: Enter name of qualifying child or dependent on next line: 88R
6 Married filing separate return: Enter spouse's name and Social Security Number above.
7 Single

8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 46, 81P PM 80R RCVD
9 Blind (you and/or spouse) 47, and 49. For lines 10a and 10b, also complete line 59.
10a Dependents: Under age of 17. 10b Dependents: Age 17 and over.
11a Qualifying parents and grandparents

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Includes dependent information for 10c and 10d.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Includes qualifying parents and grandparents for 11b and 11c.

14 Dates of Arizona residency: From 0,1,0,1,2,0,2,2 to 0,7,3,1,2,0,2,2 List other state(s) of residency: NC 2022 FEDERAL Amount from Federal Return 2022 ARIZONA Amount Only

Table with 3 columns: Line number, 2022 FEDERAL Amount from Federal Return, 2022 ARIZONA Amount Only. Includes lines 15-27 for various income types and Arizona income ratio.

Table with 3 columns: Line number, 2022 FEDERAL Amount from Federal Return, 2022 ARIZONA Amount Only. Includes lines 28-39 for small business income, depreciation, and other adjustments.

Your Name (as shown on page 1) **VYVIKA CHINTHAPALLY** Your Social Security Number **810-96-1115**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00
	41	Contributions to: 41a 529 College Savings Plans <input type="text" value="00"/> 41b 529A (ABLE accounts) <input type="text" value="00"/> add 41a and 41b	41c		00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00
	44	Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6	44		00
	45	Subtract lines 40 through 44 from line 39. Enter the difference	45	4,022	00
Exemptions	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00
	47	Blind: Multiply the number in box 9 by \$1,500	47		00
	48	Other Exemptions. See instructions. 48E <input type="text"/> Multiply the number in box 48E by \$2,300	48		00
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00
	50	Add lines 46 through 49. Enter the total	50		00
	51	Multiply line 50 by the Arizona income ratio on line 27	51		0 00
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"	52	4,022	00
Balance of Tax	53	Deductions: Check box and enter amount. See instructions. 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	12,950	00
	54	If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions.	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55		0 00
	56	Compute the tax using amount from line 55 and Tax Tables X and Y	56		0 00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 32	57		00
	58	Subtotal of tax: Add lines 56 and 57. Enter the total	58		0 00
	59	Dependent Tax Credit. See instructions	59		00
	60	Family income tax credit (from the worksheet - see instructions)	60	40	00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 64	61		00
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0"	62		0 00
Total Payments and Refundable Credits	63	2022 AZ income tax withheld	63		00
	64	2022 AZ estimated tax payments. 64a <input type="text" value="00"/> Claim of Right 64b <input type="text" value="00"/> Add 64a and 64b	64c		00
	65	2022 AZ extension payment (Form 204)	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00
	67	Other refundable credits: Check the box(es) and enter the total amount. 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 349	67		00
	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total	68		00
Tax Due or Overpayment	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72	69		0 00
	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	70		00
	71	Amount of line 70 to be applied to 2023 estimated tax	71		00
	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference	72		00
Voluntary Gifts	73	Solutions Teams Assigned to Schools	73		00
	74	Arizona Wildlife	74		00
	75	Child Abuse Prevention	75		00
	76	Domestic Violence Services	76		00
	77	Political Gift	77		00
	78	Neighbors Helping Neighbors	78		00
	79	Special Olympics	79		00
	80	Veterans' Donations Fund	80		00
	81	I Didn't Pay Enough Fund	81		00
	82	Sustainable State Parks and Road Fund	82		00
	83	Spay/Neuter of Animals	83		00
	84	Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican	84		00
Penalty	85	Estimated payment penalty	85		00
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included	86		00
	87	Add lines 73 through 83 and 85; enter the total	87		00
Refund or Amount Owed	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88		00
		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER <input type="text"/> ACCOUNT NUMBER <input type="text"/> <input type="checkbox"/> S <input type="checkbox"/> Savings			
	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89		0 00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 _____ VALIDATION SPECIALIST
 OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03202023 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
 245 ROONEY CT 84-3171965
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN
 E BRUNSWICK NJ 08816 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

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"/>
VYVIKA CHINTHAPALLY 2152 PINE TREE LANE Your SSN: 810961115 ROCKY M NC 27804 NASH 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 type="checkbox"/> No <input checked="" 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 N SPRES N VT N SVT N

CHIN 2152 27804 DS N EA N TD SD FDEXT N

VYVIKA CHINTHAPALLY 810961115 NASH
NC 27804

2152 PINE TREE LANE ROCKY MOUNT

06	26559	16	0	26C	0
07	0	18 Y	0	26E	0
09	0	20A	1058	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	08615	21D	0	32	0
14	11896	26A	0	34	464
15	594	26B	0		

TN 9284339152 PN 6789659522 PP P02082703



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>464</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 _____		Spouse's Signature (If filing joint return, both must sign.) _____	
Date _____		Date _____	
		9284339152	
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 20 23	
Paid Preparer's Signature		Date	
		6789659522	
		P02082703	
		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			

Last Name (First 10 Characters) CHINTHAPAL

Your Social Security Number

810961115

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	26559
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	26559
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.	13809
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.8615
14.	N.C. Taxable Income	14.	11896
15.	N.C. Income Tax	15.	594
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	594
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	594

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1058
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.	1058
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1058
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.	464

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.	464

D-400 Sch PN (50)

8-17-22

2022 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
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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) **CHINTHAPAL** Your Social Security Number **810961115**

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 08 01 22 12 31 22 22 25033
 NRS N PYS N 23 29059

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began 08 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 Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1. 29055	25033
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 4	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. 0	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 29059	25033
North Carolina Adjustments		
17. Additions	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A 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) CHINTHAPAL	Your Social Security Number	810961115
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A	COLUMN B
	Enter the amount from Form D-400 Schedule S	Amount of Column A 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 or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. 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 Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 29059	25033

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 25033
23. Enter the Amount From Column A, Line 21		23. 29059
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.8615