

For Calendar Vear January 1 December 31, 2022

Prin	nt in BLACK ink only and DO NOT STAPLE.	
	Amended 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)	3).
	ling a fiscal year return enter the beginning and ending dates here.  cal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)  1555  Department Use Only	
Filing Status	Single Claimed as a Married Filing Married Filing Head of Qualifying Dependent Combined Separately Household Widow(er)	
	Age 62 through 64	
Name	Social Security Number         in 2022         Spouse's Social Security Number         in 2           690         -89         -8366         170         -37         -9266           First Name         M.I.         Last Name         Su           SRIKANTH GOUD         MERUGU         Image: Contract of the contr	eased 2022 Iffix
Address	Present Address (Include Apartment Number or Rural Route)  683 TWIGWOOD DR  City, Town, or Post Office State ZIP Code  BALLWIN MO 63021 -	

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.



IN



County of Residence







Trust Fund

















NONR





				Yourself (Y)			Spouse (S)					
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	90118	. 00	18		. 00				
	2.	Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y		. 00	2S		. 00				
<u>D</u>	3.	Total income - Add Lines 1 and 2	3Y	90118	. 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	90118	. 00	58		. 00				
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	3	6	9	0118	. 00					
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	] %	78		%				
	8.	Pension, Social Security and Social Security Disability exemption Section D)			t 3,	8		00				
	9.	Tax from federal return		9 729	96.	00						
	10.	Other tax from federal return		10	. [	00						
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	11 729	96].	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												
Deductions		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%										
משומ		Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co				13	1094	00				
		Missouri standard deduction or itemized deductions. (If itemizing • Single or Married Filing Separate-\$12,950	g, Se	e Form MO-A, Part 2								
LYC		Married Filing Combined or Qualifying Widow(er)-\$25,900				14	25900	00				
	15.	Additional Exemption for Head of Household and Qualified Wide	ow(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 Fa	cility	C. Qualified Tr	ade Ad	tivities						



	22.	First time home buyers deduction. A.	B.			22		. [	00
	23.	Long term dignity savings account deduction				23		. [	00
tinued	24.	Foster parent tax deduction				24		. [	00
ıs Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	26994		00
Deductions Continued	26.	Subtotal - Subtract Line 25 from Line 6				26	63124	. [	00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	6312	4.00	278	0	. [	00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. [	00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	6312	4 . 00	298	0	. [	00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	316	1 00	308	0	. [	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31S		. [	00			
×	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	10	0 %	32S	100	%	6
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	316	1.00	33S	0	. [	00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)						_	
		Recapture of low income housing credit (Form 8611)	34Y			34S		. [	00
	35.	Subtotal - Add Lines 33 and 34	35Y	316	1 . 00	358	0	.[	00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	3161	. [	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 37	4433	. [	00
	38.	2022 Missouri estimated tax payments - Include overpayment from	om 2021	1 applied to 2022		. 38		. [	00
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP			Forms	. 39		. [	00
ts and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO	)-2ENT		. 40		. [	00
aymen	41.	Amount paid with Missouri extension of time to file (Form MO-	<u>-60</u> )			. 41		. [	00
Ŗ	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form	MO-TC		. 42		. [	00
	43.	Property tax credit - Attach Form MO-PTS				. 43		. [	00
	44.	Total payments and credits - Add Lines 37 through 43	44	4433		00			

	Sk	ip Lines 45 through 47 if you are not filing an amende	d return.		
	45.	Amount paid on original return		45	00
	46.	Overpayment as shown (or adjusted) on original return .		46	00
		Indicate Reason for Amending			
_		Enter	date of IRS report (MM/DD/YY)		
eturn		A. Federal audit.			
ded R		Enter	year of loss (YY)		
Amended Return		B. Net Operating Loss carryback			
,		Enter	year of credit (YY)		
		C. Investment tax credit carryback	date of federal amended return, if filed.	(MM/DD/VV)	
		Enter	date of lederal afficilitied retain, if filed.	(WIWIFDD/TT)	
		D. Correction other than A, B, or C			
	47.	Amended return total payments and credits - Add Lines	44 and 45; subtract Line 46.		] [
		Enter on Line 47		47	. 00
	48.	If Line 44, or if amended return, Line 47, is larger than Line Amount of OVERPAYMENT		48 1272	. 00
	40			49	00
	49.	Amount of Line 48 to be applied to your 2023 estimated	tax	140	].[00]
	50.	Enter the amount of your donation in the trust fund boxes	s below. See instructions for additional tr	rust fund codes.	
	50	Children's	Elderly Home Delivered Meals Trust Fund  00 50	Missouri National Guard	00
	50	a. Trust Fund [00] 50b. Trust Fund [	00 50c. Trust Fund	JG. Trust Fund	[00]
	50	Workers'  Memorial Fund  Workers'  Testing Fund  Childhood Lead 50f. Testing Fund	Missouri Military Family 50g. Relief Fund . 00 50	Oh. General .	00
		Kansas City Regional Law	Soldiers Memorial Military		
Refund	50	Organ Donor Program Fund 50j. Enforcement Memorial Foundation Fund	00 50k. St. Louis Fund . 00 50	Missouri Medal of I. Honor Fund	00
Rei		Additional Additional Additional Fund Fund			
	50	m. Code Fund Amount . 00 50n. Code	Fund Amount . 00		1
		Total Donation - Add amounts from Boxes 50a through 5	On and enter here	50	. 00
	51.	Amount of Line 48 to be deposited into a Missouri 529 E	,	F.4	
		account. Enter the total deposit amount from Form 5632	,	51	00
	52.	REFUND - Subtract Lines 49, 50, and 51 from Line 48 at	nd enter here	52 1272	. 00
		a. Routing Number	с. 🗌	Checking Saving	s
		b. Account			

	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT	e 47, enter the difference.		53	. 00
Amount Due	54.	Underpayment of estimated tax penal	ty - Attach <b>Form MO-2210</b> . Enter pena	ılty amount here	54	. 00
Amou		Select this box if you are a farr	mer exempt from the underpayment of	estimated tax penalt	y.	
_	55.	AMOUNT DUE - Add Lines 53 and 54				
			Department of Revenue to process th		55	00
		electronically. Any returned check ma	y be presented again electronically		[55]	[00]
	of r the bas imp una alie	my knowledge and belief it is true, correct, Department of Revenue with my signatu sed on all information of which he or shoosed on any individual who files a authorized aliens as defined under feder	ave examined this return, including according and complete. By signing or entering my are as required under <b>Section 143.561, R</b> one has knowledge. As provided in <b>Cha</b> frivolous return. I also declare under all law and that I am not eligible for any that requirements of <b>Section 135.805, RS</b>	name in the "Signatu SMo. Declaration of peter 143, RSMo., a penalties of perjuitax exemption, credit,	re" field(s) belo preparer (other penalty of up ry that I empl , or abatement	w, I am providing than taxpayer) is to \$500 shall be oy no illegal or if I employ such
	Sig	nature		Date (I	MM/DD/YY)	
	Sp	ouse's Signature (If filing combined, BOTH m	nust sign)	Date (I	MM/DD/YY)	
<u>re</u>	E-r	nail Address		Daytim	ne Telephone	
Signature	S	YAM@GTAXFILE.COM				
Šić	Pre	eparer's Signature		Date (I	MM/DD/YY)	
				02	02	23
	Pre	eparer's FEIN, SSN, or PTIN		Prepar	er's Telephone	
	8	8-2145487		678	39659522	
	Pre	eparer's Address		State	ZIP Cod	e
	2	45 ROONEY CT E BRUNSWI	CCK	NJ	0881	.6
	or Did an	any member of the preparer's firm  I you pay a tax return preparer to compl Internal Revenue Service preparer tax	legate to discuss my return and attachr  lete your return, but the preparer failed to identification number? If you marked ye in ber in the applicable sections of the sig	o sign the return or pes, please insert the	orovide	Yes No
	ріс	parer s frame, address, and priorie fram		III III		103 140
			Department Use Only			
	A	FA E10	☐ DE ☐ F			
Mai	il to:	Balance Due: Missouri Department of Revenue P.O. Box 3370 Jefferson City, MO 65105-3370 Phone: (573) 751-7200	Refund or No Amount Due: Missouri Department of Revenue P.O. Box 3222 Jefferson City, MO 65105-3222 Phone: (573) 751-3505	Fax: (573) 522-1 Email: incometa Submission of In Email: income@ Inquiry and corre	762 xprocessing@ idividual Inco dor.mo.gov	
If ye	s, vis	erved on active duty in the United it dor.mo.gov/military/ to see the services a s. A list of all state agency resources and b	and benefits we offer to all eligible military	国 (2)数 2017年	N. II	IN

veteranbenefits.mo.gov/state-benefits/.



Resident/Nonresident Status - Select your status in the appro	priate box below.					
Social Security Number	Spouse's Social Security Number					
690 - 89 - 8366	170 - 37 - 9266					
Name	Spouse's Name					
MERUGU, SRIKANTH GOUD	BURRA , PRABANDHA					
Address	Address					
683 TWIGWOOD DR	683 TWIGWOOD DR					
City, State, ZIP Code	City, State, ZIP Code					
BALLWIN MO 63021	BALLWIN MO 63021					
1. Nonresident of Missouri     State of residence during 2022 NORTH CAROLINA  Remote Work (See instructions on Form MO-NRI, page 3)	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	2. Part-Year Missouri Resident					
Remote Work (See instructions on Form MO-NRI, page 3)	Remote Work (See instructions on Form MO-NRI, page 3)					
Indicate the dates you were a Missouri Resident in 2022.	Indicate the dates you were a Missouri Resident in 2022.					
A. Date From: Date To:	A. Date From: Date To:					
B. Indicate the other state of residence	B. Indicate the other state of residence					
and dates you resided there	and dates you resided there					
Date From: Date To:	Date From: Date To:					
Based on the Military Spouse's Residency Relief Act, if you are the	e spouse of a military servicemember residing outside of Missouri solel					
	state of residence, any income you earn is taxable to Missouri. Do no					
3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.	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	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	Non-Missouri Home of Record I resided in Missouri during 2022 solely because my spouse or I was stationed at					

	Wo	rksheet for Missouri Source Income							
			Federal Form		Yourself or		Spouse (	On A	
		Adjusted Gross	1040 or Federal Form 1040-SR		One Income Filer		Combined		
		Income Computations	Line No.		Missouri Sources		Missouri S		
		moomo compatationo			Wildocari Couroco		Wildocari C	ouroco	
	Α	Wages, salaries, tips, etc.	1z	Α	100048 00		А		00
	В.	-	2b	В	00	7 6	В		00
	C.		3b	С	00	7 6	С		00
	D.		1	D	00	7 6	D		00
	E.		2a	Е	00	1 [	E		00
	F.		3	F	. 00	П	F		00
	G		7	G	. 00		G		00
	Н	, , , , , , , , , , , , , , , , , , , ,	4	Н	. 00		H		00
	I.	Taxable IRA distributions	4b	1	00				00
t B	J.		5b	J	. 00		7		00
Part	K.		5	K	0 . 00		K		00
	L.		6	L	. 00		L		00
	M		7	М	. 00	Ц	M		00
	N.		6b	N	00		N		00
	0	Other income (from schedule 1, part 1)	9	0	. 00		0		00
	Ρ.			Р	100048 . 00		Р		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	100048 . 00		R		00
	S.	Missouri modifications - additions to federal adjusted gross income				, ,			
		(Missouri source from Form MO-1040, Line 2)	<b></b>	S	. 00		S		00
	Т.	Missouri modifications - subtractions from federal adjusted gross income	е			, ,			
		(Missouri source from Form MO-1040, Line 4)		Т	. 00	J L	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
	MIS	souri Income Percentage							
					ourself or	,	Spouse		
				One	Income Filer	((	On A Combined	Return)	
	1.	Missouri Income - Enter wages, salaries, etc. from Missouri. (You mus	437		100048 00 1	s		0	00
		file a Missouri return if the amount on this line is more than \$600)			100046].[00] [1	0			00]
	2	Taynayay'a tatal adjusted grees income /from Tayna MO 1040 Lines EV							
Part C	۷.	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							
Ра		are not required to file a Missouri return)	2Y		90118 00 2	28			00
		are not required to life a Missouri return)	=		70110 . 00				00
	3.	Missouri Income Percentage - Divide Line 1 by Line 2. If greater than							
	0.	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				$\overline{}$			
		MO-1040, Lines 32Y and 32S	3Y		100 % 3	s		9	6
	U	nder penalties of perjury, I declare that I have examined this form and to	the best of m	y kn	owledge and believe it is	s tru	ue, correct, and	complete	<b>)</b> .
		eclaration of preparer (other than taxpayer) is based on all information of		e has	s any knowledge. As pro	vid	ed in Chapter 1	43, RSM	ο,
4	а	penalty of up to \$500 shall be imposed on any individual who files a friv	olous return.						
ture	Si	gnature			Date (MM	/DD	O/YY)		
Signature	Г								
S		▼							
	S	pouse's Signature (if filing combined, BOTH must sign)			Date (MM	/DD	D/YY)		
			<u> </u>						

1555 REV 01/20/23 PRO

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

If yes, visit <u>dor.mo.gov/military/</u> 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 <u>veteranbenefits.mo.gov/state-benefits/</u>.

# Instructions for Form D-400V, Payment Voucher

# What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

### Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov and select file and pay or use your mobile device to scan the QR code below.



## **Benefits of Paying Taxes Online**

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

# **Preparing and Sending Your Payment**

- 1. Make your check or money order payable in U.S. dollars to the NC Department of Revenue. Note: The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure the courtesy box and legal line on your check match.
- Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
- 4. Make sure your check or money order is signed.
- 5. Make sure your name, address, and daytime phone number appear on your check or money order.
- Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

#### What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

## Important Reminders

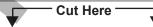
- **Do not** submit this voucher if you submitted an electronic payment.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- Do not fold this voucher or check.
- Do not use a photocopy of this voucher.
- Do not use another person's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



9-16-08

D-400V (50)

Taxpayer/Paid Preparer:





**Individual Income Payment Voucher** North Carolina Department of Revenue

REV 01/03/23 PRO

690898366 683 63021 170379266 MERU

SRIKANTH GOUD MERUGU PRABANDHA BURRA

683 TWIGWOOD DR 2022 AMOUNT OF THIS PAYMENT

This must match the amount shown MO 63021 BALLWIN on your check or money order.

For Calendar Year

Date: 02 02 23 Phone: (678)965-9522

63.00

Mail to:

<b>D-40</b> < Stap Retu	le All		of Yo	our	2022	_		ina D	ncome epartmen	_		[	DOR Use Only				
					ır beginning				and ending			Are y	ou a vete	eran?	,	Yes 🔲	No X
		H GOT			UGU		PR	ABAN			RRA			e a veterar			No X
		GWOOI MO 6									0898366 0379266		, ,			extension to e.g., Form	, ,
Filing		$\overline{}$	1. Sing		X	2. Marrie	ed Filing .	Jointly			Separately	2022	icaciai ii	Yes C	No [		1040:
				d of Househ			fying Wid						r spous	e died:			
	-			C. for the en	itire year? entire vear?		Yes X Yes X	No No	$\neg$		or deceased to or deceased s			Date of			
									ıcation Endov							ng some d	or all of
your c	verpa	yment t	o the F	und. To m	ake a contr	bution,	enclose	Form N	NC-EDU and	our pay	ment of \$		0.	To desig	_	ur overpa	I
									(See instruction of the country				$\overline{}$		idont		
		-							or Court-Appo					en or res	ident.		
_~	_										~~~~	7				~	
FS MERU	2	PP 683	Y	63021	DT DS	N N	OC EA	N N	TPRES	Y	SPRES	S Y SD	<b>Y</b> 7	VT	N	SVT FDEX	N T N
SRIK			מוזכ	03021	MERU(		ĽА	IN	ID	696	898366					FDEA	7 I IV
PRAB			оод		BURRA						379266		MO	6302	1		
683	TWI	GWOO	DD I	)R						Ì	LLWIN						
06			901	18		16			3161		26C				0		
07				0		18	Y	(	0		26E				0		7020
09				0		20A			0		EU						1500
10A				0		20B			O		27			6	3		24
10B				0		21A			0		29				0		
11	S	Y	I	N		21B			0		30				0		
11			255	500		21C			0		31				0		
13			000	000		21D			0		32				0		
14			646			26A			63		34				0		
15			32	224		26B	_		0								
TN		_4		100		PN	6		559522		PP			17083	3		
		urn B ify that I h owledge a			efund Dome and accomp, correct, and correct.		nedules and			/ment Che- to di	Due ck here if you a scuss this retur	authoriz	63 te the No attachme	rth Carolir	na Depa ne paid p	rtment of F oreparer bo	Revenue elow.
Your Sign						Date			ature (If filing join				Date		Phone No	o. (Include a	area code)
PAID PRI	EPAREF	R USE ON	ILY If	prepared by a	person other th	an taxpay	er, this cert	tification	s based on all info	ormation o	f which the prepa	rer has a	any knowl	edge.			
					0.	2 02	23	6789	659522					PΩ	24708	333	
Paid Prep	arer's S	Signature				Date			ntact Phone Numb	er (Includ	e area code)					SSN, or PT	IN
	If y	ou ARE	NOT di						REVENUE, P OV to: N.C. DE					RALEIGH,	NC 276	40-0640	

Last Name (First 10 Characters) **MERUGU** 690898366 Your Social Security Number D-400 Line-by-Line Information Federal Adjusted Gross Income 6. 90118 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 90118 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 Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 25500 11. 12. a. Add Lines 9, 10b, and 11 12a. 25500 b. Subtract Line 12a from Line 8 12b. 64618 13. Part-year Residents and Nonresidents Taxable Percentage 13. 0.0000 14. N.C. Taxable Income 14. 64618 15. N.C. Income Tax 15. 3224 16. Tax Credits 16. 3161 Subtract Line 16 from Line 15 17. 17. 63 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 63 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 Paid with extension 0 21b. 21b. Partnership 0 21c. 21c. 21d. S Corporation 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 0 24. Previous Refunds 0 24. 25. Subtract Line 24 from Line 23 25. 0 26a. Tax Due 26a. 63 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 Exception to Underpayment of Estimated Tax EU EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 27. Pay this Amount 27. 63 Overpayment 0 28. 28. 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. 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. 0 33. Add Lines 29 through 32 34. 0 Amount to be Refunded

# D-400TC (50)

# 2022 Individual Income Tax Credits

Use Only

8-8-22

North Carolina Department of Revenue

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 Nam	e (First 10 Characters)	MERUGU		Your S	ocial Security Number 690898366	
01	90118	07В	1	10A	0 13	0
02	100048	08A	0	10B	0 14	0
04	3224	08B	0	11A	0 15	0
06	3161	09A	0	11B	0 19	0
07A	3161	09B	0	12	0	

## 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.

Total income from all sources while a resident of N.C. modified by N.C. adjustments to

	federal gross income	1.	90118
2.	Portion of Line 1 that was taxed by another state or country	2.	100048
3.	Divide Line 2 by Line 1	3.	1.1102
4.	Total North Carolina income tax (From Form D-400, Line 15)	4.	3224
5.	Multiply Line 4 by Line 3	5.	3579
6.	Amount of net tax paid to the other state or country on the income shown on Line 2	6.	3161
7a.	Credit for Income Tax Paid to Another State or Country	7a.	3161
7b.	Number of states or countries for which a credit is claimed	7b.	1

## 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.

8a.	An income-producing historic structure (Article 3D)	8a.	0
8b.	Enter installment amount of credit	8b.	0
9a.	A nonincome-producing historic structure (Article 3D)	9a.	0
9b.	Enter installment amount of credit	9b.	0
10a.	An income-producing historic mill facility (Article 3H)	10a.	0
10b.	Enter amount of credit	10b.	0
11a.	A nonincome-producing historic mill facility (Article 3H)	11a.	0
11b.	Enter installment amount of credit	11b.	0
12.	An income-producing historic structure (Article 3L)	12.	0
13.	A nonincome-producing historic structure (Article 3L)	13.	0
	(If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.)		



Part 3	. Computa	ation of	iotal la	x Creaits	to be	raken for	iax year 2	2022
4.4	Tay and dida	a min at a						

14.	Tax credits carried over from previous year	14.	0
15.	Reserved for Future Use	15.	0
16.	Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15	16.	3161
17.	North Carolina income tax (From Form D-400, Line 15)	17.	3224
18.	Enter the lesser of Line 16 or Line 17	18.	3161
19.	Business incentive and energy tax credits	19.	0
	(Attach Form NC-478 and any required supporting schedules to the front of Form D-400.)		
20.	Total Tax Credits to be Taken for Tax Year 2022	20.	3161