

**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

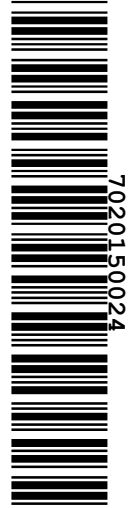
DOR  
Use  
Only

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"/>
ARCHANA KONDRA 510 CAMPANA CT IRVING TX 75061		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 832629431 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)		
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:
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  
 KOND 510 75061 DS N EA N TD SD FDEXT N  
 ARCHANA KONDRA 832629431

TX 75061  
 510 CAMPANA CT IRVING

06	37449	16	0	26C	0
07	0	18 Y	0	26E	0
09	0	20A	183	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	01245	21D	0	32	0
14	3075	26A	0	34	30
15	153	26B	0		
TN	6602384431	PN	6789659522	PP	P02082703



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>30</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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
6602384431 Contact Phone No. (Include area code)	
<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 <u>04 19 23</u> <u>6789659522</u>	<u>P02082703</u>
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

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

6.	Federal Adjusted Gross Income	6.	37449
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	37449
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.	24699
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.1245
14.	N.C. Taxable Income	14.	3075
15.	N.C. Income Tax	15.	153
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	153
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	153

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	183
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.	183
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	183
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>30</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>30</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) **KONDRA** Your Social Security Number **832629431**

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	Y	PYT	N	22	4664
NRS	N	PYS	N	23	37449

**Part A. Residency Status**

Taxpayer is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

Spouse is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

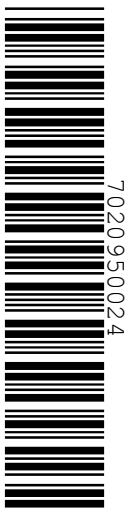
If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**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. 37449	4664
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	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. 37449	4664

North Carolina Adjustments	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions		
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)    KONDRA	Your Social Security Number	832629431
---	-----------------------------	-----------

**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 <b>Vested</b> 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.            37449	4664

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

22. Enter the Amount From Column B, Line 21		22.            4664
23. Enter the Amount From Column A, Line 21		23.            37449
24. Part-Year Residents and Nonresident Taxable Percentage		24.            0.1245

# FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 18, 2022**, the tax due is subject to penalty and interest.

**Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX  
KANSAS DEPARTMENT OF REVENUE  
PO BOX 750260  
TOPEKA KS 66699-0260

**NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.**

**K-40V**  
Rev. 7-22

**2022 Kansas**  
INDIVIDUAL INCOME  
PAYMENT VOUCHER

REV 01/03/23 PRO

305



ARCHANA KONDRA

KOND

510 CAMPANA CT  
IRVING

TX 75061

832629431

Daytime Phone Number: 6602384431

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended  
Return

Extension  
Payment

Payment  
Amount \$

111.00

112222KOND832629431XXXX00000000

ARCHANA

KONDRA

6602384431

KOND

832629431

510 CAMPANA CT  
IRVING

TX 75061

Name or address has changed?

Taxpayer or (spouse if filing joint) died during this tax year

Taxpayer was engaged in commercial farming/fishing in 2022

**Amended Return:**

Amended affects Kansas only

Amended Federal tax return

Adjustment by the IRS

**Filing Status:**

Single

Married Filing Joint (Even if only one had income)

Married Filing Separate

Head of Household (Do not check if filing joint return)

**Residency Status:**

Resident

NonResident (Complete Sch S, Part B)

State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From

01012022

To

08312022

**Exemptions:**

1

Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

If filing status above is Head of Household, add one exemption.

1

**Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

**Dependent Name** - First, Middle and Last

**Date of Birth** - MMDDYYYY

**Relationship**

**SSN**

**Food Sales Tax Credit:** You must have been a Kansas resident for **ALL** of 2022. Complete this section to determine your qualifications and credit.

**A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2022?

**E.** Number of exemptions claimed

**B.** Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?

**F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2005)

**C.** Were you (or spouse) totally and permanently disabled or blind **all** of 2022, regardless of age? If you answered **NO** to A, B, and C, **STOP HERE**, you do not qualify for this credit.

**G.** Total qualifying exemptions (subtract line F from line E)

**D.** If you answered **YES** to A, B, or C, enter your FAGI from line 1 of this return.

0

**H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

0

If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.

ARCHANA

KONDRA

KOND

832629431

1. Federal adjusted gross income	37449	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	37449	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	334
7. Taxable income	31699	29. Underpayment	111
8. Tax	1348	30. Interest	0
9. Nonresident percentage	32.9915	31. Penalty	0
10. Nonresident tax	445	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	111
12. TOTAL INCOME TAX	445	34. Overpayment	0
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	445	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	445	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	334	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	0
22. Amount paid with Kansas extension	0		

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703

ARCHANA

KONDRA

KOND

832629431

**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

**A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)**

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLÉ savings account

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition program

A23. Other subtractions from FAGI (enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.



ARCHANA

KONDRA

KOND

832629431

**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	37449	12355
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> <b>(Lines B4 - B12)</b>		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 - B11)		12355
<b>ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:</b>		<b>Amount From Kansas Sources:</b>
B13. IRA Retirement Deductions		
B14. Penalty on early withdrawal of savings		
B15. Alimony paid		
B16. Moving expenses for members of the armed forces		
B17. Other federal adjustments		
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)		
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)		12355
B20. Net modifications from Part A that are applicable to Kansas source income		
B21. Modified Kansas source income (Line B19 plus or minus line B20)		12355
B22. Kansas adjusted gross income (From line 3, Form K-40)		37449
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.		32.9915