

**D-400 (50)** 8-16-23 **Individual Income Tax Return 2023**

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North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

|  |  |   |
|--|--|---|
| For calendar year 2023, or fiscal year beginning <u>23</u> and ending _____  |  | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| ANKA RAJU CHINNAM SUSHMA JASTI<br>444 MANCHESTER PARK LN MORRISV NC 27560 WAKE<br>Your SSN: 392954002 Spouse's SSN: 327997193  |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| Filing Status <input type="checkbox"/> 1. Single <input checked="" 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 2023 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 checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: _____  |  | Year spouse died: _____   |
| Was your spouse a resident for the entire year? Yes <input checked="" 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, 2024, 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                     | 2          | PP     | Y       | DT         | N  | OC | N    | TPRES       | Y | SPRES     | Y     | VT   | N | SVT   | N |
| CHIN                   | 444        | 27560  | DS      | N          | EA | N  | TD   |             |   | SD        |       |      |   | FDEXT | N |
| ANKA RAJU              |            |        | CHINNAM |            |    |    |      | 392954002   |   |           |       | WAKE |   |       |   |
| SUSHMA                 |            |        | JASTI   |            |    |    |      | 327997193   |   | NC        | 27560 |      |   |       |   |
| 444 MANCHESTER PARK LN |            |        |         |            |    |    |      | MORRISVILLE |   |           |       |      |   |       |   |
| 06                     |            | 106032 |         | 16         |    |    |      | 0           |   | 26C       |       |      |   | 0     |   |
| 07                     |            | 0      |         | 18         | Y  |    |      | 0           |   | 26E       |       |      |   | 0     |   |
| 09                     |            | 0      |         | 20A        |    |    | 4041 |             |   | EU        |       |      |   |       |   |
| 10A                    |            | 1      |         | 20B        |    |    |      | 0           |   | 27        |       |      |   | 0     |   |
| 10B                    |            | 1000   |         | 21A        |    |    |      | 0           |   | 29        |       |      |   | 0     |   |
| 11                     | S          | Y      | I       | N          |    |    |      | 0           |   | 30        |       |      |   | 0     |   |
| 11                     |            | 25500  |         | 21C        |    |    |      | 0           |   | 31        |       |      |   | 0     |   |
| 13                     |            | 00000  |         | 21D        |    |    |      | 0           |   | 32        |       |      |   | 0     |   |
| 14                     |            | 79532  |         | 26A        |    |    |      | 0           |   | 34        |       |      |   | 263   |   |
| 15                     |            | 3778   |         | 26B        |    |    |      | 0           |   |           |       |      |   |       |   |
| TN                     | 7195518642 |        | PN      | 6789659522 |    |    |      | PP          |   | P02082703 |       |      |   |       |   |



|   |            |  |            |
|---|------------|--|------------|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>263</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 _____ |
|   |            | 7195518642<br>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>02 15 24</u>   |            | (678)965-9522  |            |
| Paid Preparer's Signature _____   |            | Preparer's Contact Phone Number (Include area code) _____  |            |
|   |            | P02082703<br>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.   | 106032 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 106032 |
| 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. | 1      |
|     | b. Enter the amount of the child deduction  | 10b. | 1000   |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 25500  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 26500  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 79532  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 79532  |
| 15. | N.C. Income Tax   | 15.  | 3778   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 3778   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 3778   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 4041 |
| 20b. | Spouse's tax withheld | 20b. | 0    |

**Other Tax Payments**

|      |  |      |            |
|------|--|------|------------|
| 21a. | 2023 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.  | 4041       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 4041       |
| 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>263</b> |

**Amount of Refund to Apply to:**

|     |  |     |            |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2024 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>263</b> |