(Rev. January 2021)

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Internal Revenue		▶ ERO must obtain and retain completed Form 8879.▶ Go to www.irs.gov/Form8879 for the latest information.			
Submission	Identificat	ion Number (SID)		!	
Taxpayer's nam	ne		Social securi	ty number	
HARSHIN	T BYRED	DY	050-61	-8362	
Spouse's name			Spouse's soc		number
·			•	•	
		urn Information — Tax Year Ending December 31, 2023 (Enter	year you a	re autho	orizing.)
		ly on lines 1 through 5.			
		ilers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	
		income		1	114,680.
				2	9,613.
3 Fede	eral income	tax withheld from Form(s) W-2 and Form(s) 1099		3	17,634.
4 Amo	unt you wa	ant refunded to you		4	8,021.
5 Amo	unt you ov	ve [*]		5	
Part II	Taxpave	r Declaration and Signature Authorization (Be sure you get and k		v of vou	ır return)
my knowledgreturn (originato send my refor any delay Agent to initia payment of mauthorization payment, I m business daystaxes to recepersonal identification in the second control of the second identification in the second identification in the second identification is second in the second identification in the second in t	ge and belie al or amend eturn to the in processi ate an ACH ny federal ta is to remain nust contact s prior to the pive confide tiffication nu mids Withdra PIN: checuthorize uthorize	y, I declare that I have examined a copy of the income tax return (original or amended) of, it is true, correct, and complete. I further declare that the amounts in Part I above ed) I am now authorizing. I consent to allow my intermediate service provider, transmit IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecting the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S electronic funds withdrawal (direct debit) entry to the financial institution account indicaxes owed on this return and/or a payment of estimated tax, and the financial institution in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation require payment (settlement) date. I also authorize the financial institutions involved in the payment (settlement) date. I also authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I am the late of the payment of the income tax return (original or amended) I am to extend the income tax return (original or amended) I am now authorizing. Y PIN as my signature on the income tax return (original or amended) I am now authorizing over own PIN and your return is filled using the Practitioner PIN methoderical provides and the payment of the paym	e are the am ter, or electrication of the t S. Treasury a sated in the t in to debit the the authoriz ests must be processing o ayment. I fur in now author The processing o ayment are now author and processing o ayment are now author and processing o ayment are now author and processing o ayment are now author and processing o ayment are now authorizing are now authorized are	ounts from onic return ransmission and its design and person of the electron o	n the income tax originator (ERO) n, (b) the reason gnated Financial tition software for his account. This evoke (cancel) a no later than 2 ronic payment of owledge that the if applicable, my
bel	ow.	DocuSigned by:	4/8/2		implete i art iii
Your signatu	ure ►	Harshini Byreddy Date ►_	., ., -	•	
		2765D1269B1645D			
•		one box only			
☐ Iau	uthorize	to enter or generate n	ny PIN		as my
☐ I w	ill enter m	the income tax return (original or amended) I am now authorizing. y PIN as my signature on the income tax return (original or amended) I am notering your own PIN and your return is filed using the Practitioner PIN metho	En do w authorizi		Izeros k this box only
Spouse's sig	gnature 🕨	Date ►			
		Practitioner PIN Method Returns Only—continue below			
Part III	Certifica	tion and Authentication — Practitioner PIN Method Only			
		er your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 8 ter all zeros	2 7 1
authorized to	file for tax	umeric entry is my PIN, which is my signature for the electronic individual income tay year indicated above for the taxpayer(s) indicated above. I confirm that I am submititioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Indiana Indianal Indiana In	tting this reti	urn in acco	ordance with the
EBO's signs	aturo 🕨	Date ▶			
ERO's signa	ature -				
		ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

	· •	O. Illaiviadai illooliic Ta		Laiii		_	OND NO. 1343	-00/4 Ins 0	se Offig	-DO HOL WI	ite or sta	ibie in mis st	Jace.
For the year Jan	n . 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing		, 20		See sep	oarate i	nstruction	ns.
Your first name	e and m	iddle initial	Last na	ame						Your so	cial sec	urity numl	ber
HARSHIN	I		BYRI	BYREDDY					050	61	8362		
If joint return, s	pouse'	s first name and middle initial	Last na	ame						Spouse's	s social	security n	umbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.		Presider	ntial Ele	ction Can	npaigr
		LA LN NW							Check here if you,				
City, town, or post office. If you have a foreign address, also contains a second co			mplete	spaces be	elow.	Stat	te	ZIP code		•	· .	jointly, wa nd. Checki	
CONCORD						NC		28027		_		not chang	_
Foreign countr	y name			Foreign p	rovince/state/c	count	у	Foreign posta	code	your tax			
	<u> </u>	7					—				∐ Yo	uS	pouse
Filing Status	s 🔀	Single					☐ Head of h	ousehold (H0)H)				
Check only	_ <u> </u>	Married filing jointly (even if only o	ne nad	income)						(000)			
one box.	L.	Married filing separately (MFS)		-£	If		☐ Qualifying					:	
	-	you checked the MFS box, enter the Ialifying person is a child but not you		_	•					r the chi	a s nai	ne ii the	
	- Ч ^с	amying person is a crima but not you	и асре										
Digital		ny time during 2023, did you: (a) rec				-		-				5 7.	_
Assets		nange, or otherwise dispose of a dig						et)? (See instr	uctior	าร.)	Y€	es 🛛 N	lo
Standard		neone can claim:			Your spouse		•						
Deduction	Ш	Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959 [Are b	lind Spo	use:	: 🔲 Was bor	n before Jan	uary 2	2, 1959		s blind	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationsh	ip (4) Check	the b	ox if qualit	ies for (see instruc	ctions):
If more	(1) F	irst name Last name			number		to you	Child	l tax cı	edit	Credit fo	r other depe	endents
than four													
dependents, see instruction	s —								<u> </u>			_Ц_	
and check	, —								<u> </u>			_Ц_	
here L]								Ш				
Income	1a	Total amount from Form(s) W-2, b	•		•				•	. <u>1a</u>		114,6	80.
Attach Form(s)		Household employee wages not re	•						•	. 1b	_		
W-2 here. Also attach Forms	С.	Tip income not reported on line 1a			•				•	. 1c			
W-2G and	d	Medicaid waiver payments not rep							•	. 1d	_		
1099-R if tax	e	Taxable dependent care benefits f							•	. <u>1e</u>			
was withheld. If you did not	†	Employer-provided adoption bene Wages from Form 8919, line 6.							•	. 1f			
get a Form	g h	Other earned income (see instruct							•	. <u>1g</u> . 1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (•	1i	i	•	. 111			
instructions.	z	Add lines 1a through 1h	300 11131	ii detions,	,	•				. 1z	1	114,6	80.
Attach Sch. B			2a			b T:	axable interes	 t	•	2b	_		
if required.	3a	·	3a				rdinary divide		Ċ	. 3b	_		
	4a		4a				axable amoun			. 4b			
Standard	5a		5a				axable amoun			. 5b	+		
Deduction for— Single or	6a		6a				axable amoun			. 6b	+		
Married filing separately,	c	If you elect to use the lump-sum e	lection	method,	check here (see i	instructions)		. [
\$13,850	7	Capital gain or (loss). Attach Sche			,		•		. [7			
 Married filing jointly or 	8	Additional income from Schedule			•					. 8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		114,6	80.
\$27,700	10	Adjustments to income from Sche		-						. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incom	ne				. 11		114,6	80.
\$20,800	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		49,6	
If you checked any box under	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	5-A			. 13			
Standard Deduction,	14	Add lines 12 and 13								. 14		49,6	35.
see instructions.	15	Subtract line 14 from line 11. If you	o or loc	ontor	O This is we	~r #	avabla inaam			45		65 O	15

DocuSign Envelope ID: 648A5519-343C-4BF8-8831-C38F33B1BDBD Form 1040 (2023) Page 2 16 **Tax** (see instructions). Check if any from Form(s): 1 8814 **2** 4972 16 613 Tax and **Credits** 17 Amount from Schedule 2, line 3 17 Add lines 16 and 17 18 18 9,613. 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 9,613. 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Ω 24 Add lines 22 and 23. This is your total tax 24 9,613. 25 Federal income tax withheld from: **Payments** 17,634. Form(s) W-2 . 25a а 25b h Form(s) 1099 . Other forms (see instructions) 25c С 25d 17,634. d Add lines 25a through 25c 26 26 2023 estimated tax payments and amount applied from 2022 return If you have a qualifying child 27 Earned income credit (EIC) 27 attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 17,634. 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 8,021. Refund 8,021. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number | 0 | 5 | 3 | 0 | 0 | 0 | 1 | 9 | 6 Direct deposit? X Checking ☐ Savings b **c** Type: See instructions. 2 3 7 0 3 9 0 9 2 5 8 0 Account number d Amount of line 34 you want applied to your 2024 estimated tax . 36 36 Amount Subtract line 33 from line 24. This is the amount you owe. 37 You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) **Third Party** Do you want to allow another person to discuss this return with the IRS? See X No **Designee** instructions Designee's Phone Personal identification no. 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) IT PROJECT MANAGER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.)

Email address

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA

GLOBAL TAXES LLC

(980)243 - 3279

Phone no.

Firm's name

Firm's address

Paid

Preparer

Use Only

Preparer's name

04/05/2024

PTIN

P02082703

Firm's EIN

REDDY.HARSHINI029@GMAIL.COM

Date

Self-employed

Check if:

Phone no. (678) 965-9522

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

2023	
Attachment Sequence No. 07	

Name(s) shown on							cial security number
HARSHINI :	BYR				050) – (51-8362
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2					
Expenses	3	Multiply line 2 by 7.5% (0.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0				4	
Taxes You	5	State and local taxes.					
Paid	á	State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	4,940	o.		
	k	State and local real estate taxes (see instructions)	5b	4,867	_		
	(State and local personal property taxes	5с				
	(Add lines 5a through 5c	5d	9,80	7.		
	•	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing					
		separately)	5e	9 , 80	7.		
	6	Other taxes. List type and amount:		•			
			6				
	7	Add lines 5e and 6	-			7	9,807.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest deduction may be limited. See instructions.	á	Home mortgage interest and points reported to you on Form 1098.					
		See instructions if limited	8a	39 , 553	3.		
	k	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b				
	(Points not reported to you on Form 1098. See instructions for special					
		rules	8c				
		Reserved for future use	8d				
		Add lines 8a through 8c	8e	39 , 553	3.		
		Investment interest. Attach Form 4952 if required. See instructions	9				
		Add lines 8e and 9	·		1	10	39,553.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity		instructions	11	275			
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,					
got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12		_		
see instructions.		Carryover from prior year	13				
		Add lines 11 through 13			_	14	275.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other		•			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1					
		instructions	•			15	
Other	16	Other—from list in instructions. List type and amount:					
Itemized						1.0	
Deductions						16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e		this amount o			40.005
Itemized		Form 1040 or 1040-SR, line 12				17	49,635.
Deductions	18	If you elect to itemize deductions even though they are less than your			۱,		
		check this box					

	le Al	(50) Pages nd W-2	of Yo	our				<u>l</u> ina [Tax Re Departmended Return	nt of R		DOR Use Only				
For ca	alenda	ar year 2		or fiscal year		1			and ending			Are you a ve		Ye		40 X
HAR: 997		II ATRELI	LA L		EDDY				Your S	SN : 05	0618362	Is your spou Were you gra	<u>ise a veterar</u> anted an aut			lo L file vour
CON	CORI	NC 2	28027	CABAR CABAR					Spouse's S	SN:		2023 federal	income tax	return, e.g.		
Filing	Statu	s 🖺	1. Sino 4. Hea	gle ad of Househo	ld 📙		ed Filing fying Wid	•	☐ 3. Marı	ried Filing	Separately	Year spou	Yes use died:	No X		
	-			C. for the ent	-		Yes X	No No			or deceased to	axpayer.	Date of			
				ent for the e ent Fund: Yo			Yes to the N		ucation Endo			•	Date of outlion or des		some or	all of
									NC-EDU and (See instruc				To desigr und.)	nate your	overpay	ment
s	elect	box if yo	u, or it	f married filir	ng jointly, y	our spo	use we	re out o	of the country	on April	15, 2024, an	ıd a U.S. cit		ident.		
	elect	oox if re	turn is	filed and sig	ned by Ex	<u>kecutor,</u>	Adminis	strator,	or Court-Appo	ointed P	ersonal Repr	esentative.				
FS	1	PP	Y		DT	N	OC	N	TPRES	Y	SPRES	N	VT	N S	SVT	N
BYRE		997		28027	DS	N	EΑ	N	TD			SD		Ι	FDEX'	T N
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997	ANA	ATREI	LLA	LN NW						CO	NCORD					
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07				0		18	Y		0		26E			0		0201
09				0		20A			4940		EU					500X
10A				0		20B			0		27			0		25
10B				0		21A			0		29			0		
11	S	N	I	Y		21B			0		30			0		
11			202	275		21C			0		31			0		
13			000	000		21D			0		32			0		
14			944	105		26A			0		34		45	6		
15			44	184		26B			0							
TN	9	98024	1332	279		PN	6	789	659522		PP	P02	08270	3		
I declare	and ce	turn B	ave exa	mined this return	efund D	anying scl	nedules ar	45 nd statem		/ment	Due	uthorize the l	O North Carolin	na Denartm	ent of P	evenue
the best	of my ki	nowledge a	and belie	f, they are true,	correct, and o	complete.	1000100 01	ia olaloiii	onto, and to		scuss this retur					
Your Sig	nature					Date	Spor	use's Sig	nature (If filing joi	nt return, b	oth must sign.)	Date	_	243327 Phone No. (ea code)
		R USE ON	ILY If	prepared by a p	erson other tl	nan taxpay			is based on all inf			rer has any kno	wledge.	<u> </u>		
SYAM	PR	<u>IYA</u> R	<u>.AM</u> S	SAGAR GU	JPT 04	05 2	2.4	<u>(67</u> 8) 965-952	2			P02	208270	3	
		Signature				Date			ntact Phone Numl		e area code)			er's FEIN, SS		
	<i>If</i> y	ou ARE	NOT d		•				F REVENUE, P 0V to: N.C. DE					NC 27640-	-0640	

D-400 2023 Page 2 (50)

lame	(First 10 Characters) BYREDDY Your Social Security Number	e r 05061	18362
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	11468
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	11468
9.	Deductions From Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	2027
12.	a. Add Lines 9, 10b, and 11	12a.	202
	b. Subtract Line 12a from Line 8	12b.	9440
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.000
14.	N.C. Taxable Income	14.	9440
15.	N.C. Income Tax	15.	448
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	448
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	448
<u>lorth</u>			
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	49
20a. 20b.			494
20a. 20b. ⊇ther	Spouse's tax withheld		494
20a. 20b. Other 21a.	Spouse's tax withheld Tax Payments 2023 estimated tax	20b. 21a.	494
20a. 20b. 2ther 21a. 21b.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension	20b. 21a. 21b.	494
20a. 20b. 2ther 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	494
20a. 20b. 2ther 21a. 21b.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation	20b. 21a. 21b. 21c. 21d.	494
20a. 20b. 21a. 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments	21a. 21b. 21c. 21d. 22.	
20a. 20b. 21a. 21a. 21c. 21c. 21d. 22.	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	
20a. 20b. 21a. 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments	21a. 21b. 21c. 21d. 22.	494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds	21a. 21b. 21c. 21d. 22. 23. 24. 25.	494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24.	494
20a. 20b. 21a. 21b. 21c. 22. 23. 24. 25.	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	494
20a. 20b. 21a. 21b. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	494
200a. 200b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	494
200a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 26a. 26b. 26c. 26d. EU	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. EU	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	494 494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	494 494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	494 494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	494 494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	494 494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28. Amou	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	494
20a. 20b. 21a. 21b. 21c. 22d. 225. 26a. 26b. 26c. 27. 28. Amou	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	494
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 27. 28. Amou	Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	494 494 494

D-400 Sch A (50)

2023 N.C. Itemized Deductions

8-16-23

North Carolina Department of Revenue

DOR Use Only				
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If you choose to itemize North Carolina deductions on Form D-400, Line 11, you must attach this schedule to Form D-400.

If you do not, the Department may be unable to process your return.

Last Na	ame (First 10 Characters)	BYRED	DY		Your Social Secu	urity Number	050618362
01	39553	05	20000	07A	0	08	0
02	4867	06	275	07D	0	09	0

N.C. Standard Deduction or N.C. Itemized Deductions

You may deduct from federal adjusted gross income either the N.C. standard deduction or N.C. itemized deductions. You can determine the amount of your N.C. standard deduction by looking at the chart below. If you claim the N.C. standard deduction, do not complete Lines 1 through 10. Instead, enter the amount of your N.C. standard deduction on Form D-400, Line 11.

N.C. Standard Deduction

(In general, the N.C. standard deduction is equal to the amount listed below based on your filing status. However, if you are not eligible for a standard deduction on the federal income tax return, your N.C. standard deduction amount is zero. For more information on eligibility, see the instructions.)

lf	your	filing	status	is:
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Your N.C. standard deduction is:

Single	\$	12,750	
Head of household	\$	19,125	
Married filing jointly	\$	25,500	
 Qualifying widow(er)/Surviving Spouse 	\$	25,500	
Married filing separately:			
If your spouse does not claim itemized deductions	\$	12,750	
If your spouse claims itemized deductions	\$	0	
Market and the state of the sta	c	0	
If you are not eligible for a standard deduction on your federal tax return	\$	0	

1.	Home Mortgage Interest	1,	39553
2.	Real Estate Property Taxes	2.	4867
3.	Home Mortgage Interest and Real Estate Property Taxes Before Limitation	3.	44420
4.	Home Mortgage Interest and Real Estate Property Taxes Limitation	4.	20000
5.	Home Mortgage Interest and Real Estate Property Taxes After Limitation	5.	20000
6.	Charitable Contributions	6.	275
7.	a. Medical and Dental Expenses Before Limitation	7a.	0
	b. Enter the amount from Form D-400, Line 6	7b.	114680
	c. Multiply Line 7b by 7.5% (0.075). If zero or less, enter a zero.	7c.	8601
	d. Medical and Dental Expenses After Limitation	7d.	0
8.	Repayment of Claim of Right Income	8.	0
9.	Reserved for Future Use	9.	0
10.	Total N.C. Itemized Deductions - Add Lines 5, 6, 7d, 8, and 9	10.	20275

