



2400411515



Georgia Form **500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

2023 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE **NC**
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

000043269892

YOUR FIRST NAME
1. **PREMKUMAR**

MI YOUR SOCIAL SECURITY NUMBER
479-87-3713

LAST NAME (For Name Change See IT-511 Tax Booklet)
VANKUDOTH

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. **410 KEATING ST**

APT NO 6301

CITY (Please insert a space if the city has multiple names)
3. **MORRISVILLE**

STATE ZIP CODE
NC 27560

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number **4. 3**

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. A**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. **1**

7a. Number of Qualified Dependents* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing



2400411525

YOUR SOCIAL SECURITY NUMBER
 479-87-3713

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 147300
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



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YOUR SOCIAL SECURITY NUMBER
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Page 3

| | | |
|---|------|-------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | |
| 14b. Enter the number from Line 7c. Multiply by \$3,000..... | 14b. | |
| 14c. Add Lines 14a. and 14b. Enter total | 14c. | |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 38525 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 38525 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) | 16. | 2043 |
| 17. Low Income Credit | 17a. | 17b. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | 2043 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A) | | | | (INCOME STATEMENT B) | | | | (INCOME STATEMENT C) | | | |
|--|-------|-------|--|--|-------|-------|--|--|-------|-------|--|
| 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | |
| <input checked="" type="checkbox"/> W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | |
| 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | |
| 843443670 | | | | | | | | | | | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | |
| 3487627DS | | | | | | | | | | | |
| 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | |
| 40767 | | | | | | | | | | | |
| 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | |
| 2143 | | | | | | | | | | | |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
 479-87-3713

Page 4

| (INCOME STATEMENT D) | | | (INCOME STATEMENT E) | | | (INCOME STATEMENT F) | | |
|---|------|-------|--|-----|------|--|-------|--|
| 1. WITHHOLDING TYPE: | | | 1. WITHHOLDING TYPE: | | | 1. WITHHOLDING TYPE: | | |
| | W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | |
| | 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) | SSN | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | |
| 4. GA WAGES / INCOME | | | 4. GA WAGES / INCOME | | | 4. GA WAGES / INCOME | | |
| 5. GA TAX WITHHELD | | | 5. GA TAX WITHHELD | | | 5. GA TAX WITHHELD | | |
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | | 2143 | | | | | |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | | | | | | | |
| 24. Other Georgia Income Tax Withheld | 24. | | | | | | | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | | | | | | | |
| 25. Estimated Tax paid for 2023 and Form IT-560 | 25. | | | | | | | |
| 26. Schedule 2B Refundable Tax Credits..... | 26. | | | | | | | |
| (Cannot be claimed unless filed electronically) | | | | | | | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | | 2143 | | | | | |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due..... | 28. | | | | | | | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | | 100 | | | | | |
| 30. Amount to be credited to 2024 ESTIMATED TAX | 30. | | 0 | | | | | |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 31. | | | | | | | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 32. | | | | | | | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | | | | | | | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 34. | | | | | | | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | | | | | | | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)..... | 36. | | | | | | | |
| 37. Saving the Cure Fund (No gift of less than \$1.00)..... | 37. | | | | | | | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | | | | | | | |
| (No gift of less than \$1.00) | | | | | | | | |



2400411555

YOUR SOCIAL SECURITY NUMBER
479-87-3713

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest 43.
- 44. (If you owe) Add Lines 28, 31 through 43 44.
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**

- 45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29
THIS IS YOUR REFUND..... 45. 100
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

45a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number 072000326 Account Number 526765893

Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death Spouse's Date of Death

Taxpayer's Signature Date Taxpayer's Phone Number Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

VENKATA SAI PAVAN KUMAR DUDIPALLI

Signature of Preparer
Name of Preparer Other Than Taxpayer
VENKATA SAI PAVAN KUMAR D

Preparer's Phone Number
678-965-9522

Preparer's FEIN
88-2145487

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02470833



2407411515

YOUR SOCIAL SECURITY NUMBER

479-87-3713

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA (COLUMN B) | GEORGIA INCOME (COLUMN C) |
|---|---|--|
| 1. WAGES, SALARIES, TIPS, etc 146994 | 1. WAGES, SALARIES, TIPS, etc 106227 | 1. WAGES, SALARIES, TIPS, etc 40767 |
| 2. INTEREST AND DIVIDENDS | 2. INTEREST AND DIVIDENDS | 2. INTEREST AND DIVIDENDS |
| 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) |
| 4. OTHER INCOME OR (LOSS) 306 | 4. OTHER INCOME OR (LOSS) 306 | 4. OTHER INCOME OR (LOSS) 0 |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 147300 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 106533 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 40767 |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 0 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 147300 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 106533 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 40767 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%) | 9. 27.68 % | |
| 10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet) | 10a. 5400 | |
| 10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300= | 10b. | |
| 11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet) | | |
| 11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C..... | 11a. 2700 | |
| 11b. Enter the number on Line 7c from Form 500 or Form 500X multiply by \$3,000 .. | 11b. | |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b | 12. 8100 | |
| 13. *Multiply Line 12 by Ratio on Line 9 and enter result..... | 13. 2242 | |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... | 14. 38525 | |

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

< Staple All Pages of Your Return and W-2s Here

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"/> |
| PREMKUMAR VANKUDOTH 410 KEATING ST 6301 Your SSN: 479873713 MORRISV NC 27560 FORSY 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 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 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 | 1 | PP | Y | DT | N | OC | N | TPRES | Y | SPRES | N | VT | N | SVT | N |
| VANK | 410 | 27560 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| PREMKUMAR | | | VANKUDOTH | | | | | 479873713 | | | | FORSY | | | |
| | | | | | | | | | | | | NC | 27560 | | |
| 410 | KEATING ST | | | | | | 6301 | MORRISVILLE | | | | | | | |
| 06 | | 147300 | | 16 | | | 1769 | 26C | | | | | | 0 | |
| 07 | | 0 | | 18 | Y | | 0 | 26E | | | | | | 0 | |
| 09 | | 0 | | 20A | | | 4828 | EU | | | | | | | |
| 10A | | 0 | | 20B | | | 0 | 27 | | | | | | 0 | |
| 10B | | 0 | | 21A | | | 0 | 29 | | | | | | 0 | |
| 11 | S | Y | I | N | | | 0 | 30 | | | | | | 0 | |
| 11 | | 12750 | | 21C | | | 0 | 31 | | | | | | 0 | |
| 13 | | 00000 | | 21D | | | 0 | 32 | | | | | | 0 | |
| 14 | | 134550 | | 26A | | | 0 | 34 | | | | | | 206 | |
| 15 | | 6391 | | 26B | | | 0 | | | | | | | | |
| TN | 2692674392 | | PN | 6789659522 | | | PP | P02470833 | | | | | | | |



| | | | |
|---|-----------------------|--|-------------------|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>206</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 | Date | Spouse's Signature (If filing joint return, both must sign.) | Date |
| | | | <u>2692674392</u> |
| 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. | | | |
| <u>VENKATA SAI PAVAN KUMAR D</u> | <u>(678) 965-9522</u> | <u>P02470833</u> | |
| Paid Preparer's Signature | | Preparer's Contact Phone Number (Include area code) | |
| Date | | 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. | 147300 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 147300 |
| 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. | 134550 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 134550 |
| 15. | N.C. Income Tax | 15. | 6391 |
| 16. | Tax Credits | 16. | 1769 |
| 17. | Subtract Line 16 from Line 15 | 17. | 4622 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 4622 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 4828 |
| 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. | 4828 |
| 24. | Previous Refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 4828 |
| 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. | 206 |

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. | Amount to be Refunded | 34. | 206 |

D-400TC (50)

8-16-23

2023 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

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 Name (First 10 Characters) VANKUDOTH Your Social Security Number 479873713

Table with 8 columns: Line number, Amount, Code, Value, Code, Value, Code, Value. Rows include 01, 02, 04, 06, 07A.

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.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

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 2023 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.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2023

Table with 3 columns: Description, Line number, Amount. Rows 14-20.

