

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name NIKHIL REDDY GADDAM	Social security number 705-17-6879
Spouse's name SOUMYA LOKA	Spouse's social security number 343-25-2807

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	232,705.
2 Total tax	2	36,001.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	32,699.
4 Amount you want refunded to you	4	
5 Amount you owe	5	3,302.

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	6	8	7	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	2	8	0	7
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

2023

# Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	3,302.
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REV 03/07/24 PRO 1555

NIKHIL REDDY GADDAM  
 SOUMYA LOKA  
 1742 WILDWOOD TERRACE TRL  
 TEGA CAY SC 29708

INTERNAL REVENUE SERVICE  
 P.O. BOX 1214  
 CHARLOTTE, NC 28201-1214

705176879 QI GADD 30 0 202312 610

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial NIKHIL REDDY Last name GADDAM Your social security number 705 17 6879

If joint return, spouse's first name and middle initial SOUMYA Last name LOKA Spouse's social security number 343 25 2807

Home address (number and street). If you have a P.O. box, see instructions. 1742 WILDWOOD TERRACE TRL Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. TEGA CAY State SC ZIP code 29708 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 237,553.

Table with rows 2a through 6b. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount

Table with rows 7 through 15. 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income, 12 Standard deduction or itemized deductions (from Schedule A), 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
NIKHIL REDDY GADDAM & SOUMYA LOKA

Your social security number  
705-17-6879

**Part I Additional Income**

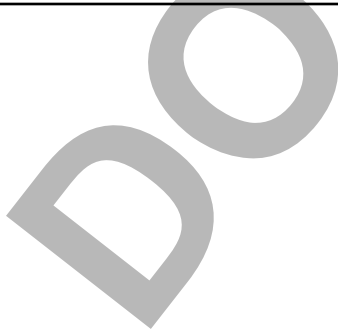
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-11,848.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____		
	Nonemployee compensation from 1099-NEC . . . . . 7,000.	<b>8z</b>	7,000.
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	7,000.
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-4,848.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>



SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor: SOUMYA LOKA. Social security number (SSN): 343-25-2807. Principal business: SOFTWARE SERVICES. Business name: LOKA SOFTWARE SERVICES. Business address: 1742 WILDWOOD TERRACE TRL, TEGA CAY, SC 29708. Accounting method: Cash. Did you materially participate? Yes. Did you start or acquire this business during 2023? No. Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes.

Part I Income

Table with 7 rows for income calculation. Line 1: 183,280. Line 2: Returns and allowances. Line 3: 183,280. Line 4: Cost of goods sold. Line 5: Gross profit: 183,280. Line 6: Other income. Line 7: Gross income: 183,280.

Part II Expenses. Enter expenses for business use of your home only on line 30.

Table with 32 rows for expense calculation. Lines 8-27b: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depreciation, Employee benefit programs, Insurance, Interest, Legal and professional services, Office expense, Pension and profit-sharing plans, Rent or lease, Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals, Utilities, Wages, Other expenses. Line 28: Total expenses before home expenses: 195,128. Line 29: Tentative profit or (loss): -11,848. Line 30: Expenses for business use of home. Line 31: Net profit or (loss): -11,848. Line 32: Investment risk options.

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b> Materials and supplies . . . . .	<b>38</b>
<b>39</b> Other costs . . . . .	<b>39</b>
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>
<b>41</b> Inventory at end of year . . . . .	<b>41</b>
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 07/15/2020

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

**a** Business 12,000    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 1,000

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

AUTOMOBILE AND TRUCK EXPENSE	4,000.
TRAINING/CONTINUING EDUCATION	2,000.
CONTRACTOR PAYMENT	32,000.
BACK OFFICE OPERATIONAL EXPENSES	84,569.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 122,569.



**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
705-17-6879

NIKHIL REDDY GADDAM

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .	7
8	Add lines 6 and 7 . . . . .	8 7,750.
9	Employer contributions made to your HSAs for 2023 . . . . .	9 1,212.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 1,212.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 6,538.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

## Additional Information From 2023 Federal Tax Return

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Ln 1a: Other receipts

#### Itemization Statement

Description	Amount
GLOBULE TECH LLC	51,040.
DEV CARE	90,840.
NITYA INFO	41,400.
<b>Total</b>	<b>183,280.</b>

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Ln 24b: 50% limit

#### Itemization Statement

Description	Amount
MEALS	2,000.
<b>Total</b>	<b>2,000.</b>

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 18

#### Itemization Statement

Description	Amount
ACCOUNTING	8,000.
COMPUTER SERVICES AND SUPPLIES	5,000.
CLEANING	1,000.
OFFICE EXPENSES	5,000.
PRINTING	1,000.
<b>Total</b>	<b>20,000.</b>

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 22

#### Itemization Statement

Description	Amount
SUPPLIES	1,000.
<b>Total</b>	<b>1,000.</b>

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 24a

#### Itemization Statement

Description	Amount
TRAVEL	2,000.
<b>Total</b>	<b>2,000.</b>

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 15

#### Itemization Statement

Description	Amount
INSURANCE	4,000.
<b>Total</b>	<b>4,000.</b>

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

**Line 25**

**Itemization Statement**

Description	Amount
TELEPHONE	1,000.
<b>Total</b>	1,000.

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**

**Ln 16b: Other Interest**

**Itemization Statement**

Description	Amount
MISCELLANEOUS	4,000.
SECURITY	1,000.
<b>Total</b>	5,000.

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**

**Line 17**

**Itemization Statement**

Description	Amount
Legal and professional	4,000.
<b>Total</b>	4,000.

DO NOT MAIL





2023 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number			Check if deceased <input type="checkbox"/>
705	17	6879	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
343	25	2807	



For the year January 1 - December 31, 2023, or fiscal tax year beginning \_\_\_\_\_, 2023 and ending \_\_\_\_\_, 2024

First name and middle initial NIKHIL REDDY		Last name GADDAM		Suffix
Spouse's first name, if married filing jointly SOUMYA		Last name LOKA		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 1742 WILDWOOD TERRACE TRL			County code 46
City TEGA CAY	State SC	ZIP 29708	Daytime phone number with area code (341) 201-8422	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD) .....
  - Check this box if you are a part-year or nonresident filing an SC Schedule NR .....
  - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual .....
  - Check this box if you have filed a federal or state extension. ....
  - Check this box if you served in a military combat zone during the filing period. ....
- Name of the combat zone: \_\_\_\_\_

<b>CHECK YOUR FEDERAL FILING STATUS</b>	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying surviving spouse

Number of dependents claimed on your 2023 federal return ..... 0

Number of dependents claimed that were under the age of 6 years as of December 31, 2023 ..... \_\_\_\_\_

Number of taxpayers age 65 or older as of December 31, 2023 ..... \_\_\_\_\_

**DEPENDENTS**

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



**INCOME AND ADJUSTMENTS**

Your SSN 705-17-6879

**2023**

<b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	<b>1</b>	<b>Dollars</b>	
		205,005	00

**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	00	
<b>b</b> Out-of-state losses Type: _____	<b>b</b>	00	
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	00	
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	00	
<b>e</b> Other additions to income (attach explanation - see instructions)	<b>e</b>	00	
<b>2 Total additions</b> (add line a through line e)	<b>2</b>		00
<b>3</b> Add line 1 and line 2 and enter the total here	<b>3</b>		00

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	00	
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	00	
<b>h</b> Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	<b>h</b>	00	
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	00	
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	00	
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	<b>k</b>	00	
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	00	
<b>m</b> Interest income from obligations of the US government	<b>m</b>	00	
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	00	
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	00	
<b>p</b> Retirement Deduction (see instructions)			
<b>p-1</b> Taxpayer (date of birth: _____)	<b>p-1</b>	00	
<b>p-2</b> Spouse (date of birth: _____)	<b>p-2</b>	00	
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-3</b>	00	
Military Retirement Deduction (see instructions)			
<b>p-4</b> Taxpayer (date of birth: _____)	<b>p-4</b>	00	
<b>p-5</b> Spouse (date of birth: _____)	<b>p-5</b>	00	
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-6</b>	00	
<b>q</b> Age 65 and older deduction (see instructions)			
<b>q-1</b> Taxpayer (date of birth: _____)	<b>q-1</b>	00	
<b>q-2</b> Spouse (date of birth: _____)	<b>q-2</b>	00	
<b>r</b> Negative amount of federal taxable income	<b>r</b>	00	
<b>s</b> Subsistence allowance (multiply _____ days by \$8)	<b>s</b>	00	
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	00	
<b>u</b> Consumer Protection Services	<b>u</b>	00	
<b>v</b> Other subtractions (see instructions)	<b>v</b>	00	
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	00	
<b>4 Total subtractions</b> (add line f through line w)	<b>4</b>	<	00 >
<b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>	64,416	00
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	3,455	00
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	00	
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	00	
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	00	
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>	3,455	00



NON-REFUNDABLE CREDITS

Table with 5 rows and 4 columns for non-refundable credits. Line 14 total is 293.00, line 15 difference is 3,162.00.

PAYMENTS AND REFUNDABLE CREDITS

Table with 10 rows and 4 columns for payments and refundable credits. Line 22 total refundable credits is 00.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows and 4 columns for amended return calculations. Line 23 total payments is 5,146.00, line 24 overpayment is 1,984.00.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 10 rows and 4 columns for tax due and penalties. Line 26 use tax is 0.00, line 29 total is 0.00, line 30 refund is 1,984.00, line 34 balance due is 00.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

Form for refund and payment options. Includes checkboxes for Direct Deposit, Paper Check, MyDORWAY, ACH Debit, and Checking/Savings accounts.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature and preparer information section. Includes fields for taxpayer signature, date, spouse's signature, preparer's name (VENKATA SAI PAVAN KUMAR DUDIPALLI), firm name (GLOBAL TAXES LLC), and address (245 ROONEY CT E BRUNSWICK NJ 08816).

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105
30753230 REV 03/05/24 PRO

1555



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 4/12/23) 3081

For the year January 1 - December 31, 2023, or fiscal tax year beginning 2023 and ending 2024

Table with 4 columns: Your name (GADDAM, NIKHIL REDDY), Your Social Security Number (705-17-6879), Spouse's first name (SOUMYA), Spouse's Social Security Number (343-25-2807). Includes residency dates and schedule type (Nonresidents or Part-year residents).

INCOME AND EXCLUSIONS

Main table with 4 columns: Line number, Description, Income as Shown on Federal Return (COLUMN A), and South Carolina Income (COLUMN B). Rows include Wages, interest, dividends, tax refunds, alimony, business income, capital gain, other gains, IRA distributions, pensions, rents, farm income, unemployment, and Social Security benefits. Total income is 232,705.00.

ADJUSTMENTS TO INCOME

Table with 4 columns: Line number, Description, Federal Adjustment, and SC Adjustment. Rows include Educator expenses, business expenses, health savings account deduction, moving expenses, and self-employment tax.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811236

REV 03/05/24 PRO





		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans.....		00
23	Self-employed health insurance deduction .....		00
24	Penalty on early withdrawal of savings .....		00
25	Alimony paid .....		00
26	IRA deduction .....		00
27	Student loan interest deduction .....		00
28	Other adjustments .....		00
29	Reserved .....		
30	<b>Total adjustments:</b> Add line 17 through line 29 .....	0	00
31	<b>Adjusted gross income:</b> Subtract line 30 from line 16 .....	232,705	00

**SOUTH CAROLINA ADJUSTMENTS**

**ADDITIONS**

32	South Carolina additions .....		00
----	--------------------------------	--	----

**SUBTRACTIONS**

33	South Carolina dependent exemption (see instructions) .....		00
34	44% of net capital gains held for more than one year .....		00
35	Retirement deduction (see instructions)		
	a) Taxpayer (date of birth: _____) .....		00
	b) Spouse (date of birth: _____) .....		00
	c) Surviving spouse (date of birth of deceased spouse: _____) .....		00
	Military retirement deduction (see instructions)		
	d) Taxpayer (date of birth: _____) .....		00
	e) Spouse (date of birth: _____) .....		00
	f) Surviving spouse (date of birth of deceased spouse: _____) .....		00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
	a) Taxpayer (date of birth: _____) .....		00
	b) Spouse (date of birth: _____) .....		00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)		
	Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____		00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program .....		00
39	Active Trade or Business Income deduction (see instructions) .....		00
40	Consumer Protection Services .....		00
41	Other subtractions (see instructions) .....		00
42	<b>Total South Carolina subtractions:</b> Add line 33 through line 41 .....		00
43	<b>Total South Carolina adjustments:</b> Subtract line 42 from line 32 .....		00
44	<b>SC modified adjusted gross income:</b> Add Column B, line 31 and line 43 .....		73,119 00

45 PRORATION:  
Line 31, Column B divided by line 31, Column A = 31.42 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:  
If using the standard deduction, enter the amount from federal form on line 46.  
If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46.  
Enter the following amounts from the instructions:

Part I (Itemized Deductions) \_\_\_\_\_  
 Part II, Worksheet, line 6 (State Taxes) \_\_\_\_\_  
 Part III (Other Expenses) \_\_\_\_\_

46	27,700	00
47	8,703	00
48	64,416	00

47	<b>Allowable deductions:</b> Multiply line 46 by <u>31.42</u> % (from line 45) .....		
48	<b>South Carolina taxable income:</b> Subtract line 47 from line 44, Column B. Enter the difference here and on the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 5 .....		

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of the SC1040. Do not submit the Schedule NR separately. We cannot process your return if this form is submitted separately.

**D-400V (50)**

10-18-22

**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](http://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.
2. Make sure the courtesy box and legal line on your check match.
3. 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.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

**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.

**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.

Cut Here

**D-400V (50)**

9-16-08

**Individual Income Payment Voucher**

North Carolina Department of Revenue

REV 02/07/24 PRO

705176879 GADD 1742 29708 343252807

NIKHIL REDDY GADDAM SOUMYA LOKA

1742 WILDWOOD TERRACE TRL For Calendar Year 2023

**AMOUNT OF THIS PAYMENT**

TEGA CAY SC 29708

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

Taxpayer/Paid Preparer: VENKATA SAI PAVAN KUMA

\$ 231 .00

Date: Phone: (678) 965-9522

7270150106



20231 7051768790 0000000 06408

Mail to:  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640

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

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

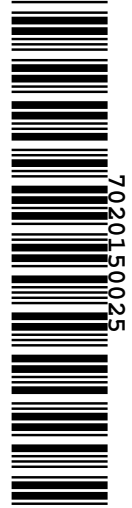
North Carolina Department of Revenue

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"/>
NIKHIL REDDY GADDAM SOUMYA LOKA 1742 WILDWOOD TERRACE TRL Your SSN: 705176879 TEGA CA SC 29708 Spouse's SSN: 343252807		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: _____ 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: _____		Year spouse died: _____
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
GADD	1742	29708	DS	N	EA	N	TD			SD				FDEXT	N
NIKHIL REDDY		GADDAM							705176879						
SOUMYA		LOKA							343252807	SC	29708				
1742 WILDWOOD TERRACE TRL									TEGA CAY						
06		232705		16				3092		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				3684		EU					
10A		0		20B				2835		27				231	
10B		0		21A				0		29				0	
11	S	Y	I	N				21B		0				0	
11		25500		21C				0		31				0	
13		00000		21D				0		32				0	
14		207205		26A				231		34				0	
15		9842		26B				0							
TN		3412018422		PN				6789659522		PP				P02470833	



<b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>231</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 _____
3412018422 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.	
VENKATA SAI PAVAN KUMAR D _____ Date _____	(678) 965-9522 _____ P02470833 _____
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.	232705
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	232705
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.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	207205
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	207205
15.	N.C. Income Tax	15.	9842
16.	Tax Credits	16.	3092
17.	Subtract Line 16 from Line 15	17.	6750
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	6750

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	3684
20b.	Spouse's tax withheld	20b.	2835

**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.	6519
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	6519
26a.	<b>Tax Due</b>	26a.	231
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>231</b>
28.	<b>Overpayment</b>	28.	0

**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>0</b>

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) GADDAM Your Social Security Number 705176879

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Code, Amount. Rows 01-07A.

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 2 columns: Description, 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 2 columns: Description, Amount. Rows 8a-13.

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

Table with 2 columns: Description, Amount. Rows 14-20.

