<b>D-40</b> < Stapi	le All	•	of Yo	our				<u>l</u> ina D	Tax Ret Department Ended Return		<b>2023</b> enue	DOR Use Only				
				or fiscal year l		1			and ending			Are you a v	veteran?			No X
ABHI 2080 RENO	DI			RAME TREET 2	SH			207	Your SS Spouse's SS	SN: 5126! SN:		Were you g	use a vetera ranted an au al income tax	ıtomatic ex	tension to	
Filing	Status	X	1. Sin		. 📙		ed Filing	-	3. Marrie	ed Filing Sep			Yes	No X		
Were	you a			C. for the entire			fying Wic	No	X R	eturn for de	eceased to	•	use died: Date of	death:		
				ent for the en			Yes	No	L Roucation Endow	eturn for de		•	Date of		, somo o	or all of
your o	verpa	yment to	the F	Fund. To mak	e a contr	ibution,	enclose	Form I	NC-EDU and y	our paymei	nt of \$	0.	To desig			
$\overline{}$				-					(See instruct of the country of					sident.		
. —		-							or Court-Appo							
FS :	1	PP	Y		DT	N	OC	N	TPRES	N S	SPRES	N	VT	N	SVT	N
RAME		2080	١	89502	DS	N	EA	N	TD		:	SD			FDEX	T N
ABHI	SHE	K			RAME	SH				51265	2661					
												NV	8950	02		
2080	DI	STRI	СТ	STREET					207	RENC	)					
06			571	161		16			0		26C			0		
07				0		18	Y		0		26E			0		020
09				0		20A			564		EU					500
10A				0		20B			0		27			0		25
10B				0		21A			0		29			0		
11	S	Y	I	N		21B			0		30			0		
11			127	750		21C			0		31			0		
13			025	543		21D			0		32			0		
14			112	294		26A			0		34		2	28		
15			Ę	536		26B			0							
TN	8	0664	213	343		PN	6	789	659522		PP	P02	208270	03		
		urn Be		X Ref	fund D		nedules an	2 od statem		ment Du		uthorize the	0 North Caroli	ina Denart	ment of R	Pevenue
the best of	f my kn	owledge a	nd belie	of, they are true, co	orrect, and	complete.	icadico di	ia otatem	crito, drid to	to discus	s this return	n and attach	ments with t	the paid pr	eparer be	elow.
Your Signa	ature					Date	Spor	use's Sigi	nature (If filing joint	return, both m	nust sign.)	Date		64213 ct Phone No.		rea code)
PAID PRE	PARE	R USE ON	LY If	prepared by a pe	rson other t	nan taxpay	er, this cei	rtification	is based on all info	mation of whic	ch the prepar	er has any kn	owledge.			
			AM S	SAGAR GU	PT 03				)965-9522					20827		
Paid Prep	arer's S	signature		If DEC	IND	Date	<u> </u>		ntact Phone Number	•		IC 27624 00	·	er's FEIN, S	SN, or PTII	N
	If y	ou ARE I	NOT d		-				ov to: N.C. DEF					I, NC 2764	0-0640	

6.	D-400 Line-by-Line Information		
6.			
	Federal Adjusted Gross Income	6.	5716
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	5716
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.	1275
12.	a. Add Lines 9, 10b, and 11	12a.	1275
	b. Subtract Line 12a from Line 8	12b.	4441
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.254
14.	N.C. Taxable Income	14.	1129
15.	N.C. Income Tax	15.	53
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	53
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	53
20b. Other	Spouse's tax withheld  Tax Payments	20b.	
Julei	Tax Payments		
21a.	2023 estimated tax	21a.	
21b.	Paid with extension	21b.	
21c.	Partnership	21c.	
21d.	S Corporation	21d.	
22.	Additional Payments	22.	
23.	Add Lines 20a through 22	23.	56
24.	Previous Refunds	24.	
25.	Subtract Line 24 from Line 23	25.	56
26a.	Tax Due	26a.	
26b.	Penalties	26b.	
26c.	Interest	26c.	
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	
27.	Pay this Amount	27.	
28.	Overpayment	28.	2
<u>Amoui</u>	nt of Refund to Apply to:		
	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	
29		30.	
29. 30	N.C. Nongame and Endangered Wildlife Fund	JU.	
30.	N.C. Nongame and Endangered Wildlife Fund	21	
30. 31.	N.C. Education Endowment Fund	31. 32	
30.		31. 32. 33.	

## D-400 Sch PN (50)

8-16-23

## 2023 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

	DOR Use Only				
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If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last N	Name (First 10 Characters) RAMESH		Your	Social Security Nur	mber 512652661	
A part-y	ear resident or a nonresident who receives income from N.C. so	urces must complet	te this form to	determine the perc	entage of total income from a	
	that is subject to N.C. tax. You are a "part-year resident" if yo				-	
N.C. and	d became a resident of another state during the tax year. You are	a " <b>nonresident"</b> i	f you were no	t a resident of N.C.	at any time during the tax year	
	Important: Refer to the Ins	tructions before cor	mpleting this fo	orm.		
	NRT N PYT Y 07 01	23 12	31 23	22	14538	
	NRS N PYS N			23	57161	
					37101	
Part /	A. Residency Status	1				
l 🗂 _	Taxpayer is: (Select applicable box)			Sis: (Select applicable b		
	ull-Year Resident		ar Resident	☐ Nonresident		
Date r	N.C. residency began Date N.C. residency ender 07 01 23 12 31 23	ed Date N.C. r	residency beg	an ı	Date N.C. residency ended	
If vo	ou and your spouse were both full-year residents of N.C., <b>stop he</b>	re: do not complete	Parts B and (	C. Do not attach Sc	thedule PN to Form D-400	
	B. Allocation of Income for Part-Year Residents and		T GRO D GRO V	5. Do not attach co	MICCOLO I II LO I CITI D' 100.	
				COLUMN A	COLUMN B	
Total	Income			Total Income	Amount of Column A	
			fro	m all Sources	Attributable to N.C.	
1.	Wages, Salaries, Tips, Etc.		1.	57161	14538	
2.	Taxable Interest		2.	0	0	
3.	Taxable Dividends		3.	0	0	
4.	Taxable Refunds, Credits, or Offsets					
	of State and Local Income Taxes		4.	0	0	
5.	Alimony Received		5.	0	0	
6.	Business Income or (Loss)		6.	0	0	
7.	Capital Gain or (Loss)	70	7.	0	0	
8.	Other Gains or (Losses)	20	8.	0	0	
9.	Taxable Amount of IRA Distributions	95	9.	0	0	
10.	Taxable Amount of Pensions and Annuities	0000	10.	0	0	
11.	Rental Real Estate, Royalties, Partnerships,	5	10.	U	U	
'''	S-Corps, Estates, Trusts, Etc.		11.	0	0	
12.	Farm Income or (Loss)		12.	0	0	
13.	Unemployment Compensation		13.	0	0	
14.	Taxable Portion of Social Security					
	and Railroad Retirement Benefits		14.	0	0	
15.	Other Income		15.	0	0	
16.	Total Income		16.	57161	14538	
				COLUMN A	COLUMN B	
North	n Carolina Adjustments		Amo	ount from Form	Amount of Column A	
			D-4	00 Schedule S	Attributable to N.C.	
17.	Additions					
	a. Interest Income From Obligations of States Other Than N.	C.	17a.	0	0	
	b. Deferred Gains Reinvested Into an Opportunity Fund		17b.	0	0	
	c. Bonus Depreciation		17c.	0	0	
			7 / d	(1)	()	

e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income

**Total Additions** 

0

0

0

17e.

18.

Last Name (First 10 Characters) RAMESH Your Social Security Number 512652661

		COLU Amount t		COLUMN B Amount of Column A	
			0 Schedule S	Attributable to N.C.	
19.	Deductions				
	a. State or Local Income Tax Refund	19a.	0	0	
	b. Interest Income From Obligations of the United States				
	or United States' Possessions	19b.	0	0	
	c. Taxable Portion of Social Security and				
	Railroad Retirement Benefits	19c.	0	0	
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0	
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement				
	e. Bonus Asset Basis	19e.	0	0	
	f. Bonus Depreciation	19f.	0	0	
	g. IRC Section 179 Expense	19g.	0	0	
	h. Other Deductions From Federal Adjusted Gross				
	Income That Relate to Gross Income	19h.	0	0	
20.	Total Deductions	20.	0	0	
21.	Total Income Modified by N.C. Adjustments	21.	57161	14538	
art (	2. Part-Year Residents and Nonresidents Taxable Percentage				
00	Establish Assault France Onlynna B. Line O4			2 14538	
22.	Enter the Amount From Column B, Line 21				
23. 24.	Enter the Amount From Column A, Line 21 Part-Year Residents and Nonresident Taxable Percentage		_	3. 57161 4. 0.2543	

REV 12/13/23 PRO