



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial PRANAVA HARI SHRIVASTAVA	Last name	Your Social Security number 343656378
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 2599 EVANS ROAD APT NO 323		
City/Town/Post Office MORRISVILLE	State NC	Zip 27560
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	69671
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	3264
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	3483
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	219
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

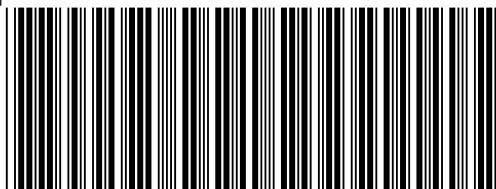
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN		
	02082024	843171965		<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	<input type="radio"/> Fill in if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		
P02082703	02082024	843171965		<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning

Ending

PRANAVA HARI

SHRIVASTAVA

343656378

2599 EVANS ROAD

MORRISVILLE

NC 27560
323

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: Nonresident

Part-year resident

Filing as both nonresident and part-year resident

Nonresident composite

a. Total federal income

69683

b. Federal adjusted gross income

69683

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 = . 3

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
You	Spouse	

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

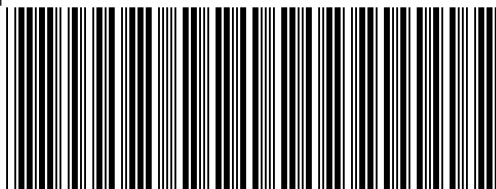
Date

Spouse's signature

Date

714-763-6602

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



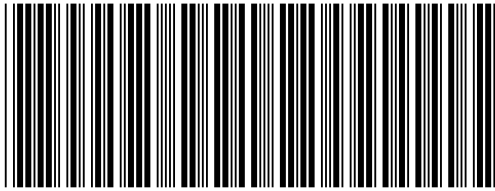
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
343656378

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	69671
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	69671
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

PRANAVA HARI

SHRIVASTAVA

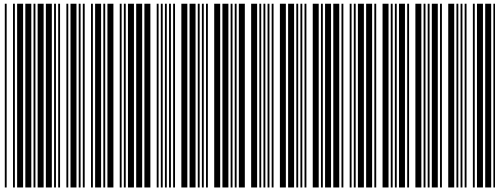
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14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	69671
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	69671
e. Non-Massachusetts source income. Not less than "0"	14e	12
f. Total income	14f	69683
g. Deduction and exemption ratio	14g	0.9998
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18	
Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	69671
22. Exemption amount. a. 4400	22	4399
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	65272
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	65272
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	3264
27. INCOME FROM SCHEDULE B. Not less than "0."	27	
a. x .085 = 27a		
b. x .12 = 27b		
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

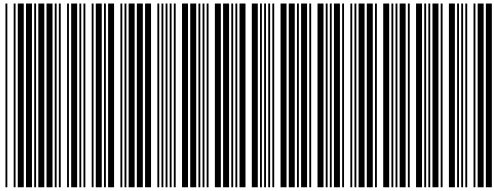


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 Massachusetts Nonresident/
 Part-Year Resident Income Tax Return
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28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."	Fill in if filing Schedule D-IS	28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		
29.	Credit recapture amount (from Credit Recapture Schedule)	29	
30.	Additional tax on installment sale	30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32		
32. TOTAL INCOME TAX.			
	a. Income tax. Add lines 26 through 30	32a	3 2 6 4
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b	
	c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRRCR, Nonresident Composite Return. Otherwise, enter 0	32c	
	Total tax. Subtract line 32c from the total of lines 32a and 32b	32	3 2 6 4
33.	Limited Income Credit	33	
34.	Income tax due to another state or jurisdiction	34	
35.	Other credits (from Credit Manager Schedule)	35	
36. INCOME TAX AFTER CREDITS.	Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	3 2 6 4
37. Voluntary Contributions			
	a. Endangered Wildlife Conservation	37a	
	b. Organ Transplant Fund	37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
	d. Massachusetts U.S. Olympic Fund	37d	
	e. Massachusetts Military Family Relief Fund	37e	
	f. Homeless Animal Prevention and Care	37f	
	Total. Add lines 37a through 37f	37	
38.	Use tax due on Internet, mail order and other out-of-state purchases	38	
39.	Health care penalty a. You + b. Spouse	39	
40. Amended return only.	Overpayment from original return	40	
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.	Add lines 36 through 40	41	3 2 6 4
	a. Massachusetts income tax withheld from Form(s) W-2	42a	3 4 8 3
	b. Massachusetts income tax withheld from Form(s) 1099	42b	
	c. Massachusetts income tax withheld from other forms	42c	
	Total. Add lines 42a through 42c	42	3 4 8 3

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



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 Massachusetts Nonresident/
 Part-Year Resident Income Tax Return
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43.	2022 overpayment applied to your 2023 estimated tax	43	
44.	2023 Massachusetts estimated tax payments	44	
45.	Payments made with extension	45	
46.	Amended return only. Payments made with original return. Not less than "0"	46	
47.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return x .40 = c. Part-year residents, multiply line 47c by line 3	47	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
48.	Senior Circuit Breaker Credit	48	
49.	Reserved for future use	49	
50.	Child and Family Tax Credit		
	a. x \$310 = b. Part-year residents multiply line 50b by line 3 =	50	
51.	Other Refundable Credits	51	
52.	Total Refundable Credits. Add lines 47 through 51	52	
53.	Excess Paid Family Leave Withholding	53	
54.	TOTAL. Add lines 42 through 46 and lines 52 and 53	54	3483
55.	Overpayment. Subtract line 41 from line 54	55	219
56.	Amount of overpayment you want applied to your 2024 estimated tax	56	
57.	Refund. Subtract line 56 from line 55. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	57	219

Direct deposit of refund. Type of account checking
 savings

RTN # 322271627 account # 525532815

58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	58	
	Interest Penalty M-2210 amt.		EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

Print paid preparer's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid preparer's signature

Yes

(this may delay your refund)

Date

02082024

Paid preparer's phone

678-965-9522

Check if self-employed

Paid preparer's

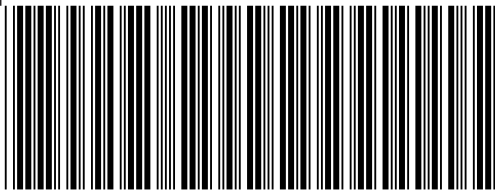
SSN/PTIN

P02082703

Paid preparer's EIN

84-3171965

SYAM PRIYA RAM SAGAR **BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



2023 Schedule B

MA23010011555

PRANAVA HARI

SHRIVASTAVA

343656378

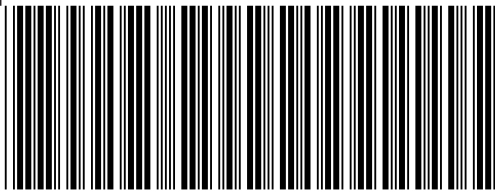
Part 1. Interest and Dividend Income

1. Total interest income	1
2. Total ordinary dividends	2
3. Other interest and dividends not included above	3
4. Total interest and dividends	4
5. Total interest from Massachusetts banks	5
6a. Other interest and dividends to be excluded	6a
6b. Part-year/Nonresidents only	6b
7. Subtotal	7
8. Allowable deductions from your trade or business	8
9. Subtotal	9

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12
13a. Add lines 10 through 12	13a
13b. Part-year/Nonresidents only	13b
13c. Subtract line 13b from line 13a. Not less than 0	13c
14. Allowable deductions from your trade or business	14
15. Subtotal	15
16. Massachusetts short-term capital losses	16
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17
18. Prior short-term unused losses for years beginning after 1981	18

-89



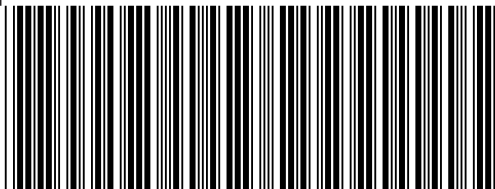
2023 Schedule B, pg. 2

343656378 MA23010021555

19a.	Combine lines 15 through 18	19a	-89
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	-89
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	-89
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2024	23	-89
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	
35.	Adjusted gross interest, dividends and certain capital gains	35	
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	
38.	Interest and dividends taxable at 5.0%	38	
39.	Total taxable 8.5% and 12% capital gains	39	
40.	Available short-term losses for carryover in 2024	40	-89



2023 Schedule INC

MA23INC011555

PRANAVA HARI

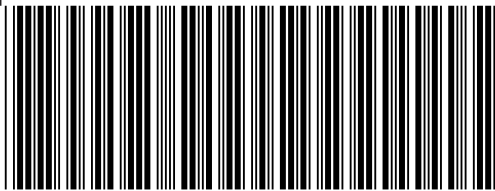
SHRIVASTAVA

343656378

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
980429806	3483	69671			W2

TOTALS	3483	69671			
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2023 Schedule NTS-L-NRPY

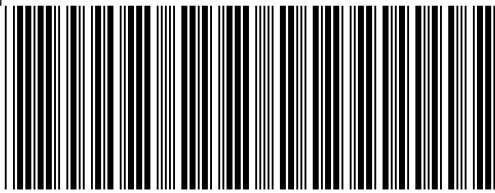
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No Tax Status and Limited Income Credit

343656378

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	69671
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	69671
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	12
8. Total income. Combine lines 3 through 7	8	69683
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	69683
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2023 Schedule E

MA23013041555

PRANAVA HARI

SHRIVASTAVA

343656378

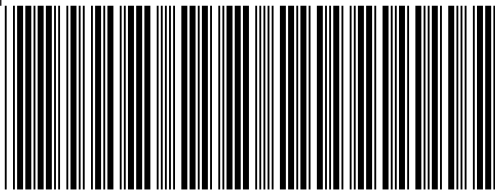
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	570
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	1520
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1140
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	2671
13. Supplies	13	2835
14. Taxes	14	
15. Utilities	15	3011
16. Other expenses	16	
17. Add lines 3 through 16	17	11177
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	11177
20. Income or loss from rental real estate or royalty properties	20	-10607
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24. Rental real estate and royalty income or loss	24	



2023 Schedule E, pg. 2

MA23013051555

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Income or Loss from Partnerships and S Corporations

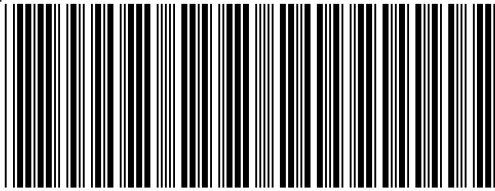
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2023 Schedule E, pg. 3

MA23013061555

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Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

56. Massachusetts differences Enclose statements

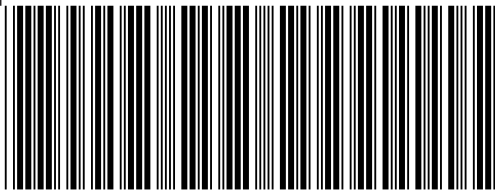
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57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58



2023 Schedule E-1

MA23013011555

PRANAVA HARI SHRIVASTAVA 343656378
16-B KAMET, ANUSHAKTINAGAR, M
16-B KAMET, ANUSHAKTINAGA MUMBAI

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	570
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	1520
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1140
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	2671
13. Supplies	13	2835
14. Taxes	14	
15. Utilities	15	3011
16. Other expenses	16	
17. Add lines 3 through 16	17	11177
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	11177
20. Income or loss from rental real estate or royalty properties	20	-10607
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	
24. Rental real estate and royalty income or loss	24	
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

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 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.

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.

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.



Cut Here



D-400V (50)

9-16-08

Individual Income Payment Voucher

North Carolina Department of Revenue

REV 12/13/23 PRO

343656378 SHRI 2599 27560

PRANAVA HARI SHRIVASTAVA

2599 EVANS ROAD APT 323 For Calendar Year 2023

MORRISVILLE NC 27560

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 02 08 24 Phone: (678)965-9522

AMOUNT OF THIS PAYMENT

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

\$ 1.00

7270150106



20231 3436563786 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 23 and ending
PRANAVA HARI SHRIVASTAVA
2599 EVANS ROAD 323 MORRISVILLE NC 27560 WAKE
Your SSN: 343656378 Spouse's SSN:
Filing Status: 1. Single (checked), 2. Married Filing Jointly, 3. Married Filing Separately, 4. Head of Household, 5. Qualifying Widow(er)
Were you a resident of N.C. for the entire year? Yes (checked), No
Was your spouse a resident for the entire year? Yes, No
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 \$ 0. 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.)
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.
Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.

Table with columns: FS, PP, Y, DT, N, OC, N, TPRES, Y, SPRES, N, VT, N, SVT, N. Rows include: SHRI 2599 27560 DS N EA N TD SD FDEXT N; PRANAVA HARI SHRIVASTAVA 343656378 WAKE NC 27560; 2599 EVANS ROAD 323 MORRISVILLE; 06 69683 16 2703 26C 0; 07 0 18 Y 0 26E 0; 09 0 20A 0 EU; 10A 0 20B 0 27 1; 10B 0 21A 0 29 0; 11 S Y I N 21B 0 30 0; 11 12750 21C 0 31 0; 13 00000 21D 0 32 0; 14 56933 26A 1 34 0; 15 2704 26B 0; TN 7147636602 PN 6789659522 PP P02082703



Sign Return Below [] Refund Due 0 [X] Payment Due 1
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. [] 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 _____ Contact Phone No. (Include area code) 7147636602
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.
SYAM PRIYA RAM SAGAR GUPT 02 08 24 (678)965-9522 P02082703
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.	69683
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	69683
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.	56933
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	56933
15.	N.C. Income Tax	15.	2704
16.	Tax Credits	16.	2703
17.	Subtract Line 16 from Line 15	17.	1
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
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.	0
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	Tax Due	26a.	1
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.	1
28.	Overpayment	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.	Amount to be Refunded	34.	0

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) SHRIVASTAV Your Social Security Number 343656378

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.

