Internal Revenue Service

# **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

axpayer's name	Social security number
SRAVAN KUMAR ANDHAVARAPU	813-68-0614
pouse's name	Spouse's social security number
DIVYASRI ANDHAVARAPU	994-97-0103
Part I Tax Return Information – Tax Year Ending December 31, 2023	(Enter year you are authorizing.)
nter whole dollars only on lines 1 through 5.	
lote: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b> 81,242
<b>2</b> Total tax	<b>2</b> 5,983
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · · <b>3</b> 6,42
4 Amount you want refunded to you	<b>4</b> 442
	5

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

Under penalties of periury. 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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN				EBO firm name	<b>č</b>	Ē
	X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	8

8	0	6	1	4	
Ent don	er fiv i't er	/e di iter a	gits, all ze	but ros	as

0 3

1

Enter five digits, but don't enter all zeros

7 0 my

as mv

signature on the income tax return (original or amended) I am now authorizing.

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

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

X lauthorize GLOBAL TAXES LLC

ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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—continu	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 0 all zer	 2 7	1	

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 <b>&gt;</b>	Date 🕨	
	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So	0
		F 0070 (D 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/24 PRO

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	/rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
SRAVAN K	TIMA	R	AND	HAVARA	PU					813	68	0614
		s first name and middle initial	Last r									security number
DIVYASRI	-		AND	HAVARA	PII					994	97	0103
		er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
9519 STF	A.T.T	DR 5205										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode	1 1		ointly, want \$3
CHARLOTT	Έ					NC	2	282	62			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code		k or refu	0
											Yo	u 🗌 Spouse
Filing Status	; [	] Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne hac	l income)								
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If yo	u che	ecked the HOF	l or QS	SS box, ent	er the ch	ild's nar	ne if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); o	r (b) sell,		
Assets								-			🗌 Ye	s 🗙 No
Standard	Som	<b>leone can claim:</b> 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Sp</b> o	ouse	: 🗌 Was bor	n befc	ore January	2, 1959	🗌 Is	blind
Dependents	s (see	instructions):		(2) 5	Social security	/	(3) Relationsh	<sub>ip</sub> (4	) Check the b	oox if qual	ifies for (s	see instructions):
Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your dependent:       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         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Defunction       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 blin         Dependents (see instructions):       (1) First name       Last name       number       (1) Relationship       (4) Check the box if qualifies for (see in Child tax credit       Credit for othe Check there is a dia tax credit         If more than four dependents, see instructions       Image: Credit for othe chere         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: Credit for othe chere       Image: Credit for othe chere	r other dependents											
	s ——											
	. —											
here												
Income			•		,							81,241.
Attach Form(s)			•		. ,							
	-											
				•	, ,		,	• •	· · ·			
1099-R if tax	e	•		,				• •	• • •	. 1e		
was withheld. If you did not	f	Employer-provided adoption bene						• •	· · ·	. <u>1</u> f		
get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		0.
W-2, see	h i	Other earned income (see instructi Nontaxable combat pay election (s		· · ·		• •	· · · · ·	i ·		. <u>1</u> h		
instructions.	z	Add lines 1a through 1h	500 1113			• •	11			. 1z	,	81,241.
Attach Soh R	 2a	Ŭ I	2a		· · ·	 <b>ь</b> т	axable interest	• •		· 12		01/211.
Attach Sch. B if required.	2a 3a	· · -	3a				Ordinary divider			. 25		
	 4a		4a				axable amount			. 4b		
Standard	5a		5a				axable amoun			. 5b		
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b		
Married filing	c	If you elect to use the lump-sum elect		method	check here							
separately, \$13,850	7	Capital gain or (loss). Attach Sched								7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•		-			. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	·							. 9		81,241.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•						. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		81,241.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12	2	27,700.
If you checked any box under	13	Qualified business income deducti					95-A			. 13	;	·
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or le</u>	ss, enter	-0 This is y	our 1	taxable incom	ie .		. 15	5	53,541.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	•	16	5,983.
Credits	17	Amount from Schedule 2, lin	ne3				🗋	17	
	18	Add lines 16 and 17					· · [·	18	5,983.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		· · _	19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	5,983.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				1	24	5,983.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 6	,425.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	6,425.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	6,425.
Refund	34	If line 33 is more than line 24						34	442.
norana	35a	Amount of line 34 you want	-			, .	. 🗆 🖪	5a	442.
Direct deposit?	b	Routing number 0 5 3					Savings		
See instructions.	d	Account number 8 1 8					J		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	-		38			
Third Party	Do	you want to allow another							
Designee							omplete belo	w.	X No
	De	signee's		Phone		Perso	onal identificat	tion	
	nar	ne		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piele. Declaration		1				, ,
	Yo	ur signature		Date	Your occupation				you an Identity , enter it here
Joint return?					SOFTWARE I	CMPLOYEE	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sign.	Date	Spouse's occupat		If the IRS	S sent y	your spouse an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,					Identity I	Protect	tion PIN, enter it here
your records.					HOME MAKE	ર	(see inst	.)	
		one no. (980)800-139	1	Email address	ANDHAVARAPUSRA	ANKUMAR@GMAIL.C			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	C	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/27/2024	P020827	03   [	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone n	o. (6	78)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form <b>1040</b> (2023)

REV 02/16/24 PRO

	(50) 8-16-23 Ill Pages of Your and W-2s Here	Individual North	Car <u>oli</u> na		turn 2023 t of Revenue	DOR Use Only		
For calend SRAVAN 9519 S	dar year 2023, or fiscal KUMAR TELLA DR 5205 T NC 28262MECH	ANDHAVARAPU KL		and ending ASRI Your St Spouse's St	ANDHAVAR SN: 813680614 SN: 994970103 ied Filing Separately	2023 federal ind	a veteran? ed an automatic	e.g., Form 1040?
Were you Was your N.C. Educ your over to the Fun	4. Head of Ho a resident of N.C. for th spouse a resident for cation Endowment Fund. bayment to the Fund. id, enter the amount of t box if you, or if marrie	usehold 5. Qual the entire year? the entire year? nd: You may contribute To make a contribution, f your designation on F ed filing jointly, your spo	Iifying Widow(er         Yes       X         Yes       X         Yes       X         to the N.C. E         enclose Form         Page 2, Line 3         pouse were out	) o R o R ducation Endow n NC-EDU and y 1. (See instruction t of the country of	eturn for deceased ta teturn for deceased s ment Fund by makin your payment of \$ tions for information a on April 15, 2024, and	Year spouse axpayer. pouse. g a contributio 0. T about the Fund d a U.S. citize	e died: Date of death: <u>Date of death:</u> on or designati ō designate yo <i>d.)</i>	
Select	box if return is filed a	nd signed by Executor,		r, or Court-Appo	inted Personal Repre	esentative.		
FS 2	PP Y	DT N	OC N	TPRES	Y SPRES	Y	VT N	SVT N
ANDH	9519 282	262 DS N	EA N	TD		SD		FDEXT N
SRAVAN	KUMAR	ANDHAVAR	APU		813680614		MECKL	
DIVYAS	RI	ANDHAVAR	APU		994970103	NC	28262	
9519 S	TELLA DR 52	05			CHARLOTTI	Ξ		
06	81241	16		0	26C		0	
07	0	18	Y	0	26E		0	
09	0	20A		3391	EU			
10A	0	20B	1	0	27		0	
10B	0	21A		0	29		0	
11 S	Y I N	21B	1	0	30		0	
11	25500	210	1	0	31		0	<u> </u>
13	00000	21D	1	0	32		0	
14	55741	26A		0	34		743	
15	2648	26B	i	0				
TN	9808001393	PN	6789	9659522	PP	P020	82703	
I declare and c	eturn Below	is return and accompanying scree true, correct, and complete.	7 4 chedules and state		Check here if you au to discuss this return			
Your Signature		Date	Spouse's S	ignature (If filing join	t return, both must sign.)	Date	9808001 Contact Phone M	.393 No. (Include area code)
PAID PREPAR	ER USE ONLY If prepared	d by a person other than taxpa	ver, this certificatio	on is based on all info	ormation of which the prepar	er has any knowle	dge.	
SYAM PF	RIYA RAM SAGAF s Signature	R GUPT 02 27 2 Date		8)965-952 Contact Phone Numb	2 er (Include area code)		P02082 Preparer's FEIN	

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 2023 Page 2 (50)

Last Name (First 10 Characters)	ANDHAVARAP

Your Social Security Number

813680614

6.	Federal Adjusted Gross Income	6.	81241
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	81241
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.	Ν
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	55741
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	55741
15.	N.C. Income Tax	15.	2648
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2648
18.	Consumer Use Tax	18.	0 10
10.	You certify that no Consumer Use Tax is due	10.	U Y
19.	Add Lines 17 and 18	19.	2648
10.		15.	2010
North	Carolina Income Tax Withheld		
~~	Your tax withheld	20a.	3391
20a.			
20b.	Spouse's tax withheld	20b.	0
20b.			
20b. <u>Other</u> 21a.	Spouse's tax withheld	21a.	0
20b. <u>Other</u> 21a. 21b.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension	21a. 21b.	0 0
20b. <u>Other</u> 21a.	Spouse's tax withheld Tax Payments 2023 estimated tax	21a. 21b. 21c.	0
20b. <u>Other</u> 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension	21a. 21b. 21c. 21d.	0 0
20b. <u>Other</u> 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership	21a. 21b. 21c.	0 0 0
20b. <u>Other</u> 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d.	0 0 0 0
20b. <u>Other</u> 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments	21a. 21b. 21c. 21d. 22.	0 0 0 0 0
20b. <u>Other</u> 21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22	21a. 21b. 21c. 21d. 22. 23.	0 0 0 0 3391
20b. <u>Other</u> 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds	21a. 21b. 21c. 21d. 22. 23. 24.	0 0 0 0 3391 0
20b. <u>Other</u> 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	0 0 0 3391 0 3391
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	0 0 0 3391 0 3391 0
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	0 0 0 3391 0 3391 0 0 0 0
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	0 0 0 3391 0 3391 0 0 0 0 0
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	0 0 0 3391 0 3391 0 0 0 0 0
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	0 0 0 3391 0 3391 0 0 0 0 0 0
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	0 0 0 3391 0 3391 0 0 0 0 0 0
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	0 0 0 3391 0 3391 0 0 0 0 0 0 0 0
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	0 0 0 3391 0 3391 0 0 0 0 0 0 0 0
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	0 0 0 3391 0 3391 0 0 0 0 0 0 0 0
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. <b>Amou</b>	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to:	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	0 0 0 3391 0 3391 0 0 0 0 0 0 743
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. <b>Amou</b> 29.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	0 0 0 3391 0 3391 0 0 0 0 0 743
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou 29. 30.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30.	0 0 0 3391 0 3391 0 0 0 0 0 0 743
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Spouse's tax withheld Tax Payments 2023 estimated tax Paid with extension Partnership S Corporation Additional Payments Add Lines 20a through 22 Previous Refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30. 31.	0 0 0 3391 0 3391 0 0 0 0 0 743

**D-400 Line-by-Line Information**