

New Mexico Taxation and Revenue Department
**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL**

First Name, Middle Initial, and Last Name VINAY KUMAR SURABHI	Social Security Number (SSN) 111-93-7550	<input checked="" type="checkbox"/> Residency Status
Spouse First Name, Middle Initial, and Last Name	Social Security Number (SSN)	<input type="checkbox"/> Residency Status
Mailing Address, City, State, and Zip Code 4129 S MEADOWS RD, APT. 1322 SANTA FE NM 87507		

TAX YEAR (CCYY): 2023
 FILING STATUS (Check One)

- (1.) Single
- (2.) Married filing jointly
- (3.) Married filing separately (Enter spouse's name and social security number.)
- (4.) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.) _____
- (5.) Qualifying widow(er)

PART I: TAX RETURN INFORMATION (Whole Dollar Amounts Only)

1. Federal Adjusted Gross Income (as reported on PIT-1)	1.	38,573
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	685
3. Total Payments and Credits (as reported on PIT-1)	3.	1,084
4. Tax Due (as reported on PIT-1).....	4.	
5. Overpayment (as reported on PIT-1)	5.	399

PART II: DECLARATION OF TAXPAYER

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE
SIGN
HERE

Your signature

Date

Spouse's signature (If joint return, BOTH MUST sign.)

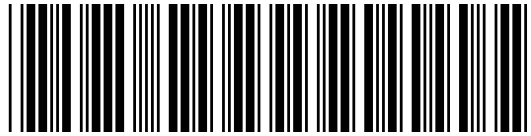
PART III: DECLARATION OF PREPARER/TRANSMITTER (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 02/25/2024
Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703	Preparer's NMBTIN (if applicable)
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		
Address (number, street, city, and state) 245 ROONEY CT E BRUNSWICK NJ		ZIP code 08816

When required to submit a copy of this form to the Department, mail the form and attachments to:
 New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN



For the year January 1 - December 31, 2023
or fiscal year beginning F.1 ending F.2
If amending use Form 2023 PIT-X.

FOR DEPARTMENT USE ONLY

Get your refund faster, file online using Taxpayer Access Point TAP <https://tap.state.nm.us>.

1555 02 2

1a Print your name (first, middle, last)
VINAY KUMAR SURABHI

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.

SOCIAL SECURITY NUMBER **111-93-7550**

Blind Age 65 or over Residency status **F**

1f Taxpayer's date of birth **09/30/1999**

2f Spouse's date of birth

3a If the address is new or changed, mark this box.

3b Mailing Address (Number and street)
4129 S MEADOWS RD APT 1322

3c City **SANTA FE** State **NM** Postal/ZIP Code **87507**

3d If foreign address, enter country Foreign province and/or state

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter **below** the name and social security number of that person. You must also attach Form RPD-41083.

If taxpayer or spouse died before this return is filed, enter date of death.

4c Taxpayer's date of death

4d Spouse's date of death

4a Name

4b SSN

Residency status:
For taxpayer and spouse (1e and 2e), enter:
R if Resident
N if Non-Resident
F if First-Year Resident
P if Part-Year Resident

5. **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

1

6a **EXTENSION OF TIME TO FILE:** If you have a federal or state extension, mark box 6a and enter the extension date in box 6b.

6b

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
(You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

7. FILING STATUS. Mark only one box.

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

(4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)

(4a)

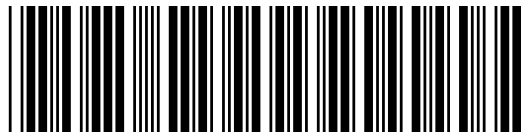
(5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	9	38,573
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions.....	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12
12a. If you itemized , mark the box..... 12a <input type="checkbox"/>		13,850
13. Deduction for certain dependents. See the worksheet in the instructions.....	-	13
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 27). Attach PIT-ADJ	-	15
16. Medical care expense deduction. See PIT-1 instructions.....	-	16
You must complete both lines 16 and 16a or the deduction will be denied.		
16a. Unreimbursed and uncompensated medical care expenses..... 16a		
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16.....	=	17
Cannot be less than zero		24,723
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18
18a. From Tax Rate Table = R . From PIT-B, line 14 = B 18a B		685
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions.....	-	20
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR	-	21
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22
		685

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **April 30, 2024**. All others must file by **April 15, 2024**. See PIT-1 instructions for details.

Continue on the next page.

2023 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



2
YOUR SOCIAL SECURITY NUMBER

111-93-7550

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to: New Mexico Taxation and Revenue Department, P. O. Box 25122, Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1.....	23	685
24. Total claimed on rebate and credit schedule (PIT-RC, line 26). Attach PIT-RC	24	
25. Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.).....	+	25
25a. The amount of federal earned income credit (EIC) reported on your 2023 federal income tax return or calculated under NM Expansion.....		
25b. *NM Expansion Only: Check this box if you did not qualify for the EIC on your federal return.. 25b		
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR	+	26
27. New Mexico income tax withheld. Attach annual statements of income and withholding	+	27
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	+	28
29. New Mexico income tax withheld from or paid by a pass-through entity. Attach 1099-Misc or RPD-41359	+	29
30. 2023 estimated income tax payments. See PIT-1 instructions.....	+	30
31. Other Payments.....	+	31
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	=	32
		1,084
33. TAX DUE. If line 22 is greater than line 32, enter the difference here.....		33
34. Penalty on underpayment of estimated tax. See PIT-1 instructions	+	34
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272		35
36. Penalty. See PIT-1 instructions.	+	36
37. Interest. See PIT-1 instructions.	+	37
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	=	38
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....		39
		399
40. Refund voluntary contributions (PIT-D, line 18). Attach PIT-D	-	40
41. Amount from line 39 you want applied to your 2024 Estimated Tax	-	41
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.....	=	42
		399

Refund Express!! *Have it directly deposited! See instructions and complete all questions in this block.*

RE. 1 Routing Number 022300173 RE. 2 Account Number 767522862 RE.3 Account Type: Checking Savings

Re. 4: Will this refund go to or through an account outside of the United States? Important: If "yes," you can not use this refund method. See instructions. Yes No

HSD. 1 Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Human Services Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission to share information provided on the **PIT-1** and **PIT-S** with HSD and NMHIE. See instructions for additional information.

I declare 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.

Your signature	Date
Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date	
<u>439487744</u> <u>NY</u> <u>09/30/2026</u>	
Spouse's signature	Date
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date	

(If filing jointly, BOTH must sign even if only one had income.)
 Taxpayer's phone number (845) 821-6608
 Taxpayer's email address SURABHIVINAYKUMAR1999@GMAIL.COM

Paid preparer's use only:

SYAM PRIYA RAM SAGAR GUPTA T 02/25/2024
 Signature of preparer Date

GLOBAL TAXES LLC
 P.1 Firm's name (or yours, if self-employed)

P.2 NMBTIN

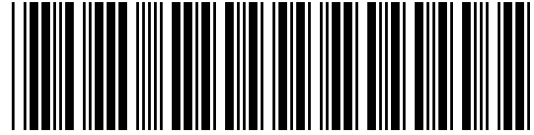
P.3 Preparer's PTIN P02082703

P.4 FEIN 84-3171965

P.5 Preparer's phone number (678) 965-9522

P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

2023 PIT-B
NEW MEXICO ALLOCATION AND APPORTIONMENT
OF INCOME SCHEDULE



Print your name (first, middle, last)
VINAY KUMAR SURABHI

YOUR SOCIAL SECURITY NUMBER
111-93-7550

Taxpayers who allocate and apportion income from both inside and outside the State of New Mexico must complete this schedule. Please refer to the instructions when completing this schedule. Include the Schedule PIT-B with your personal income tax return, Form PIT-1.

For first-year and part-year resident taxpayers, enter the period of residency. A. From 06/26/2023 B. through 12/31/2023

If your spouse's residency period is different, enter the period of residency for your spouse. If additional periods of residency apply, write them in the space below this line. C. From _____ D. through _____

If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the Military Spouse Residency Relief Act, is not a resident of New Mexico, and is allocating income from services performed in New Mexico to their state of residence, mark the appropriate box.
 Taxpayer E. Spouse F.

NOTE: Resident taxpayers including persons physically present in New Mexico 185 days or more, must allocate all income and deductions on lines 1, 2, 3, and 7 in full to New Mexico.

SECTION 1: ALLOCATION OF NONBUSINESS INCOME

	Column 1 Total Federal Income	Column 2 New Mexico Income
1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions.....	1 38,573	28,333
1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box..... 1a <input type="checkbox"/>		
2. Nonbusiness interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.....	2	
3. Pensions, annuities, social security, and lump-sum distributions.....	3	
4. Rents and royalties.....	4	
5. Gains or losses from the sale or exchange of property.....	5	
6. Income or losses from pass-through entities.....	6	
7. All other income not included in lines 1 through 6 and line 8.....	7	

SECTION 2: APPORTIONMENT OF BUSINESS AND FARM INCOME (For line 8. If none, go to line 9.)

8. Business and farm income. To determine the amount for Column 2, complete worksheet PIT-B, page 2. See the instructions.....	8	
9. ADD lines 1 through 8 and enter the amount here.....	9 38,573	28,333
10. Federal adjustments to income. In Column 1, enter the figure from federal Schedule 1, line 22. For Column 2, see the PIT-B instructions.....	10	
11. Total income. Line 9 minus line 10. Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9) If non-resident military personnel, see the PIT-B instructions.	11 38,573	28,333
12. DIVIDE the amount on line 11, Column 2 by the amount on line 11, Column 1, showing 4 decimal places. (Cannot be less than zero. If greater than 1, enter 100.0000.).....	12	73.4529 %
13. Using the tax rate tables, find the tax applicable to PIT-1, line 17. If an amount for tax on lump-sum distributions is shown on PIT-1, line 19, add it to the tax and enter the result here.....	13	933
14. MULTIPLY line 12 by line 13. Enter the amount here and on PIT-1, line 18, and then in the box on PIT-1, line 18a, mark B to indicate the tax came from PIT-B.....	14	685

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

111937550 SURA 4129 87507

VINAY KUMAR SURABHI

4129 S MEADOWS RD APT 1322 For Calendar Year 2023

SANTA FE NM 87507

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 02 25 24 Phone: (678) 965-9522

AMOUNT OF THIS PAYMENT

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

\$ 44.00

7270150106



20231 1119375505 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
VINAY KUMAR SURABHI
4129 S MEADOWS RD 1322 Your SSN: 111937550
SANTA F NM 87507 Spouse's SSN:
Filing Status [X] 1. Single [] 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 [] No [X]
Was your spouse a resident for the entire year? Yes [] No [X]
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.

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

SURA 4129 87507 DS N EA N TD SD FDEXT N

VINAY KUMAR SURABHI 111937550

NM 87507

4129 S MEADOWS RD 1322 SANTA FE

06 38573 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 282 EU

10A 0 20B 0 27 44

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

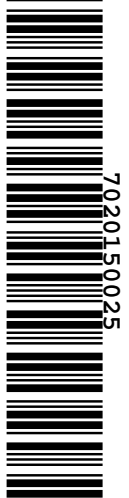
11 12750 21C 0 31 0

13 02655 21D 0 32 0

14 6856 26A 44 34 0

15 326 26B 0

TN 8458216608 PN 6789659522 PP P02082703



Sign Return Below [] Refund Due 0 [X] Payment Due 44
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) 8458216608
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 25 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.	38573
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	38573
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.	25823
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.2655
14.	N.C. Taxable Income	14.	6856
15.	N.C. Income Tax	15.	326
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	326
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	326

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	282
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.	282
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	282
26a.	Tax Due	26a.	44
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.	44
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-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

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 Name (First 10 Characters) **SURABHI** Your Social Security Number **111937550**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT N PYT Y 01 01 23 06 26 23 22 10240
 NRS N PYS N 23 38573

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began 01 01 23 Date N.C. residency ended 06 26 23

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income	COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1. Wages, Salaries, Tips, Etc.	1. 38573	10240
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)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, 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. 38573	10240
North Carolina Adjustments	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A 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
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0

Last Name (First 10 Characters) SURABHI	Your Social Security Number	111937550
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A 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. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
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. 38573	10240

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 10240
23. Enter the Amount From Column A, Line 21		23. 38573
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.2655