

Individual Estimated Tax Payment

Pay by Check

- Make your check payable to “Minnesota Revenue.”
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to “Actual size” (not “Shrink oversized pages”).

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to www.revenue.state.mn.us and type **make a payment** into the Search box. Choose **Credit or Debit Card** from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type **ACH Credit** into the Search box.

REV 02/08/24 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

Individual Estimated Tax Payment

NARESH KUMAR SAMALA
PADMAJA SAMALA
707 TOULOUSE CT
CARY NC 27519

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number: P02082703

Social Security
Number (required): 472556598
Spouse's Social
Security Number: 469572688

Tax-Year End: 123124

Amount of Check: 140 00

00100000000000000000000012312430004725565986300046957268810000001031

Income Tax Return Payment

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- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Credit or Debit Card** from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 02/08/24 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

Income Tax Return Payment

NARESH KUMAR SAMALA
PADMAJA SAMALA
707 TOULOUSE CT
CARY NC 27519

Make check payable to:
Minnesota Revenue
P.O. Box 64054, St. Paul, MN 55164-0054

Preparer Tax Identification Number: P02082703
Social Security Number (required): 472556598
Spouse's Social Security Number: 469572688
Tax-Year End: 123123

Amount of Che 103 00

00102000000000000000000012312330004725565986300046957268810000001031



2023 Form M1, Individual Income Tax

Do not use staples on anything you submit.

<u>NARESH KUMAR</u> Your First Name and Initial	<u>SAMALA</u> Last Name	<u>472556598</u> Your Social Security Number	<u>10041977</u> Your Date of Birth (MM/DD/YYYY)
<u>PADMAJA</u> If a Joint Return, Spouse's First Name and Initial	<u>SAMALA</u> Spouse's Last Name	<u>469572688</u> Spouse's Social Security Number	<u>03061983</u> Spouse's Date of Birth
<u>707 TOULOUSE CT</u> Current Home Address		Check if Address is:	<input type="checkbox"/> New <input type="checkbox"/> Foreign
<u>CARY</u> City	<u>NC</u> State	<u>27519</u> ZIP Code	

2023 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married Filing Jointly
 (3) Married Filing Separately
 (4) Head of Household
 (5) Qualifying Surviving Spouse

Spouse Name _____

Spouse SSN _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now17


Democratic/Farmer-Labor . . .12 Libertarian16 General Campaign Fund99

Your Code Spouse's Code

From Your Federal Return (see instructions)

<u>144682</u>	<u>0</u>	<u>0</u>	<u>130568</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	<u>159736</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	_____
3	Add lines 1 and 2.	3	<u>159736</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	<u>27650</u>
5	Exemptions (from Schedule M1DQC)	5	<u>9600</u>
6	State income tax refund from line 1 of federal Schedule 1	6	_____
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7	_____
8	Total subtractions. Add lines 4 through 7.	8	<u>37250</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>122486</u>
10	Tax from the table or schedules in the Form M1 instructions	10	<u>7692</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11	_____
1	Add lines 10 and 11	12	<u>7692</u>
13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	<u>4569</u>
13a	<u>94888</u>	13b	<u>159736</u>



14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (<i>check appropriate boxes</i>)		
<input type="checkbox"/> (a) Schedule M1HOME	<input type="checkbox"/> (b) Schedule M1529	<input type="checkbox"/> (c) Schedule M1LS
14	14	■ _____
15 Tax before credits. Add lines 13 and 14	15	_____ 4569
16 Amount from line 21 of Schedule M1C, <i>Nonrefundable Credits</i> (<i>enclose Schedule M1C</i>)	16	■ _____
17 Subtract line 16 from line 15 (<i>if result is zero or less, leave blank</i>)	17	_____ 4569
18 Nongame Wildlife Fund contribution (<i>see instructions</i>)	18	■ _____
This will reduce your refund or increase the amount you owe		
19 Add lines 17 and 18	19	_____ 4569
20 Minnesota income tax withheld. Complete and enclose Schedule M1W to report	20	■ _____
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF		_____ 4466
21 Minnesota estimated tax and extension payments made for 2023	21	■ _____
22 Amount from line 11 of Schedule M1REF, <i>Refundable Credits</i> (<i>see instructions; enclose Schedule M1REF</i>)	22	■ _____
23 Total payments. Add lines 20 through 22	23	_____ 4466
24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (<i>see instructions</i>). For direct deposit, complete line 25	24	■ _____
25 Direct deposit of your refund (<i>you must use an account not associated with a foreign bank</i>):		
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
	Routing Number	Account Number
26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (<i>see instructions</i>)	26	■ _____ 103
27 Penalty amount from Schedule M15 (<i>see instructions</i>). Also subtract this amount from line 24 or add it to line 26 (<i>enclose Schedule M15</i>)	27	■ _____
28 Penalty and interest (<i>see instructions</i>)	28	■ _____
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.		
29 Amount from line 24 you want sent to you	29	■ _____
30 Amount from line 24 you want applied to your 2024 estimated tax	30	■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature
7632675608
Daytime Phone
SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) D MM/DD/YYYY
SAM4NAR@GMAIL.COM
Email Address
03122024 P02082703
D MM/DD/YYYY PTIN or VITA/TCE # (required)
syam@gtaxfile.com
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010



2023 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

NARESH KUMAR Your First Name and Initial	SAMALA Your Last Name	472556598 Your Social Security Number
PADMAJA Spouse's First Name and Initial	SAMALA Spouse's Last Name	469572688 Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from 01012023 to 06302023 Other State of Residency: NC
(MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse: Full-year Nonresident Part-Year Resident from 01012023 to 06302023 Other State of Residency: NC
(MM/DD/YYYY) (MM/DD/YYYY)

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1z of federal Form 1040 or 1040-SR)	144682	99351
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR)	136	0
3 Business income or loss (from line 3 of federal Schedule 1)	7901	0
4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR)	11510	0
5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR)		
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1)	2916	0
7 Farm income or loss (from line 6 of federal Schedule 1)		
8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1)	3650	0
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)		
10 Bonus depreciation addition from line 1 of Schedule M1MB		
11 If you entered an amount on line 9 of Schedule M1REF, see instructions		
12 Suspended loss from line 4 of Schedule M1MB		
13 Other required adjustments from Schedules M1M, M1MB, and M1AR (see instructions)		
14 This line intentionally left blank		
15 Add lines 1 through 14 for each column	170795	99351

If your Minnesota gross income is below \$13,825 see instruction

16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1)		
17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1)	10500	4463
18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1)		
19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1)	559	
20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B)		



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	21	_____	_____
22	Other subtractions from Schedule M1MB (see instructions).	22	■ _____	■ _____
23	Social Security benefit from line 12 of Schedule M1M (see instructions).	23	■ _____	■ _____
24	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	24	■ _____	■ _____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M)	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	26	_____	_____
27	Add lines 16 through 26 for each column	27	_____	_____
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0	28	_____	_____
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	_____
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	_____	_____
31	Amount from line 12 of Form M1	31	_____	_____
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	_____

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

NARESH KUMAR <small>Your First Name and Initial</small>	SAMALA <small>Last Name</small>	472556598 <small>Your Social Secur</small>
PADMAJA <small>If a Joint Return, Spouse's First Name and Initial</small>	SAMALA <small>Spouse's Last Name</small>	469572688 <small>Spouse's Social Security Number</small>

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>2432881</u>	d1 <u>99351</u>	e1 <u>4466</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2)

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 4466

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

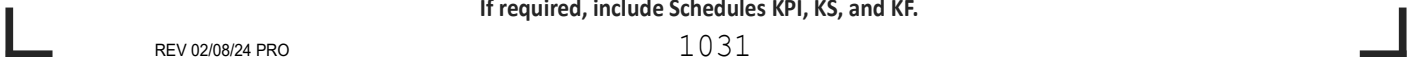
Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2)

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 4466**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**





2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

NARESH KUMAR _____ SAMALA _____ 472556598 _____
 Your First Name and Initial Last Name Social Security Number

	A — Child 1	B — Child 2	C — Child 3
First name and middle initial a1	ADITEYA SASHR	b1 ADWITI	c1 _____
Last name a2	SAMALA	b2 SAMALA	c2 _____
Social Security Number or Individual Taxpayer Identification Number a3	996887131	b3 686778198	c3 _____
Date of Birth a4	09272009	b4 07152015	c4 _____
Relationship to you a5	Son	b5 Daughter	c5 _____
Check the box if you are claiming them as a dependent a6	<input checked="" type="checkbox"/>	b6 <input checked="" type="checkbox"/>	c6 <input type="checkbox"/>
Number of months they lived with you a7	12	b7 12	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student a8	<input type="checkbox"/>	b8 <input type="checkbox"/>	c8 <input type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2023 a9	<input type="checkbox"/>	b9 <input type="checkbox"/>	c9 <input type="checkbox"/>
Check the box if they are a qualifying child a10	<input type="checkbox"/>	b10 <input type="checkbox"/>	c10 <input type="checkbox"/>
Check the box if they are a qualifying older child a11	<input type="checkbox"/>	b11 <input type="checkbox"/>	c11 <input type="checkbox"/>

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

North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (NARESH KUMAR, SAMALA, PADMAJA, SAMALA), SSNs (472556598, 469572688), filing status (Married Filing Jointly), and various checkboxes for resident status and education fund contributions.

Table with columns for tax status (FS, PP, Y, DT, N, OC, N, TPRES, N, SPRES, N, VT, N, SVT, N), identification numbers (SAMA, 707, 27519, DS, N, EA, N, TD), names (NARESH KUMAR, SAMALA, PADMAJA, SAMALA), SSNs (472556598, 469572688), and other identifiers (WAKE, NC, 27519, 707 TOULOUSE CT, CARY).



7020150025

Sign Return Below section with checkboxes for Refund Due (checked) and Payment Due, followed by signature lines for the taxpayer and preparer (SYAM PRIYA RAM SAGAR GUPT), and contact information.

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	159736
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	159736
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.	1
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	134236
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.2654
14.	N.C. Taxable Income	14.	35626
15.	N.C. Income Tax	15.	1692
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1692
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1692

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1750
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.	1750
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1750
26a.	Tax Due	26a.	0
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.	0
28.	Overpayment	28.	58

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.	58

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) **SAMALA** Your Social Security Number **472556598**

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	07 01 23	12 31 23	22	45331
NRS	N	PYS	Y	07 01 23	12 31 23	23	170795

Part A. Residency Status

Taxpayer is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began: 07 01 23 Date N.C. residency ended: 12 31 23

Spouse is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began: 07 01 23 Date N.C. residency ended: 12 31 23

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. 144682	45331
2. Taxable Interest	2. 19	0
3. Taxable Dividends	3. 117	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. 7901	0
7. Capital Gain or (Loss)	7. 11510	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. 2916	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. 3650	0
16. Total Income	16. 170795	45331
North Carolina Adjustments		
17. Additions	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
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) SAMALA	Your Social Security Number	472556598
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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.	170795		45331

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21				22. 45331
23. Enter the Amount From Column A, Line 21				23. 170795
24. Part-Year Residents and Nonresident Taxable Percentage				24. 0.2654