



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 10/7/21) 3299

Form with fields for First name and middle initial, Last name, Your social security number, Spouse's first name, Spouse's social security number, Mailing address, Daytime phone number, City, State, ZIP, Tax Year.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Balance. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

Form with fields for Routing number (RTN), Bank account number (BAN), Type of account (Checking/Savings), Payment Withdrawal Date, and Payment Withdrawal Amount.

Part III Declaration of taxpayer

- 13. a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account...

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Signature lines for Your signature, Date, Spouse's signature (If married filing jointly, BOTH must sign), and Date.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years.

Form for ERO's Use Only with fields for ERO signature, Date, Check if also paid preparer, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, and Phone.

Form for Paid Preparer's Use Only with fields for Preparer signature, Date, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, and Phone.

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

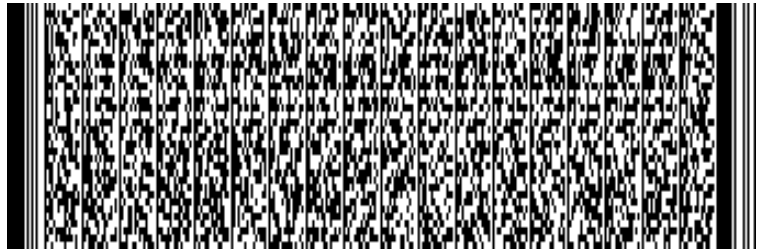
2023 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 4/18/23)

3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
647	96	4438	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
320	97	3459	



For the year January 1 - December 31, 2023, or fiscal tax year beginning _____, 2023 and ending _____, 2024

First name and middle initial CHAITANYA SAI KUMAR		Last name DATLA VENKATA KRISHN		Suffix
Spouse's first name, if married filing jointly SINDHUSHA		Last name UPPALAPATI		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 15654 GREYTHORNE DR 220			County code 29
City CHARLOTTE	State NC	ZIP 28277	Daytime phone number with area code (803) 633-9677	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying surviving spouse

Number of dependents claimed on your 2023 federal return 1

Number of dependents claimed that were under the age of 6 years as of December 31, 2023 1

Number of taxpayers age 65 or older as of December 31, 2023 _____

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
MYRA VAISHNAVI	DATLA	273-69-1480	Daughter	09/29/2019

30751234

REV 03/05/24 PRO



INCOME AND ADJUSTMENTS

Your SSN 647-96-4438

2023

1	Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars	92,467	00
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ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (see instructions)	a	00		
b	Out-of-state losses Type: _____	b	00		
c	Expenses related to National Guard and Military Reserve Income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e	Other additions to income (attach explanation - see instructions)	e	00		
2	Total additions (add line a through line e)	2			00
3	Add line 1 and line 2 and enter the total here	3			00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f	State tax refund, if included on your federal return	f	00		
g	Total and permanent disability retirement income, if taxed on your federal return	g	00		
h	Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i	44% of net capital gains held for more than one year	i	00		
j	Volunteer deductions (see instructions) Type: _____	j	00		
k	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k	00		
l	Active Trade or Business Income deduction (see instructions)	l	00		
m	Interest income from obligations of the US government	m	00		
n	Certain nontaxable National Guard or Reserve pay	n	00		
o	Social Security and/or railroad retirement, if taxed on your federal return	o	00		
p	Retirement Deduction (see instructions)				
p-1	Taxpayer (date of birth: _____)	p-1	00		
p-2	Spouse (date of birth: _____)	p-2	00		
p-3	Surviving spouse (date of birth of deceased spouse: _____)	p-3	00		
p-4	Military Retirement Deduction (see instructions) Taxpayer (date of birth: _____)	p-4	00		
p-5	Spouse (date of birth: _____)	p-5	00		
p-6	Surviving spouse (date of birth of deceased spouse: _____)	p-6	00		
q	Age 65 and older deduction (see instructions)				
q-1	Taxpayer (date of birth: _____)	q-1	00		
q-2	Spouse (date of birth: _____)	q-2	00		
r	Negative amount of federal taxable income	r	00		
s	Subsistence allowance (multiply _____ days by \$8)	s	00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	00		
u	Consumer Protection Services	u	00		
v	Other subtractions (see instructions)	v	00		
w	South Carolina Dependent Exemption (see instructions)	w	00		
4	Total subtractions (add line f through line w)	4	<		00
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5		32,251	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	1,394		00
7	TAX on Lump Sum Distribution (attach SC4972)	7			00
8	TAX on Active Trade or Business Income (attach I-335)	8			00
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9			00
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		1,394	00



NON-REFUNDABLE CREDITS

Table with 4 columns: Description, Line Number, Amount, Total. Rows include Child and Dependent Care, Two Wage Earner Credit, Other nonrefundable credits, Total nonrefundable credits, and Subtract line 14 from line 10.

PAYMENTS AND REFUNDABLE CREDITS

Table with 4 columns: Description, Line Number, Amount, Total. Rows include SC income tax withheld, 2023 Estimated Tax payments, Amount paid with extension, Nonresident sale of real estate, Other SC withholding, Tuition tax credit, and Other refundable credits (22a-22e).

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 4 columns: Description, Line Number, Amount, Total. Rows include Add line 16 through line 22, If line 23 is larger than line 15, and If line 15 is larger than line 23.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 4 columns: Description, Line Number, Amount, Total. Rows include USE TAX due on online, mail-order, or out-of-state purchases, Amount of line 24 to be credited to your 2024 Estimated Tax, Total Contributions for Check-offs, Add line 26 through line 28, and Add line 31 through line 33.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

Form with sections for REFUND OPTIONS (Direct Deposit vs Paper Check) and PAYMENT OPTIONS (MyDORWAY vs ACH Debit). Includes fields for Routing Number (RTN) and Bank Account Number (BAN).

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if married filing jointly, BOTH must sign) _____

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes No Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA Date 04-14-2024 Check if self-employed PTIN P02082703
Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN 84-3171965
Phone (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105
30753230 REV 03/05/24 PRO

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 4/12/23) 3081

For the year January 1 - December 31, 2023, or fiscal tax year beginning 2023 and ending 2024

Table with 4 columns: Your name (DATLA VENKATA KRISHN, C), Your Social Security Number (647-96-4438), Spouse's first name (SINDHUSHA), Spouse's Social Security Number (320-97-3459). Includes residency dates and schedule NR type.

INCOME AND EXCLUSIONS

Main income table with columns: Income as Shown on Federal Return (COLUMN A), South Carolina Income (COLUMN B). Rows include Wages (120,167.00), Taxable interest (00), Dividend (00), State and local tax refunds (00), Alimony (00), Business income (00), Capital gain (00), Other gains (00), IRA distributions (00), Pensions (00), Rents (0.00), Farm income (00), Unemployment (00), Social Security (00), and Total Income (120,167.00).

Attach to SC1040

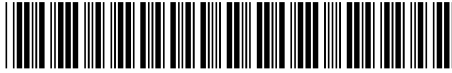
ADJUSTMENTS TO INCOME

Table with 3 columns: Federal Adjustment, SC Adjustment. Rows include Educator expenses (00), Business expenses (00), Health savings (00), Moving expenses (00), and Deductible part of self-employment tax (00).

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

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REV 03/05/24 PRO



		COLUMN A	COLUMN B	
22	Self-employed SEP, SIMPLE, and qualified plans.....		00	00
23	Self-employed health insurance deduction		00	00
24	Penalty on early withdrawal of savings		00	00
25	Alimony paid		00	00
26	IRA deduction		00	00
27	Student loan interest deduction		00	00
28	Other adjustments		00	00
29	Reserved			
30	Total adjustments: Add line 17 through line 29		00	00
31	Adjusted gross income: Subtract line 30 from line 16	120,167	00	53,894 00
SOUTH CAROLINA ADJUSTMENTS				
ADDITIONS				
32	South Carolina additions			00
SUBTRACTIONS				
33	South Carolina dependent exemption (see instructions)		4,610	00
34	44% of net capital gains held for more than one year			00
35	Retirement deduction (see instructions)			
a)	Taxpayer (date of birth: _____)			00
b)	Spouse (date of birth: _____)			00
c)	Surviving spouse (date of birth of deceased spouse: _____)			00
Military retirement deduction (see instructions)				
d)	Taxpayer (date of birth: _____)			00
e)	Spouse (date of birth: _____).....			00
f)	Surviving spouse (date of birth of deceased spouse: _____)			00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)			
a)	Taxpayer (date of birth: _____)			00
b)	Spouse (date of birth: _____)			00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: <u>09-29-2019</u> SSN: <u>273-69-1480</u>			
	Date of birth: _____ SSN: _____		4,610	00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program			00
39	Active Trade or Business Income deduction (see instructions)			00
40	Consumer Protection Services			00
41	Other subtractions (see instructions)			00
42	Total South Carolina subtractions: Add line 33 through line 41.....		9,220	00
43	Total South Carolina adjustments: Subtract line 42 from line 32		-9,220	00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43		44,674	00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>44.85</u> % (do not exceed 100%)			
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, use the Schedule NR instructions , and enter the amount from Part IV on line 46. Enter the following amounts from the instructions: Part I (Itemized Deductions) _____ Part II, Worksheet, line 6 (State Taxes) _____ Part III (Other Expenses) _____			
			27,700	00
47	Allowable deductions: Multiply line 46 by <u>44.85</u> % (from line 45).....		12,423	00
48	South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 5.....		32,251	00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of the SC1040. Do not submit the Schedule NR separately. We cannot process your return if this form is submitted separately.

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

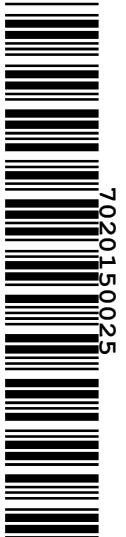
North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (CHAITANYA SAI, DATLA VENKATA, SINDHUSHA, UPPALAPA), 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), address (DRTL, 1565, 28277, DS, N, EA, N, TD, SD, FDEXT, N), name (CHAITANYA SAI, DATLA VENKATA, SINDHUSHA, UPPALAPATI), SSN (647964438, 320973459), and location (MECKL, NC, 28277, 15654 GREYTHORNE DR, 220, CHARLOTTE).



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.	120167
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	120167
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.	500
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.	26000
	b. Subtract Line 12a from Line 8	12b.	94167
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.5606
14.	N.C. Taxable Income	14.	52790
15.	N.C. Income Tax	15.	2508
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2508
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2508

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2857
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.	2857
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2857
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.	349

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.	349

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) DATLA VENK	Your Social Security Number 647964438
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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.

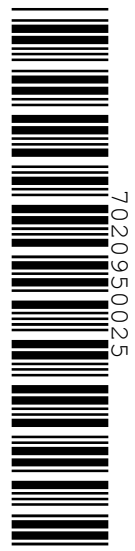
Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	01 01 23	07 23 23	22	67371
NRS	N	PYS	Y	01 01 23	07 23 23	23	120167

Part A. Residency Status			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
01 01 23	07 23 23	01 01 23	07 23 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.

Total Income		COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1.	Wages, Salaries, Tips, Etc.	120167	67371
2.	Taxable Interest	0	0
3.	Taxable Dividends	0	0
4.	Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	0	0
5.	Alimony Received	0	0
6.	Business Income or (Loss)	0	0
7.	Capital Gain or (Loss)	0	0
8.	Other Gains or (Losses)	0	0
9.	Taxable Amount of IRA Distributions	0	0
10.	Taxable Amount of Pensions and Annuities	0	0
11.	Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	0	0
12.	Farm Income or (Loss)	0	0
13.	Unemployment Compensation	0	0
14.	Taxable Portion of Social Security and Railroad Retirement Benefits	0	0
15.	Other Income	0	0
16.	Total Income	120167	67371
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.	0	0
b.	Deferred Gains Reinvested Into an Opportunity Fund	0	0
c.	Bonus Depreciation	0	0
d.	IRC Section 179 Expense	0	0
e.	Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	0	0
18.	Total Additions	0	0



Last Name (First 10 Characters) DATLA VENK	Your Social Security Number	647964438
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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. 120167	67371

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 67371
23. Enter the Amount From Column A, Line 21		23. 120167
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.5606

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name CHAITANYA SAI
Middle Initial Suffix
Last Name DATLA VENKATA
Social Security No. 647-96-4438
Date of Birth 06/15/1984
or age as of 1-1- 2024 39
Date of Death
Daytime phone (803) 633-9677

Spouse:

First Name SINDHUSHA
Middle Initial Suffix
Last Name UPPALAPATI
Social Security No. 320-97-3459
Date of Birth 10/02/1992
or age as of 1-1- 2024 31
Date of Death
Daytime phone

Home phone (803) 633-9677

Check to print phone number on your return [X] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 15654 GREYTHORNE DR Apt No. 220
City CHARLOTTE State . NC ZIP Code . 28277
County MECKLENBURG
Foreign province/county Foreign postal code
Foreign code Foreign country

Part II – Resident Status

Taxpayer Spouse
[] []
[] []
[X] [X]

Form D-400: Full-Year Resident ►
Form D-400: Nonresident ►
Form D-400: Part-Year Resident ►

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet ►

Taxpayer residency dates From 01/01/23 To 07/23/23

Spouse residency dates From 01/01/23 To 07/23/23

Part III – Filing Status

- [] 1 Single
[X] 2 Married filing jointly
[] 3 Married filing separately
Spouse's name
Spouse's Social Security Number
[] 4 Head of household
[] 5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal Return Attachment:

Yes No
[X] [] Federal return attachment required

Dependent Information:

Yes No
[] [X] Can your parents (or someone else) claim you as a dependent?
[] [X] Can your parents (or someone else) claim your spouse as a dependent?

Veteran Information:

Yes No
[] [X] Are you a veteran?
[] [X] Is your spouse a veteran?

Federal Automatic Extension:

Yes No
[] [X] Were you granted an automatic extension to file your 2023 federal income tax return

NC Itemized Deductions or NC Standard Deduction:

- [] Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
[] Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name. . . _____
Phone Number _____

Part V – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 01
QuickZoom to Firm/Preparer Info ▶ _____

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to the North Carolina Department of Revenue.

File **state** return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled _____ Preparer First name . . SYAM
Date return was accepted by state _____ Preparer Middle initial . . _____
Date Form D400V was given to client. _____ Preparer Last name . . PRIYA RAM SAGAR GUPTA

Electronic Filing of Amended Return:

The amended return will be filed electronically
Date amended return was Efiled. _____
Date amended return was accepted by the state. _____

Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)

See Tax Help for Refund Expectation

Yes No
 Use **direct deposit** for **state tax refund**? (Electronic Filing Only)
 Do you want **electronic funds withdrawal** of **state tax payment** (EF Only)?
 Use **electronic funds withdrawal** for state tax payment of **amended return**? (EF Only)

Enter the following information if you want to directly deposit the state tax refund:

Bank Information:

Name of Financial Institution (optional) . . . CAPITAL ONE N.A.
Check the appropriate box:
Checking Routing number . . 031176110
Savings Account number . . 36207268411

Enter the following information only if you are requesting direct debit of balance due:

Type of account Personal Business
Enter the payment date to withdraw from the account above _____
State balance-due amount from this return _____

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above _____
State balance-due amount paid with this amended return _____

International ACH Transactions

Yes No
 Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?

Part VIII – Extension Status

If the North Carolina tax return can't be filed by April 15th, a 6-month automatic extension of time to file is allowed. **Note:** An extension of time to file is **not** an extension of time to pay.

Yes No

- Tax return due date extended?
- Out of the country on the date that this application was due?
- Has the tax return due date been extended by filing a NC extension using Form D-410?
 Extended due date _____

Filing and acceptance information (Electronic Filing Only)

- File extension electronically?
- Extension accepted?
- Extension filing date _____
- Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

- Yes No**
- Use electronic funds withdrawal of extension tax payment?
- Enter settlement date to withdraw the extension amount from the account above _____
- Balance-due amount paid with this extension _____

QuickZoom to Form D-410, Application for Extension of Time to File ▶ _____