Form **8879**

(Rev. January 2021)

Department of the Treasury 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.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	number
VENKATA REDDY DHODDA	837-30-	
Spouse's name		al security number
KEERTHANA REDDY PANDILLA	988-95-	0955
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 82,453
2 Total tax		2 6,133
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,658
4 Amount you want refunded to you	t	4 6,525
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rown delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	ejection of the tra U.S. Treasury an idicated in the ta- ition to debit the attent the authorizate equests must be ne processing of payment. I furth	ansmission, (b) the reast dist designated Finance x preparation software tentry to this account. The tion. To revoke (cancel) received no later than the electronic payment per acknowledge that the second software the second software than the second software that the second software the second software that the second software the second software that the second software that the second software the second software that the second software that the second software the second softwar
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or generat	e mv PIN	3 5 4 9 as m
ERO firm name	Ente	er five digits, but 't enter all zeros
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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		
Your signature ► D.V.Reddy Date ►	01/30/2024	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or generat	e mv PIN 5	0 9 5 5 as m
ERO firm name		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		
Spouse's signature ► Keerthana Date ►	01/30/2024	
Practitioner PIN Method Returns Only—continue belo	w	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtractive requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retur	n in accordance with t
ERO's signature ▶ Date ▶		
ERO Must Retain This Form — See Instructions		

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this sp	oace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	ns.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numl	ber
VENKATA	RED:	DY	DHOD	DA							837	30	3549	
		s first name and middle initial	Last nar										security n	umber
KEERTHAI	VA R	EDDY	PAND	TT.T.A							988	95	0955	
		er and street). If you have a P.O. box, see						A	Apt. no.			•	ction Car	npaign
3625 WA	LEBA	CK LN								- 1			ou, or you	. •
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c	ode			-	jointly, wa	
RALEIGH						NC		276	10		•		nd. Checki not change	_
Foreign countr	y name		F	oreign pr	ovince/state/				n postal c		your tax		•	0
													ou 🗌 S _l	pouse
Filing Status	s \Box	Single					☐ Head of h	ouseh	old (HOI	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					•	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ıalifying person is a child but not you												
B: ::::	^+ o	mustime during 2002 did your (a) rea	oive (ee											
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi										□ Ye	es 🗵 N	lo
		neone can claim: You as a de					a dependent	.,,,	30 11101114	Otioni	J.,		,5 <u>~ 11</u>	
Standard Deduction	_	Spouse itemizes on a separate retur	•				•							
Deddollon	<u> </u>		11 O1 you	- WCIC a C	Juai Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor						blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4	-				see instruc	
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other depe	ndents
than four														
dependents, see instruction	s —													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		92,7	15.
Attach Form(s)	b	Household employee wages not re	eported (on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						00 5	1 F
		Add lines 1a through 1h			· · ·						1z		92,7	15.
Attach Sch. B	2a		2a				axable interest				2b			
if required.	<u>3a</u> _		3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b	-		
separately,	c	If you elect to use the lump-sum e		•		`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		100	
jointly or Qualifying	8	Additional income from Schedule									8		-10,2	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		82,4	<u>53.</u>
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		82,4	
If you checked	12	Standard deduction or itemized									12		27,7	00.
any box under Standard	13	Qualified business income deducti									13		05 5	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 7	
COO INCLIDENCIONS.	15	Suptract line 1/1 from line 11 If zer	o or loce	ontor	() Ibio io v	Our t	avabla incom				15	1	5/1 1/	5

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	6,133.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,133.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,133.
	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					24	6,133.
Payments	25	Federal income tax withheld	l from:						
_	а	Form(s) W-2				25a 12	658.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,658.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,658.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	6,525.
	35a	Amount of line 34 you want	35a	6,525.					
Direct deposit?	b	Routing number 2 6 7			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 9 9 7	7 1 3 6	7 9					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37						
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See		•	
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No
		signee's		Phone			onal iden	tification	
<u></u>		me	hat I hava avamina	no.	accompanying asked		ber (PIN)	the best	of my knowledge and
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		If +k	 ne IRS se	nt you an Identity
	10	ui signature		Date	Tour occupation				IN, enter it here
Joint return?					SOFTWARE E	NGINEER	(see	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.					HOME MAKED		- 1	ntity Prot e inst.)	ection PIN, enter it here
		-na na (01.4) 2F.C 471	7	Franil address	HOME MAKER		(00.		
		one no. (214) 356-471 eparer's name	Preparer's signat	Email address	DVREDDY64@	Date Date	PTIN		Check if:
Paid		•	'		מית דד א חתווי			2772	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/11/2024 P020							
Use Only		m's name GLOBAL TA			(678) 965-9522				
	Fir	m's address 245 ROONE	n's EIN	84-3171965					

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKATA REDDY DHODDA & KEERTHANA REDDY PANDILLA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Attachment Sequence No. 01
Your soc	ial security numbe
837-30	-3549

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-10,262.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
		8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			4.6
	1040, 1040-SR, or 1040-NR, line 8		10	-10,262.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
_	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24	9	-	
h	Attorney fees and court costs for actions involving certain unlawful			
_	discrimination claims (see instructions)	n		
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
	<u></u> -		-	
J	Housing deduction from Form 2555	J		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	ما		
-	, , , , , , , , , , , , , , , , , , ,	N .	-	
Z	Other adjustments. List type and amount:24:	7		
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Er		23	
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 13

Your social security number

VENE	KATA REDDY DHODDA & KEERTHANA REDDY PANI	DILL	A				83	7-30-	-3549		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro	yalties Schedule	e C. See	instru	ctions. If you a	are ar	n individ	ual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you)
В	f "Yes," did you or will you file required Form(s) 1099? .								☐ Ye	s 🗌 No)
1a	Physical address of each property (street, city, state, ZIF										
Α	NUDURUPADU POST PHIRANGIPURAN, GUNTUR A	ANDHI	RA PRAI	DESH :	IN 5:	22529					
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and		Fa	ir Rental Days	Personal Use Days			QJV	
Α	personal use days. Check the Q			Α		365			0		
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	quaimed joint venture. Gee institu	ictions	J.	С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (desc					
						Properti	ies:				
Incon				<u>A</u>	20	В				С	
3 4	Rents received	3		6	32.						
4 Exper	Royalties received	4									
⊑xpei 5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2,3	10						
8	Commissions	8		2,3	10.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,9	50						
12	Mortgage interest paid to banks, etc. (see instructions)	12			50.						
13	Other interest	13									
14	Repairs	14		2.6	14.						
15	Supplies	15		2,3							
16	Taxes	16									
17	Utilities	17		1,6	90.						
18	Depreciation expense or depletion	18		· ·							
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		10,8	94.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-10,2	62.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		10,26		()(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		63	32.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	10	,89	94.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			$\cdot \top$	24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	ie 22. Ei	nter to	tal losses her	e [25 (10,262	.)
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar							26		-10,26	2.

	All Pages	of You	ur				įna D	Tax Re			DOR Use Only			
	n and W-2							ended Return						
	ndar year 2				1			and ending	D7	NIDITI 7	Are you a ve			
	TA REDI WALEBA		DHO!	DDA		KŁ	ERTI	IANA RED		ANDILLA 37303549		se a veteran?	Yes No ic extension to file	
1	GH NC 2									88950955			n, e.g., Form 104	- 1
Filing St		1. Singl		X	2. Marrie	d Filing .	Jointly]		g Separately				
			d of Househo		5. Qualify	ying Wid	ow(er)				Year spou	se died:		
1	ou a residen					res H	No	3.7		or deceased t		Date of deat		
	ur spouse a					∕es ∐	No Ed			or deceased s		Date of deat		u of
1				-				NC-EDU and		-	-	_	ating some or a your overpaym	
										or information		•	your overpayin	CIT
Sele	ect box if yo	ou, or if	married filir	ng jointly, y	our spou	ıse wer	e out c	of the country	on Apri	l 15, 2024, ar	ıd a U.S. citi	zen or residen	t.	
Sele	ect box if re	turn is f	filed and sig	gned by Ex	ecutor, A	Adminis	trator,	or Court-Appo	ointed F	Personal Repr	esentative.			
FS 2	PP	Y		DT	N	OC	N	TPRES	N	SPRES	N	VT N	SVT	N
DHOD	3625	5	27610	DS	N	EA	N	TD			SD		FDEXT	N
VENKA	TA REI	DDY		DHODI	DΑ				837	7303549		WAKE		
KEERT	HANA I	RED		PAND	ILLA				988	3950955	NC	27610		
3625	WALEBA	ACK	LN						R.	ALEIGH				
06		927	15		16			0		26C		0		70
07			0		18	Y	_	0	_	26E		0		<u>2</u> 20
09					20A			846	т	EU			\ ≡	<u></u>
	_ (IW	2011			040				V		N N
10A			0		20B			0		27		0		1
10B			0		21A			0		29		0		
11	S Y	I	N		21B			0		30		0		
11		255	00		21C			0		31		0		
13		021			21D			0		32		0		
14		145			26A			0		34		155		
15	04.404		91		26B			0			- 0 0			
TN	21435			ofund D	PN	6		559522	·m o n	PP	P02	082703		
I declare and	Return B	nave exam	nined this return	efund Di	anying sch	edules and	15! d statem		/ment	ck here if you a	uthorize the N	0 North Carolina De	epartment of Rev	enue
the best of n	ny knowledge a	and belief,	, they are true,	correct, and c	omplete.				☐ to d	iscuss this retur	n and attachr	nents with the pa	id preparer belov	V
						_						214356		
Your Signatu		UV "	proported by	ornor of "	Date			nature (If filing join			Date		e No. (Include area	code)
PAID PREP	ARER USE ON	NLY If p	prepared by a p	erson other th	ian taxpaye	r, this cert	incation	s pased on all info	ormation	of which the prepa	rer nas any kno	wieage.		
CVAM	PRIYA R	AM C	ACAD CI	IDT 01	1 1 2	1	1670) 965-952	2			P0208	2702	
	PRIYA Rer's Signature	AM S.	AGAK G	JPT 01	11-2 Date		•	1965-952 ntact Phone Numb		de area code)			EIN, SSN, or PTIN	— I
	If you ARE	NOT du								R, RALEIGH, N)1 , RALEIGH, NC :	27640-0640	•

Last Name (First 10 Characters) DHODDA Your Social Security Number 837303549

D-400 Line-by-Line Information							
6.	Federal Adjusted Gross Income	6.	92715				
7.	Additions to Federal Adjusted Gross Income	7.	0				
8.	Add Lines 6 and 7	8.	92715				
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.	25500				
12.	a. Add Lines 9, 10b, and 11	12a.	25500				
	b. Subtract Line 12a from Line 8	12b.	67215				
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.2165				
14.	N.C. Taxable Income	14.	14552				
15.	N.C. Income Tax	15.	691				
16.	Tax Credits	16.	0				
17.	Subtract Line 16 from Line 15	17. 18.	691				
18.	Consumer Use Tax	18.	0				
10	You certify that no Consumer Use Tax is due Add Lines 17 and 18	19.	Y C01				
19.	Add Lines 17 and 16	19.	691				
North	Carolina Income Tax Withheld						
20a.	Your tax withheld	20a.	846				
20b.	Spouse's tax withheld	20b.	0				
Other	Tax Payments 2023 estimated tax	21a.					
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.	846				
24.	Previous Refunds	24.	0				
25.	Subtract Line 24 from Line 23	25.	846				
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.	155				
<u>Amou</u>	nt of Refund to Apply to:						
20	Amount of Line 20 to be applied to 2024 Estimated Income Tay	00	^				
29. 20.	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. 32.	N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program	31. 32.	0				
32. 33.	Add Lines 29 through 32	32.	0				
	Amount to be Refunded	33. 34.	155				
34.	Amount to be retunded	J 4 .	133				

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

	DOR Use Only				
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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 N	lame (First 10 Characters) DHODDA	Yo	ur Social Security Nur	mber 837303549
At				
	ear resident or a nonresident who receives income from N.C. sources must complete the that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and b			
	that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and to be came a resident of another state during the tax year. You are a "nonresident" if you		•	
iv.o. and	Important: Refer to the Instructions before comple			at any time during the tax year
	important. Telef to the indudations before comple	zang an	0 101111.	
	NRT N PYT Y 10 01 23 12 31	23	22	20072
	NRS N PYS Y 10 01 23 12 31	23	23	92715
Part A	A. Residency Status			
	Taxpayer is: (Select applicable box)	Spo	use is: (Select applicable b	oox)
│	ıll-Year Resident 🔲 Nonresident 🗵 Part-Year Resident 📗 Full-Year F			· —
Date N	I.C. residency began Date N.C. residency ended Date N.C. residency	dency b		Date N.C. residency ended
	10 01 23 12 31 23 10 01 2	-		12 31 23
If you	u and your spouse were both full-year residents of N.C., stop here ; do not complete Pal	rts B an	d C. Do not attach So	hedule PN to Form D-400.
Part E	3. Allocation of Income for Part-Year Residents and Nonresidents			
			COLUMN A	COLUMN B
Total	Income		Total Income	Amount of Column A
			from all Sources	Attributable to N.C.
1.	Wages, Salaries, Tips, Etc.	1.	92715	20072
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 C
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.	92715	20072
	-		COLUMN A	COLUMN B
North	Carolina Adjustments		mount from Form	Amount of Column A
4-	A defense		0-400 Schedule S	Attributable to N.C.
17.	Additions	4-		
	a. Interest Income From Obligations of States Other Than N.C.	17a.		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
10	e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18.	Total Additions	18.	U	0

Last Name (First 10 Characters) DHODDA Your Social Security Number 837303549

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)									
		(COLUMN A	COLUMN B					
		Amo	unt from Form	Amount of Column A					
	DO NOT	D-40	00 Schedule S	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.	19d.	0	0					
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement								
	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.	92715	20072					
Part (C. Part-Year Residents and Nonresidents Taxable Percentage								
22.	Enter the Amount From Column B, Line 21		2	2 . 20072					
23.	Enter the Amount From Column A, Line 21		2	3 . 92715					
24.	Part-Year Residents and Nonresident Taxable Percentage		2	4. 0.2165					

FORM NOT FINAL C

DO NOT FILE