

FORM 40 Alabama 2023 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 026-15-0518

● Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

Spouse's SSN if joint return

● 667-44-4436

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● KINJALKUMAR

Initial

● G

Last name

● PATEL

Spouse's first name

● KUSHBOO

Initial

● P

Last name

● PATEL

Present home address (number and street or P.O. Box number)

● 22 BRADFORDS XING

City, town, or post office

● BRUNSWICK

State

● GA

ZIP code

● 31525

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ● NRA
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	6	5b	6
Income and Adjustments				
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	●	6,363	●	159,297
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)			●	4,363
6 Interest and dividend income (also attach Schedule B if over \$1,500)			●	0
7 Other income (from page 2, Part I, line 8)			●	
8 Total income. Add amounts in the income column for line 5b through line 7			●	163,660
9 Total adjustments to income (from page 2, Part II, line 16)			●	
10 Adjusted gross income. Subtract line 9 from line 8.			●	163,660

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

11	Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input type="checkbox"/> Itemized Deductions ● b <input checked="" type="checkbox"/> Standard Deduction	11	●	5,000
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12	●	26,187
13	Personal exemption (from line 1, 2, 3, or 4)	13	●	3,000
14	Dependent exemption (from page 2, Part III, line 2)	14	●	
15	Total deductions. Add lines 11, 12, 13, and 14	15	●	34,187

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

16	Taxable income. Subtract line 15 from line 10	16	●	129,473
17	Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	17	●	6,392
18	Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17.	18	●	6,392
19	Additional taxes (from Schedule ATP, Part I, Line 3)	19	●	0
20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20a	●	
	b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20b	●	
21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	●	6,392

Payments

22	Alabama income tax withheld (from column A, line 5a)	22	●	6,363
23	2023 estimated tax payments/Automatic Extension Payment	23	●	
24	Amended Returns Only - Previous payments (see instructions)	24	●	
25	Refundable Credits. Enter the amount from Schedule OC, Section F, line F4	25	●	
26	Payments from Schedule CP, Section B, Line 1	26	●	
27	Total payments. Add lines 22, 23, 24, 25, and 26	27	●	6,363
28	Amended Returns Only - Previous refund (see instructions)	28	●	
29	Adjusted Total Payments. Subtract line 28 from line 27	29	●	6,363

AMOUNT YOU OWE 30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter **AMOUNT YOU OWE.**
Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) 30 ● 29

31 Penalties (from Schedule ATP, Part II, line 3) (see instructions) 31 ●

OVERPAID 32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter **AMOUNT OVERPAID** 32 ●

33 Amount of line 32 to be applied to your **2024 estimated tax** 33 ●

Donations 34 **Total Donation Check-offs** from Schedule DC, line 2. 34 ●

REFUND 35 **REFUNDED TO YOU.** (CAUTION: You must sign this return on the reverse side.)
If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32

For Direct Deposit, check here ● and complete Part V, Page 2.



PART I Other Income (See instructions)	1	Alimony received	1	●
	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	● 0
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
	4	Retirement Income (attach Schedule RS)	4	●
	5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	5	●
	6	Farm income or (loss) (attach Federal Schedule F)	6	●
	7	Other income (state nature and source — see instructions)	7	●
	8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	8	● 0

PART II Adjustments to Income (See instructions)	1a	Your IRA deduction	1a	●
	1b	Spouse's IRA deduction	1b	●
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3	Penalty on early withdrawal of savings	3	●
	4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5	Adoption expenses	5	●
	6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
	7	Self-employed health insurance deduction	7	●
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9	Health insurance deduction for small employer employee (see instructions)	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
	14	Firefighter's Insurance Premium	14	●
	15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	●	

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. (See instructions)	1	Residency Check only one box <input type="checkbox"/> Full Year <input checked="" type="checkbox"/> Part Year From <u>01-01</u> 2023 through <u>05-31</u> 2023.
	2	Did you file an Alabama income tax return for the year 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours <u>NONE</u> Your Spouse's <u>NONE</u>
	4	Enter the Federal Adjusted Gross Income ● \$ <u>248,130</u> and Federal Taxable Income ● \$ <u>220,430</u> as reported on your 2023 Federal Individual Income Tax Return.
	5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)		
	1	Routing Number: _____	2
3	Account Number: _____	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Spouse state ● <u>XX</u> DL# ● <u>XXXXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature	Date	Daytime Telephone Number	Your Occupation	
	_____	_____	(480) 886-7323	SOFTWARE DEVELOPER	
	Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation	
	_____	_____	_____	SERVICE MANAGER	
Paid Preparer's Use Only	Preparer's Signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	E.I. Number
	<u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	<u>03/07/2024</u>	<input type="checkbox"/>	<u>P02082703</u>	<u>84-3171965</u>
	Firm's Name (or yours if self employed) <u>GLOBAL TAXES LLC</u>		Daytime Telephone No. <u>(678) 965-9522</u>	ZIP Code <u>08816</u>	
	Address <u>245 ROONEY CT E BRUNSWICK NJ</u>				



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side) Your social security number
 KINJALKUMAR G & KUSHBOO P PATEL 026-15-0518

SCHEDULE B – Interest And Dividend Income

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions.

	List Payers and Amounts		A Exempt Interest		B Taxable Interest and Dividends
1 I N T E R E S T	DISCOVER BANK	1	00	1	1,481 00
	CAPITAL ONE N.A.		00		2,227 00
	DISCOVER BANK		00		655 00
			00		00
			00		00
			00		00
			00		00
			00		00
2 D I V I D E N D S				2	00
			00		00
			00		00
			00		00
			00		00
			00		00
			00		00
			00		00
3	TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6		00	3	4,363 00

SCHEDULE DC – Donation Check-Offs

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	1a ●	00	j Alabama Firefighters Annuity and Benefit Fund	1j ●	00
b Alabama Arts Development Fund	1b ●	00	k Alabama Breast & Cervical Cancer Program	1k ●	00
c Alabama Nongame Wildlife Fund	1c ●	00	l Victims of Violence Assistance	1l ●	00
d Child Abuse Trust Fund	1d ●	00	m Alabama Military Support Foundation	1m ●	00
e Alabama Veterans Program	1e ●	00	n Alabama Veterinary Medical Foundation Spay-Neuter Program	1n ●	00
f Alabama State Historic Preservation Fund	1f ●	00	o Cancer Research Institute	1o ●	00
g Alabama State Veterans Cemetery at Spanish Fort Foundation, Inc.	1g ●	00	p Alabama Association of Rescue Squads	1p ●	00
h Foster Care Trust Fund	1h ●	00	q USS Alabama Battleship Commission	1q ●	00
i Mental Health	1i ●	00	r Children First Trust Fund	1r ●	00

2 **Total Donations.** Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, and r. Enter here and on Form 40, page 1, line 34. 2 ● 00



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2023

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

KINJALKUMAR G & KUSHBOO P PATEL

026-15-0518

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

PART II Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN: KINJALKUMAR G & KUSHBOO P PATEL
 PRIMARY'S SOCIAL SECURITY NO.: 026-15-0518
 SPOUSE'S SOCIAL SECURITY NO.: 667-44-4436

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	026-15-0518	461229393	<input type="checkbox"/>	<input type="checkbox"/>	AL	010280141	2,126		49,000		
2	026-15-0518	461229393	<input type="checkbox"/>	<input type="checkbox"/>	OS			77,000		0	
3	026-15-0518	650076799	<input type="checkbox"/>	<input type="checkbox"/>	AL	366857	2,762		72,508		
4	026-15-0518	650076799	<input type="checkbox"/>	<input type="checkbox"/>	OS			113,812		0	
5	667-44-4436	561874931	<input type="checkbox"/>	<input type="checkbox"/>	OS					0	
6	667-44-4436	561874931	<input type="checkbox"/>	<input type="checkbox"/>	AL	000030	1,475	52,955	37,789		
7			<input type="checkbox"/>	<input type="checkbox"/>							
8			<input type="checkbox"/>	<input type="checkbox"/>							
9			<input type="checkbox"/>	<input type="checkbox"/>							
10			<input type="checkbox"/>	<input type="checkbox"/>							
11			<input type="checkbox"/>	<input type="checkbox"/>							
12			<input type="checkbox"/>	<input type="checkbox"/>							
13			<input type="checkbox"/>	<input type="checkbox"/>							
14			<input type="checkbox"/>	<input type="checkbox"/>							
15			<input type="checkbox"/>	<input type="checkbox"/>							
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .						6,363				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.						0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						6,363	243,767	159,297	0	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Your first name and initial: KINJALKUMAR G, Last name: PATEL, Spouse's first name and initial: KUSHBOO P, Last name: PATEL, Home address: 22 BRADFORDS XING, City: BRUNSWICK, State: GA, ZIP: 31525

Your social security number: 026150518, Spouse's soc. sec. no. if joint return: 66744436, Telephone number (optional): (480) 886-7323

Table with 2 columns: Line number and Amount. Line 1: Alabama taxable income 129,473; Line 2: Total tax liability 6,392; Line 3: Total payments 6,363; Line 4: Refund; Line 5: Amount you owe 29.

Part II Refund and Payment Information. Includes routing number, account number, type of account (Checking/Savings), type of transaction (Direct Deposit/Debit), and Paper Check option.

Part III Declaration of Taxpayer. Includes a declaration statement and a checkbox for authorizing a representative to discuss the return.

Sign Here

Signature lines for Taxpayer and Spouse, with Date fields.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. Includes a declaration statement and ERO's Use Only section.

ERO's Use Only section. Includes signature, date (03/07/2024), PTIN, firm name (GLOBAL TAXES LLC), and address (245 ROONEY CT E BRUNSWICK NJ).

Paid Preparer's Use Only section. Includes declaration statement, signature, date (03/07/2024), PTIN, firm name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address (245 ROONEY CT E BRUNSWICK NJ).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and **cannot** be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2023 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2023 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return. If you owe and your payment is mailed after the due date of your federal return, you will owe penalties and interest for failure to timely pay. If you are filing a return other than the current tax year or an amended return, the full amount of tax due must be submitted with your return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail. If you pay by check or money order, make it payable to **Alabama Department of Revenue** and write your social security number on the check.

Electronic Payment Option:

You may pay your taxes online using your bank account (e-check), or a debit/credit card through MyAlabamaTaxes.gov. If you have a My Alabama Tax (MAT) account, log on to your account and click on the "Make a Payment" link. If you do not have a MAT account, go to www.myalabamataxes.alabama.gov. Click on the "Make a Payment" link and complete the requested information. Paying by e-check is free. There is a convenience fee for debit/credit card payments.



If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.

Form 40 / 40A / 40NR / 40EZ / E40 / E40NR

Automatic Extension

Alabama Department of Revenue
P.O. Box 327467
Montgomery, AL 36132-7467

DO NOT **staple** or attach your payment or **Form 40V** to your return or to each other.


DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT


40V 20 23
1555
VENDOR CODE
Alabama Department of Revenue
Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME KINJALKUMAR SPOUSE'S FIRST NAME KUSHBOO LAST NAME PATEL
 MAILING ADDRESS 22 BRADFORDS XING
 CITY BRUNSWICK STATE GA ZIP 31525 DAYTIME TELEPHONE NUMBER (480) 886-7323

Tax Type: IIT
Tax Period: 12-31-20 23
Primary Taxpayer's SSN: ● 026-15-0518
Spouse's SSN: ● 667-44-4436
Tax Form: ● Return ● Amended
CHECK ONLY ONE BOX ● Automatic Extension Payment
Amount Due: \$ ● 29.00



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.

Income Worksheet

2023

Name as Shown on Return KINJALKUMAR G & KUSHBOO P PATEL	Social Security Number 026-15-0518
--	---------------------------------------

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
KANAP SYSTEMS LLC	<input type="checkbox"/>	AL	49,000.	49,000.	2,126.
KANAP SYSTEMS LLC	<input type="checkbox"/>	NC	28,000.	0.	
ADP TOTALSOURCE FL XVII I	<input type="checkbox"/>	AL	72,508.	72,508.	2,762.
ADP TOTALSOURCE FL XVII I	<input type="checkbox"/>	NC	41,304.	0.	
COMPASS GROUP USA, INC	<input type="checkbox"/>	NC	17,102.	0.	
COMPASS GROUP USA, INC	<input type="checkbox"/>	AL	37,789.	37,789.	1,475.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			245,703.	159,297.	6,363.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

Interest Income Statement

2023
Statement INT

Name(s) shown on return KINJALKUMAR G & KUSHBOO P PATEL	Social Security Number 026-15-0518
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Interest Income and Adjustments

Payer's Name	Regular Interest	Type	U.S. Government Interest	Tax exempt Interest	Type of Adjustment	Adjustment Amount (enter as positive)	Subtotal	St ID
	Minus Bond Premium on regular interest		Minus Bond Premium on U.S. Govt Interest	Minus Bond Premium on exempt interest				
DISCOVER BANK	1,481.						1,481.	
CAPITAL ONE N.A.	2,227.						2,227.	
DISCOVER BANK	655.						655.	

- | | |
|--|--|
| <p>Type</p> <ul style="list-style-type: none"> (blank) Regular Taxable Interest M State Use Only S Seller Financed | <p>Type of Adjustment</p> <ul style="list-style-type: none"> N Nominee Distribution O OID Adjustment A Accrued Interest H Other Adjustment U U.S. Savings Bond Previously Reported |
|--|--|

Summary

	Exempt	Subtotal
1 Subtotal of all interest income		4,363.
2 Net U.S. obligations		
3 Net in-state municipal bonds		
4 Net tax-exempt municipal bonds from certain U.S. Territories		
5 Net interest income (Line 1 minus lines 2, 3 and 4)		4,363.

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

026150518 PATE 22 B 31525 667444436

KINJALKUMAR G PATEL KUSHBOO P PATEL

22 BRADFORDS XING For Calendar Year 2023

AMOUNT OF THIS PAYMENT

BRUNSWICK GA 31525

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

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

\$ 53.00

Date: 03 07 24 Phone: (678) 965-9522

7270150106



20231 0261505185 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 <u>23</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
KINJALKUMAR G PATEL KUSHBOO P PATEL 22 BRADFORDS XING BRUNSWI GA 31525 Your SSN: 026150518 Spouse's SSN: 667444436		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____		Year spouse died: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased spouse. Date of death: _____		
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 \$ <u>0</u> . 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.)		
<input type="checkbox"/> 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.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
PATE	22	B	31525	DS	N	EA	N	TD		SD		FDEXT	N		
KINJALKUMAR		G	PATEL					026150518							
KUSHBOO		P	PATEL					667444436	GA	31525					
22 BRADFORDS XING								BRUNSWICK							
06		248130		16				0	26C			0			
07		0		18	Y			0	26E			0			
09		0		20A				2942	EU						
10A		0		20B				687	27			53			
10B		0		21A				0	29			0			
11	S	Y	I	N				0	30			0			
11		25500		21C				0	31			0			
13		03482		21D				0	32			0			
14		77520		26A				53	34			0			
15		3682		26B				0							
TN	4808867323			PN				6789659522	PP			P02082703			



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>53</u>	
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. <input type="checkbox"/> 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 _____
4808867323 Contact Phone No. (Include area code)	
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 03 07 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.	248130
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	248130
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.	222630
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.3482
14.	N.C. Taxable Income	14.	77520
15.	N.C. Income Tax	15.	3682
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3682
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3682

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2942
20b.	Spouse's tax withheld	20b.	687

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.	3629
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3629
26a.	Tax Due	26a.	53
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.	53
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
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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 Name (First 10 Characters) **PATEL** Your Social Security Number **026150518**

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	06 01 23	12 31 23	22	86406
NRS	N	PYS	Y	06 01 23	12 31 23	23	248130

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began **06 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 **06 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. 243767	86406
2. Taxable Interest	2. 4363	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. 248130	86406
North Carolina Adjustments		
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) PATEL	Your Social Security Number	026150518
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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. 248130	86406

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 86406
23. Enter the Amount From Column A, Line 21		23. 248130
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.3482