

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

North Carolina Department of Revenue

Amended Return

For calendar year 2017, or fiscal year beginning <u>17</u> and ending		<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator.
ANUDEEP 7908 N GLEN DR IRVING TX 75063	VATTIKUTI 3006 FORE Your SSN: 719022475 Spouse's SSN:	
Filing Status <input checked="" type="checkbox"/> 1. Single <input 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 a resident of N.C. for the entire year of 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Year spouse died: _____
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		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.		
Did you claim the standard deduction on your 2017 federal return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your spouse a veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

VATT 7908 75063 DS N EA N TD SD

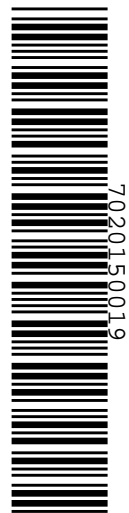
ANUDEEP VATTIKUTI 719022475

TX 75063

7908 N GLEN DR 3006 IRVING

06	62491	18	Y	0	26C	0
07	0	20A		3458	26E	0
09	0	20B		0	EU	
11	S Y I N	21A		0	27	0
11	8750	21B		0	29	0
13	10000	21C		0	30	0
14	53741	21D		0	31	0
15	2955	26A		0	32	0
16	0	26B		0	34	503

TN PN 6789659729 PP P02090332



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>503</u>	<input type="checkbox"/> <b>Payment Due</b> <u>0</u>
<i>I certify that, to the best of my knowledge, this return is accurate and complete.</i>	<i>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</i>
_____ Your Signature Date	<u>APPANA RUPA VENKATA SATYA</u> <u>06 11 18</u> Paid Preparer's Signature Date
_____ Spouse's Signature (If filing joint return, both must sign.) Date	<u>P02090332</u> <u>6789659729</u> Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number
_____ Home Telephone Number (Include area code)	

**For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.**

Last Name (First 10 Characters) VATTIKUTI

Your Social Security Number 719022475

**D-400 Line-by-Line Information**

6.	Federal adjusted gross income	6.	62491
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	62491
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	62491
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	8750
12.	Subtract Line 11 from Line 10	12.	53741
13.	Part-year residents and nonresidents taxable percentage	13.	1.0000
14.	N.C. Taxable Income	14.	53741
15.	N.C. Income Tax	15.	2955
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2955
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2955

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	3458
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2017 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	3458
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3458
26a.	<b>Tax Due</b>	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.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	28.	503

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2018 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.	<b>Amount to be Refunded</b>	34.	503

D-400 Sch PN (50)

10-16-17

2017 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) VATTIKUTI Your Social Security Number 719022475

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.

22 64241 23 64241 NRT Y PYT N NRS N PYS N

Part A. Residency Status. Taxpayer is: (Select applicable box) Spouse is: (Select applicable box) [ ] Full-Year Resident [X] Nonresident [ ] Part-Year Resident [ ] Full-Year Resident [ ] Nonresident [ ] Part-Year Resident

If you or 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. Table with columns: Total Income, COLUMN A Total Income from all sources, COLUMN B Amount of Column A subject to N.C. tax. Includes items 1-16 and North Carolina Adjustments 17-18.

Last Name (First 10 Characters)    VATTIKUTI	Your Social Security Number	719022475
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a.            0	0
b. Interest from obligations of the United States or United States' possessions	19b.            0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c.            0	0
d. Bailey retirement benefits	19d.            0	0
e. Adjustment for bonus depreciation	19e.            0	0
f. Adjustment for section 179 expense	19f.            0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g.            0	0
20. Total deductions	20.            0	0
21. Total income modified by N.C. adjustments	21.            64241	64241

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the amount from Column B, Line 21		22.            64241
23. Enter the amount from Column A, Line 21		23.            64241
24. Part-year residents and nonresident taxable percentage		24.            1.0000

North Carolina Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . ANUDEEP
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . VATTIKUTI
Social Security No. . . . . 719-02-2475
Date of Birth . . . . . 05/24/1991
or age as of 1-1- 2018 . . . . . 26
Date of Death . . . . .
Daytime phone . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .
Date of Birth . . . . .
or age as of 1-1- 2018 . . . . .
Date of Death . . . . .
Daytime phone . . . . .

Home phone . . . . .

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

c/o Name (EF only) . . . . .

Street Address . . . . . 7908 N GLEN DR Apt No. 3006
City . . . . . IRVING State . TX ZIP Code . 75063
County . . . . . OUT OF STATE Foreign Country . . . . .

Part II - Resident Status

Taxpayer Spouse

[ ]
[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 To

Spouse residency dates . . . . . From To

Part III - Filing Status

[X]
[ ]
[ ]

- 1 Single
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 AGI:**

Federal adjusted gross income (from federal Form 1040, line 37; Form 1040A, line 21; or Form 1040EZ, line 4) . . . . . 62,491.

**Federal Return Attachment:**

**Yes No**  
  Federal return attachment required

**Dependent Information:**

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

**Veteran Information:**

**Yes No**  
  Are you a veteran?  
  Is your spouse a veteran?

ANUDEEP VATTIKUTI

719-02-2475

Page 2

**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 . . . 1  
**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 transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the North Carolina Department of Revenue, as applicable by law.

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 . . APPANA  
Date return was accepted by state . . . . . \_\_\_\_\_ Preparer Middle initial . . \_\_\_\_\_  
Date Form D400V was given to client . . . . . \_\_\_\_\_ Preparer Last name . . RUPA VENKATA SATYA SAI MANI KUMAR



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name ANUDEEP VATTIKUTI	Social Security Number 719-02-2475
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .		
7	Amount paid with current year extension . . . . .		
8	<b>Total tax payments</b> . . . . .		

## Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2 . . . . .	3,458.	
10	State withholding on Forms W-2G . . . . .		
11	State withholding on Forms 1099-R . . . . .		
12 a	State withholding on Forms 1099-MISC . . . . .		
b	State withholding on Forms 1099-G . . . . .		
c	State withholding on Forms 1099-K . . . . .		
13	Other state tax withholding . . . . .		
14	<b>Total income tax withheld</b> . . . . .	3,458.	
15	Date return will be filed and balance paid . . . . .	<b>15</b>	



**Computation of North Carolina Taxable Income  
for Part-Year Residents and Nonresidents**

**2017**

► Keep for your records

Name as Shown on Return <u>ANUDEEP VATTIKUTI</u>	Social Security Number <u>719022475</u>
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**Part 1 - Wages**

T/S	W-2 Compensation	St	NC Withholding	Wages	RES/NR PY/NNC
T	W-2: INFOSYS LIMITED	NC	3458	64241	NR
<b>Total Withholding and Wages</b> .....			3458	64241	

**Part 2 - Income Allocation**

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
<b>1</b> Wages, etc. . . . .	64241		64241
<b>2 a</b> Taxable interest income . . . . .			
<b>b</b> Tax exempt interest income . . . . .			
<b>3 a</b> Dividends . . . . .			
<b>b</b> Qualified dividends . . . . .			
<b>4</b> Refunds — State/Local tax . . . . .			
<b>5</b> Alimony received . . . . .			
<b>6</b> Bus inc or loss . . . . .			
<b>7</b> Capital gain or loss . . . . .			
<b>8</b> Other gains and losses . . . . .			
<b>9 a</b> Total IRA distribution . . . . .			
<b>b</b> Taxable IRA distribution . . . . .			
<b>10 a</b> Total pensions, etc. . . . .			
<b>b</b> Taxable pensions, etc. . . . .			
<b>11</b> Rents and Royalties			
K-1P . . . . .			
K-1S . . . . .			
K-1E . . . . .			
Farm Rentals . . . . .			
REMICs . . . . .			
Total Rents, etc. . . . .			
<b>12</b> Farm inc or loss . . . . .			
<b>13</b> Unemployment compensation . . . . .			
<b>14 a</b> SS/RRB benefits . . . . .			
Taxable SS . . . . .			
Taxable RRB . . . . .			
<b>b</b> Total taxable SS/RRB . . . . .			
<b>15</b> Other income . . . . .			
<b>16 Total Income</b> . . . . .	64241		64241

**Adjustments**

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
<b>NC Additions To Gross Income</b>			
17 Interest inc from other states . . . . .			
18 Adj for bonus depr . . . . .			
19 Adj for Sec 179 expense . . . . .			
20 Other additions . . . . .			
21 <b>Total additions</b> . . . . .			
<b>NC Deductions From Gross Income</b>			
22 State tax refund . . . . .			
23 Interest income from US . . . . .			
24 SSB and RRB benefits . . . . .			
25 Bailey retirement benefits . . . . .			
26 Adj for bonus depr. . . . .			
27 Adj for 179 expense . . . . .			
28 Other deductions . . . . .			
29 <b>Total deductions</b> . . . . .			
<b>30 Total Income after Adjustments</b> (Line 16 + Line 21 - Line 29)	64241	0	64241

**Part 3 – N.C. Taxable Income : Part-Year and Nonresidents**

1 <b>Income During N.C. Residency:</b> Enter your <b>N.C. Sourced taxable income</b> while you were a resident of North Carolina (line 30, column 2) . . . . . <b>Important:</b> Do not include income that is not taxable on the federal return such as interest from tax exempt state or municipal bonds.	1	0
2 <b>N.C. Source Income during Nonresidency :</b> Enter your <b>total income</b> that, during the period of Nonresidency, is sourced and taxable to North Carolina (line 30, column 3) . . . . .	2	64241
3 Add lines 1 and 2 . . . . .	3	64241

**Part 4 – Total Income From All Sources**

1 <b>Total Income After Adjustments:</b> Enter your <b>total income</b> that you received From all Sources Less Deductions and Adjustments (Line 30, column 1) . . . . .	1	64241
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## Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return <u>ANUDEEP VATTIKUTI</u>	Your Social Security No. <u>719-02-2475</u>
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	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from NC sources
<b>T - Taxpayer; S - Spouse</b>				
<b>7</b> Wages, salaries, tips, etc. . . . . <b>T</b>	64,241.		64,241.	64,241.
<b>S</b>				
<b>8</b> Federally taxable interest inc . . . . <b>T</b>				
<b>S</b>				
<b>9</b> Dividends . . . . . <b>T</b>				
<b>S</b>				
<b>10</b> State/local tax refunds . . . . . <b>T</b>				
<b>S</b>				
<b>11</b> Alimony received . . . . . <b>T</b>				
<b>S</b>				
<b>12</b> Business income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>13</b> Capital gain or loss . . . . . <b>T</b>				
<b>S</b>				
<b>14</b> Other gains and losses . . . . . <b>T</b>				
<b>S</b>				
<b>15</b> Taxable IRA distribution . . . . . <b>T</b>				
<b>S</b>				
<b>16</b> Taxable pension and annuities . . <b>T</b>				
<b>S</b>				
<b>17</b> Rentals, royalties, p'ship, etc. . . . <b>T</b>				
<b>S</b>				
<b>18</b> Farm income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>19</b> Unemployment compensation . . <b>T</b>				
<b>S</b>				
<b>20 a</b> Taxable social security benefits . <b>T</b>				
<b>S</b>				
<b>b</b> Taxable railroad retirements . . . <b>T</b>				
<b>S</b>				
<b>21</b> Other income . . . . . <b>T</b>				
<b>S</b>				
<b>22</b> <b>Total income</b> . . . . . <b>T</b>	64,241.		64,241.	64,241.
<b>S</b>				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from NC sources
23	Educator expenses . . . . . T				
	S				
24	Certain business expenses . . . . T				
	S				
25	Health savings account . . . . . T				
	S				
26	Moving expenses . . . . . T	1,750.		1,750.	
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty . . . . . T				
	S				
31	Alimony paid . . . . . T				
	S				
32	IRA deduction . . . . . T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction . . . . T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments . . . . . T				
	S				
36	<b>Total adjustments</b> . . . . . T	1,750.		1,750.	
	S				
37	<b>Adjusted gross income</b> . . . . . T	62,491.		62,491.	64,241.
	S				

▶ Keep for your records — Do not file

Name(s) Shown on Return  
ANUDEEP VATTIKUTI

Social Security Number  
719-02-2475

**Standard Deduction or Itemized Deduction for this return**

Standard deduction from below\* . . . . . 8,750.  
 Total allowable itemized deductions from D-400 Sch S . . . . . \_\_\_\_\_

\*Married Filing Separately and spouse claimed NC Itemized Deductions;  
 or claimed 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 . . .

\*Married Filing Separately and spouse claimed NC Standard Deduction;  
 or claimed NC Standard Deduction even if less than NC Itemized Deductions . . . . .

**Standard Deduction for your Filing Status**

Single . . . . .	\$8,750	<u>8,750.</u>
Married Filing Jointly . . . . .	\$17,500	
Married Filing Separately . . . . .	\$8,750	
Head of Household . . . . .	\$14,000	
Qualifying Widow(er) / Surviving Spouse . . . . .	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA  
taken as a NC Itemized Deduction Worksheet**

- |   |  |   |       |
|---|--|---|-------|
| 1 | Qualified charitable distribution from an individual retirement plan excluded from federal adjusted gross income . . . . .                                 | 1 | _____ |
| 2 | Enter the amount that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion . . . . . | 2 | _____ |

**Repayment of Claim of Right Worksheet**

**Repayment of amounts under a claim of right if \$3,000 or less:**

- |   |  |   |       |
|---|--|---|-------|
| 1 | Enter the repayment of claim of right income included in Line 23 of federal Schedule A . . . . .                         | 1 | _____ |
| 2 | Enter amount from Line 26 of federal Schedule A (2% of federal AGI) . . . . .  | 2 | _____ |
| 3 | Enter amount from Line 24 of federal Schedule A . . . . .  | 3 | _____ |
| 4 | Subtract Line 1 from Line 3 . . . . .  | 4 | _____ |
| 5 | Subtract Line 4 from Line 2 (If negative, enter a zero) . . . . .  | 5 | _____ |
| 6 | Subtract Line 5 from Line 1 (If negative, enter a zero). Enter amount on Form D-400 Schedule S, Part C, Line 22. . . . . | 6 | _____ |

**Repayment of amounts under a claim of right if over \$3,000:**

Enter the repayment of claim of right income included on Line 28 of federal Schedule A  
 Enter amount on Form D-400 Schedule S, Part C, Line 22 . . . . . ▶ \_\_\_\_\_