

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

499-73-4776

Taxpayer name NAGA AKHIL VARMA ALLURI & SRAVANTHI JAMPANA

Taxpayer address (optional)

6740 COURTNEY PARK ROAD APT 5102

CHARLOTTE NC 28217

1. Your federal income tax return for _____ was filed electronically with the _____ Submission Processing Center. The electronic filing services were provided by _____.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: NAGA AKHIL VARMA Last name: ALLURI Your social security number: 499-73-4776

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: SRAVANTHI Last name: JAMPANA Spouse's social security number: 968-96-8758

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions: 6740 COURTNEY PARK ROAD Apt. no.: 5102 Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6: CHARLOTTE NC 28217 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here 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.

Joint return? See instructions. Keep a copy for your records.

Your signature: [Signature] Date: [Date] Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: HOMEMAKER

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [] [] [] [] [] [] [] [] [] []

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [] [] [] [] [] [] [] [] [] []

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: [Signature] PTIN: P02090332 Firm's EIN: [] [] [] [] [] [] [] [] [] []

Firm's name: GLOBAL TAXES LLC Phone no.: [] [] [] [] [] [] [] [] [] []

Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

Check if: 3rd Party Designee Self-employed

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	72,143.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	72,143.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	71,400.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	47,400.
11	a Tax (see inst.) 5,310. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	5,310.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	5,310.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	5,310.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	5,310.
16	Federal income tax withheld from Forms W-2 and 1099	16	10,053.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	10,053.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	4,743.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	4,743.
▶ b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number 3 2 5 0 3 6 8 1 4 3 8 5		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21		
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22		
23	Estimated tax penalty (see instructions) ▶ 23		

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

NAGA AKHIL VARMA ALLURI & SRAVANTHI JAMPANA

Your social security number

499-73-4776

Additional Income	1-9b	Reserved	1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10		
	11	Alimony received	11		
	12	Business income or (loss). Attach Schedule C or C-EZ	12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13		
	14	Other gains or (losses). Attach Form 4797	14		
	15a	Reserved	15b		
	16a	Reserved	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19		
	20a	Reserved	20b		
	21	Other income. List type and amount ▶ _____	21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22		
	Adjustments to Income	23	Educator expenses	23	
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
		25	Health savings account deduction. Attach Form 8889	25	
		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
		27	Deductible part of self-employment tax. Attach Schedule SE	27	
		28	Self-employed SEP, SIMPLE, and qualified plans	28	
		29	Self-employed health insurance deduction	29	
		30	Penalty on early withdrawal of savings	30	
31a		Alimony paid b Recipient's SSN ▶ _____	31a		
32		IRA deduction	32		
33	Student loan interest deduction	33	743.		
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35	36	743.		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 499-73-4776
- e** Spouse of U.S. citizen/resident alien } NAGA AKHIL VARMA ALLURI
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name SRAVANTHI		Middle name	Last name JAMPANA
	1b First name		Middle name	Last name
Applicant's mailing address				
2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 6740 COURTNEY PARK ROAD Apt 5102				
City or town, state or province, and country. Include ZIP code or postal code where appropriate. CHARLOTTE NC USA 28217				
Foreign (non-U.S.) address (if different from above) (see instructions)				
3 Street address, apartment number, or rural route number. Don't use a P.O. box number.				
City or town, state or province, and country. Include ZIP code or postal code where appropriate.				
Birth information				
4 Date of birth (month / day / year) 07 / 09 / 1997		Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Other information				
6a Country(ies) of citizenship INDIA		6b Foreign tax I.D. number (if any)		6c Type of U.S. visa (if any), number, and expiration date H4 N5016438 12 / 31 / 2019
6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____				
Issued by: INDIA No.: S3809362 Exp. date: 07 / 31 / 2028				Date of entry into the United States (MM/DD/YYYY): 11 / 10 / 2018
6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).				
6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ _____ First name Middle name Last name				
6g Name of college/university or company (see instructions) _____ City and state Length of stay				
Sign Here				
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.				
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)		Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)		Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney
Acceptance Agent's Use ONLY	Signature		Date (month / day / year)	Phone Fax
	Name and title (type or print)		Name of company	EIN Office Code
				PTIN

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

North Carolina Department of Revenue

Amended Return

For calendar year 2018, or fiscal year beginning <u>18</u> and ending		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NAGA AKHIL VA ALLURI SRAVANTHI JAMPANA 6740 COURTNEY PARK ROAD 5102 Your SSN: 499734776 CHARLOT NC 28217 CHER Spouse's SSN: 968968758		Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <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 a resident of N.C. for the entire year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year spouse died: <input type="checkbox"/> Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input 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 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 Y SPRES Y VT N SVT N

ALLU 6740 28217 DS N EA N TD SD

NAGA AKHIL VA ALLURI 499734776

SRAVANTHI JAMPANA 968968758 NC 28217

6740 COURTNEY PARK ROAD 5102 CHARLOTTE

06 71400 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 3491 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 1 30 0

11 17500 21C 0 31 0

13 21D 0 32 0

14 53900 26A 0 34 528

15 2964 26B 0

TN 6692929198 PN PP P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>528</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I certify that, to the best of my knowledge, this return is accurate 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 _____
		<u>6692929198</u> 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.			
Paid Preparer's Signature: _____		Preparer's Contact Phone Number (Include area code) _____	
		<u>P02090332</u> 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			

Last Name (First 10 Characters) ALLURI

Your Social Security Number

499734776

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	71400
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	71400
9.	Deductions from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of dependent children for whom you were allowed a federal child tax credit.	10a.	
	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.	17500
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12.	53900
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	53900
15.	N.C. Income Tax	15.	2964
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2964
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2964

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	3491
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2018 estimated tax	21a.	0
21b.	Paid with extension	21b.	1
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	3492
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3492
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.	528

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2019 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.	528

Application for Extension for Filing Individual Income Tax Return North Carolina Department of Revenue

Instructions

Purpose - Use Form D-410 to ask for 6 more months to file the North Carolina Individual Income Tax Return, Form D-400.

Even if you do not expect to owe additional tax, you must still apply for an extension and file the return by the extended due date for the return to be considered timely filed.

To receive the extra time you MUST:

- 1. Properly estimate your tax liability using the information available to you, and enter that amount on Line 1 of Form D-410.
2. File Form D-410 by the regular due date of your tax return. You are not required to send a payment of the tax you estimate as due.

If you already had 4 extra months to file because you were "out of the country" (explained later) when your return was due, then use this form to ask for an additional 2 months to file.

Filing Your Tax Return - You may file the income tax return at any time before the extended due date. But remember, Form D-410 does not extend the time to pay the tax.

Interest - You will owe interest on tax not paid by the original due date of the return. Even if you had a good reason not to pay on time, you will still owe interest.

Late Payment Penalty - The late payment penalty is 10 percent of the tax not paid by the due date of the return. The penalty will apply on any remaining balance due if the tax paid by the original due date of the return is less than 90 percent of the total amount of tax due.

Late Filing Penalty - A penalty is usually charged if your return is filed after the due date (including extensions). It is 5 percent of the net tax due for each month, or part of a month, that your return is late (maximum 25 percent).

If you do not file the application for extension by the original due date of the return, you are subject to both the 5 percent per month late filing penalty and

the 10 percent late payment penalty on the net tax due.

Net tax due is the amount of tax required to be shown on the return less any timely payments of the tax and allowable credits.

How To Claim Credit For Payments Made With This Form - When you file your return, include the amount paid with this extension on Line 21b of Form D-400.

If you and your spouse jointly filed Form D-410, but file separate returns for the taxable year, you may enter the total amount paid with Form D-410 on either of your separate returns.

Specific Instructions

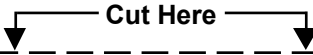
Name, Address, and Social Security Numbers - Enter your name, address, and social security number and your spouse's name and social security number if filing a joint return.

Line 1 - Enter on this line the amount you expect to enter on Line 15 of Form D-400. If you do not expect to owe tax, enter the number zero.

Line 2 - Enter on this line any North Carolina income tax withheld, estimated tax payments (including any overpayment applied from the previous year), and any other payments and credits you expect to show on your return.

Out of the Country - If you were a U. S. citizen or resident and were out of the country on the due date of your return, you are granted an automatic 4-month extension to file your return.

Important: Do not use this form to request extensions of time for filing partnership, estate, trust, corporate income, or franchise tax returns.



Form header and data entry section containing: D-410 (50) Application for Extension for Filing Individual Income Tax Return, North Carolina Department of Revenue, 9-29-09, 499734776, 968968758, Calendar year 2018, NAGA AKHIL VA, ALLURI, N, Out of country and ending on due date?, SRAVANTHI, JAMPANA, 6740 COURTNEY PARK ROAD, 5102, CHARLOTTE, NC 28217, 7130150205, and a table with Tax Liability for Year 3492.00, Payments for Year 3491.00, and Balance Due \$ 1.00.

