



Missouri Department of Revenue
2018 Individual Income Tax REV 01/30/19 PRO
Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name SAIHITESH GAREPALLI		
Spouse's Name		
Street Address 728 LAMPWICK LANE CITY		
City CARY	State NC	ZIP Code 27513
Full payment of taxes must be submitted by April 15, 2019 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		

1555 (12-2018)

Social Security Number - -

Name Control

Spouse's Social Security Number - -

Spouse's Name Control

Amount of Payment
 (U.S. funds only) \$.

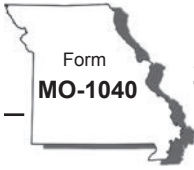


18347011555

Department Use Only .

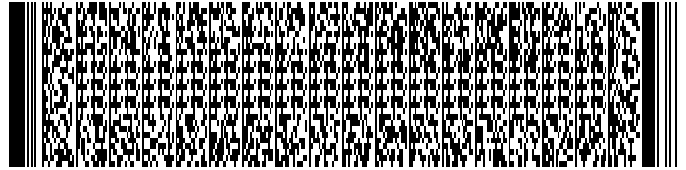
Department Use Only

Form MO-1040V (Revised 12-2018)



Missouri Department of Revenue
**2018 Individual Income
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018



Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

Vendor Code

1555

Department Use Only

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widower

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

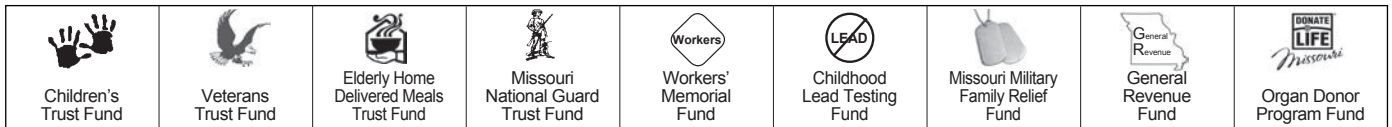
Social Security Number: 217 - 95 - 1919
 Deceased in 2018: Spouse's Social Security Number: - - Deceased in 2018:
 First Name: SAHITESH M.I.: Last Name: GAREPALLI Suffix:
 Spouse's First Name: M.I.: Spouse's Last Name: Suffix:

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route): 728 LAMPWICK LANE CITY
 City, Town, or Post Office: CARY State: NC ZIP Code: 27513 -
 County of Residence: CLAR

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	29934 .00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2.	3Y	29934 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	29934 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	29934 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8	.00		
9. Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8)	9	1961 .00		
10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules)	10	.00		
11. Total tax from federal return - Add Lines 9 and 10.	11	1961 .00		
12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7).	12	1961 .00		
13. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> • Single or Married Filing Separate - \$12,000 • Head of Household - \$18,000 • Married Filing Combined or Qualifying Widow(er) - \$24,000 If age 65 or older, blind, or claimed as a dependent, see pages 7 and 8. If itemizing, see Form MO-A, Part 2.	13	12000 .00		
14. Long-term care insurance deduction	14	.00		
15. Health care sharing ministry deduction.	15	.00		
16. Military income deduction	16	.00		
17. Bring jobs home deduction	17	.00		
18. Transportation facilities deduction	18	.00		
<input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities				
19. Total deductions - Add Lines 8 and 12 through 18.	19	13961 .00		
20. Subtotal - Subtract Line 19 from Line 6	20	15973 .00		
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S	21Y	15973 .00	21S	.00
22. Enterprise zone or rural empowerment zone income modification	22Y	.00	22S	.00



Tax

23. Taxable income - Subtract Line 22 from Line 21	23Y	15973	.00	23S		.00
24. Tax (see tax chart on page 20 of the instructions).	24Y	720	.00	24S		.00
25. Resident credit - Attach Form MO-CR and other states' income tax return(s).	25Y		.00	25S		.00
26. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	26Y	55	%	26S		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y	396	.00	27S		.00
28. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	28Y		.00	28S		.00
29. Subtotal - Add Lines 27 and 28	29Y	396	.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S.				30	396	.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099.	31	342	.00
32. 2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018	32		.00
33. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	33		.00
34. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	34		.00
35. Amount paid with Missouri extension of time to file (Form MO-60).	35		.00
36. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	36		.00
37. Property tax credit - Attach Form MO-PTS	37		.00
38. Total payments and credits - Add Lines 31 through 37	38	342	.00



Skip Lines 39 through 41 if you are not filing an amended return.

39. Amount paid on original return. 39 .00

40. Overpayment as shown (or adjusted) on original return 40 .00

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net operating loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

41. Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38. 41 .00

42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference. Amount of OVERPAYMENT 42 .00

43. Amount of Line 42 to be applied to your 2019 estimated tax 43 .00

44. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

44a. Children's Trust Fund <input type="text"/> .00	44b. Veterans Trust Fund <input type="text"/> .00	44c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00
44d. Missouri National Guard Trust Fund <input type="text"/> .00	44e. Workers' Memorial Fund <input type="text"/> .00	44f. Childhood Lead Testing Fund <input type="text"/> .00
44g. Missouri Military Family Relief Fund <input type="text"/> .00	44h. General Revenue Fund <input type="text"/> .00	44i. Organ Donor Program Fund <input type="text"/> .00
44j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	44k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	

Total Donation - Add amounts from Boxes 44a through 44k and enter here. 44 .00

45. Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of **Form 5632** 45 .00

46. **REFUND** - Subtract Lines 43, 44, and 45 from Line 42 and enter here 46 .00

a. Routing Number c. Checking Savings

b. Account Number

Amended Return

Refund



Amount Due

47. If Line 30 is larger than Line 38 or Line 41, enter the difference.
 Amount of UNDERPAYMENT (see the instructions for Line 48) 47

48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

49. **AMOUNT DUE** - Add Lines 47 and 48.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 49

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	<input type="text"/>	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	Daytime Telephone	<input type="text" value="8163724534"/>		
Preparer's Signature	<input type="text"/>	Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="P02090332"/>	Preparer's Telephone	<input type="text"/>		
Preparer's Address	<input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>	State	<input type="text" value="GA"/>	ZIP Code	<input type="text" value="30041"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Department Use Only

A FA E10 DE F

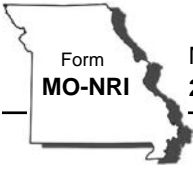
(Revised 12-2018)

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 3370
 Jefferson City, MO 65105-3370

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov





Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

217 - 95 - 1919

Name

GAREPALLI, SAIHITESH

Address

728 LAMPWICK LANE CITY

City, State, ZIP Code

CARY NC 27513

1. Nonresident of Missouri
State of residence during 2018 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.

A. Date From: 01/01/2018 Date To: 08/31/2018

B. Indicate the other state of residence
and dates you resided there NORTH CAROLINA

Date From: 09/01/2018 Date To: 12/31/2018

Spouse's Social Security Number

_____ - _____ - _____

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2018 _____

2. Part-Year Missouri Resident
Indicate the dates you were a Missouri Resident in 2018.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence
and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 26 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the 2018 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2018 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the 2018 tax year maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2018 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.



Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040, Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	16540.00	A	00
B. Taxable interest income.	2b	B	00	B	00
C. Dividend income	3b	C	00	C	00
D. State and local income tax refunds (from schedule 1)	10	D	00	D	00
E. Alimony received (from schedule 1)	11	E	00	E	00
F. Business income or (loss) (from schedule 1)	12	F	00	F	00
G. Capital gain or (loss) (from schedule 1)	13	G	00	G	00
H. Other gains or (losses) (from schedule 1)	14	H	00	H	00
I. Taxable IRA distributions.	4b	I	00	I	00
J. Taxable pensions and annuities	4b	J	00	J	00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1)	17	K	00	K	00
L. Farm income or (loss) (from schedule 1)	18	L	00	L	00
M. Unemployment compensation (from schedule 1)	19	M	00	M	00
N. Taxable social security benefits.	5b	N	00	N	00
O. Other income (from schedule 1)	21	O	00	O	00
P. Total - Add Lines A through O		P	16540.00	P	00
Q. Less: federal adjustments to income (from schedule 1)	36	Q	00	Q	00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	7	R	16540.00	R	00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S	00	S	00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T	00	T	00
U. MISSOURI INCOME (Missouri sources). Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1.		U	00	U	00

Missouri Income Percentage

Part C

	1Y	2Y	3Y	1S	2S	3S
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	16540.00					
2. Taxpayer's total adjusted gross income (From Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	29934.00					
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 26Y and 26S	55 %					

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>



Missouri Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer

Last Name: GAREPALLI
First Name: SAIHITESH
Middle Initial: Suffix:
Social Security No.: 217-95-1919
Date of Birth: 09/24/1994
Date of Death:
E-mail address: SAIHITESHGAREPALLI@GMAIL.COM
Work Phone Number: (816) 372-4534
In Care of Name:
Address: 728 LAMPWICK LANE CITY Apt.
City: CARY State: NC ZIP Code: 27513
County: Clark Home Phone Number:
County Code: CLAR

Spouse

Last Name:
First Name:
Middle Initial: Suffix:
Social Security No.:
Date of Birth:
Date of Death:
E-mail address:
Work Phone Number:

* Check one of these boxes to print optional daytime phone number on Form MO-1040 page 2

Yes No
[] [] Address is the same as last year

Part II - Main Form

- Missouri resident (Long Form) QuickZoom to Form MO-1040
Missouri part-year resident filing as a resident QuickZoom to Form MO-1040
[X] Missouri part-year resident filing as a nonresident QuickZoom to Form MO-1040
Nonresident QuickZoom to Form MO-1040

Spouse Residency or Military Spouse Relief Act:

- Spouse has different residency than the taxpayer (See Tax Help)
Spouse qualifies under Military Spouse Residency Relief Act (See Tax Help)

For Part-Year Residents Only:

Taxpayer Missouri residency dates (use MM/DD/YYYY format) . From 01/01/2018 To 08/31/2018
Spouse Missouri residency dates From To

Taxpayer City Forms

- QZ to
QZ to
QZ to
QZ to
QZ to

Spouse City Forms

- QZ to Form E-1 St. Louis Individual Earnings Tax return
QZ to Form E-1R St. Louis Individual Earnings Tax return
QZ to Form E-234 St. Louis Earnings Tax return
QZ to Form RD-108 Kansas City Profits Return Earnings Tax
QZ to Form RD-109 Kansas City Wage Earner Earnings Tax

Part III - Filing Status

- [X] 1 Single
[] 2 Married and filing a combined Missouri return
[] 3a Married filing separate return
[] 4 Head of household
[] 5 Qualifying widow(er) with dependent child
[] 6 Claimed as a dependent on another person's federal tax return

Part IV - Farmer Status

- At least 2/3 of your gross 2018 income is from farming
At least 2/3 of your gross 2018 income is from farming and you will file your 2018 return and pay the full amount of the tax due on or before April 15, 2019

Part V — Non-Obligated Spouse

Yourself Spouse Non-obligated spouse

Part VI — 100% Disabled

Yes No Taxpayer is 100% disabled
Yes No Spouse is 100% disabled

Part VII — Property Tax Credit

- 1 Taxpayer does not need to file a MO return (not enough income was earned) but wants to claim the property tax credit. QuickZoom to Form MO-PTC
2 Taxpayer needs to file a MO return and: 1) will file as single or married filing jointly; 2) will claim the property tax credit on the return. QuickZoom to Form MO-PTS
3 Taxpayer needs to file a return and will file the return jointly with a spouse, but they: 1) lived separately for the entire year; and 2) want to claim the property tax credit separately. QuickZoom to Form MO-PTC

Part VIII — 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 Missouri Department of Revenue, as applicable by law.

X The state return will be filed electronically

Yes No Do you want to use the Federal PIN?

Date return was EFiled 02/15/2019
Date return was accepted by the state 02/15/2019
Enter the date Form MO-1040V was given to client

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Part IX — Direct Deposit Information

Yes No Elect direct deposit of state tax refund?
* See Tax Help for refund expectation.

Bank Information:

If you selected Direct Deposit, fill out the information below:

Name of Financial Institution (optional) Bank Of America
Account type Checking X Savings
Routing number 081000032
Account number 355007725787

Identity Theft and Refund Fraud

Generally, the timeframe for issuing refunds depends on when the return is filed and the incoming volumes. For returns filed in January with no problems noted, refunds can sometimes be issued within a week. However, refunds from returns filed in April can sometimes take 8 weeks, even if there is no problem with the return as the state manages its cash resources to meet all of its obligations. The timing of refunds is also affected by the Department's measures to prevent identity theft and refund fraud. Refunds will only be issued when the Department has taken reasonable steps to ensure that the individuals claiming the refunds are not using stolen identities. Missouri website for additional information: https://dor.mo.gov/personal/individual/identity_theft.php

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part X — Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1

Yes No

Authorize Director of Revenue to discuss return with preparer?

Part XI — Extension Status

Federal extension has been filed

Yes No

Missouri tax return due date extended?

Extended due date . . . _____

QuickZoom to Form MO-60 ▶

QuickZoom to Form MO-1040 ▶

Tax Payments Worksheet

2018

▶ Keep for your records

Name <u>SAIHITESH GAREPALLI</u>	Social Security Number <u>217-95-1919</u>
------------------------------------	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	342.	
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	Total income tax withheld	342.	
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Missouri Tax Return

SMART WORKSHEET FOR: Form MO-1040: Missouri Resident (Long Form)

Missouri Income Tax Withheld for Nonresidents Smart Worksheet	
A	Missouri income tax withheld from the Tax Payments Worksheet <u>342.</u>
Nonresident partners or S corporation shareholders:	
B	Missouri tax withholding from Form(s) MO-2NR (entered on the federal Tax Payments Worksheet and included on line A) _____
Nonresident entertainers:	
C	Missouri tax withholding from Form MO-2ENT (entered on the federal Tax Payments Worksheet and included on line A) _____
Note: Make sure that the amounts on line B and/or line C are reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.	
D	Missouri income tax withheld for line 31. Subtract lines B and C from line A <u>342.</u>

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

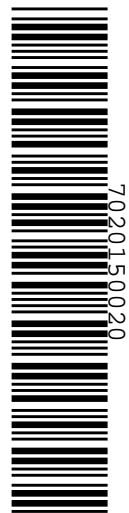
North Carolina Department of Revenue

Amended Return

For calendar year 2018, or fiscal year beginning <u>18</u> and ending		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SAIHITESH GAREPALLI 728 LAMPWICK LANE CITY CARY NC 27513 CURR		Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <input type="checkbox"/>
Your SSN: 217951919 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? <input type="checkbox"/> Yes <input checked="" 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 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 1 PP Y DT N OC N TPRES N SPRES N VT N SVT
 GARE 728 27513 DS N EA N TD SD
 SAIHITESH GAREPALLI 217951919
 NC 27513

728 LAMPWICK LANE CITY CARY
 06 29934 16 0 26C 0
 07 209 18 Y 0 26E 0
 09 0 20A 709 EU
 10A 0 20B 0 27 0
 10B 0 21A 0 29 0
 11 S Y I N 21B 0 30 0
 11 8750 21C 0 31 0
 13 04923 21D 0 32 0
 14 10532 26A 0 34 130
 15 579 26B 0
 TN 8163724534 PN PP P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>130</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 _____
		8163724534 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) _____	
		P02090332 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) GAREPALLI Your Social Security Number 217951919

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	29934
7.	Additions to Federal Adjusted Gross Income	7.	209
8.	Add Lines 6 and 7	8.	30143
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.	8750
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12.	21393
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.4923
14.	N.C. Taxable Income	14.	10532
15.	N.C. Income Tax	15.	579
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	579
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	579

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	709
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2018 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.	709
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	709
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.	130

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.	130

D-400 Sch S (50)

8-23-18

2018 Supplemental Schedule

North Carolina Department of Revenue

If you complete Schedule S, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.
 Important: Refer to the instructions before completing Parts A, B, or C of this form.

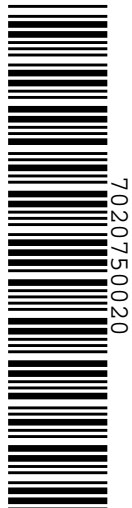
Last Name (<i>First 10 Characters</i>)	GAREPALLI	Your Social Security Number	217951919
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01	0	08	0	11D	0	12E	0	21A	0
02	0	09	0	11E	0	13	0	21B	0
03	209	10	0	12A	0	15	0	21D	0
04	0	11A	0	12B	0	16	0	22	0
05	0	11B	0	12C	0	19	0		
07	0	11C	0	12D	0	20	0		

Part A. Additions to Federal Adjusted Gross Income	
1. Interest income from obligations of states other than North Carolina	1. 0
2. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	2. 0
3. Adjustment for bonus depreciation	3. 209
4. Adjustment for IRC section 179 expense deduction	4. 0
5. Other additions to federal adjusted gross income (Attach explanation or schedule)	5. 0
6. Total additions - Add Lines 1 through 5	6. 209

Part B. Deductions from Federal Adjusted Gross Income	
7. State or local income tax refund	7. 0
8. Interest income from obligations of the United States or United States' possessions	8. 0
9. Taxable portion of Social Security and Railroad Retirement Benefits	9. 0
10. Bailey settlement retirement benefits	10. 0
11. Adjustment for bonus depreciation	
11a. 2013 0	11b. 2014 0
11c. 2015 0	
11d. 2016 0	11e. 2017 0
11f. Total	11f. 0
12. Adjustment for IRC section 179 expense deduction	
12a. 2013 0	12b. 2014 0
12c. 2015 0	
12d. 2016 0	12e. 2017 0
12f. Total	12f. 0
13. Other deductions from federal adjusted gross income (Attach explanation or schedule)	13. 0
14. Total deductions - Add Lines 7 through 10, 11f, 12f and 13	14. 0

Part C. N.C. Standard Deduction or N.C. Itemized Deductions	
15. Home mortgage interest	15. 0
16. Real estate property taxes	16. 0
17. Home mortgage interest and real estate property taxes before limitation	17. 0
18. Home mortgage interest and real estate property taxes limitation	18. 20000
19. Home mortgage interest and real estate property taxes after limitation	19. 0
20. Charitable contributions	20. 0
21. a. Medical and dental expenses before limitation	21a. 0
b. Enter the amount from Form D-400, Line 6	21b. 0
c. Multiply Line 21b by 7.5% (0.075). If zero or less, enter a zero.	21c. 0
d. Medical and dental expenses after limitation	21d. 0
22. Repayment of claim of right income	22. 0
23. Total N.C. itemized deductions - Add Lines 19, 20, 21d, and 22	23. 0



D-400 Sch PN (50)

8-29-18

2018 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) GAREPALLI	Your Social Security Number 217951919
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

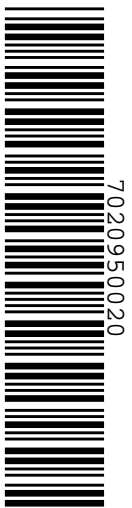
Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	09 01 18	12 31 18	22	14840
NRS	N	PYS	N			23	30143

Part A. Residency Status			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
09 01 18	12 31 18		

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			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	31380	14840
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
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.	-1446	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	29934	14840
		COLUMN A	COLUMN B
North Carolina Adjustments		Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
17. Additions			
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	17b.	0	0
c. Adjustment for bonus depreciation	17c.	209	0
d. Adjustment for IRC section 179 expense deduction	17d.	0	0
e. Other additions to federal adjusted gross income that relate to gross income	17e.	0	0
18. Total additions	18.	209	0



Last Name (First 10 Characters)	GAREPALLI	Your Social Security Number	217951919
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A	COLUMN B
	Enter the amount from Form D-400 Schedule S	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 IRC 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. 30143	14840

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21	22. 14840
23. Enter the amount from Column A, Line 21	23. 30143
24. Part-year residents and nonresident taxable percentage	24. 0.4923

North Carolina Information Worksheet

2018

Keep for your records

Part I – Personal Information

Taxpayer:

First Name SAIHITESH
Middle Initial Suffix
Last Name GAREPALLI
Social Security No. 217-95-1919
Date of Birth 09/24/1994
or age as of 1-1- 2019 24
Date of Death
Daytime phone (816) 372-4534

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
or age as of 1-1- 2019
Date of Death
Daytime phone

Home phone

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

c/o Name (EF only)

Street Address 728 LAMPWICK LANE CITY Apt No.
City CARY State NC ZIP Code 27513
County CURRITUCK 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 09/01/18 To 12/31/18

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 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?

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 02/15/2019 Preparer First name . . APPANA
Date return was accepted by state . . . 02/15/2019 Preparer Middle initial . .
Date Form D400V was given to client . . . _____ Preparer Last name . . RUPA VENKATA SATYA SAI MANIKUMAR

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

See Tax Help for Refund Expectation

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

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

Name of Financial Institution (optional) . . . Bank Of America

Check the appropriate box:

Checking Routing number . . 081000032

Savings Account number . . 355007725787

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

Type of account Personal Business

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

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

Part VIII – Extension Status

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

Yes **No**
 Tax return due date extended?
 Out of the country on the date that this application was due?
 Has the tax return due date been extended by filing a NC extension using Form D-410?
 Extended due date _____

Filing and acceptance information (Electronic Filing Only)

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

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

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

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

Tax Payments Worksheet

2018

▶ Keep for your records

Name <u>SAIHITESH GAREPALLI</u>	Social Security Number <u>217-95-1919</u>
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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		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	709 .	
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	Total income tax withheld	709 .	
15	Date return will be filed and balance paid	15	

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

2018

▶ Keep for your records

Name as Shown on Return <u>SAIHITESH GAREPALLI</u>	Social Security Number <u>217951919</u>
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Part 1 – Wages

T/S	W-2 Compensation	State	NC Withholding	Wages	RES/NR/ PY/NNC
T	W-2: SOFTWORLD TECHNOLOGIES LLC	MO		16540	NNC
T	W-2: SOFTWORLD TECHNOLOGIES LLC	NC	709	14840	PY
Total Withholding and Wages			709	31380	

Part 2 – Income Allocation

	Federal Amount	NC Source Income during NC Residence (PY Resident)	Nonresident with Income from NC Sources
1 Wages, etc.	31380	14840	
2 a Taxable interest income			
b Tax exempt interest income			
3 a Dividends			
b Qualified dividends			
4 Refunds — State/Local tax			
5 Alimony received			
6 Business income or loss			
7 Capital gain or loss			
8 Other gains and losses			
9 a Total IRA distribution			
b Taxable IRA distribution			
10 a Total pensions, etc.			
b Taxable pensions, etc.			
11 Rents and Royalties	-1446	0	0
K-1P			
K-1S			
K-1E			
Farm Rentals			
REMICs			
Total Rents, etc.	-1446	0	0
12 Farm income or loss			
13 Unemployment compensation			
14 a Social Security/Railroad Retirement			
Taxable Social Security			
Taxable Railroad Retirement			
b Total taxable SS/RR benefits			
15 Other income			
16 Total Income	29934	14840	0

Adjustments

	Federal Amount	NC Source Income during NC Residence (PY Resident)	Nonresident with Income from NC Sources
NC Additions To Gross Income			
17 Interest income from other states . . .			
18 Deferred gains reinvested into an Opportunity Fund			
19 Adjustment for bonus depreciation . .	209		
20 Adjustment for Sec 179 expense . . .			
21 Other additions			
22 Total additions	209		
NC Deductions From Gross Income			
23 State tax refund			
24 Interest income from US			
25 SSB and RRB benefits			
26 Bailey retirement benefits			
27 Adjustment for bonus depreciation . .			
28 Adjustment for Sec 179 expense . . .			
29 Other deductions			
30 Total deductions			
31 Total Income after Adjustments (Line 16 + Line 22 - Line 30)	30143	14840	0

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

1 Income During N.C. Residency: Enter your N.C. Sourced taxable income while you were a resident of North Carolina (Line 30, column 2) Important: Do not include income that is not taxable on the federal return such as interest from tax exempt state or municipal bonds.	1	14840
2 N.C. Source Income during nonresidency : Enter your total income that, during the period of nonresidency, is sourced and taxable to North Carolina (Line 30, column 3)	2	0
3 Add Lines 1 and 2	3	14840

Part 4 – Total Income From All Sources

1 Total Income After Adjustments: Enter your total income that you received from all sources less deductions and adjustments (Line 30, column 1)	1	30143
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Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return <u>SAIHITESH GAREPALLI</u>	Your Social Security No. <u>217-95-1919</u>
--	--

	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
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	31,380.	14,840.	16,540.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T	-1,446.	0.	-1,446.	0.
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	29,934.	14,840.	15,094.	0.
S				

		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				
	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	Reserved T				
	S				
35	Reserved T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	29,934.	14,840.	15,094.	0.
	S				

Keep for your records - Do not file

Name(s) Shown on Return
SAIHITESH GAREPALLI

Social Security Number
217-95-1919

Standard Deduction or Itemized Deduction for this return

Standard deduction from below* 8,750.
Total allowable itemized deductions from D-400 Sch S 0.

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

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

- 1 Qualified charitable distribution from an individual retirement plan, by a person
who has attained the age of 70 1/2, excluded from federal adjusted gross
income 1
2 Enter the amount of the QCD above 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 amount of claim of right income repaid during 2018 1
2 Enter amount from D-400 Line 6, federal adjusted gross income 2
3 Multiply Line 2 by 2% (0.02) (If negative, enter the number zero) 3
4 Subtract Line 3 from Line 1. Enter amount on Form D-400 Schedule S, Part C,
Line 22 4

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

Enter the repayment of claim of right income included on Line 16 of federal
Schedule A
Enter amount on Form D-400 Schedule S, Part C, Line 22 ▶

Smart Worksheets from your 2018 North Carolina Tax Return

SMART WORKSHEET FOR: Allocation Worksheet for PY/NR

Rent/Royalties Smart Worksheet						
A	Rents and royalties	T	-1,446.	0.	-1,446.	0.
		S				
B	K-1 Partnership	T				
		S				
C	K-1 S Corporation	T				
		S				
D	K-1 Estate or Trust	T				
		S				
E	Farm rentals	T				
		S				
F	Income or loss from REMICs	T				
		S				