

< 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"/> |
| BHARAT PYLA 1451 GLENWATER DR CARY NC 27519 CHAT | | Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <input type="checkbox"/> |
| Your SSN: 629899125 | | 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 checked="" type="checkbox"/> Yes <input 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: |
| Return for deceased taxpayer. <input type="checkbox"/> | | |
| Return for deceased spouse. <input type="checkbox"/> | | |
| 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 Y SPRES N VT N SVT
 PYLA 1451 27519 DS N EA N TD SD
 BHARAT PYLA 629899125
 NC 27519
 1451 GLENWATER DR CARY
 06 24233 16 0 26C 0
 07 0 18 Y 0 26E 0
 09 0 20A 1193 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 21D 0 32 0
 14 15483 26A 0 34 342
 15 851 26B 0
 TN 9493259760 PN PP P02090332



| | | | |
|---|------------|--|------------|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>342</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 _____ |
| | | 9493259760 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) PYLA Your Social Security Number 629899125

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 24233 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 24233 |
| 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. | 15483 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 15483 |
| 15. | N.C. Income Tax | 15. | 851 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 851 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 851 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 1193 |
| 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. | 1193 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 1193 |
| 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. | 342 |

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. | 342 |

North Carolina Information Worksheet

2018

Keep for your records

Part I – Personal Information

Taxpayer:

First Name BHARAT
Middle Initial Suffix
Last Name PYLA
Social Security No. 629-89-9125
Date of Birth 02/17/1991
or age as of 1-1- 2019 27
Date of Death
Daytime phone (949) 325-9760

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 1451 GLENWATER DR Apt No.
City CARY State NC ZIP Code 27519
County CHATHAM 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 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 _____ 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 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) . . . CHASE BANK
 Check the appropriate box:
 Checking Routing number . . 021202337
 Savings Account number . . 678812095

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 BHARAT PYLA | Social Security Number 629-89-9125 |
|---------------------|---------------------------------------|

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 | 1,193. | |
| 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 | 1,193. | |
| 15 | Date return will be filed and balance paid | 15 | |

Keep for your records - Do not file

Name(s) Shown on Return
BHARAT PYLA

Social Security Number
629-89-9125

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 ▶