

< 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.
ADITYA S CHINGALE 4307 NEWINGTON HILLS WAY CARY NC 27513 WAKE		Your SSN: 741940807	<input type="checkbox"/>
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)		Spouse's SSN:	
Were you a resident of N.C. for the entire year of 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	Return for deceased taxpayer. Year spouse died:
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.			
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 Y SPRES N STDD Y VT N SVT

CHIN 4307 27513 DS N EA N TD SD

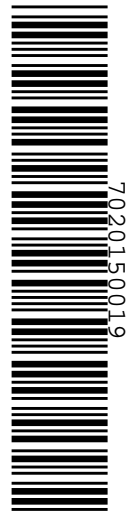
ADITYA S CHINGALE 741940807

NC 27513

4307 NEWINGTON HILLS WAY

CARY

06	39664	18	Y	0	26C	0
07	0	20A		1864	26E	0
09	0	20B		0	EU	
11	S Y I N	21A		0	27	0
11	8750	21B		0	29	0
13	00000	21C		0	30	0
14	30914	21D		0	31	0
15	1700	26A		0	32	0
16	0	26B		0	34	164
TN		PN		6789659729	PP	P02090332



7020150019

<b>Sign Return Below</b> <input checked="" type="checkbox"/> Refund Due <u>164</u>	<input type="checkbox"/> Payment Due <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 06 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) CHINGALE

Your Social Security Number

741940807

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

6.	Federal adjusted gross income	6.	39664
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	39664
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	39664
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.	30914
13.	Part-year residents and nonresidents taxable percentage	13.	0.0000
14.	N.C. Taxable Income	14.	30914
15.	N.C. Income Tax	15.	1700
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1700
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1700

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	1864
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.	1864
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1864
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.	164

**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.	164

North Carolina Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . ADITYA
Middle Initial . . . . . S Suffix . . . . .
Last Name . . . . . CHINGALE
Social Security No. . . . . 741-94-0807
Date of Birth . . . . . 12/08/1993
or age as of 1-1- 2018 . . . . . 24
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 . . . . [X] Taxpayer daytime [ ] Spouse daytime [ ] Home

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

Street Address . . . . . 4307 NEWINGTON HILLS WAY Apt No. . . . .
City . . . . . CARY State . . . . . NC ZIP Code . . . . . 27513
County . . . . . WAKE 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) . . . . . 39,664.

**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?

ADITYA S CHINGALE

741-94-0807

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 Adminstrator:**

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 ADITYA S CHINGALE	Social Security Number 741-94-0807
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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 . . . . .	1,864.	
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> . . . . .	1,864.	
15	Date return will be filed and balance paid . . . . .	<b>15</b>	

▶ Keep for your records — Do not file

Name(s) Shown on Return  
ADITYA S CHINGALE

Social Security Number  
741-94-0807

**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 . . . . . ▶ \_\_\_\_\_