

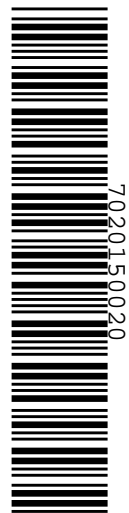
< Staple All Pages of Your Return and W-2s Here

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"/>
AMITKUMAR MANIKONDA 11236 CYPRESS VIEW DR CHARLOT NC 28262 CHER		Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <input type="checkbox"/>
Your SSN: 318315494 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"/>
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of death: <input type="checkbox"/>
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	N	SPRES	N	VT	N	SVT
MANI	1123	28262	DS	N	EA	N	TD					SD		
AMITKUMAR					MANIKONDA					318315494				
												NC	28262	
11236	CYPRESS	VIEW	DR					CHARLOTTE						
06		48182				16			0		26C			0
07		0				18	Y		0		26E			0
09		0				20A			869		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		03937				21D			0		32			0
14		15524				26A			0		34			15
15		854				26B			0					
TN	2192463838					PN					PP			P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>15</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 _____
Contact Phone No. (Include area code) <u>2192463838</u>	
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: _____ Date _____	Preparer's Contact Phone Number (Include area code) _____
Preparer's FEIN, SSN, or PTIN <u>P02090332</u>	
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) MANIKONDA

Your Social Security Number

318315494

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	48182
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	48182
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.	39432
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.3937
14.	N.C. Taxable Income	14.	15524
15.	N.C. Income Tax	15.	854
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	854
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	854

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	869
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.	869
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	869
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.	15

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.	15

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) MANIKONDA	Your Social Security Number 318315494
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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.

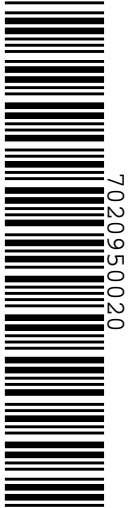
Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	05 02 18	12 31 18	22	18970
NRS	N	PYS	N			23	48182

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
05 02 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.	48182	18970
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.	0	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.	48182	18970
		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.	0	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.	0	0



Last Name (First 10 Characters) MANIKONDA	Your Social Security Number	318315494
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for 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. 48182	18970

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 18970
23. Enter the amount from Column A, Line 21		23. 48182
24. Part-year residents and nonresident taxable percentage		24. 0.3937

North Carolina Information Worksheet

2018

Keep for your records

Part I – Personal Information

Taxpayer:

First Name AMITKUMAR
Middle Initial Suffix
Last Name MANIKONDA
Social Security No. 318-31-5494
Date of Birth 09/17/1990
or age as of 1-1- 2019 28
Date of Death
Daytime phone (219) 246-3838

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 11236 CYPRESS VIEW DR Apt No.
City CHARLOTTE State NC ZIP Code 28262
County CHEROKEE Foreign Country

Part II – Resident Status

Taxpayer Spouse
[] [] Form D-400: Full-Year Resident
[] [] Form D-400: Nonresident
[X] [] Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From 05/02/18 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?

AMITKUMAR MANIKONDA

318-31-5494

Page 2

NC Itemized Deductions or NC Standard Deduction:

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name _____
Phone Number _____

Part V – Preparer Information

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

QuickZoom to Firm/Preparer Info ▶ _____

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

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

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled 02/27/2019 Preparer First name . . APPANA
Date return was accepted by state . . 02/28/2019 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) . . . DCU _____
 Check the appropriate box:
 Checking Routing number . . . 211391825
 Savings Account number . . . 43350479

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>AMITKUMAR MANIKONDA</u>	Social Security Number <u>318-31-5494</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	869 .	
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	869 .	
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>AMITKUMAR MANIKONDA</u>	Social Security Number <u>318315494</u>
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Part 1 – Wages

T/S	W-2 Compensation	State	NC Withholding	Wages	RES/NR/ PY/NNC
T	W-2: CONVERSANT SOLUTIONS INC	IL		29212	NNC
T	W-2: METRIX IT SOLUTIONS INC	NC	869	18970	PY
Total Withholding and Wages			869	48182	

Part 2 – Income Allocation

	Federal Amount		NC Source Income during NC Residence (PY Resident)	Nonresident with Income from NC Sources
1 Wages, etc.	48182		18970	
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				
K-1P				
K-1S				
K-1E				
Farm Rentals				
REMICs				
Total Rents, etc.				
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	48182		18970	

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 . .			
20 Adjustment for Sec 179 expense . . .			
21 Other additions			
22 Total additions			
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)	48182	18970	

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	18970
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	18970

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	48182
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Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return <u>AMITKUMAR MANIKONDA</u>	Your Social Security No. <u>318-31-5494</u>
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	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from NC sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	48,182.	18,970.	29,212.	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				
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	48,182.	18,970.	29,212.	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	48,182.	18,970.	29,212.	0.
	S				

Keep for your records - Do not file

Name(s) Shown on Return
AMITKUMAR MANIKONDA

Social Security Number
318-31-5494

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 ▶