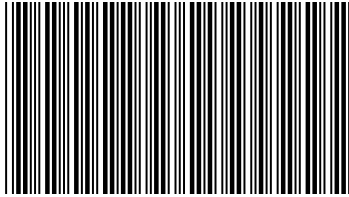


STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

KONDRAGUNTA VAMSI KRISHNA

6516 PARK S DR

CHARLOTTE NC 28210 1020

1555

785144582

P02090332 301017196

000040618875



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> _____
Your Signature Date

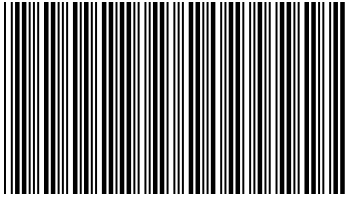
> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI K Federal Identification Number P02090332

Firm's Name GLOBAL TAXES LLC Federal Employer Identification Number 30-1017196



040MP02170

KONDRAGUNTA VAMSI KRISHNA

785144582

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM 010117 TO 080517

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

1

1

CHECKBOXES FOR EXEMPTIONS

Table with 3 columns: REGULAR, SPOUSE/CU PARTNER, DOMESTIC PARTNER, AGE 65 OR OLDER, YOURSELF, SPOUSE/CU PARTNER, BLIND OR DISABLED, YOURSELF, SPOUSE/CU PARTNER, VETERAN EXEMPTION, YOURSELF, SPOUSE/CU PARTNER

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

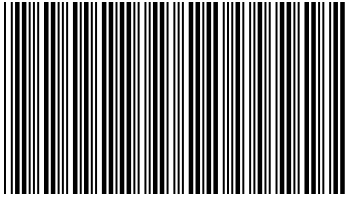
Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO

IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 36 rows, columns for line number, description, and amount. Total taxable income is 49417.



040MP03170

KONDRAGUNTA VAMSI KRISHNA

785144582

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	360 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	49417 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	1238 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	1238 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	1238 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	1238 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	1578 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	29 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	1607 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	369 .
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	369 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	111000025
dd5.	ACCOUNT NUMBER	dd5.	488050724631
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name Kondragunta, Vamsi Krishna	Social security number 785-14-4582
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information—Tax Year Ending December 31, 2017 (Whole Dollars Only)

1 New Jersey Taxable income	1	49,417.
2 Total tax	2	1,238.
3 New Jersey income tax withheld	3	1,578.
4 Refund	4	369.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

						5	8	7	2	7	8
--	--	--	--	--	--	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ 06/06/2018

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Kondragunta
 First Name Vamsi Krishna
 Middle Initial Suffix
 Social Security No. 785-14-4582
 Date of Birth 06/05/93
 Age as of 12/31/2017 24
 Date of Death
 Daytime Phone *
 Home Phone *

Spouse:

Last Name
 First Name
 Middle Initial Suffix
 Social Security No.
 Date of Birth
 Age as of 12/31/2017
 Date of Death
 Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
 Street Address 6516 PARK S DR Apt. No
 City CHARLOTTE State NC ZIP Code 28210
 County/Municipality Code (residents only) 1020

- Check this box if taxpayer's name is different on last year's NJ tax return
 Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ►
 Form NJ-1040NR: Nonresident Tax Return ►
 Enter state of residency
 Form NJ-1040: Part-Year Resident Tax Return ►
 Enter dates of New Jersey residency. From 01/01/17 To 08/05/17
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ►

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did the taxpayer maintain the same residence as the spouse?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28
 Head of household
 Qualifying widow(er)/Surviving Civil Union Partner

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of qualifying dependent children	<u> </u>		
Number of other dependents.	<u> </u>		
Number of dependents attending colleges (must be under age 22)	<u> </u>		

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – 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 State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled _____
 - 4 Date return was accepted by the state. _____
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number 111000025

Account number. 488050724631

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes **No**

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

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes **No**

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ▶ _____

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Allocation Worksheet for Part-Year and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return <u>Kondragunta, Vamsi Krishna</u>	Social Security No. <u>785-14-4582</u>
--	---

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	60,000.	50,000.		
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions . . .	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)				
		Column A Total Amount	Column B Resident Period	Column C Nonresident Period
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
15 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
16 Sheltered workshop tax credit			
17 New Jersey tax withheld	1,578.	0.	1,578.
18 New Jersey estimated tax payments/overpayment credit from previous year			
19 Tax paid on your behalf by partnership(s)			
20 Excess New Jersey UI/WF/SWF withheld			
21 Excess New Jersey disability insurance withheld			
22 Excess New Jersey family leave insurance withheld			

Worksheet G
Property Tax Deduction/Credit Worksheet

2017

▶ Keep for your records

Name(s) Kondragunta, Vamsi Krishna	Social Security No. 785-14-4582
---------------------------------------	------------------------------------

Worksheet G - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. **If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet J.**

1 Property tax. Enter the property tax you paid in 2017 from line 37a of Form NJ-1040. Senior Freeze (Property tax reimbursement) applicants do not enter the amount from Line 37a. See instructions.	1	360.
2 Property tax deduction. Is the amount on line 1 of this worksheet \$10,000 or more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)?		
<input type="checkbox"/> Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence).		
<input checked="" type="checkbox"/> No. Enter the amount from line 1. Also enter this amount on line 4, Column A below. See instructions.	2	360.

STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule A and Worksheet J. See instructions.

	Column A	Column B
3 Taxable income (copy from line 36 of your NJ-1040)	49,417.	49,417.
4 Property tax deduction (copy from line 2 of this worksheet)	360.	-0-
5 Taxable income after property tax deduction (subtract line 4 from line 3)	49,057.	49,417.
6 Tax you would pay on line 5 amount (From Tax Tables or Tax Rate Schedules)	1,219.	1,238.
7 Now, subtract line 6, column A, from line 6, column B and enter the result here	7	19.

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 4, Column A
Line 39	Line 5, Column A
Line 40	Line 6, Column A
Line 49	Make no entry

No. You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 5, Column B
Line 40	Line 6, Column B
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents , see instructions.

Tax Payments Worksheet

2017

▶ Keep for your records

Name Kondragunta, Vamsi Krishna	Social Security Number 785-14-4582
------------------------------------	---------------------------------------

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	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,578.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,578.
15	Date return will be filed and balance paid	15	04/17/2018

Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet F	
1	Did you live in more than one qualifying New Jersey residence during 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Did you share ownership of a principal residence during 2017 with anyone other than your spouse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Did a principal residence you owned during 2017 consist of multiple units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Were you both a homeowner and a tenant during 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer to any of the above questions is Yes, complete Schedule G-1.	
	QuickZoom to Schedule G-1 _____
A	Total property tax paid in 2017 _____ Part-year residents: Enter the amount while a resident of New Jersey _____
B	Total rent paid in 2017 _____ Part-year residents: Enter the amount while a resident of New Jersey <u>2,000</u>
C	If your filing status is married filing separate return , did you maintain the same residence as your spouse? Answer this question on NJ Information Wks (if Yes, reduce by 50%). <input type="checkbox"/> Yes <input type="checkbox"/> No
D	You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Other Payment Methods

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit www.dornrc.com and search for online file and pay.

Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



D-400V (50) 9-16-08	Individual Income Payment Voucher North Carolina Department of Revenue
-------------------------------	--

REV 09/11/17 PRO

785144582 KOND 6516 28210

VAMSI KRISHNA KONDRAGUNTA

6516 PARK S DR For Calendar Year 2017

CHARLOTTE NC 28210

Taxpayer/Paid Preparer: APPANA RUPA VENKATA SA

Date: 06 06 18 Phone: (646)727-7157

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

\$ 19 .00

7270150106



20176 7851445824 0000000 06408

Mail to:
NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

Last Name (First 10 Characters) KONDRAGUNT

Your Social Security Number 785144582

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	58000
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	58000
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	58000
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.	49250
13.	Part-year residents and nonresidents taxable percentage	13.	0.1667
14.	N.C. Taxable Income	14.	8210
15.	N.C. Income Tax	15.	451
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	451
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	451

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	432
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.	432
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	432
26a.	Tax Due	26a.	19
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.	19
28.	Overpayment	28.	0

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.	Amount to be Refunded	34.	0

D-400 Sch PN (50)

10-16-17

2017 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) KONDRAGUNT

Your Social Security Number 785144582

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.

22 10000 23 60000 NRT N PYT Y NRS N PYS N

Part A. Residency Status

Taxpayer is: (Select applicable box)

Full-Year Resident Nonresident [X] Part-Year Resident

Date N.C. residency began 08 06 17 Date N.C. residency ended 12 31 17

Spouse is: (Select applicable box)

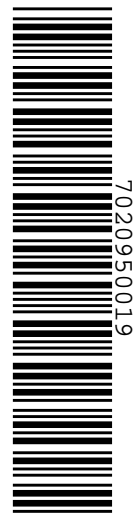
Full-Year Resident Nonresident Part-Year Resident

Date N.C. residency began Date N.C. residency ended

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

Table with 3 columns: Description, COLUMN A (Total Income from all sources), and COLUMN B (Amount of Column A subject to N.C. tax). Rows include Total Income (60000/10000) and North Carolina Adjustments (17a-17c, 18).



Last Name (First 10 Characters)	KONDRAGUNT	Your Social Security Number	785144582
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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 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. 60000	10000

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21	22. 10000
23. Enter the amount from Column A, Line 21	23. 60000
24. Part-year residents and nonresident taxable percentage	24. 0.1667

North Carolina Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name VAMSI KRISHNA
Middle Initial Suffix
Last Name KONDRAGUNTA
Social Security No. 785-14-4582
Date of Birth 06/05/1993
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 6516 PARK S DR Apt No.
City CHARLOTTE State NC ZIP Code 28210
County MECKLENBURG 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 08/06/17 To 12/31/17

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) 58,000.

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 MANI KUMAR

Tax Payments Worksheet

2017

▶ Keep for your records

Name VAMSI KRISHNA KONDRAGUNTA	Social Security Number 785-14-4582
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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	432.	
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	432.	
15	Date return will be filed and balance paid	15	

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

2017

▶ Keep for your records

Name as Shown on Return VAMSI KRISHNA KONDRAGUNTA	Social Security Number 785144582
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Part 1 - Wages

T/S	W-2 Compensation	St	NC Withholding	Wages	RES/NR PY/NNC
T	W-2: NOVISYS LIMITED	NC	432	10000	PY
T	W-2: NOVISYS LIMITED	NJ		50000	NNC
Total Withholding and Wages			432	60000	

Part 2 - Income Allocation

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
1 Wages, etc.	60000	10000	
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 Bus inc 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 inc or loss			
13 Unemployment compensation			
14 a SS/RRB benefits			
Taxable SS			
Taxable RRB			
b Total taxable SS/RRB			
15 Other income			
16 Total Income	60000	10000	

Adjustments

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
NC Additions To Gross Income			
17 Interest inc from other states			
18 Adj for bonus depr			
19 Adj for Sec 179 expense			
20 Other additions			
21 Total additions			
NC Deductions From Gross Income			
22 State tax refund			
23 Interest income from US			
24 SSB and RRB benefits			
25 Bailey retirement benefits			
26 Adj for bonus depr.			
27 Adj for 179 expense			
28 Other deductions			
29 Total deductions			
30 Total Income after Adjustments (Line 16 + Line 21 - Line 29)	60000	10000	

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	10000
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	10000

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	60000
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Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return VAMSI KRISHNA KONDRAGUNTA	Your Social Security No. 785-14-4582
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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	60,000.	10,000.	50,000.	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	60,000.	10,000.	50,000.	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	2,000.	0.	2,000.	0.
	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	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	2,000.	0.	2,000.	0.
	S				
37	Adjusted gross income T	58,000.	10,000.	48,000.	0.
	S				

▶ Keep for your records — Do not file

Name(s) Shown on Return
VAMSI KRISHNA KONDRAGUNTA

Social Security Number
785-14-4582

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	<div style="border-bottom: 1px solid black; text-align: right; margin-bottom: 5px;">8,750.</div>
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 ▶ _____