

DO NOT FILE

FORM NOT FINAL.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,452.

REV 02/01/21 INTUIT.CG.CFP.SP

1555

812-37-6667
SURYAKANTH BANALA

1811 DEVLIN RD APT 208
JOHNS ISLAND SC 29455-3706

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

DO NOT FILE

812376667 SV BANA 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,452.
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REV 02/01/21 INTUIT.CG.CFP.SP

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812-37-6667
SURYAKANTH BANALA

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812376667 SV BANA 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,452.
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REV 02/01/21 INTUIT.CG.CFP.SP 1555

812-37-6667
SURYAKANTH BANALA

1811 DEVLIN RD APT 208
JOHNS ISLAND SC 29455-3706

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

DO NOT FILE

812376667 SV BANA 30 0 202112 430

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FORM NOT FINAL.

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,452.
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REV 02/01/21 INTUIT.CG.CFP.SP

1555

812-37-6667
SURYAKANTH BANALA

1811 DEVLIN RD APT 208
JOHNS ISLAND SC 29455-3706

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

DO NOT FILE

812376667 SV BANA 30 0 202112 430

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial suryakanth	Last name banala	Your social security number 812-37-6667
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1811 Devlin Rd		Apt. no. 208
City, town, or post office. If you have a foreign address, also complete spaces below. Johns Island		State SC
Foreign country name		ZIP code 294553706
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	68,434.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
	8 Other income from Schedule 1, line 9		8	0.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	68,434.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income		10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income		11	68,434.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	56,034.



INDIVIDUAL DECLARATION OF ESTIMATED TAX

INSTRUCTIONS

- Pay online using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.
- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the amount on line 11 of the 2021 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2021 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope. Staple your payment to the SC1040ES.

Mail your SC1040ES and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202



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REV 01/26/21 Intuit.c



SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX



Your SSN 812-37-6667	Spouse's SSN (if filing jointly)	Composite Filer <input type="checkbox"/>	Mark quarter with X (required) <input checked="" type="checkbox"/> 1st Qtr Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr Apr, May, Jun <input type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SURYAKANTH BANALA 1811 DEVLIN RD APT 208 JOHNS ISLAND SC 29455-3706			Payment amount _____ 30.00

The quickest, easiest way to pay is using our free online tax portal, MyDORWAY, at **dor.sc.gov/pay**. **Do not send cash.** Make your check payable to SCDOR and include your name, SSN, and 2021 SC1040ES in the memo.



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SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX

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Name and address (include spouse's name if filing jointly) SURYAKANTH BANALA 1811 DEVLIN RD APT 208 JOHNS ISLAND SC 29455-3706			Payment amount _____ 30.00

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REV 01/26/21 Intuit.c



SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX



Your SSN 812-37-6667	Spouse's SSN (if filing jointly)	Composite Filer <input type="checkbox"/>	Mark quarter with X (required) <input type="checkbox"/> 1st Qtr Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr Apr, May, Jun <input checked="" type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SURYAKANTH BANALA 1811 DEVLIN RD APT 208 JOHNS ISLAND SC 29455-3706			Payment amount _____ 30.00

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- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
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SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX



Your SSN 812-37-6667	Spouse's SSN (if filing jointly)	Composite Filer <input type="checkbox"/>	Mark quarter with X (required) <input type="checkbox"/> 1st Qtr Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr Apr, May, Jun <input type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input checked="" type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SURYAKANTH BANALA 1811 DEVLIN RD APT 208 JOHNS ISLAND SC 29455-3706			Payment amount _____ 30.00

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 11/16/20) 3299

Personal information section including name (SURYAKANTH BANALA), social security number (812-37-6667), home address (1811 DEVLIN RD APT 208), and tax year (2020).

Part I Tax Return Information (Whole dollars only)

Table with 8 rows showing tax calculations: 1. Federal taxable income (56,034.00), 2. Net SC tax (1,441.00), 3. Use Tax (0.00), 4. Total Tax (1,441.00), 5. SC Income Tax Withheld (1,321.00), 6. Tuition Tax Credit (0.00), 7. Refund (0.00), 8. Amount you owe (120.00).

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

Direct deposit information including routing transit number (053207766), bank account number (3815504695), and withdrawal date (02-12-2021).

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

- 13. a. I consent that my refund be directly deposited as designated in Part II... b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed...

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Do not submit a copy of this form to the SCDOR. Return the signed copy to your tax preparer. Keep a copy with your tax records.

Sign Here section with lines for taxpayer and spouse signatures and dates.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only section with fields for signature, date, check if also paid preparer, check if self-employed, PTIN, FEIN, and ZIP code.

Paid Preparer's Use Only section with fields for signature, date, check if self-employed, PTIN, FEIN, and ZIP code.



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number 812 37 6667 Check if deceased Spouse's Social Security Number Check if deceased



For the year January 1 - December 31, 2020, or fiscal tax year beginning, 2020 and ending, 2021

First name and middle initial suryakanth Last name banala Suffix Spouse's first name, if married filing jointly Last name Suffix Mailing address (number and street, PO Box) 1811 Devlin Rd 208 County code 10 City Johns Island State SC ZIP 29455-3706 Daytime phone number with area code (843) 301-1124

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD)
Check this box if you are a part-year or nonresident filing an SC Schedule NR
Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
Check this box if you have filed a federal or state extension.
Check this box if you served in a military combat zone during the filing period.
Name of the combat zone:

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (2) [] Married filing jointly (3) [] Married filing separately - enter spouse's SSN: (4) [] Head of household (5) [] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return 0
Number of dependents claimed that were under the age of 6 years as of December 31, 2020
Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 812-37-6667

2020

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below ▶	1	Dollars 56,034	00
--	----------	--------------------------	-----------

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions) ▶	a		00
b Out-of-state losses Type: _____ ▶	b		00
c Expenses related to National Guard and Military Reserve Income ▶	c		00
d Interest income on obligations of states and political subdivisions other than South Carolina ▶	d		00
e Other additions to income. (attach explanation - see instructions) ▶	e		00
2 Total additions (add line a through line e) ▶	2		00
3 Add line 1 and line 2 and enter the total here ▶	3		00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return ▶	f		00
g Total and permanent disability retirement income, if taxed on your federal return ▶	g		00
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____ ▶	h		00
i 44% of net capital gains held for more than one year ▶	i		00
j Volunteer deductions (see instructions) Type: _____ ▶	j		00
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program ▶	k		00
l Active Trade or Business Income deduction (see instructions) ▶	l		00
m Interest income from obligations of the US government ▶	m		00
n Certain nontaxable National Guard or Reserve pay ▶	n		00
o Social Security and/or railroad retirement, if taxed on your federal return . . ▶	o		00
p Retirement Deduction (see instructions)			
p-1 Taxpayer (date of birth: _____) ▶	p-1		00
p-2 Spouse (date of birth: _____) ▶	p-2		00
p-3 Surviving spouse (date of birth of deceased spouse: _____) ▶	p-3		00
Military Retirement Deduction (see instructions)			
p-4 Taxpayer (date of birth: _____) ▶	p-4		00
p-5 Spouse (date of birth: _____) ▶	p-5		00
p-6 Surviving spouse (date of birth of deceased spouse: _____) ▶	p-6		00
q Age 65 and older deduction (see instructions)			
q-1 Taxpayer (date of birth: _____) ▶	q-1		00
q-2 Spouse (date of birth: _____) ▶	q-2		00
r Negative amount of federal taxable income ▶	r		00
s Subsistence allowance (multiply _____ days by \$8) ▶	s		00
t Dependents under the age of 6 years on December 31 of the tax year . . . ▶	t		00
u Consumer Protection Services ▶	u		00
v Other subtractions (see instructions) ▶	v		00
w South Carolina Dependent Exemption (see instructions) ▶	w		00
4 Total subtractions (add line f through line w) ▶	4	<	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX ▶	5		28,017 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) ▶	6	1,441	00
7 TAX on Lump Sum Distribution (attach SC4972) ▶	7		00
8 TAX on Active Trade or Business Income (attach I-335) ▶	8		00
9 TAX on excess withdrawals from Catastrophe Savings Accounts ▶	9		00
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX ▶	10		1,441 00



NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits (lines 11-15). Line 15 total: 1,441.00

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits (lines 16-22e). Line 22 total: 0.00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return (lines 23-25). Line 23 total: 1,321.00; Line 25 total: 120.00

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 6 rows for tax due and refund (lines 26-30). Line 29 total: 0.00; Line 30 total: 0.00

REFUND OPTIONS (subject to program limitations)

Form for refund options including choice between Direct Deposit, Debit Card, and Paper Check, and routing/bank account numbers.

Table with 4 rows for tax due and balance due (lines 31-34). Line 31 total: 120.00; Line 34 total: 120.00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature and authorization section including fields for preparer signature, date, spouse's signature, and preparer information.

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2020 NONRESIDENT SCHEDULE

SCHEDULE NR
(Rev. 10/15/20)
3081

For the year January 1 - December 31, 2020, or fiscal tax year beginning 2020 and ending 2021

Your name banala, suryakanth	Your Social Security Number 812-37-6667	Spouse's first name	Spouse's Social Security Number
---------------------------------	--	---------------------	---------------------------------

Dates of SC residency to	Schedule NR is for Nonresidents or Part-year residents	Attach to completed SC1040.
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INCOME AND EXCLUSIONS	INCOME AS SHOWN ON FEDERAL RETURN COLUMN A		SOUTH CAROLINA INCOME COLUMN B	
1 Wages, salaries, tips, etc. 1	68,434	00	34,217	00
2 Taxable interest income 2		00		00
3 Dividend income 3		00		00
4 State and local Income Tax refunds 4	0	00		
5 Alimony received 5		00		00
6 Business income or (loss) 6		00		00
7 Capital gain or (loss) 7		00		00
8 Other gains or (losses) 8		00		00
9 Taxable amount of IRA distributions 9		00		00
10 Taxable amount of pensions and annuities 10		00		00
11 Rents, royalties, partnerships, estates, trusts, etc. 11		00		00
12 Farm income or (loss) 12		00		00
13 Unemployment compensation 13		00		00
14 Taxable amount of Social Security benefits 14		00		
15 Other income 15		00		00
16 Total Income: Add line 1 through line 15 16	68,434	00	34,217	00
ADJUSTMENTS TO INCOME	FEDERAL ADJUSTMENT		SC ADJUSTMENT	
17 Educator expenses 17		00		00
18 Certain business expenses of reservists, performing artists, and fee-basis government officials 18		00		00
19 Health savings account deduction 19		00		00
20 Moving expenses for members of the Armed Forces 20		00		00
21 Deductible part of self-employment tax 21		00		00

Attach to SC1040

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.



SC adjustment continued

	COLUMN A	COLUMN B
22 Self-employed SEP, SIMPLE, and qualified plans	00	00
23 Self-employed health insurance deduction	00	00
24 Penalty on early withdrawal of savings	00	00
25 Alimony paid	00	00
26 IRA deduction	00	00
27 Student loan interest deduction	00	00
28 Tuition and fees deduction	00	00
29 Charitable contributions if you take the standard deduction	00	
30 Total adjustments: Add line 17 through line 29	00	00
31 Adjusted gross income: Subtract line 30 from line 16	68,434	34,217
SOUTH CAROLINA ADJUSTMENTS		
ADDITIONS		
32 South Carolina additions		00
SUBTRACTIONS		
33 South Carolina dependent exemption (see instructions)		00
34 44% of net capital gains held for more than one year		00
35 Retirement deduction (see instructions)		
a) Taxpayer (date of birth: _____)		00
b) Spouse (date of birth: _____)		00
c) Surviving spouse (date of birth of deceased spouse: _____)		00
Military retirement deduction (see instructions)		
d) Taxpayer (date of birth: _____)		00
e) Spouse (date of birth: _____)		00
f) Surviving spouse (date of birth of deceased spouse: _____)		00
36 Age 65 and older deduction (see instructions - must be resident for part of the year)		
a) Taxpayer (date of birth: _____)		00
b) Spouse (date of birth: _____)		00
37 Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)		
Date of birth: _____ SSN: _____		
Date of birth: _____ SSN: _____		00
38 Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program		00
39 Active Trade or Business Income deduction (see instructions)		00
40 Consumer Protection Services		00
41 Other subtractions (see instructions)		00
42 Total South Carolina subtractions: Add line 33 through line 41		00
43 Total South Carolina adjustments: Subtract line 42 from line 32		00
44 SC modified adjusted gross income: Add Column B, line 31 and line 43		34,217
45 PRORATION: Line 31, Column B divided by line 31, Column A = <u>50.00</u> % (do not exceed 100%)		
46 DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46. Enter the following amounts from the instructions: Part I (Itemized Deductions) _____ Part II, Worksheet, line 6 (State Taxes) _____ Part III (Other Expenses) _____		
	46	12,400 00
47 Allowable deductions: Multiply line 46 by <u>50.00</u> % (from line 45)	47	< 6,200 00 >
48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5	48	28,017 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial suryakanth	Last name banala	Your social security number 812-37-6667
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1811 Devlin Rd		Apt. no. 208
City, town, or post office. If you have a foreign address, also complete spaces below. Johns Island		State SC
Foreign country name		ZIP code 294553706
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	68,434.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 9		8	0.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	68,434.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶		11	68,434.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	56,034.

