### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

#### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)			-						
Taxpaye	er's name	Soci	Social security number							
URJ.	A PATEL	393-33-1834								
Spouse	's name	Spor	use's soc	cial secu	rity numbe	er				
Part	Tax Return Information — Tax Year Ending December 31, 2020 (En	nter yea	r you a	re aut	horizing	g.)				
Enter	whole dollars only on lines 1 through 5.					,				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income			1	8	8,148.				
2	Total tax			2		0.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		589.				
4	Amount you want refunded to you			4	:	2,389.				
5	Amount you owe			5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep	a cop	y of y	our reti	urn)				
return to send for any Agent payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, traid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for or delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account and of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended)	nsmitter, or rejection ne U.S. Troin indicated itution to orinate the requests the processe payme	or electro of the treesury a in the tree debit the authorize must be essing of nt. I fur	onic returnsmission its of ax prepare entry the ation. The receivable of the electrical internacion is a second to the electrical internacion in the electrical internacion is a second in the electrical internacion in	urn origin sion, (b) to lesignated aration so this according to the latest of the late	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the				
	onic Funds Withdrawal Consent.					1				
-	ayer's PIN: check one box only	-4 D	3	1 8	3 4					
×	I authorize GLOBAL TAXES LLC to enter or generation to enter or generation to enter or generation in the content of the conten	ate my P	En		digits, but	as my				
	signature on the income tax return (original or amended) I am now authorizing.		do	n't ente	r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.									
Yours	signature ▶ Date ▶	<b>-</b>								
Spous	se's PIN: check one box only					1				
	I authorize to enter or general	ate mv P	INI			as my				
	ERO firm name	ate my i		ter five	digits, but	,				
	signature on the income tax return (original or amended) I am now authorizing.				r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.									
Spous	se's signature ▶ Date ▶	•								
	Practitioner PIN Method Returns Only—continue bel	low								
Part	III Certification and Authentication — Practitioner PIN Method Only									
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5		2 7 Don't ent	8 6		8 9				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incomized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ubmitting	this retu	urn in a	ccordanc					
ERO's	s signature ▶ Date ▶	<b>•</b>								
	ERO Must Retain This Form — See Instructions									
	Don't Submit This Form to the IRS Unless Requested T	To Do S	0							

#### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly  uchecked the MFS box, enter the son is a child but not your dependent	name of	ed filing separately your spouse. If you	` ′	_		, ,	_		, ,	. , . ,	
Your first name	and m	iddle initial	Last na	me					You	ır soc	cial securit	y number	
URJA			PATE	EL					39	393-33-1834			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			on Campaign	
1601 N1					1		T	912D			ere if you, if filing ioin	or your tly, want \$3	
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta		1	code			0,	Checking a	
PHILADE		A	Ι.		P2		-	9121			ow will not	change	
Foreign country	y name			Foreign province/state	:/coun	ty	For	eign postal cod	e you	rtax	or refund.	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est ir	any virtual	currenc	су?	Yes	X No	
Standard Deduction		eone can claim:				•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore January	y 2, 19	56	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relations	qir	(4) <b>✓</b> if	qualifie	es for	(see instru	ctions):	
If more		irst name Last name		number	,	to you		Child tax cr		- 1		ner dependents	
than four													
dependents, see instruction									]				
and check	5 —								]				
here ▶ □									]				
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		8,148.	
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t		. [	2b			
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> C	rdinary divide	nds		. [	3b			
	4a	IRA distributions	4a		<b>b</b> T	axable amour	nt .		. [	4b			
	5a	Pensions and annuities	5a		<b>b</b> T	axable amour	nt .		. [	5b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amour	nt.		. [	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D it	f required. If not rec	luired	, check here		•		7			
Married filing	8	Other income from Schedule 1, li	ne 9 .						. [	8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	ome				▶	9		8,148.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> t	tal adjustments to	inco	me			<b>•</b>	10c	;		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶	11		8,148.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedul	e A)				. [	12	:	L2,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A			. [	13			
Deduction, see instructions.	14	Add lines 12 and 13								14	1 -	L2,400.	
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	r-0				15		0.	

Form 1040 (2020	))										Page 2		
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16		0.		
	17	Amount from Schedule 2, lin	ne 3						17				
	18	Add lines 16 and 17							18		0.		
	19	Child tax credit or credit for	other dependen	ts					19				
	20	Amount from Schedule 3, lin	ne 7						20				
	21	Add lines 19 and 20							21				
	22	Subtract line 21 from line 18							22		0.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23		0.		
	24	Add lines 22 and 23. This is			•				24		0.		
	25	Federal income tax withheld											
	а	Form(s) W-2				25a		589					
	b	Form(s) 1099				25b							
	С	Other forms (see instructions				25c							
	d	Add lines 25a through 25c	,						25d		589.		
	26	2020 estimated tax payment							26				
<ul> <li>If you have a qualifying child,</li> </ul>	27	Earned income credit (EIC)				27							
attach Sch. EIC.  If you have	28	Additional child tax credit. A				28							
nontaxable	29	American opportunity credit				29							
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,800					
	31	Amount from Schedule 3, lin											
	32	Add lines 27 through 31. The	32	1	1,800.								
	33	Add lines 25d, 26, and 32. T			2,389.								
D. C I	34								34		2,389.		
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here									2,389.		
Direct deposit?	▶b	Routing number 0 5 3				Checkir		Saving					
See instructions.	▶d	Account number 4 3 7											
	36	Amount of line 34 you want											
Amount	37	Subtract line 33 from line 24				36		_	37				
You Owe	01	Note: Schedule H and Sch											
For details on		2020. See Schedule 3, line 1	1										
how to pay, see instructions.	38	Estimated tax penalty (see in	*			38							
Third Party	Do	you want to allow another				See							
Designee		structions	•				Yes. Co	omplete	e below.	× No			
· ·	Des	Designee's Phone Personal identific											
	nar	me 🕨		no.			numl	oer (PIN)	<b>&gt;</b>				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com											
Here	You	ur signature		Date			nt you an Id						
	<b>k</b>									IN, enter it I	nere		
Joint return? See instructions.	0=		44	D-t-	STUDENT				ee inst.)				
Keep a copy for				Date	Spouse's occupat	tion				nt your spo ection PIN,	use an enter it here		
your records.						ee inst.) ►							
	Pho	one no.		Email address									
	Pre	eparer's name	Preparer's signat	ture	PTIN		Check if:						
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	P020	82703	Self-	employed				
Preparer		m's name ▶ GLOBAL TA					none no. (678)965-9522						
Use Only									m's EIN 🕨	, ,			
Go to www.irs.aa		n1040 for instructions and the late			BAA	REV 0:	3/06/21 PRC				1040 (2020)		
79						0					()		

1555

REV 02/23/21 PRO dor.sc.gov

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

# INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 11/16/20) 3299

	Your first name and initial					I	Last n	ame						Yo	our so	cial s	securi	ty nu	mber	
	URJA													393-33-1834						
Please	If joint return, spouse's first	name and initial	l				La	ist na	me, i	if diff	erent			Spouse's social security number						
print or	Home address (number and	street, apt. num	ber or	RR)					Dayti	me te	elepho	ne #				-	Тах Ү	ear		
type.	1601 N15 ST A	•		,				- 1	•			-20								
	City, town or post office, stat										100		<u> </u>			2	റാദ	`		
	PHILADELPHIA PA	A 19121												2020						
Part I	Tax Return Informa		le dol	lars	only	')														
1. Federa	l taxable income (SC1040														1				0	00
	c tax (SC1040, line 15)														2				0	00
	ax														3					00
	ax														4				0	_
	ome Tax Withheld (SC104		,												5				328	
6. Tuition	Tax Credit (SC1040, line	21)													6					00
	d (SC1040, line 30) nt you owe (SC1040, line 3														7				328	-
Part II															8					00
	Direct Deposit of Re	tuna or EFV	v Pay	mer	it or	тах	Due	<b>(</b> ∪	puc	mai	- Se									—
STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit numb	per (RTN)	0	5	3	9	0	2	1	9	7				num gh 12				7N mu: 32.	st
E COP W-2(s s) HEF	10. Bank account numb	per (BAN)									4	3	7	4	6	5	2	8	5	2
TAPLE TATE 1099(	11. Type of account:		cking		Savi	ings														
	12. Withdrawal Date _			_						Am	ount	\$								
Part III	Declaration of Taxp	<b>ayer</b> (Sign or	nly aft	er P	art I	is c	omp	eted	1.)											
	<ul> <li>a. I consent that my refund b correct. If I have filed a join</li> <li>b. I authorize (1) the South C (payment) entry to my fina institution to debit the entr taxes to receive confidenti</li> </ul>	nt return, this is a carolina Departmonical institution a y to my account.	an irrevent of laccoung	ocabl Rever t desi autho	le app nue a gnate rize t	oointr nd its ed in l he fir	ment o design Part II nancia	of the gnated for paid Il insti	othed fination	er spo ancia ent o ns in	ouse a l ager f my S volved	is an a nts to i South d in the	agent initiat Caro e pro	to re e an l ina ta cessir	ceive Electronics of of ingreen	the ronic lowed, my el	efund Funds and	l. s Witl (2) m	hdrawa v finar	ncial
If I have fill remain liab	ed a balance due return, I und ble for the tax liability and all a	derstand that if the splicable interes	ne SC I st and p	Depai penalt	rtmer ies.	t of F	Reven	ue do	es n	ot re	ceive	full an	id tim	ely pa	aymer	nt of ı	my ta	x liab	ility, I v	will
return orig consent th the IRS to	nat I have compared the informinator (ERO) and the amounts at my return and accompanyi the SC Department of Reven Return the signed copy to you	s agree`with the ing schedules an ue. <b>Do not sub</b> r	amoun d state <b>nit this</b>	ts on ments	my S s be s n to t	C tax sent t he S	retur to the C Der	n. To Interr <b>artm</b>	the nal R n <b>ent</b> (	best even	of my ue Se	know rvice	ledge (IRS)	, my by m	return ıy ER	i is tr O, an	ue an id sub	d cór osequ	nplete iently l	. I
Sign Her	Your signature					Date		Sn	OUSE	a'e eir	natur	e (If jo	nint F	ROTH	muet	t eian	1)		Date	
Part IV	Declaration of Elect	ronic Potur	Orio	inat			)) an										')		Jaic	
I declare the obtained the of all forms Pub. 1345 preparer, I they are tree.	nat I have received the above the taxpayer's signature on this and information to be filed when the taxpayer's signature on this and information to be filed when the taxpayer of the provided declare that I have examined ue and complete. This declaration is form and the supporting	taxpayer's return s form before sulvith the IRS and the ers of Individual In If the above taxpa ation is based on	n and to bmitting the SC ncome ayer's real info	he en g this Depa Tax f eturn ormat	tries retur artme Retur and ion of	on th n to t nt of ns, a accor	is forr he SC Rever nd red mpan	n are Deplayer, a ue, a uiren ying s	com artm and h nents sched	plete ent o ave f s spe dules	and of Revolution Revo	correct enue. ed all by the	t to the other other of the second the secon	ne bes e pro requ Depa and	st of n vided ireme rtmen to the	ny kn the t ents d nt of F best	axpay lescril Rever	yer w bed in nue. I y kno	ith a co n the If f I am wledge	RS the e,
ERO's Use	ERO signature				0		Date 5 – 20	21	Che also prep	paid		self-	ck if Joyed				Р	TIN		
Only		OBAL TAXI										FEII	N 3 0	-10	17					
	and address 2530 Pebble Creek Ln, Cumming, GA ZIP of Comming and C									code	30	041	1							
Paid	. Preparer									Date	9	Che			1		Р	TIN		
Prepare	r's signature							1	)3-	15-	2021	if se emp	elf- oloyed		P	20	827	703		
Use	Firm name (or QV	AM PRIYA	RAM	SA	GAF	e Gi	UPT								017					
Only	vouis ii seii-eiiibioveui	30 Pebbl													3004					







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

SC1040

(Rev. 10/14/20) 3075

		. IIII I KKA-KALE KALEKANGA BAKA LEGITARKA KARAKANEKAN EGIP ET PEKALEKAN KALEKANEKAN
Your Social Security Number	Check if	
393   33   1834	deceased L	
Spouse's Social Security Number	Check if deceased	

For the year January 1 - Dec	cember 31, 2020, or fiscal tax ye	ar beginning	, 2020 a	nd ending	, 2021						
First name and middle initia	l	Last na	Last name								
URJA		PATI	PATEL								
Spouse's first name, if marri		Suffix									
Check if Mailin	g address (number and street, Po	O Box)				County code					
new address 160	1 N15 ST 912D					12					
City		State	ZIP	Day	time phone number with	area code					
PHILADELPHIA		PA	19121	(2	262)455-2062						
Check if address   Foreign is outside US	n country address including post	al code		·							
• Amended Return: C	Check if this is an Amended	d Return. (Atta	ach Schedule	AMD)							
• Check this box if you	are a part-year or nonresi	dent filing an	SC Schedule	NR							
•	f you are filing a composite	•				_					
•	not check this box if you ar					▶ □					
·	•										
•	have filed a federal or sta										
· · · · · · · · · · · · · · · · · · ·	served in a military comba	_	•	od							
Name of the comba	at zone:										
CHECK YOUR	(1) X Single	(3)	rried filing separat	ely - enter spo	ouse's SSN:						
	TUS (2) Married filing jointl		ad of household								
LDLIKAL I ILINO OTA	100 (2) Interned ming joint	y (4) 1100	ad of floddorfold	(o) Qual	nying widow(ci)						
		· · · · · ·									
Number of dependents	s claimed on your 2020 fed	leral return			•	0					
·	s claimed that were under t										
Number of taxpayers a	ige 65 or older as of Decei	mber 31, 2020	)								
DEPENDENTS											
First name	Last name	Social Security I	lumbor Polat	ionship	Date of hirth (	MM/DD/YYYY)					
I HOLHAING	Last Hallic	Cociai Security I	Turibei itelat	Ισι Ισι ΙΙΡ	Date of biltil (	VIIVI/DD/11111)					



Your SSN 393-33-1834 2020 **INCOME AND ADJUSTMENTS** Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below ...... 1 0 00 ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if itemizing on federal return (see instructions) . . . . . . 00 00 **b** Out-of-state losses Type: b 00 c Expenses related to National Guard and Military Reserve Income . . . . . . . . С 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)....... 00 2 Total additions (add line a through line e) ..... 00 0 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME **f** State tax refund, if included on your federal return..... 00 g Total and permanent disability retirement income, if taxed on your federal return 00 g h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other 00 i 44% of net capital gains held for more than one year..... i 00 Volunteer deductions (see instructions) Type: j 00 **k** Contributions to the SC College Investment Program (Future Scholar) 00 k Active Trade or Business Income deduction (see instructions) . . . . . . . . I 00 m Interest income from obligations of the US government..... m 00 **n** Certain nontaxable National Guard or Reserve pay...... 00 n 00 Social Security and/or railroad retirement, if taxed on your federal return . . 0 **p** Retirement Deduction (see instructions) **p-1** Taxpayer (date of birth: 00 p-1 00 p-2 Spouse (date of birth: **p-3** Surviving spouse (date of birth of deceased spouse: 00 Military Retirement Deduction (see instructions) 00 p-5 Spouse (date of birth: 00 **p-6** Surviving spouse (date of birth of deceased spouse: 00 **q** Age 65 and older deduction (see instructions) 00 q-1 q-2 Spouse (date of birth: \_\_\_\_\_ q-2 00 00 4,252 **s** Subsistence allowance (multiply \_\_\_ 00 t Dependents under the age of 6 years on December 31 of the tax year.... 00 00 00 0 00 w South Carolina Dependent Exemption (see instructions)...... 4,252|00|> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR. 0 00 line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 0 00 TAX on your South Carolina Income Subject to Tax (see SC1040TT)...... 00 7 00 00 10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX . . . . . . 0 00

30752208 REV 02/23/21 PRO



NON-REFUNDABLE CREDITS		
11 Child and Dependent Care (see instructions)	11 00	
12 Two Wage Earner Credit (see instructions)	12 00	1
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13 00	1
<b>14 Total nonrefundable credits</b> (add line 11 through line 13)		14 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zer		15 0 00
PAYMENTS AND REFUNDABLE CREDITS		<u> </u>
16 SC income tax withheld (attach W-2 or SC41)	16 328 00	
17 2020 Estimated Tax payments		1
18 Amount paid with extension		1
19 Nonresident sale of real estate	19 00	-
20 Other SC withholding (attach 1099)		-
21 Tuition tax credit (attach I-319)	21 00	1
22 Other refundable credits:	21 00	J
	220	1
22a Anhydrous Ammonia (attach I-333)		4
22b Milk Credit (attach I-334)		
22c Classroom Teacher Expenses (attach I-360)		4
22d Parental Refundable Credit (attach I-361)		1
22e Motor Fuel Income Tax Credit (attach I-385)		
Total refundable credits (add line 22a through line 22e)		22 00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.	,	
· ·	TOTAL PAYMENTS	328 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa	,	<b>24</b> 328 <b>00</b>
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amoun		25 00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the an		
<b>26</b> USE TAX due on online, mail-order, or out-of-state purchases		
Use Tax is based on your county's Sales Tax rate. See instructions for more info	ormation.	
If you certify that no Use Tax is due, check here ▶ 🗵		
27 Amount of line 24 to be credited to your 2021 Estimated Tax	27 00	
28 Total Contributions for Check-offs (attach I-330)	28 00	
29 Add line 26 through line 28 and enter the total here		29 0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line		
	This is your <b>REFUND</b>	328 00
REFUND OPTIONS (subject to program limitations)	<u> </u>	
30a Mark one refund choice: X Direct Deposit (30b required) Debit Card	d ▶ ☐ Paper Check	
	Savings	1
	its. The first two numbers of the	
Routing Number (RTN)  053902197  Must be 9 digitation and the state of	e 01 through 12 or 21 through 32.	
Bank Account Number (BAN) 14374652852	1-17 digits	
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the	he total. This is your tax due	31 00
<b>32</b> Late filing and/or late payment: Penalties Interest	Enter total here	32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)	,	
Enter exception code from instructions here if applicable		33 00
	your BALANCE DUE	34 00
Pay online using our free tax portal, MyDORWAY	•	
I declare that this return and all attachments are true, correct, and complete to the b		ranged by a paragon other
than the taxpayer, this declaration is based on all information of which the preparer		repared by a person officer
	Spouse's signature (if married filing	g jointly ROTH must sign)
Tour signature Date 3	spouse's signature (ii mameu iiiii)	J Jointly, BOTH Must sign)
l authorize the Director of the SCDOR or delegate to discuss this return,	Preparer's printed name	
attachments, and related tax matters with the preparer.	SYAM PRIYA RAM SAGA	R GUPTA TALLAM
QUAN PRIVA PAN GAGAR GURRA WALLAN QO 1E QOQ1	Check if self-	
Tichardia dia titali itali diota dolli iliani di a 10 10 10 10 10 10 10 10 10 10 10 10 10		2082703
Use Firm name (or yours if self- GLOBAL TAXES LLC		-1017196
Only employed), address, ZIP 2530 Pebble Creek Ln Cumming	GA 30041 Phone (	678)965-9522
	404400 0 1 11 0	0.00044.0400

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

**30753206** REV 02/23/21 PRO