1555

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX **DECLARATION FOR ELECTRONIC FILING**

(Rev. 11/16/20) 3299

| | 29/21 PRO r.sc.gov | The state of the s | DECLAR | | ON FC | | | | | FIL | ING | | | (1107. | 3299 | 0/20) | |
|---|---|--|--|--|---|---------------------------------------|------------------------------------|--|---|--|---|---|--|--|--|---|-----------------|
| | Your first name and initial Last name | | | | | | | | Yo | Your social security number | | | | | | | |
| | SINDHU | | | | ВО | BOJADLA | | | | | | | 345-37-0167 | | | | |
| Please | If joint return, spouse's first name and initial Last name, if different | | | | | | | | Sp | Spouse's social security number | | | | nber | | | |
| print or | Home address (number and street, apt. number or RR) | | | | R) | | | D | aytime | teleph | one # | | | Tax \ | /ear | | |
| type. | 333 NORMANDY STREET APT 702 (617) 787-944 | | | | | | -9449 | | | | | | | | | | |
| | City, town or post office, state and ZIP code | | | | | | | | | 2020 | | | | | | | |
| | | N TX 7701 | | | | | | | | | | ╛ | | | | | |
| Part I | | turn Informati | | | | | | | | | | | | | | | |
| | | come (SC1040, | , | | | | | | | | | | 1 | | <u>2,</u> | 383 | |
| | |)40, line 15) | | | | | | | | | | | 2 | | | | 00 |
| | | | | | | | | | | | | | 3 4 | | | 0 | |
| | | Vithheld (SC1040 | | | | | | | | | | | 5 | | | 0 | |
| | | t (SC1040, line 2 | | | | | | | | | | | 6 | | | 555 | 00 |
| | | line 30) | | | | | | | | | | | 7 | | | 555 | |
| | • | (SC1040, line 34 | | | | | | | | | | | 8 | | | 555 | 00 |
| Part II | | Deposit of Ref | | | | | | | | | | | | | | | |
| | | | | | 1 | 1 | 1 - 0 | | | 1 | _ | | | ers of t | ho P | TN mu | et |
| STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE | 9. Rout | ing transit numbe | er (RTN) | 1 | 1 1 | 9 | 0 | 0 | 6 5 | 9 | | | | r 21 thr | | | э г |
| W-2(s) | 10. Ban | k account numbe | er (BAN) | | | | | | | 9 | 2 6 | 7 | 6 7 | 7 4 | 6 | 3 | 9 |
| TAPL STATE 1099(| 11. Type | e of account: | | king | ☐ Sa\ | /ings | | | | | | | | | | | |
| 00 00 | 12. With | ndrawal Date | | | | | W | ithdra | wal Am | nount | \$ | | | | | | |
| Part III | Declar | ation of Taxpa | ı yer (Sign on | ly afte | er Part | l is c | omp | leted. | .) | | | | | | | | |
| | correct. I b. I authoriz (paymen institution | t that my refund be f I have filed a joint le (1) the South Ca t) entry to my finan in to debit the entry receive confidentia | t return, this is a rolina Departme cial institution a to my account. | n irrevo ent of R ccount I also a | ocable ap evenue a designat uthorize | pointo and its ed in the fir | ment s desi Part I nancia | of the ognated I for particular in the second contraction of the secon | other sp financia yment o utions ir | ouse a al age of my s nvolve | as an ager nts to initia South Card d in the pro | nt to rec ate an E olina ta: ocessin | ceive the Electronic E | e refund ic Fund ed. and | d. ds Witl l (2) m | hdrawa | ncial |
| If I have fi remain lia | led a balance ble for the ta | e due return, I unde x liability and all ap | erstand that if th oplicable interes | e SC D t and pe | epartme enalties. | nt of F | Reven | ue do | es not re | eceive | full and tir | nely pa | yment | of my ta | ax liab | oility, I v | will |
| return originates consent the IRS to | ginator (ERO) nat my return o the SC Dep | ompared the inform) and the amounts and accompanyin artment of Revenu gned copy to your | agree with the a g schedules and e. Do not subn | amounts d staten nit this | s on my nents be form to | SC tax sent t the S | x retu to the C De l | rn. To Interna partme | the best al Reve | t of my nue Se | / knowledg ervice (IRS | je, my r 3) by m | eturn is y ERO, | s true ai and su | nd cor ıbseqı | mplete. uently b | . 1 |
| Sign He | re | | | | | | | | | | | | | | | | |
| | You | r signature | | | | Date | | Spc | use's s | ignatu | re (If joint, | BOTH | must s | ign) | | Date | |
| Part IV | Declar | ation of Electr | onic Return | Origi | inator | (ERC | D) ar | nd Pa | id Pre | pare | r (See li | nstruc | tions. |) | | | |
| obtained to of all form Pub. 1345 preparer, they are tr | he taxpayer's s and inform 5 Authorized I declare that rue and comp | ceived the above to signature on this ation to be filed with IRS e-file Provider: to I have examined to bete. This declarator the supporting of the supporti | form before sub th the IRS and the s of Individual In the above taxpation is based on | mitting ne SC I ncome I yer's re all infor | this retu Departme Fax Retu turn and mation o | rn to tent of rns, a according which | the S0 Reve nd red mpan | C Depa nue, ar quirem ying so | irtment on nd have ents spo chedules | of Rev follow ecified s and s | renue. I ha red all othe by the SC statements | ve prover requi C Depar S, and t | vided the rement tment of the bo | ne taxpa s descr of Reve est of m | ayer w ibed in enue. I ny kno | rith a co n the IF If I am to wledge | RS the e, |
| ERO's | ERO signature | <u>.</u> | | | 1 | | Date | | Check if also paid preparer | · 🗆 | Check if self-employe | | | F | PTIN | | |
| Use | Firm name | e (or GT.O | BAL TAXE | IS T | LC | 1-2 | <u>u-2(</u> | 14 T | proparei | | FEIN 3 (| | 171 | 96 | | | |
| Only | yours if se and addre | ili-ellipioyeu) | | | | 1, (| Cumr | mino | , GA | <u> </u> | | ocode | 300 | | | | |
| Paid | | | | | | ., ` | | | Dat | | Check | | 1 | | PTIN | | |
| Prepare | Prepare e r's signatu | | | | | | | 1 | 1-20- | | if self- | _d | POS | 2082 | | | |
| Use | Firm nar | me (or SYZ | M PRIYA | RAM | SAGA | R G | UРT | | L-ZU- | | FEIN 3 | | | | , 00 | | |
| Only | yours if s and add | sell-ellibioyed) | | | | | | | | | | code 3 | | | | | |



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

SC1040

| Rev. | 10/14/20) |
|------|-----------|
| 3 | 3075 |

| Your Soc | Check if deceased | | | |
|-------------|-------------------|------|----------|--|
| 345 | 37 | 0167 | ueceaseu | |
| Spouse's So | Check if deceased | | | |



| For the year January 1 - December 31, 2020, or fiscal tax yea | ar beginning | , 2020 and e | nding | , 2021 | | | |
|--|-------------------|--------------------------|-------------------|---------------------------------------|--|--|--|
| First name and middle initial | | Last name | | | | | |
| SINDHU | воја | BOJADLA | | | | | |
| Spouse's first name, if married filing jointly | Last nar | Last name | | | | | |
| Check if new address Mailing address (number and street, PC 333 NORMANDY STREET | 702 | | | County code 12 | | | |
| City | State | ZIP | Daytime pho | ne number with area code | | | |
| HOUSTON | TX | 77015 | (617)7 | 87-9449 | | | |
| Check if address is outside US | al code | 1 | | | | | |
| Amended Return: Check if this is an Amended | l Return. (Atta | ch Schedule AM | D) | ····· ▶ 🗆 | | | |
| • Check this box if you are a part-year or nonresident | dent filing an | SC Schedule NR | | ▶⊠ | | | |
| Check this box only if you are filing a composite | • | | | | | | |
| | | | • | | | | |
| S Corporation. Do not check this box if you are | | | | | | | |
| Check this box if you have filed a federal or stat | | | | | | | |
| Check this box if you served in a military comba | it zone during | the filing period. | | | | | |
| Name of the combat zone: | | | | | | | |
| | | | | | | | |
| CHECK YOUR (1) X Single | (3) | ried filing separately - | enter snouse's SS | N· | | | |
| (/ 🔼 3 | | | | | | | |
| FEDERAL FILING STATUS (2) Married filing jointly | y (4) <u> </u> | d of household (5) | Qualifying wid | ow(er) | | | |
| | | | | | | | |
| Number of dependents plaimed on your 2020 fed | aral ratura | | | ▶ 0 | | | |
| Number of dependents claimed on your 2020 fed | | | | | | | |
| Number of dependents claimed that were under t | | | | No. | | | |
| Number of taxpayers age 65 or older as of Decer | nber 31, 2020 | | | · · · · · · · · · · · · · · · · · · · | | | |
| DEPENDENTS | | | | | | | |
| First name Last name | Social Security N | lumber Relations | hip | Date of birth (MM/DD/YYYY) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | _ | | | |
| | | | | | | | |

0 00



Your SSN 345-37-0167 2020 INCOME AND ADJUSTMENTS Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** 2,383|00 1 Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below 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 2 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 Social Security and/or railroad retirement, if taxed on your federal return . . 0 00 **p** Retirement Deduction (see instructions) **p-1** Taxpayer (date of birth: 00 00 **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 s Subsistence allowance (multiply ___ 00 t Dependents under the age of 6 years on December 31 of the tax year.... 00 00 00 00 w South Carolina Dependent Exemption (see instructions)...... 4 00 |> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR. 1,849 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

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10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX



| NO | ON-REFU | NDABLE CREDITS | | | | | |
|------|----------------|--|------------|----------------------------|----------|-------------------------|---------------|
| 11 | Child and | d Dependent Care (see instructions) | 11 | 00 | | | |
| 12 | Two Wa | ge Earner Credit (see instructions) | 12 | 00 | | | |
| 13 | Other no | nrefundable credits. Attach SC1040TC and other state returns ▶ | 13 | 00 | 0 | | |
| | | nrefundable credits (add line 11 through line 13) | | | . 1 | | 00 |
| 15 | Subtract | line 14 from line 10 and enter the difference. If less than zero, enter zer | o here | | . 1 | 5 0 | 00 |
| PA | YMENTS | S AND REFUNDABLE CREDITS | | | | | |
| 16 | SC incor | ne tax withheld (attach W-2 or SC41) | 16 | 555 0 | 0 | | |
| | | timated Tax payments | 17 | 00 | 0 | | |
| | | paid with extension | 18 | 00 | 0 | | |
| | | lent sale of real estate | 19 | 00 | 0 | | |
| 20 | Other SC | C withholding (attach 1099) | 20 | 00 | 0 | | |
| | | ax credit (attach I-319) | 21 | 00 | 0 | | |
| 22 | Other ref | fundable credits: | | | _ | | |
| | | ydrous Ammonia (attach I-333) | | 00 | 0 | | |
| | | c Credit (attach I-334) | | 00 | 0 | | |
| | | ssroom Teacher Expenses (attach I-360) | | 00 | _ | | |
| | | ental Refundable Credit (attach I-361) | | 00 | _ | | |
| | | or Fuel Income Tax Credit (attach I-385) | | 00 | _ | | |
| | Total ref | fundable credits (add line 22a through line 22e) | | | 2 | .2 | 00 |
| | | ED RETURN: Use Schedule AMD for line 23 calculation. | | | _ | | |
| | | , | | L PAYMENTS > | 2 | 1 1 | |
| | | is larger than line 15, subtract line 15 from line 23 and enter the overpa | • | | | | $\overline{}$ |
| 25 | | is larger than line 23, subtract line 23 from line 15 and enter the amoun | | | | | 00 |
| | | ED RETURN: Enter the amount from line 24 on line 30. Enter the an | | | _ | 31. | |
| 26 | | X due on online, mail-order, or out-of-state purchases | | 0 0 | 0 | | |
| | | is based on your county's Sales Tax rate. See instructions for more info | ormatio | n. | | | |
| | If you ce | rtify that no Use Tax is due, check here ▶ 🏻 🔻 | | | _ | | |
| | | of line 24 to be credited to your 2021 Estimated Tax | | 00 | _ | | |
| | | ntributions for Check-offs (attach I-330) | | 00 | 0 | | |
| | | 26 through line 28 and enter the total here | | | . 2 | .9 0 | 00 |
| 30 | If line 29 | is larger than line 24, go to line 31. Otherwise, subtract line 29 from line | e 24 and | d enter the | | | |
| | | - · · · · · · · · · · · · · · · · · · · | This is | your REFUND | 3 | 555 | 00 |
| | REFUND | O OPTIONS (subject to program limitations) | | | | | |
| | 30a Mar | k one refund choice: 🕨 🗵 Direct Deposit (30b required) 🗼 🗌 Debit Card | d 🕨 | Paper Check | | | |
| | 30b Dire | ect Deposit (for US accounts only) Type: 🕨 🔀 Checking 🕨 🗌 S | Savings | | | | |
| | Rou | | | rst two numbers of the | | | |
| | ł | KTN must be | 01 throu | gh 12 or 21 through 32 | - 1 | | |
| | | ik Account Number (BAN) 9267674639 | | 1-17 digit | | | |
| | | 5 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the | | | _ | | 00 |
| | | g and/or late payment: Penalties Interest | ь | Enter total here | 3 | 32 | 00 |
| 33 | - | for Underpayment of Estimated Tax (attach SC2210) | | | | | |
| 2.4 | | ception code from instructions here if applicable | | | - | 33 | 00 |
| 34 | Add line | • | • | ALANCE DUE | 3 | 34 | 00 |
| | | Pay online using our free tax portal, MyDORWAY | | | | | |
| | | at this return and all attachments are true, correct, and complete to the b | | | pre | pared by a person oth | ner |
| | | payer, this declaration is based on all information of which the preparer | | | | | |
| Yo | ur signature | Date | pouse's s | signature (if married fili | ng jo | ointly, BOTH must sign) | |
| l au | ıthorize the D | irector of the SCDOR or delegate to discuss this return, | reparer's | printed name | | | — |
| | | Voc No V | | | AR | GUPTA TALLAM | |
| Pa | nid | · · | heck if se | | <u> </u> | | |
| | eparer's | Signature of the first train that of the first training the second of th | mployed | | | 082703 | |
| Us | | Firm name (or yours if self- GLOBAL TAXES LLC | | | | 1017196 | |
| Or | nly | employed), address, ZIP 2530 Pebble Creek Ln Cumming | GA 3 | 0041 Phone | (6 | 578) 965-9522 | |
| M | AIL TO: | REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo BALANCE DUE: Taxable Processing Center, PO Box 101105, | | | | | |

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

Spouse's first name

SCHEDULE NR

(Rev. 10/15/20) 3081

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2020 NONRESIDENT SCHEDULE For the year January 1 - December 31, 2020, or fiscal tax year beginning

2020 and ending 2021

BOJADLA, SINDHU

Your name

Your Social Security Number 345-37-0167

Spouse's Social Security Number

| Dates of SC residency 01-01-2020 to 07-01-2020 | Schedule NR is for Nonresidents or Part-year residents | Attach to co | omp | leted SC1040 | |
|--|--|------------------|--------------------------------|---------------|----|
| INCOME AND EXCLUSIONS | INCOME AS SHOWN (FEDERAL RETURN COLUMN A | | SOUTH CAROLINA INCOME COLUMN B | | |
| 1 Wages, salaries, tips, etc. | 1 | 14,783 | 00 | 11,471 | 00 |
| 2 Taxable interest income | 2 | | 00 | | 00 |
| 3 Dividend income | | | 00 | | 00 |
| 4 State and local Income Tax refunds | 4 | | 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 |
| | s, etc11 | | 00 | | 00 |
| 12 Farm income or (loss) | Attach to 12 | | 00 | | 00 |
| 13 Unemployment compensation | SC1040 ₁₃ | | 00 | | 00 |
| 14 Taxable amount of Social Security benefits | 14 | | 00 | | |
| 15 Other income | 15 | | 00 | | 00 |
| | 16 | 14,783 | 00 | 11,471 | 00 |
| ADJUSTMENTS TO INCOME | | FEDERAL ADJUSTME | NT | SC ADJUSTMENT | |
| 17 Educator expenses | 17 | | 00 | | 00 |
| 18 Certain business expenses of reservists, per | forming artists, and fee-basis government | | 00 | | 00 |
| | | | | | |
| 19 Health savings account deduction | 19 | | 00 | | 00 |
| 20 Moving expenses for members of the Armed | Forces20 | | 00 | | 00 |
| 21 Deductible part of self-employment tax | 21 | | 00 | | 00 |

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





| | _ | 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 savings24 | 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 | | |
| | Total adjustments: Add line 17 through line 29 | 00 | | 00 |
| | Adjusted gross income: Subtract line 30 from line 16 | 14,783 00 | 11,471 | |
| | OUTH CAROLINA ADJUSTMENTS | , | , | +55 |
| | DITIONS | | | |
| 32 | South Carolina additions | | | 00 |
| | BTRACTIONS | | | +** |
| | South Carolina dependent exemption (see instructions) | | (| 00 |
| | 44% of net capital gains held for more than one year | | | 00 |
| | 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 |
| 37 | b) Spouse (date of birth:) | | | 00 |
| 0, | (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 |
| | 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 |
| | Total South Carolina adjustments: Subtract line 42 from line 32 | | | 00 |
| 44 | SC modified adjusted gross income: Add Column B, line 31 and line 4344 | | 11 , 471 | ⊥ 00 |
| | PRORATION: | | | |
| | Line 31, Column B divided by line 31, Column A = 77.60 % (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 77.60 % (from line 45) | 47 < | 9,622 | 00 > |
| | South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference | _ | . , | |
| | SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5 | 48 | 1,849 | 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.

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