1555

REV 03/16/21 PRO

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC ELLING

(Rev. 11/16/20) 3299

uoi	.sc.gov BESEARA (TION					110												
	our first name and initial Last name								Your social security number									
	ABHINAY PALACHARLA									014-45-3233								
Please	ABHINAY PALACHARLA If joint return, spouse's first name and initial Last name, if different									Spouse's social security number								
print or	Home address (number and street, apt. number or RR)			Daytime telephone #					Tax Year									
type.	703 POTENZA DR APT A		(064)220 6						37									
		(804)329-6					00.											
									2020									
Part I	CHARLOTTE NC 28262 Tax Return Information (Whole dollars	only)																
	Il taxable income (SC1040, line 1)										1		0.1			00		
											2			L,8		-		
	C tax (SC1040, line 15)													L,0		00		
	ax										3		- 1		0	00		
											4			L,0		00		
	come Tax Withheld (SC1040, lines 16 & 20)										5			2,1	<u>59</u>	00		
	Tax Credit (SC1040, line 21)										6					00		
	d (SC1040, line 30)										7		1	L,1	<u>52</u>	00		
	nt you owe (SC1040, line 34)										8					00		
Part II	Direct Deposit of Refund or EFW Paymen	t of T	ax D	<u>ue (</u>	Optic	onal	- See	e inst	ructi	ons.	.)							
FO T			\Box	Τ,							numb					st		
ES (and	9. Routing transit number (RTN) 0 7	1 9) 2	1	8	9	1	be	01 th	roug	jh 12 c	r 21	throu	gh 32	2.			
OPI 2(s) 1ER	40 B 4 4 (BAN)						1		_	$\overline{}$	<u> </u>	_ [Λ,	<u>. T.</u>	\neg	_		
E C : W-	10. Bank account number (BAN)						4	6	6	8	3	6 !	9 2	2 3	3	6		
STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	11. Type of account:																	
	12. Withdrawal Date					l Amo	ount	\$						_				
Part III	Declaration of Taxpayer (Sign only after Page 1)	art I is	com	plete	:d.)													
 I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. 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 liab	ole for the tax liability and all applicable interest and penalt	ies.								•								
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 Her	re.	1																
0.9	Your signature	Da	te	S	pouse	e's sig	natur	e (If jo	int, B	ОТН	must :	sign)		Da	ate	_		
Part IV	Declaration of Electronic Return Originat	or (F	3O) a	nd F	Paid	Prei	narei	· (See	e Ins	struc	tions)						
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	ERO		Date			ck if	_	Chec self-	ck if				PTI	N				
Use	signature	03-	24-2	2021		parer	Ш	empl	loyed	Ш								
Only	Firm name (or yours if self-employed) GLOBAL TAXES LLC FEIN 30								130.	0-1017196								
and address 2530 Pebble Creek Ln, Cumming, GA ZIP code 300									41									
Paid						Date		Chec	ck		1		PTI	N				
Prepare	Preparer				000			if self	f-		D 0	200						
Use		~ -	ATT	n			<u> 2021</u>	empl					270	J 3				
Only	vours if self-employed) START TREETH RAIT BA				[AL]						0171							
Jiny	and address 2530 Pebble Cree	<u>k Lr</u>	<u> Cu</u>	<u>ımmi</u>	ng	GA		2	∠IP co	de 3	004	<u> </u>						







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

SC1040

(Rev. 10/14/20) 3075

Your Social Security Nun	Check if deceased	
014 45	233	
Spouse's Social Security No	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 initial			Last name						
ABHINAY			PALACHARLA						
Spouse's first name, if marri	ed filing jointly	Last nar	Last name						
Check if Mailin	g address (number and street, Po	O Box)				County code			
new address	POTENZA DR A					08			
City		State	ZIP	Day	time phone number with	area code			
CHARLOTTE		NC	28262	(8	(864)329-6037				
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	nch Schedule /	AMD)		▶ □			
• Check this box if you	are a part-year or nonresi	dent filing an	SC Schedule I	NR		▶ □			
•	f you are filing a composite	•				· —			
•	not check this box if you ar			•		▶ □			
·	•								
•	have filed a federal or star								
•	served in a military comba	_	• .	od					
Name of the comba	at zone:								
CHECK YOUR	(1) X Single	(3)	ried filing separat	ely - enter spo	ouse's SSN:				
FEDERAL FILING STA	TUS (2) Married filing jointl		nd of household						
						0			
	s claimed on your 2020 fed								
Number of dependents	s claimed that were under t	the age of 6 ye	ears as of Dec	ember 31,	2020				
Number of taxpayers a	ige 65 or older as of Decer	mber 31, 2020)						
DEPENDENTS									
First name	Last name	Social Security N	lumber Relati	ionship	Date of birth	(MM/DD/YYYY)			

1,007 00



2020 Your SSN 014-45-3233 **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 21,892 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 21,892 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 00 f State tax refund, if included on your federal return..... 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 h 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) q-1 00 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 0 00 w South Carolina Dependent Exemption (see instructions)...... 0 00 > Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR. 21,892 00 line 48. If less than zero, enter zero here. This is your **SOUTH CAROLINA INCOME SUBJECT TO TAX** 1,00700 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



NON-REFUNDABLE CREDITS						
11 Child and Dependent Care (see instructions)		11		00		
12 Two Wage Earner Credit (see instructions)				00		
13 Other nonrefundable credits. Attach SC1040TC and		<i>'</i>		00		
14 Total nonrefundable credits (add line 11 through lin						00
15 Subtract line 14 from line 10 and enter the difference	. If less than zero, enter ze	ero here		1	5 1,007	7 00
PAYMENTS AND REFUNDABLE CREDITS						
16 SC income tax withheld (attach W-2 or SC41)		16	2,159	00		
17 2020 Estimated Tax payments		17		00		
18 Amount paid with extension		18		00		
19 Nonresident sale of real estate				00		
20 Other SC withholding (attach 1099)		20		00		
21 Tuition tax credit (attach I-319)		21		00		
22 Other refundable credits:						
22a Anhydrous Ammonia (attach I-333)		. —		00		
22b Milk Credit (attach I-334)		. —		00		
22c Classroom Teacher Expenses (attach I-360)		. —		00		
22d Parental Refundable Credit (attach I-361)		. —		00		
22e Motor Fuel Income Tax Credit (attach I-385)				00		
Total refundable credits (add line 22a through line			J	2:	2	00
AMENDED RETURN: Use Schedule AMD for line				_		1 1
23 Add line 16 through line 22 and enter the total here.	-		L PAYMENTS			
24 If line 23 is larger than line 15, subtract line 15 from li		•		_		$\overline{}$
25 If line 15 is larger than line 23, subtract line 23 from li						00
AMENDED RETURN: Enter the amount from line 2					31.	
26 USE TAX due on online, mail-order, or out-of-state p			0	00		
Use Tax is based on your county's Sales Tax rate. S		formatio	n.			
If you certify that no Use Tax is due, check here	,	. —				
27 Amount of line 24 to be credited to your 2021 Estima				00		
28 Total Contributions for Check-offs (attach I-330)				00		_
29 Add line 26 through line 28 and enter the total here				29	9 () 00
30 If line 29 is larger than line 24, go to line 31. Otherwis						
amount to be refunded to you (line 30a check box en	try is required)	This is	your REFUND)	3	1,152	2 00
REFUND OPTIONS (subject to program limitations)						
30a Mark one refund choice: X Direct Deposit (3	<u> </u>	rd 🕨	Paper Check			
30b Direct Deposit (for US accounts only) Type:	▶ Checking	Savings				
Routing Number (RTN) 071921891	Must be 9 di	igits. The fi	rst two numbers of th gh 12 or 21 through	ne		
Bank Account Number (BAN) 466836923		DE OT HITOU	1-17 di			
		41 4-4-1		_	4	00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtr						00
32 Late filing and/or late payment: Penalties	Interest		Enter total here	32	2	00
33 Penalty for Underpayment of Estimated Tax (attach S Enter exception code from instructions here if applica			1	2	2	00
34 Add line 31 through line 33 and enter the total here.			ALANCE DUE)	3:		00
		•	,	3	4	00
	ee tax portal, MyDORWA			,		
I declare that this return and all attachments are true, co				t pre	pared by a person o	tner
than the taxpayer, this declaration is based on all inform			-	filina io	ointly, BOTH must sign)	
Your signature	Date	Spouse's s	signature (ii mamed	illing jo	amuy, BOTH must sign)	
I authorize the Director of the SCDOR or delegate to discuss this return,	Vaa 🗆 Na 🔽	Preparer's	printed name			
attachments, and related tax matters with the preparer.	Yes No X	SYAM P	RIYA RAM SA	GAR	GUPTA TALLAM	
Paid Preparer	Date 0.2 0.4 0.001	Check if se		000	.00702	
Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	03 21 2021	employed			082703	
Use Firm name (or yours if self- GLOBAL TAXE					1017196	<u> </u>
	Creek Ln Cumming				78)965-9522	i
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Pt BALANCE DUE: Taxable Processing (•					

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