#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number
V.V.SUKUMAR TUPAKULA	834-99-4934
Spouse's name	Spouse's social security number
NAGA HARITHA YELURI	823-62-7569
Part I Tax Return Information – Tax Year Ending December 31, 2021	21 (Enter year you are authorizing.)
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.	
<b>1</b> Adjusted gross income	<b>1</b> 20,432
<b>2</b> Total tax	<b>2</b> 0
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 1,540
<b>4</b> Amount you want refunded to you	<b>. 4 4</b> ,340
<b>5</b> Amount you owe	

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, 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 from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

			FBO firm name	, <u>,</u>	E
X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	2

9	4	9	3	4	
	er fiv n't er				as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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

#### Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date

2	7	5	6	9	as my
	er fiv n't er				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		 Date 🕨	
	ERO Must Retain This F Don't Submit This Form to the I	 	
For Demonstrate Deduction And	A Matian and some tax and some in atmostic and		Farm 8870 (Day 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/26/22 PRO

	reasury-Internal Revenue Se		(99) <b>turn</b>	202	21	OMB No.	1545-(	0074 IF	S Use Only	y—Do not v	vrite or staple	in this space.
Check only If you checked	Married filing jointly the MFS box, enter the d but not your depende	name of	-									low(er) (QW) ne qualifying
Your first name and middle initial		Last n	ame							Your se	ocial securi	ty number
V.V.V.SUKUMAR		TUP	AKULA							834-	99-493	4
If joint return, spouse's first name a	nd middle initial	Last n	ame							Spouse	's social se	curity number
NAGA HARITHA		YEL	URI							823-	62-756	9
Home address (number and street).	If you have a P.O. box, se	e instruc	tions.					Apt.	no.	Preside	ential Electi	on Campaign
400 GREENLAWN DR								E6			here if you,	
City, town, or post office. If you have	e a foreign address, also	complete	spaces be	low.	Stat	e		ZIP code				ntly, want \$3 Checking a
COLUMBIA					SC			29209	)	Ŭ Ŭ	low will not	0
Foreign country name			Foreign p	rovince/state	e/count	У		Foreign po	ostal code	your ta	x or refund	
At any time during 2021, did you	ı receive, sell, exchang	e, or oth	erwise di	spose of a	ny fina	ncial inter	rest in	any virt	ual curre	ency?	Yes	X No
	nizes on a separate ret	urn or yo	ou were a		s alien			boforo	January	0 1057	□ ls b	lind
	born before January 2,	1957	Are b		ouse					-		
Dependents (see instructions			(2)	Social securi number	ty	(3) Relat to y			(4) ✔ if q Child tax c		or (see instru	
If more (1) First name than four	Last name					,				reall	Credit for ot	her dependents
dependents,												
see instructions												
and check												
	alaries, tips, etc. Attach	Form(s)	W-2							. 1	1	<u> </u>
Attach	pt interest	2a			 h Т	axable int	aract		• •	2		20,152.
Sch. B if 3a Qualified	· .	3a				rdinary di		 ds		3ł		
required. 4a IRA distrik	outions	4a				axable arr				. 41	<b>)</b>	
5a Pensions	and annuities	5a			b Ta	axable arr	nount			. 5ł	<b>)</b>	
Standard 6a Social sec	urity benefits	6a			b Ta	axable am	nount			. 6ł	<b>)</b>	
Deduction for - 7 Capital ga	in or (loss). Attach Sch	edule D	if require	d. If not rea	uired,	check he	ere		. 🕨 [	7		
Single or Married filing     8     Other inco	ome from Schedule 1, I	ine 10								. 8		
separately, \$12,550 <b>9</b> Add lines	1, 2b, 3b, 4b, 5b, 6b, 7	', and 8.	This is yo	our <b>total in</b>	come					▶ 9		20,432.
	nts to income from Sch	nedule 1,	line 26							. 10	)	
jointly or Qualifying <b>11</b> Subtract I	ine 10 from line 9. This	is your a	adjusted	gross inco	me					▶ 11	I j	20,432.
	deduction or itemize	d deduc	tions (fro	m Schedu	e A)		12a		25,10	0.		
Head of     b Charitable	contributions if you tak	e the sta	andard de	duction (se	e instr	uctions)	12b					
household, \$18,800 c Add lines	12a and 12b									. 12	c	25,100.
• If you checked 13 Qualified I	ousiness income deduc	ction fror	m Form 8	995 or For	n 899	5-A				. 10	3	
otandara	12c and 13									. 14	1	25,100.
Deduction, see instructions. <b>15</b> Taxable in	ncome. Subtract line 1	4 from li	ine 11. If z	zero or less	, ente	r-0			· ·	. 15	5	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	1)									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		0.
	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18		0.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24		0.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2				<b>25</b> a 1	,540.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,					_		
	d	Add lines 25a through 25c						25d	<u></u>	1,540.
If you have a	26	2021 estimated tax payment		• •	NT -			26		
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a				
		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	С	Prior year (2019) earned inco				-				
	28	Refundable child tax credit or			Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29		1		
	30	Recovery rebate credit. See				<b>30</b> 2	,800.	1		
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32		2,800.
	33	Add lines 25d, 26, and 32. T						33	2	4,340.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you <b>overpaid</b>		34	4	4,340.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	eck here		35a	4	4,340.
Direct deposit?	►b	Routing number 2 4 3	0 8 3 2	3 7	► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 5 5 3	1 5 6 2	6 0						
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			1	
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See				
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete k	elow.	X No	
		signee's		Phone			onal identif			
0.		ne 🕨		no. 🕨			oer (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,			0
Here		ur signature		Date	Your occupation				nt you an Id	Ū.
				Dato					N, enter it l	
Joint return?					MECHANICA	L ENGINEER	(see	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spo	
your records.	,				HOME MAKE	а		inst.) 🕨	Sction PIN,	enter it here
	Db	(0.02)040002	0	Email addross			`	, ,		
		one no. (803)949-902 eparer's name	0 Preparer's signat	Email address	IVV.SUKUM	AR@GMAIL.CC			Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	2702		employed
Preparer		n's name  GLOBAL TAX		TAUAN JAUAN	OUFIA IAUUAN	1 01/01/2022				5-9522
Use Only		n's address > 2530 Pebb		n Cummin	7 GA 30041			's EIN ►		017196
					-					
ບ ເບ <i>www.lr</i> s.g	uv/rorn	n1040 for instructions and the late	si iniormation.		BAA	REV 03/26/22 PRO			Form	1040 (2021)

REV 03/22/22 PRO



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

SC8453 (Rev. 10/7/21) 3299

do	r.sc.gov	A REAL PROPERTY AND A REAL	L	EC		RA		пг	UR		LEC	IRU	יואנ	СГІ	LIN	1G				3299	
	First nam	e and middle initi	al								Last	name						You	r soci	ial security number	
	v.v.v	.SUKUMAR						ΤŢ	JPA	ΚU	JLA							8	334-	-99-4934	
	Spouse's	first name, if mar	ried fil	ing jo	intly						Last r	name								social security nu	mber
Print or		HARITHA						YI	ELU	RI										-62-7569	
type.	Mailing ad	ddress (number a	nd stre	eet, P	O Bo	x)													Dayti	me phone number	
		REENLAWN	DR	AP	ΤĒ	36												(	803	<u>3)949-9020</u>	)
	City								Stat	е			ZIP							Tax Year	
_		BIA SC 29																		2021	
Part I		mation from																			1.5.5
		income (line 1																	1		) 00
		of your SC1040																	2	(	
	•	of your SC104 ne 2 and line 3	,																3	0	-
	•	Withheld (add I																	4	(	-
		lits (add line 21					-												5 6	1,068	
		of your SC1040																	6 7	1 0 6 6	
		e 34 of your SC																	/ 8	1,068	00
Part II		information f																	0		100
i ait ii	Dalik											1								<i>c.</i> ,	
9. Routi	ng numbe	r (RTN)	2	4	3	0	8	3	2	3	7									ers of the rough 32. –	
10. Bank	c account r	number (BAN)									5	5	3	1	5	6	2	6	0	1-17 digits	
11. Туре	of accour	nt: 🛛 🕄 🤇	Check	ing		Savi	ngs														
For Bala	ance Due:																				
12. Pavr	nent Witho	Irawal Date							Pavi	me	nt Wit	hdrav	wal A	mou	nt \$						
Part III		ration of tax	naver	•				_							+						
	filed a jo b. I author account	bint return, this is ize the South Car , provided in Parl	an irre rolina [ t II, for	vocal Depai paym	ble ap rtmen nent c	opoin <sup>-</sup> It of R of the	tmen Rever Sout	t of m nue (S h Car	y spo CDO olina 1	use R) a taxe	e as an and its es I ow	agen desig e. I a	t to re nateo iuthoi	eceive d ager rize m	the ints to y bar	refur initia	nd. ate ai debi <sup>i</sup>	n ACH t my a	l Deb accour	ugh line 8 is correct it request to my ba nt for the requested lated to my payme	nk 1
If the SCI and intere		ot receive full and	d timel	y pay	ment	ofm	y tax	liabili	ty, I u	nde	erstand	that I	am r	respor	nsible	e for t	the b	alanc	e due	, including all pena	lties
		urn and all attach as any knowledge		are tr	rue, c	orrec	t, and	d com	plete	to t	he bes	t of m	y kno	owledg	ge. Ti	his d	eclar	ation	is bas	sed on all information	on of
Do not su	bmit a copy	of this form to th	e SCD	OR.	Retu	rn the	e sigr	ned co	opy to	yoı	ur paid	prepa	arer.	Keep	a co	py w	ith yo	our tax	< reco	ords.	
Your sign	ature						Da	te		Sp	pouse's	s sign	ature	(If ma	arried	l filin	g join	tly, B	OTH	must sign) Date	
Part IV	Decla	ration of Elec	ctron	ic R	etur	n O	rigiı	nato	r (EF	20	) and	Pai	d Pr	epar	er						
taxpayer's be filed w Individual return and informatio	s signature ( ith the IRS a Income Ta d accompan on of which l	on this form befor and the SCDOR a x Returns, and re	re subr and ha quiren nd sta . <b>I unc</b>	nitting ve fo nents teme	g the llowe spec nts, a	SC10 d all o ified b nd to	040 to other by the the l	o the requi e SCE pest o	SCDC remer OOR.   f my	DR. hts If I a knov	I have describ am the wledge	provi ed in prepa ,they	ded ti the li arer, are ti	he tax RS Ρι I decla rue ar	paye ub. 13 are th id co	er witl 345 A nat I I mple	h a c Authc have ete. T	opy of rized exam his de	f all fo IRS e ined f clarat	edge. I have obtained orms and informatic e file Providers of the above taxpayer tion is based on all 8453 and the	on to
ERO's	ERO signatu	re							01-		ate -202	al	heck i so pai epare	id 🗖	ן ר	Check self- emplo				PTIN	
Use	Firm nan	ne (or Ci	LOBA	ΔT. '	עמיד	দিব	T.T	.C		51		<u></u>	1 0					-10	171	96	
Only	yours if s address,		30 F						Cum	miı	ng, (	GA 3	004	1		Phone				5-9522	
Paid					-									ate	(	Check		-		PTIN	
Prepare	Prepa e <b>r's</b> signat											0 1			i	f self- emplo	-			2082703	
Use			YAM	יסס	IYA	עם	M	SVG		CTI	IPTA		-04 LLA	<u>-202</u> м		EIN	-	_10	171		
Only		f self-employed), 2									nmin					Phone	<u> </u>			<u>-90</u> 5-9522	
		. 4.			レート	$\sim$ $\sim$					ل ک <u>کہ خدمہ ،</u>	<u> </u>	<u> </u>		I.		~~~~		<u>, - 0</u>		



dor.sc.gov

1555

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2021 INDIVIDUAL INCOME TAX RETURN **SC1040** (Rev. 8/11/21) 3075

Your Soci	Check if deceased			
834	99	4934	deceased	
Spouse's Sc	y Number	Check if		
823	62	7569	deceased	



For the year January	1 - December 31, 2021, or fiscal tax year begin	ning	, 2021 and ending	, 2022	
First name and middl	e initial	Last nar	ne		Suffix
V.V.V.SUKU	MAR	TUPA	AKULA		
Spouse's first name,	if married filing jointly	Last nar	ne		Suffix
NAGA HARIT	HA	YELU	JRI		
Check if	Mailing address (number and street, PO Box)	•			County code
new address	400 GREENLAWN DR E6				40
City		State	ZIP	Daytime phone number with	area code
COLUMBIA		SC	29209	(803)949-9020	
Check if address	Foreign country address including postal code				
is outside US					
Amended Retu	<b>Irn:</b> Check if this is an Amended Retu	rn (Atta	ach Schedule AMD)		
		•			
	if you are a part-year or nonresident fi	-			••••••
<ul> <li>Check this box</li> </ul>	only if you are filing a composite retur	n on be	half of a Partnership c	r	
S Corporation	. Do not check this box if you are an ir	ndividua	al		
Check this box	if you have filed a federal or state exte	ension			🕨 🗖
Check this box	if you served in a military combat zone	e during	the filing period		
Name of the c	combat zone:				

CHECK YOUR	(1) Single	(3) Married filing separately - enter spouse's SSN:		
FEDERAL FILING STATUS	(2) 🗙 Married filing jointly	(4) Head of household (5) Qualifying widow(er)		
Number of dependents alo	med en veur 2021 feder	al ratura	•	0

 Number of dependents claimed on your 2021 federal return
 0

 Number of dependents claimed that were under the age of 6 years as of December 31, 2021
 •

 Number of taxpayers age 65 or older as of December 31, 2021
 •

### DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS Your SSN 834-99-4934						20	21	
1	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	belov	/		1		0	00
A	DDITIONS TO FEDERAL TAXABLE INCOME							
	<b>a</b> State tax addback, if itemizing on federal return (see instructions)	a		00				
	b Out-of-state losses Type:	b		00	1			
	c Expenses related to National Guard and Military Reserve Income	) c		00	1			
	d Interest income on obligations of states and political subdivisions other than South Carolina	d		00	1			
	e Other additions to income (attach explanation - see instructions)	e		00	1			
2	Total additions (add line a through line e)				2			00
3	Add line 1 and line 2 and enter the total here				3		0	00
SI	JBTRACTIONS FROM FEDERAL TAXABLE INCOME							
	f State tax refund, if included on your federal return	f		00				
	<b>g</b> 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: 🗌 Rental 🗌 Business 🗌 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				
	<b>k</b> Contributions to the SC College Investment Program (Future Scholar)							
	or the SC Tuition Prepayment Program	k		00				
	I Active Trade or Business Income deduction (see instructions)			00				
	<b>m</b> Interest income from obligations of the US government		1	00				
	n Certain nontaxable National Guard or Reserve pay			00				
	• Social Security and/or railroad retirement, if taxed on your federal return	• •		00				
	<b>p</b> Retirement Deduction (see instructions)							
	<b>p-1</b> Taxpayer (date of birth:)		1	00				
	<b>p-2</b> Spouse (date of birth:))			00				
	<b>p-3</b> Surviving spouse (date of birth of deceased spouse:)	<b>p</b> -	3	00				
	Military Retirement Deduction (see instructions)							
	<b>p-4</b> Taxpayer (date of birth:)		4	00				
	<b>p-5</b> Spouse (date of birth:))	▶ <u>p</u> -	5	00	-			
	<b>p-6</b> Surviving spouse (date of birth of deceased spouse:)	<b>p</b> -	6	00	-			
	<b>q</b> Age 65 and older deduction (see instructions)							
	<b>q-1</b> Taxpayer (date of birth:)	<b>q</b> -		00				
	<b>q-2</b> Spouse (date of birth:))			00	-			
	r Negative amount of federal taxable income		4,668	1				
	s Subsistence allowance (multiply days by \$8)			00				
	t Dependents under the age of 6 years on December 31 of the tax year			00				
	u Consumer Protection Services			00	-			
	v Other subtractions (see instructions)			00				
	w South Carolina Dependent Exemption (see instructions)		0	<u> </u>			]	
4	Total subtractions (add line f through line w)				4	< 4,6	568	00 >
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter and				_			
~	line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOM</b>		1	1	5	1	0	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	-	0					
7	TAX on Lump Sum Distribution (attach SC4972)			00				
8	TAX on Active Trade or Business Income (attach I-335)			00				
9	TAX on excess withdrawals from Catastrophe Savings Accounts				10	1		00
10	Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH C</b>			· · ·	10		U	00

Page 2 of 3



# NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11	0	0					
12 Two Wage Earner Credit (see instructions)	12	0	0					
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13	0	0					
14 Total nonrefundable credits (add line 11 through line 13)			. 14		00			
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter ze	ro here		. 15	0	00			
PAYMENTS AND REFUNDABLE CREDITS			- 1					
16 SC income tax withheld (attach W-2 or SC41)	16	1,0680	0					
17 2021 Estimated Tax payments			0					
18 Amount paid with extension			0					
<b>19</b> Nonresident sale of real estate			0					
20 Other SC withholding (attach 1099)			0					
21 Tuition tax credit (attach I-319)		-	0					
22 Other refundable credits:			•					
22a Anhydrous Ammonia (attach I-333)	22a	0	0					
22b Milk Credit (attach I-334)		-	0					
22c Classroom Teacher Expenses (attach I-360)		-	0					
22d Parental Refundable Credit (attach I-361)		-	0					
22e Motor Fuel Income Tax Credit (attach I-385)		-	0					
Total refundable credits (add line 22a through line 22e)			-		00			
AMENDED RETURN: Use Schedule AMD for line 23 calculation.								
<b>23</b> Add line 16 through line 22 and enter the total here These are your		PAYMENTS	23	1,068	00			
<b>24</b> If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa								
<b>25</b> If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount 25 and enter the amount of the subtract line 23 from line 15 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the subtract lin					00			
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the an					00			
		00		1.				
26 USE TAX due on online, mail-order, or out-of-state purchases			U					
Use Tax is based on your county's Sales Tax rate. See instructions for more info	ornalio	11.						
If you certify that no Use Tax is due, check here X	07		•					
<b>27</b> Amount of line 24 to be credited to your 2022 Estimated Tax			0					
<b>28</b> Total Contributions for Check-offs (attach I-330)			0					
<b>29</b> Add line 26 through line 28 and enter the total here			. 29	0	00			
<b>30</b> If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line				1 0 0 0				
amount to be refunded to you (line 35 check box entry is required)			30		+			
<b>31</b> Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter		-			00			
<b>32</b> Late filing and/or late payment: Penalties Interest	E	nter total here	32		00			
<b>33</b> Penalty for Underpayment of Estimated Tax (attach SC2210)								
Enter exception code from instructions here if applicable			33		00			
<b>34</b> Add line 31 through line 33 and enter your balance due (select payment option on lin		SALANCE DUE	34		00			
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secur			_					
35 Select one: X Direct Deposit (line 37 required) (for US accounts only)		bit Card	Pape	er Check				
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas								
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US ba	nk informati	ion on line 37)						
<b>37</b> Type of Account: ► Checking ► Savings								
Routing Number (RTN) 243083237 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Number (I		553156260			1-17 digits			
Number (RTN)     Image: Second 2.37     of the RTN must be 01 through 32.     Number (Image: Second 2.37)       For payments only:     Withdrawal Date     Withdrawal A	,		00	-	uigita			
				]				
I declare that this return and all attachments are true, correct, and complete to the			prepa	ared by a person of	ner			
than the taxpayer, this declaration is based on all information of which the preparer Your signature			ing loir	ntly, BOTH must sign)				
Your signature Date S	spouse s s	signature (in marrieu in	ing joir	iliy, both must sign)				
I authorize the Director of the SCDOR or delegate to discuss this return,	Preparer's	printed name						
	SYAM P	RIYA RAM SAG	AR G	JUPTA TALLAM				
	Check if se							
	employed			82703				
Use Firm name (or yours if self- GLOBAL TAXES LLC	<b>az</b> 2			017196				
Dnly employed), address, ZIP 2530 Pebble Creek Ln Cumming GA 30041 Phone (678) 965-9522								
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100								
BALANCE DUE: Taxable Processing Center, PO Box 101105,	Colum	bia, SC 29211-	0105	5				
30753214 REV 03/22/22 PRO								