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

Internal Revenue Service	·-	
Submission Identification Number (SID)		
Taxpayer's name	Social security	, number
RAMA KRISHNA KAKARLA	761-17-	
Spouse's name		al security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (B	Enter year you ar	e 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.		
1 Adjusted gross income		1 16,651.
2 Total tax		2 373.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+	3 1,118.
4 Amount you want refunded to you		4 745.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tr to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved i taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	or rejection of the tra the U.S. Treasury and indicated in the ta stitution to debit the minate the authoriza or requests must be in the processing of the payment. I furth	ansmission, (b) the reason dits designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gene	erate my PIN	4 4 0 9 as my
ERO firm name	Ente	er five digits, but 't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	uon	t enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	· -	
Occupate BINI who also we have such		
Spouse's PIN: check one box only	. 511	
I authorize to enter or gene		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	· >	
Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 Don't ente	5 6 1 9 8 9 r all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provider	submitting this retui	n in accordance with the
ERO's signature ▶ Date	· •	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HOI	H) [ifying sun	viving		
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your spouse. If you of	hocke	ad the HOH or	OSS hove enter	r tha (•	ise (QSS) name if th	ne qualifying		
ONE BOX.	•	on is a child but not your dependent	,	rour spouse. It you or	ICCRC		QOO DOX, CITE	i the t	Jillia 3	name ii ti	ic qualitying		
Your first name	and mi	d middle initial Last name							Your social security number				
RAMA KRI	SHN	A	KAKA	RLA				7	761-17-4409				
If joint return, spouse's first name and middle initial				me				_			curity number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.				on Campaign		
_7312 HAC							1620			ere if you,	or your ntly, want \$3		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	ZIP code			0,	Checking a		
CHARLOTT					NC		28262			w will not	0		
Foreign country	/ name		F	Foreign province/state/o	county	/	Foreign postal co	ode y	our tax	or refund.			
District	Λ+ o.r	outine during 2000 did you (a) you	sive (se	a roward award ar		ant for nean	wh. o. o. o. o. i.o. o.	. o. /b	l a a II	You	Spouse		
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	,				,			Yes	⊠ No		
Standard		eone can claim: You as a de		<u>_</u>			accon, (ccc		00.,				
Deduction	_	Spouse itemizes on a separate retur		•									
Age/Blindness	. Vou	☐ Were born before January 2, 1	058 F	Are blind Spo	use:	□ Was hor	n before Janua	n/2 1	058	ls bl	ind		
	-		330 _				(4) Ob 1 - 41				instructions):		
-	(see instructions): (1) First name Last name			(2) Social security number		(3) Relationsh to you	Child to			her dependents			
If more than four	()							7	-				
dependents,	-												
see instructions and check	s ——							_					
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a		16,651.		
income	b	Household employee wages not re	eported o	on Form(s) W-2					1b				
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)					1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .					1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f				
If you did not	g	Wages from Form 8919, line 6 .							1g				
get a Form	h	Other earned income (see instruct	ons) .						1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h							1z		16,651.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t		2b				
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds		3b				
	4a	IRA distributions	4a		b Ta	xable amoun	t		4b				
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t		5b				
Deduction for— Single or	6a	Social security benefits	6a		b Ta	xable amoun	t		6b				
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here	(see i	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ıired,	check here			7				
Married filing	8	Other income from Schedule 1, lin	e 10 .						8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				9		16,651.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26					10				
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incon	ne				11	1 :	16 , 651.		
household, \$19,400	12	Standard deduction or itemized		•	,				12	1 :	12 , 950.		
If you checked any box under	13	Qualified business income deducti	on from	Form 8995 or Form	8995	5-A			13	1			
Standard	14								14		12 , 950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	e		15		3,701.		

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16	373.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	373.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lin	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	373.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						. 24	373.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	1	,118	3.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							. 25d	1,118.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return				. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 33	1,118.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you o ı	verpaid		. 34	745.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here		. [35a	745.
Direct deposit?	b	Routing number 0 5 3				Checkir		Saving		
See instructions.	d	Account number 2 2 3	0 2 9 5	3 7 6 0	6 1					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_			
Amount	37	Subtract line 33 from line 24	. This is the am e	ount vou owe						
You Owe		For details on how to pay, g		•					. 37	
	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		structions	•				Yes. C	omple	te below.	X No
		signee's		Phone					entification	
	nar			no.				ber (PIN	<u>'</u>	
Sign		der penalties of perjury, I declare i ief, they are true, correct, and com								
Here		ur signature	ipicie. Decidration	Date	Your occupation	asca on a	imormati	1		ent you an Identity
	10	ur signature		Date	Your occupation					PIN, enter it here
Joint return?					SOFTWARE :	DEVELO	PER		see inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spouse an
Keep a copy for your records.								- 1	dentity Prot see inst.)	ection PIN, enter it here
your rooordo.							see mst.)			
		one no. (839) 201–319		Email address	RKAKARLA1		LL.CON			0, 1,
Paid		eparer's name	Preparer's signat			Date		PTIN	–	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 03/07	//2023		082703	Self-employed
Use Only	Firm's name GLOBAL TAXES LLC									(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			F	irm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/2	4/23 PRO			Form 1040 (2022)

1555

REV 02/17/23 PRO dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

	First name and middle init	ial							Last r	name	9						You	r soci	ial security	number	r	
	RAMA KRISHNA					ΚA	KA	RLA	A								761-17-4409					
	Spouse's first name, if ma	rried fili	ng jointl	ly					Last r	name)						Spo	use's	social se	curity nu	ımbe	r
Print or																						
type.	Mailing address (number a	Mailing address (number and street, PO Box)															Daytime phone number					
	7312 HAGEN CT	API	162	20													(839	9)201-		9	
	City						Stat	е			ZIP)							Tax Year	•		
	CHARLOTTE NC 2																		2022			
Part I	Information from	your	SC104	40, Ind	divid	lual I	nco	me	Tax	Ret	turn											
1. Federa	al taxable income (line 1	of you	r SC10	940)														1		3,701	1 0	0
2. SC tax	(line 15 of your SC1040))															🗔	2		16	6 0	0
3. Use Ta	ax (line 26 of your SC104	10)																3			0 0	
4. Total	Γax (add line 2 and line 3																🗔	4		16	6 0	0
5. SC Inc	come Tax Withheld (add	line 16	and lir	ne 20 d	of you	ır SC	1040)										5		1,040	_	0
6. Refun	dable credits (add line 21	and li	ne 22 d	of your	SC1	040)												6			0	
7. Refun	d (line 30 of your SC104)	0)															🗔	7		1,024	4 0	0
8. Baland	ce due (line 34 of your So	C1040)															8	•	_,	0	
Part II	Bank information	for Re	efund	or Ba	lanc	e Du	ıe															
					1					М	luet h	م 9 d	inite	e T	'nο f	iret	two n	umh	ers of the			
9. Routi	ng number (RTN)	0	5 3	3 9	0	4	4	8	3										rough 32.			
40.5.	(5.44)								Τ	Τ	Τ	Ι_		Т	_			1	1-17	diaite		
10. Bank	account number (BAN)					2	2	3	0	2	9	5	3		7	6	6	1] '-'''	aigits		
11. Type	of account:	Check	ing [□ Sav	ings																	
For Bala	ince Due:																					
12. Payn	nent Withdrawal Date _					_	Payı	men	t Witl	hdra	wal A	mou	nt	\$_						_		
Part III	Declaration of tax	payer																				_
13.	a. I consent for my refund t																line 1	1 thro	ugh line 8	is corre	ct. If	ī
	filed a joint return, this is	an irre	vocable	appoir	ntmen	t of my	y spo	use a	as an	ager	nt to re	eceive	e the	e re	fund	l.						
	b. I authorize the South Ca																					
	account, provided in Par																					
	funds and consent to the	snarin	g or rina	anciai ir	norma	ation b	etwe	en in	Sututi	ons i	ior ine	purp	ose	OI	reso	ııvınç	j issu	es re	iated to m	y payme	ent.	
If the SCE and intere	OOR does not receive full an est.	d timely	y payme	ent of m	ny tax	liabilit	y, I uı	nders	stand	that	l am ı	espo	nsib	le f	or th	ie ba	lance	due	, including	all pena	alties	
	hat this return and all attach preparer has any knowledg		are true	e, correc	ct, and	d comp	olete	to the	e bes	t of m	ny kno	owled	ge.	Thi	s de	clara	ation i	s bas	sed on all	nformati	on o	f
Do not su	bmit a copy of this form to the	ne SCD	OR. Re	eturn th	e sign	ed co	py to	your	paid	prep	arer.	Keep	ac	copy	y wit	h yo	ur tax	reco	rds.			
					1															1		
Variation	-4							<u></u>		-!	- 4	/I£	! -	l E	:::	1-1-4	l. D	TII.		Data		
Your sign					Dat							•		ea i	iling	joini	iy, B	JIHI	must sign)	Date		_
Part IV	Declaration of Ele																					
	hat I have received the abor s signature on this form befo																					
be filed wi	th the IRS and the SCDOR	and ha	ve follov	wed all	other	reauir	emer	nts de	nave escrib	ed in	the I	RS Pi	vpay ub.	134	wια ι 5 Αι	a co uthor	rized	all 10 IRS e	file Provi	ders of	טוו נט	,
	Income Tax Returns, and re																				r's	
	d accompanying schedules a																				I	
	n of which I have knowledge		lerstand	d I do n	ot ma	ail the	SC8	453	to the	SC	DOR.	l am	req	uire	ed to	o ke	ep th	e SC	8453 and	the		
supportin	ng documents for three ye	ars.																				
ERO's	ERO							Dat	e.		Check i also pa		٦ l	se	ieck i lf-	IT T	-, l		PT	IN		
Use	signature						03-	07-	202		repare			em	nploy	ed L						
Only	Firm name (or yours if self-employed),	LOBA	L TA	AXES	LI	ıC								FE	IN 8		214					_
		45 RO	OONE Y	CT,	Ε	BRUI	NSW.	ICK	, N	J 0	881	6		Ph	one	(6	78)	96	<u>5-952</u>	2		
Paid	Danasa										Da	ate	1	Ch	neck		1		PT	IN		
Prepare	Preparer signature									0.3	3-07	_201	ا د ر		self- nploy	_{ed} [pΛ′	20827	ΛЗ		
Use	g	V 7\ N.I	PRIY	77\ D7	AM S	SAGA	\ D .	CITT	л л Упт л		<u>S-U /</u> LLA		۷)		IN E		-31			<u> </u>		_
Only	vours if self-employed). 2	<u>YAM</u> 45 I	ROON!									881	1 6		one				5-952	2		_
	auuress, ZIF Z	<u> </u>		ا لن	<u> </u>	E BI	VO IV	SW	\overline{TCV}	L	U U	00	LΩI		. 5116	10	10)	クり	<u> </u>	_		_







STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

2022 INDIVIDUAL INCOME TAX RETURN

SC1040

_	_	_	_	_	_					
Re	ev.	4	/29)/2	22)					
3075										

Your Social Security Number 761 17 4409	Check if deceased	
Spouse's Social Security Number	Check if deceased	

For the year January 1 - De	ecember 31, 2022, or fiscal tax ye	ear beginning	, 2022 and e	nding	, 2023			
First name and middle initi	al	ast name Suf						
RAMA KRISHNA		KAKA	RLA					
Spouse's first name, if mar	ried filing jointly	Last nam	е	Suffix				
Check if Maili	ng address (number and street, P	O Box)			County code			
new address 73	12 HAGEN CT 1620				40			
City		State	ZIP	Daytime ph	none number with area code			
CHARLOTTE		NC	28262	(839)	201-3199			
Check if address Fore is outside US	ign country address including pos	tal code						
Amended Return:	Check if this is an Amende	d Return. (Atta	ch Schedule AM	D)	▶□			
• Check this box if yo	u are a part-year or nonres	ident filing an S	C Schedule NR					
Check this box only	if you are filing a composite	e return on beh	alf of a Partners	hip or				
•	not check this box if you ar			•	▶ □			
•	•				▶□			
-								
•	•	•	• .					
Name of the comb	oat zone:							
CHECK YOUR	(1) 🔀 Single	(3) Marr	ed filing separately -	enter spouse's S	SN:			
FEDERAL FILING STA	ATUS (2) Married filing joint		d of household (5)					
FEDERAL FILING 317	(2) invalined lilling joint	ily (4) 🔛 Head	or nousenoid (5)	Qualifying wi	idow(ei)			
				:				
Number of dependent	ts claimed on your 2022 fed	deral return			> 0			
•	-				▶ **			
	ts claimed that were under							
Number of taxpayers	age 65 or older as of Dece	mber 31, 2022			······			
DEPENDENTS								
First name	Last name	Social Security N	ımber Relations	hip	Date of birth (MM/DD/YYYY)			
	1							
	+							
	+							



INCOME AND ADJUSTMENTS Your SSN 761-17-4409 2022

1	Enter federal taxable income from your federal form. If zero or less, enter zero h	nere		_		Dollars	T
•	Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 be				1	3,701	00
ΔΙ	DDITIONS TO FEDERAL TAXABLE INCOME				<u> </u>	37701	- 00
	a State tax addback, if itemizing on federal return (see instructions)	а		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	1		
	e Other additions to income (attach explanation - see instructions)	e		00	1		
2	Total additions (add line a through line e)			N	2		00
3	Add line 1 and line 2 and enter the total here				3	3,701	
_	JBTRACTIONS FROM FEDERAL TAXABLE INCOME				<u> </u>	J, 701	_ 00
_	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: 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			
	k 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)	T		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	0		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		-			
	p-4 Taxpayer (date of birth:)	p-4	•	00	1		
	p-5 Spouse (date of birth:)	p-5		00			
	p-6 Surviving spouse (date of birth of deceased spouse:)	p-6		00	1		
	q Age 65 and older deduction (see instructions)	p-0		00			
	q-1 Taxpayer (date of birth:)	q-1		00			
	q-2 Spouse (date of birth:)			00	ł		
		q-2 r		00	-		
		s		00	ł		
		t		00	1		
	u Consumer Protection Services	u		00	1		
		\vdash		00	1		
		V		00	1		
4	w South Carolina Dependent Exemption (see instructions)	W			4	 <	\ 00 >
4	Total subtractions (add line f through line w)				4		00
5			•		E	2 701	00
e	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME TAX on your South Carolina Income Subject to Tax (see SC1040TT)		i	_	5	3,701	_ 00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	16		-		
7	TAX on Lump Sum Distribution (attach SC4972)	7 8		00	1		
8	TAX on Active Trade or Business Income (attach I-335)	9		00	-		
9	TAX on excess withdrawals from Catastrophe Savings Accounts				10	1,	00
10	Add the outhough the sand enter the total nete. This is your TOTAL SOUTH CA	ANUL			10	I T C	00

30752224 REV 02/17/23 PRO



	ON-REFUNDABLE CREDITS				
	Child and Dependent Care (see instructions)	00	4		
	Two Wage Earner Credit (see instructions)	00			
	Other nonrefundable credits. Attach SC1040TC and other state returns 13	00			
	Total nonrefundable credits (add line 11 through line 13)		14		00
	Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here		15	16	00
	YMENTS AND REFUNDABLE CREDITS				
16	SC income tax withheld (attach W-2 or SC41)	40 00			
	2022 Estimated Tax payments	00			
	Amount paid with extension	00			
	Nonresident sale of real estate (paid on I-290)	00			
	Other SC withholding (attach 1099)	00	4		
	Tuition tax credit (attach I-319)	00			
22	Other refundable credits:		,		
	22a Anhydrous Ammonia (attach I-333)	00	4		
	22b Milk Credit (attach I-334)	00	4		
	22c Classroom Teacher Expenses (attach I-360)	00	4		
	22d Parental Refundable Credit (attach I-361)	00	4		
	22e Motor Fuel Income Tax Credit (attach I-385)	00	+		T
	Total refundable credits (add line 22a through line 22e)		22		00
	AMENDED RETURN: Use Schedule AMD for line 23 calculation.	\			1
	Add line 16 through line 22 and enter the total here These are your TOTAL PAYMEN		23	1,040	
	If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment			1,024	_
	If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due				00
	AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25		_		
	USE TAX due on online, mail-order, or out-of-state purchases	0 00			
	Use Tax is based on your county's Sales Tax rate. See instructions for more information.				
	If you certify that no Use Tax is due, check here		7		
	Amount of line 24 to be credited to your 2023 Estimated Tax	00	4		
	Total Contributions for Check-offs (attach I-330)	00			
	Add line 26 through line 28 and enter the total here		29	U	00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 35 check box entry is required)	ID K	20	1,024	00
24	Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your		30	1,024	_
	Late filing and/or late payment: Penalties Interest In		32		00
	Penalty for Underpayment of Estimated Tax (attach SC2210)	16	32		00
	Enter exception code from instructions here if applicable		33		00
	Add line 31 through line 33 and enter your balance due (select payment option on line 36) BALANCE D		34		00
	REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!	<u> </u>	04		00
35	Select one: Direct Deposit (line 37 required) (for US accounts only)		aper C	Check	
	PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!	ш.	арог с	<u> </u>	
36	Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bank information on line 37)				
	For payments only: Withdrawal Date Withdrawal Amount		00		
27			100		
31	Type of Account:				
	Must be 9 digits. The first two numbers Number (RAN)	53766	1		1-17 digits
l d	eclare that this return and all attachments are true, correct, and complete to the best of my knowled				_
	in the taxpayer, this declaration is based on all information of which the preparer has any knowledg			24 2) a poissii sii	
	ir signature Date Spouse's signature (if ma		g jointly	, BOTH must sign)	
	thorize the Director of the SCDOR or delegate to discuss this return, Yes No No SYAM PRIYA RAM	SVCV	א יינוז. ביוו	M אוד דעיי עייס	
	criments, and related tax matters with the preparer.		IV GO.	LIY IYTTYM	
Pa Pre	parer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 03-07-2023		2082	2703	
Us	Sparet C			71965	
On	· · · · · · · · · · · · · · · · · · ·) 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, Columbia, SC 29211-0105

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