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	nission Identification Number (SID)				
Taxpay	yer's name	Social securit	y numbe	er	
RAM	MA KRISHNA KAKARLA	761-17-	-4409		
Spouse	e's name	Spouse's soc	ial secur	rity number	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you a	re auth	norizing.)
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	t II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a cop	y of yo	our retu	rn)
return to sen for any Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part (original or amended) I am now authorizing. I consent to allow my intermediate service provider, that my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason by delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accountent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tendent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellationess days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to nal identification number (PIN) below is my signature for the income tax return (original or amended onic Funds Withdrawal Consent.	ransmitter, or electro or rejection of the transmitter. Treasury and training and training and training and training and training and the authorizan requests must be in the processing of the payment. I furt	enic returnissend its de its de its de its de its preparentry toution. To it receive the element ack	arn origination, (b) the esignated aration sofo this accorded no late actronic paramounts of the ctronic paramouledge	tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
Taxpa	ayer's PIN: check one box only				
	X I authorize GLOBAL TAXES LLC to enter or general section to enter or general section in the section of the se	ř Ent		igits, but	as my
Your	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 if you are entering your own PIN and your return is filed using the Practitioner PIN below. signature				
C	and DIM shock and have and				
Spou	se's PIN: check one box only				
	I authorize to enter or general 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 income tax return (original or amen	Ent doi am now authorizir	n't enter ng. Che		
	if you are entering your own PIN and your return is filed using the Practitioner PIN below.		must	complete	e Part III
Spou	se's signature ▶ Date				
	Practitioner PIN Method Returns Only—continue b	elow			
Part	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 Don't ente		1 9 8 os	9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual incorrized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amblements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this retu	rn in ac	ccordance	
FRO'	's signature ▶ Date	2 >			
LNU	ERO Must Retain This Form — See Instruction				
	LITO IVIUST NETAIN TIIIS FUTIII — SEE IIISTIUCTIU	10			

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

E 1040 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	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	Head of	household (HO	H) [ifying sun	viving		
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	your spouse If you of	necke	ed the HOH or	OSS box ent	er the	•	ise (QSS) name if th	ne qualifying		
ONC DOX.	•	on is a child but not your dependent	,	our spouse. If you or	ICCIC		QOO DOX, CITE	CI TIIC	Crilia 3	name ii ti	ic qualitying		
Your first name	and mi	ddle initial	Last nar	me		١	Your social security number						
RAMA KRI	SHN	A	KAKA	RLA				-	761-17-4409				
		first name and middle initial	Last nar					_	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.				on Campaign		
_7312 HAG							1620		Check here if you, or your spouse if filing jointly, want \$3				
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat		ZIP code			0,	Checking a		
	CHARLOTTE				NC		28262			ow will not	0		
Foreign country name			F	Foreign province/state/o	county	/	Foreign postal of	ode y	our tax	or refund.			
	Δ1 -		(1 . 6	4	\ (1-	\ II	You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				•	,	,	Yes	⊠ No		
Standard		eone can claim: You as a de		<u>_</u>			45501)1 (000 11	1011 00	.10110.)				
Deduction	_	Spouse itemizes on a separate retur		•		а аоронаон							
Age/Blindness						□ Mas bor	n before Janu	2010	1050	☐ Is bl	lind		
	_		900 _		use:		(4) Observed				instructions):		
Dependents		instructions): irst name Last name		(2) Social security number		(3) Relationsh to you	Child 1			her dependents			
If more than four	(1)	Last Harris					Office		JIL .	ordan for de			
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.		
IIICOIIIE	b	Household employee wages not re	eported	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 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	ions) .						1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i							
	Z	Add lines 1a through 1h	. , .						1z		16 , 651.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t		2b				
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds		3b				
	4a	-	4a			axable amoun			4b				
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t		5b				
Deduction for— Single or	6a	,	6a			axable amoun	t		6b	-			
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,		. 📙					
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7				
Married filing jointly or	8	Other income from Schedule 1, lin							8	+			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					9	-	16,651.		
\$25,900 spouse,	10	Adjustments to income from Sche	-						10	+			
Head of household,	11	Subtract line 10 from line 9. This is							11		16,651.		
\$19,400	12	Standard deduction or itemized		`	,				12	+	12,950.		
If you checked any box under	13	Qualified business income deduct							13	+			
Standard Deduction,	14								14		12 , 950.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is y	our t a	axable incom	ie		15		3,701.		

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, line 3	17							
	18	Add lines 16 and 17	18	373.						
	19	Child tax credit or credit for other dependent	19							
	20	Amount from Schedule 3, line 8					20			
	21	Add lines 19 and 20					21			
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	373.		
	23	Other taxes, including self-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 from:								
•	а	Form(s) W-2			25a	1,118.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	1,118.		
16	26	2022 estimated tax payments and amount a	pplied from 20	21 return			26			
If you have a L qualifying child,	27	Earned income credit (EIC)		No .	27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28					
	29	American opportunity credit from Form 8863, line 8								
	30	Reserved for future use			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your to					32	1,118.		
Defend	34	If line 33 is more than line 24, subtract line 2					34	745.		
Refund	35a	Amount of line 34 you want refunded to you				🗆	35a	745.		
Direct deposit?	b	Routing number 0 5 3 9 0 4 4				Savings				
See instructions.	d	Account number 2 2 3 0 2 9 5								
	36	Amount of line 34 you want applied to your			36					
Amount	37	Subtract line 33 from line 24. This is the amo								
You Owe	0.	For details on how to pay, go to www.irs.gov					37			
	38	Estimated tax penalty (see instructions) .	-		38					
Third Party	Do	you want to allow another person to disc	cuss this retu	n with the IRS?	See _	'amplata k	a alaur	X No		
Designee		structions						ĭ NO		
		esignee's Phone Personal identific ame no. number (PIN)								
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration of								
Here		•		. , ,	1		nt you an Identity			
J.	\sim	ur signature	Date	Your occupation				IN, enter it here		
Joint return?	··K	ama kuha	03-06-20	230 FTWARE	DEVELOPER	(see	inst.)			
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat				nt your spouse an		
Keep a copy for your records.						I	,	ection PIN, enter it her		
your rooordo.						,	inst.)			
		one no. (839) 201–3199	Email address	RKAKARLA1	2@GMAIL.COI					
Paid		eparer's name Preparer's signat			Date	PTIN		Check if:		
Preparer	SYAM	YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/07/2023 P02082						Self-employed		
Use Only		Firm's name GLOBAL TAXES LLC Phone								
	Firr	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E					's EIN	EIN 84-3171965		
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 02/24/23 PRO			Form 1040 (202		

Form 1040 (2022)

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

(Rev. 10/7/21) 3299

	17/23 PRO r.sc.gov		D	ECLA					ELE					ILI	INC	3				(Re	7. 10/7/2 3299	1)	
	First name	and middle initia	al						La	st na	ame							Your	socia	ıl securi	ty numbe	r	
	RAMA F	KRISHNA					KA	AKA:	RLA									7	61-	17-4	409		
Print or	Spouse's first name, if married filing jointly Last name Spouse									se's	social s	ecurity nu	ımb	er									
type.	Mailing add	dress (number a	nd stre	et, PO B	ox)														aytin	time phone number			
	7312 F	HAGEN CT	APT	162	0													(8	339	201	-319	9	
	City							State	Э			ZIP								Tax Yea	ır		
		TTE NC 2																	2	2022			
Part I		nation from y																					
		ncome (line 1 d																	_		3 , 70		00
		your SC1040)																	_		1		00
	•	of your SC104 ie 2 and line 3 .	,																_				00
	•	Vithheld (add li																	_		1 0 1	_	00
		ts (add line 21				-			•										_		1,04		
		f your SC1040																	_		1 00		00
		34 of your SC																	_		1,02		00 00
Part II		nformation f																·· C	<u> </u>				<u> </u>
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9. Routi	ng number	(RTN)	0	5 3	9	0	4	4	8 3	3										ers of though 32			
10. Bank	account n	umber (BAN)					2	2	3	0	2	9	5	3	3	7	6	6	1	1-17	digits		
11. Type	of account	:: 🛛 🖸 C	Checki	ng 🗆] Savir	ngs																	
For Bala	nce Due:																						
12. Payn	nent Withdr	awal Date					_	Payr	ment \	Vith	drav	val A	mou	nt	\$_								
Part III	Declar	ation of taxp	ayer																				
13. 🛮	a. I consent	t for my refund to nt return, this is a	be dii	ectly dep	oosited appoint	as d	esign	ated i	n Part use as	II. I d an a	decla	re that	at the	inf	orma e ref	atior fund.	on l	line 1	throu	ıgh line	8 is corre	ct. I	fΙ
	b. I authoriz	e the South Care provided in Part d consent to the	olina D	Departme payment	nt of R of the	even South	ue (S า Car	CDOP	R) and axes I	its d owe	esigı . I a	nated uthor	l ager ize m	nts ıy b	to in ank	itiate	e an ebit ı	my ac	coun	t for the	requeste	d	
If the SCE	OOR does no	t receive full and		-													_						s
I declare t	hat this retur	n and all attachr any knowledge		are true,	correct	, and	l com	olete	to the l	est	of m	y kno	wled	ge.	This	s dec	clara	tion is	base	ed on al	informat	on o	of
Do not su	bmit a copy	of this form to the		OR. Ret	urn the	sign	ed co	py to	your p	aid p	repa	arer.	Keep	ac	сору	with	ı you	ır tax	recor	ds.			
K.K	ama	Kinha				0	3-0	6-20)23														
Your sign	ature					Dat	e		Spou	se's	signa	ature	(If ma	arrie	ed fi	ling	jointl	y, BO	TH m	nust sigr	n) Date		
Part IV	Declar	ation of Elec	tron	ic Retu	rn Or	rigir	natoi	· (EF	RO) a	nd I	Paid	d Pro	epar	rer									_
taxpayer's be filed wi Individual return and informatio	Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR 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 SCDOR. 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 the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years.																						
ERO's	ERO signature	9						N3-	Date 07-2	N 2 3	als	neck if so pai epare	d ${f extsf{ exitsf{ extsf{ exitsf{ extsf{ extsf{ extsf{ exitsf{ extsf{ exitsf{ extsf{ extsf{ extsf{ exitsf{ extsf{ extsf{ exitsf{ extsf{ extsf{ extsf{}}}}}}}} } } } } } } } } } } } } } } }$		self	eck if f- ploye	г			Р	TIN		
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Only	yours if	self-employed). 💆		ROONE		<u>м</u> : Т Е			JUPI SWI				<u>м</u> 881	۱ ۸		one				<u>05</u> 5-95:	22		—
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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	Last nam	Last name Suffix						
RAMA KRISHNA		KAKA							
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 soutside 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 illing 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-G		-			
	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 nere. 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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