



INDIVIDUAL DECLARATION OF ESTIMATED TAX

INSTRUCTIONS

Pay online using our free tax portal, MyDORWAY, at [dor.sc.gov/pay](https://dor.sc.gov/pay). Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (for example: 154.00).
- Your payment amount should match the amount on line 11 of your 2023 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope.

Mail your **SC1040ES** and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202



..... cut along dotted line .....

REV 02/17/23 PRO



SC DEPARTMENT OF REVENUE  
INDIVIDUAL DECLARATION OF ESTIMATED TAX



Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at [dor.sc.gov/pay](https://dor.sc.gov/pay).

|  |   |   |  |
|--|---|---|--|
| Your SSN<br>▶ 635-31-5369  | Spouse's SSN (if filing jointly)<br>▶ 402-87-6418 | Composite Filer<br>▶ <input type="checkbox"/> | <b>Mark quarter with X (required)</b><br><input checked="" type="checkbox"/> 1st Qtr<br>Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr<br>Apr, May, Jun<br><input type="checkbox"/> 3rd Qtr<br>Jul, Aug, Sep <input type="checkbox"/> 4th Qtr<br>Oct, Nov, Dec |
| Name and address (include spouse's name if filing jointly)<br><br>MANOJKUMAR SURAM<br>MANASA JANGA<br>8450 GOLDEN STONE LN<br>INDIAN LAND SC 29707 |   |   | Payment amount ▶ _____<br><span style="float: right;">219.00</span>  |

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040ES in the memo.

30801237 635315369 402876418 0323 00000021900 0



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| Name and address (include spouse's name if filing jointly)<br><br>MANOJKUMAR SURAM<br>MANASA JANGA<br>8450 GOLDEN STONE LN<br>INDIAN LAND SC 29707 |   |   | Payment amount ▶ 219.00  |

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1555

2023

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

SC1040ES

(Rev. 6/16/22)  
3080

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INDIVIDUAL DECLARATION OF ESTIMATED TAX

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2023



SC DEPARTMENT OF REVENUE  
INDIVIDUAL DECLARATION OF ESTIMATED TAX

SC1040ES

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|--|---|---|--|
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| Name and address (include spouse's name if filing jointly)<br><br>MANOJKUMAR SURAM<br>MANASA JANGA<br>8450 GOLDEN STONE LN<br>INDIAN LAND SC 29707 |   |   | Payment amount ▶ _____<br><span style="float: right;">219.00</span>  |

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040ES in the memo.

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

SC8453 (Rev. 10/7/21) 3299

Form with fields for First name and middle initial, Last name, Your social security number, Spouse's first name, Spouse's social security number, Mailing address, City, State, ZIP, Daytime phone number, and Tax Year.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

Form with fields for Routing number (RTN), Bank account number (BAN), Type of account (Checking/Savings), Payment Withdrawal Date, and Payment Withdrawal Amount.

Part III Declaration of taxpayer

13. a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account...

Signature lines for Your signature, Date, Spouse's signature (If married filing jointly, BOTH must sign), and Date.

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.

Form with fields for ERO's Use Only (signature, date, check if also paid preparer, check if self-employed, PTIN, firm name, address, ZIP, FEIN, phone) and Paid Preparer's Use Only (signature, date, check if self-employed, PTIN, firm name, address, ZIP, FEIN, phone).

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2022

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

dor.sc.gov

**INDIVIDUAL INCOME TAX PAYMENT VOUCHER**

**SC1040-V**  
(Rev. 4/25/22)  
3332

Pay online using our free tax portal, MyDORWAY, at [dor.sc.gov/pay](https://dor.sc.gov/pay). Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040-V form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN (if filing jointly).
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on line 34 of your SC1040.
- If you file and pay electronically, you have until May 1, 2023 to submit your return and full payment without penalties or interest. If you don't file and pay by May 1, 2023, penalties and interest will be charged from the tax due date (April 18, 2023) until you file and pay.
- If you filed your SC1040 electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1040-V.
- If you file your SC1040 by paper and have a balance due, submit your payment with the return. **Do not** mail your payment separately with the SC1040-V.
- Make your check payable to SCDOR. Include your name, SSN, and 2022 SC1040-V in the memo line of the check. **Do not send cash.**
- Mail your SC1040-V and payment in one envelope.

**Mail your SC1040-V and payment to:** SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.



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2022



SC DEPARTMENT OF REVENUE  
**INDIVIDUAL INCOME TAX PAYMENT VOUCHER**

**SC1040-V**  
(Rev. 4/25/22)  
3332

**Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at [dor.sc.gov/pay](https://dor.sc.gov/pay).**

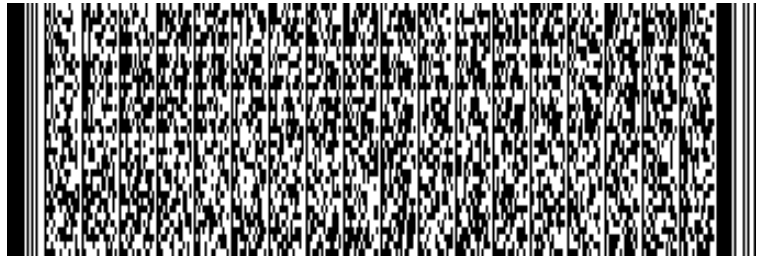
|   |   |   |                                  |
|---|---|---|----------------------------------|
| Your SSN<br>▶ 635-31-5369   | Spouse's SSN (if filing jointly)<br>▶ 402-87-6418 | Composite Filer<br>▶ <input type="checkbox"/> | Payment amount<br>▶ _____ 406.00 |
| Name and address (include spouse's name if filing jointly)<br>MANOJKUMARREDDY SURAM<br>MANASA JANGA<br>8450 GOLDEN STONE LN<br>INDIAN LAND SC 29707 |   |   |                                  |

**Do not send cash.** Make your check payable to SCDOR and include your name, SSN, and 2022 SC1040-V in the memo.

33321225 635315369 402876418 1222 00000040600 0 4



|                                 |    |      |  |
|---------------------------------|----|------|--|
| Your Social Security Number     |    |      | Check if deceased <input type="checkbox"/> |
| 635                             | 31 | 5369 |  |
| Spouse's Social Security Number |    |      | Check if deceased <input type="checkbox"/> |
| 402                             | 87 | 6418 |  |



For the year January 1 - December 31, 2022, or fiscal tax year beginning \_\_\_\_\_, 2022 and ending \_\_\_\_\_, 2023

|  |   |                    |              |   |
|--|---|--------------------|--------------|---|
| First name and middle initial<br>MANOJKUMARREDDY         |   | Last name<br>SURAM |              | Suffix  |
| Spouse's first name, if married filing jointly<br>MANASA |   | Last name<br>JANGA |              | Suffix  |
| Check if new address <input type="checkbox"/>            | Mailing address (number and street, PO Box)<br>8450 GOLDEN STONE LN |                    |              | County code<br>29                                     |
| City<br>INDIAN LAND                                      |   | State<br>SC        | ZIP<br>29707 | Daytime phone number with area code<br>(408) 744-2888 |
| Check if address is outside US <input type="checkbox"/>  | Foreign country address including postal code                       |                    |              |   |

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD) .....
  - Check this box if you are a part-year or nonresident filing an SC Schedule NR .....
  - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual .....
  - Check this box if you have filed a federal or state extension. ....
  - Check this box if you served in a military combat zone during the filing period .....
- Name of the combat zone: \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>CHECK YOUR FEDERAL FILING STATUS</b> | (1) <input type="checkbox"/> Single                            | (3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____               |
|   | (2) <input checked="" type="checkbox"/> Married filing jointly | (4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er) |

Number of dependents claimed on your 2022 federal return .....

Number of dependents claimed that were under the age of 6 years as of December 31, 2022 .....

Number of taxpayers age 65 or older as of December 31, 2022 .....

**DEPENDENTS**

| First name    | Last name | Social Security Number | Relationship | Date of birth (MM/DD/YYYY) |
|---------------|-----------|------------------------|--------------|----------------------------|
| ISHIKA        | SURAM     | 827-74-4932            | Daughter     | 12/17/2016                 |
| SANJITH REDDY | SURAM     | 876-01-8865            | Son          | 07/14/2020                 |
|               |           |                        |              |                            |



INCOME AND ADJUSTMENTS

Your SSN 635-31-5369

2022

|   |   |   |         |         |    |
|---|---|---|---------|---------|----|
| 1 | Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here<br>Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below | 1 | Dollars | 173,417 | 00 |
|---|---|---|---------|---------|----|

ADDITIONS TO FEDERAL TAXABLE INCOME

|   |   |   |    |         |    |
|---|---|---|----|---------|----|
| a | State tax addback, if itemizing on federal return (see instructions)                          | a | 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 |         |    |
| e | Other additions to income (attach explanation - see instructions)                             | e | 00 |         |    |
| 2 | <b>Total additions</b> (add line a through line e)  | 2 |    |         | 00 |
| 3 | Add line 1 and line 2 and enter the total here  | 3 |    | 173,417 | 00 |

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

|     |   |     |       |         |    |
|-----|---|-----|-------|---------|----|
| 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)<br>Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> 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    |         |    |
| l   | Active Trade or Business Income deduction (see instructions)  | l   | 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   | o   | 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    |         |    |
| p-4 | Military Retirement Deduction (see instructions) Taxpayer (date of birth: _____)  | p-4 | 00    |         |    |
| p-5 | Spouse (date of birth: _____)   | p-5 | 00    |         |    |
| p-6 | Surviving spouse (date of birth of deceased spouse: _____)  | p-6 | 00    |         |    |
| q   | Age 65 and older deduction (see instructions)   |     |       |         |    |
| q-1 | Taxpayer (date of birth: _____)   | q-1 | 00    |         |    |
| q-2 | Spouse (date of birth: _____)   | q-2 | 00    |         |    |
| r   | Negative amount of federal taxable income   | r   | 00    |         |    |
| s   | Subsistence allowance (multiply _____ days by \$8)  | s   | 00    |         |    |
| t   | Dependents under the age of 6 years on December 31 of the tax year  | t   | 4,430 | 00      |    |
| u   | Consumer Protection Services  | u   | 00    |         |    |
| v   | Other subtractions (see instructions)   | v   | 00    |         |    |
| w   | South Carolina Dependent Exemption (see instructions)   | w   | 8,860 | 00      |    |
| 4   | <b>Total subtractions</b> (add line f through line w)   | 4   | <     | 13,290  | 00 |
| 5   | Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b> | 5   |       | 160,127 | 00 |
| 6   | TAX on your South Carolina Income Subject to Tax (see SC1040TT)   | 6   | 9,750 | 00      |    |
| 7   | TAX on Lump Sum Distribution (attach SC4972)  | 7   | 00    |         |    |
| 8   | TAX on Active Trade or Business Income (attach I-335)   | 8   | 00    |         |    |
| 9   | TAX on excess withdrawals from Catastrophe Savings Accounts   | 9   | 00    |         |    |
| 10  | Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>  | 10  |       | 9,750   | 00 |





NON-REFUNDABLE CREDITS

Table with 5 rows (11-15) and 3 columns: Description, Line Number, Amount. Includes Child and Dependent Care, Two Wage Earner Credit, and Total nonrefundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows (16-22e) and 3 columns: Description, Line Number, Amount. Includes SC income tax withheld, 2022 Estimated Tax payments, and various refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows (23-25) and 3 columns: Description, Line Number, Amount. Includes Total payments and overpayment/amount due calculations.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 8 rows (26-34) and 3 columns: Description, Line Number, Amount. Includes USE TAX due, Contributions for Check-offs, and Balance Due.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

35 Select one: [ ] Direct Deposit (line 37 required) (for US accounts only) [ ] Debit Card [ ] Paper Check

PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!

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 [ ]

37 Type of Account: [ ] Checking [ ] Savings
Routing Number (RTN) [ ] Bank Account Number (BAN) [ ]

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature [ ] Date [ ] Spouse's signature (if married filing jointly, BOTH must sign) [ ]

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [ ] No [X]
Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid Preparer's Use Only: Preparer signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03-30-2023 Check if self-employed [ ] PTIN P02082703
Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN 84-3171965
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, Columbia, SC 29211-0105



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2022 TAX CREDITS

SC1040TC (Rev. 8/4/22) 3913

Name: M SURAM & M JANGA Social Security Number: 635-31-5369

Most tax credits are computed on separate tax credit schedules. Attach tax credit schedules for all tax credits you claim, along with the SC1040TC Worksheet and the SC1040TC, to your Income Tax return. The SCDOR may disallow your tax credits if you do not attach the necessary schedules to your return.

For line 6 through line 15, enter the credit description, the associated code, and the dollar amount of the credit claimed. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 4.

Table with 4 columns: Credit Description, Code, Amount, and Line Number. Rows include: 1. Total credit for taxes paid to another state (4,534.00), 2. Solar Energy or Small Hydropower System or Geothermal Machinery and Equipment Credit (.00), 3. Excess Insurance Premium Credit (.00), 4. New Jobs Credit (.00), 5. Qualified Conservation Contribution Credit (.00), 6-15. Blank rows for other credits, 16. Total nonrefundable tax credits (4,534.00), 17. South Carolina Tax (9,750.00), 18. Enter the lesser of line 16 or line 17 (4,534.00).

SC1040 Filers: Include this form and a complete copy of your federal return with your SC1040. If claiming credit for taxes paid to another state, also include a copy of each tax return filed with another state.

SC1041 or SC1065 Filers: Include this form with your SC1041 or SC1065.



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STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CREDIT FOR TAXES**  
**PAID TO ANOTHER STATE**

**SC1040TC**  
(Rev. 8/4/22)  
3913  
**2022**

**WORKSHEET FOR TAXES PAID TO** North Carolina  
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

|  | Dollars | Cents |
|--|---------|-------|
| 1. South Carolina gross income (enter amount from instructions for line 1, E) .....  | 188,405 | 00    |
| 2. Portion of line 1 taxed by another state (see instructions) .....   | 105,433 | 00    |
| 3. Percentage (divide line 2 by line 1)<br>Round to two decimal places. Cannot be greater than 100%.....   | 55.96   | %     |
| 4. Amount of South Carolina tax from SC1040, line 10.....  | 9,750   | 00    |
| 5. Tentative credit (multiply line 3 by line 4).....   | 5,456   | 00    |
| 6. Net tax due the other state on income from line 2<br>See instructions. Do not use withholding from W-2 .....  | 4,534   | 00    |
| 7. Allowable credit (lesser of line 5 or line 6).....<br>Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1. | 4,534   | 00    |

**WORKSHEET FOR TAXES PAID TO** \_\_\_\_\_  
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

|  | Dollars | Cents |
|--|---------|-------|
| 1. South Carolina gross income (enter amount from instructions for line 1, E).....   |         | 00    |
| 2. Portion of line 1 taxed by another state (see instructions).....  |         | 00    |
| 3. Percentage (divide line 2 by line 1)<br>Round to two decimal places. Cannot be greater than 100%.....   |         | %     |
| 4. Amount of South Carolina tax from SC1040, line 10.....  |         | 00    |
| 5. Tentative credit (multiply line 3 by line 4).....   |         | 00    |
| 6. Net tax due the other state on the income from line 2<br>See instructions. Do not use withholding from W-2 .....                                    |         | 00    |
| 7. Allowable credit (lesser of line 5 or line 6).....<br>Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1. |         | 00    |

### Credit For Taxes Paid to Another State

- A** Description of this copy of Schedule TC . . . . . North Carolina  
**B** **QuickZoom** to another copy of Schedule TC . . . . . **→**

**Worksheet for Taxes Paid To** (enter name of state) NC North Carolina

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

|  |          |          |
|--|----------|----------|
| <b>1</b> South Carolina gross income (enter amount from instructions for line 1, E) . . . . .  | <b>1</b> | 188,405. |
| <b>2</b> Portion of line 1 taxed by another state . . . . .  | <b>2</b> | 105,433. |
| <b>3</b> Percentage (divide line 2 by line 1)<br>Round to two decimal places. Cannot be greater than 100% . . . . .  | <b>3</b> | 55.96 %  |
| <b>4</b> Amount of South Carolina tax from SC1040, line 10 . . . . .   | <b>4</b> | 9,750.   |
| <b>5</b> Tentative credit. (multiply line 3 by line 4) . . . . .   | <b>5</b> | 5,456.   |
| <b>6</b> Net tax due the other state on income from line 2<br>See instructions. Do not use withholding from W-2 . . . . .  | <b>6</b> | 4,534.   |
| <b>7</b> Allowable credit (lesser of line 5 or line 6) . . . . .<br>Add the amounts from line 7 of each state worksheet, and enter the total<br>on SC1040TC, line 1. | <b>7</b> | 4,534.   |

D-400 (50) 8-8-22 2022 Individual Income Tax Return

< Staple All Pages of Your Return and W-2s Here

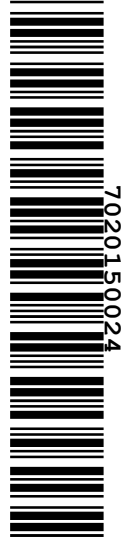
North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (MANOJKUMARRED SURAM, MANASA JANGA), filing status (Married Filing Jointly), and various checkboxes for veteran status, resident status, and education fund contributions.

Table with columns for various tax fields: FS, PP, Y, DT, N, OC, N, TPRES, N, SPRES, N, VT, N, SVT, N, SURA, 8450, 29707, DS, N, EA, N, TD, SD, FDEXT, N, MANOJKUMARRED, SURAM, 635315369, MANASA, JANGA, 402876418, SC, 29707, 8450 GOLDEN STONE LN, INDIAN LAND, 06, 199317, 16, 0, 26C, 0, 07, 0, 18, Y, 0, 26E, 0, 09, 0, 20A, 4715, EU, 10A, 2, 20B, 0, 27, 0, 10B, 0, 21A, 0, 29, 0, 11, S, Y, I, N, 21B, 0, 30, 0, 11, 25500, 21C, 0, 31, 0, 13, 05227, 21D, 0, 32, 0, 14, 90854, 26A, 0, 34, 181, 15, 4534, 26B, 0, TN, 4087442888, PN, 6789659522, PP, P02082703



7020150024

Sign Return Below section with checkboxes for Refund Due (checked) and Payment Due, signature lines for taxpayer and preparer, and a footer with return instructions.

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 199317 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 199317 |
| 9.  | Deductions From Federal Adjusted Gross Income   | 9.   | 0      |
| 10. | Child Deduction   |      |        |
|     | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 2      |
|     | b. Enter the amount of the child deduction  | 10b. | 0      |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 25500  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 25500  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 173817 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.5227 |
| 14. | N.C. Taxable Income   | 14.  | 90854  |
| 15. | N.C. Income Tax   | 15.  | 4534   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 4534   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 4534   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 4715 |
| 20b. | Spouse's tax withheld | 20b. | 0    |

**Other Tax Payments**

|      |  |      |          |
|------|--|------|----------|
| 21a. | 2022 estimated tax                                   | 21a. | 0        |
| 21b. | Paid with extension                                  | 21b. | 0        |
| 21c. | Partnership  | 21c. | 0        |
| 21d. | S Corporation  | 21d. | 0        |
| 22.  | Additional Payments                                  | 22.  | 0        |
| 23.  | Add Lines 20a through 22                             | 23.  | 4715     |
| 24.  | Previous Refunds                                     | 24.  | 0        |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 4715     |
| 26a. | <b>Tax Due</b>                                       | 26a. | 0        |
| 26b. | Penalties  | 26b. | 0        |
| 26c. | Interest   | 26c. | 0        |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0        |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |          |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0        |
| 27.  | <b>Pay this Amount</b>                               | 27.  | <b>0</b> |
| 28.  | <b>Overpayment</b>                                   | 28.  | 181      |

**Amount of Refund to Apply to:**

|     |  |     |            |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2023 Estimated Income Tax | 29. | 0          |
| 30. | N.C. Nongame and Endangered Wildlife Fund                    | 30. | 0          |
| 31. | N.C. Education Endowment Fund                                | 31. | 0          |
| 32. | N.C. Breast and Cervical Cancer Control Program              | 32. | 0          |
| 33. | Add Lines 29 through 32                                      | 33. | 0          |
| 34. | <b>Amount to be Refunded</b>                                 | 34. | <b>181</b> |

**D-400 Sch PN (50)**

8-17-22

**2022 Part-Year Resident and Nonresident Schedule**

North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) SURAM Your Social Security Number 635315369

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

|     |   |     |   |    |        |
|-----|---|-----|---|----|--------|
| NRT | Y | PYT | N | 22 | 105433 |
| NRS | Y | PYS | N | 23 | 201695 |

**Part A. Residency Status**

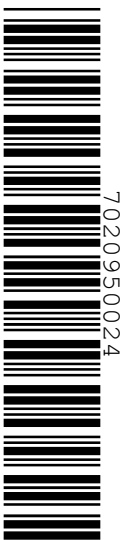
Taxpayer is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

Spouse is: (Select applicable box)  Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

| Total Income   |      | COLUMN A<br>Total Income<br>from all sources           | COLUMN B<br>Amount of Column A<br>subject to N.C. tax |
|--|------|--|---|
| 1. Wages, Salaries, Tips, Etc.   | 1.   | 171017   | 105433  |
| 2. Taxable Interest  | 2.   | 6  | 0   |
| 3. Taxable Dividends   | 3.   | 12   | 0   |
| 4. Taxable Refunds, Credits, or Offsets<br>of State and Local Income Taxes         | 4.   | 0  | 0   |
| 5. Alimony Received  | 5.   | 0  | 0   |
| 6. Business Income or (Loss)   | 6.   | 33660  | 0   |
| 7. Capital Gain or (Loss)  | 7.   | -3000  | 0   |
| 8. Other Gains or (Losses)   | 8.   | 0  | 0   |
| 9. Taxable Amount of IRA Distributions   | 9.   | 0  | 0   |
| 10. Taxable Amount of Pensions<br>and Annuities                                    | 10.  | 0  | 0   |
| 11. Rental Real Estate, Royalties, Partnerships,<br>S-Corps, Estates, Trusts, Etc. | 11.  | 0  | 0   |
| 12. Farm Income or (Loss)  | 12.  | 0  | 0   |
| 13. Unemployment Compensation  | 13.  | 0  | 0   |
| 14. Taxable Portion of Social Security<br>and Railroad Retirement Benefits         | 14.  | 0  | 0   |
| 15. Other Income   | 15.  | 0  | 0   |
| 16. Total Income   | 16.  | 201695   | 105433  |
|  |      | <b>COLUMN A</b>  | <b>COLUMN B</b>                                       |
| <b>North Carolina Adjustments</b>  |      | <b>Enter the amount from<br/>Form D-400 Schedule S</b> | <b>Amount of Column A<br/>subject to N.C. tax</b>     |
| 17. Additions  |      |  |   |
| a. Interest Income From Obligations of States Other Than N.C.                      | 17a. | 0  | 0   |
| b. Deferred Gains Reinvested Into an Opportunity Fund                              | 17b. | 0  | 0   |
| c. Bonus Depreciation  | 17c. | 0  | 0   |
| d. IRC Section 179 Expense   | 17d. | 0  | 0   |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income    | 17e. | 0  | 0   |
| 18. Total Additions  | 18.  | 0  | 0   |



|                                 |       |                             |           |
|---------------------------------|-------|-----------------------------|-----------|
| Last Name (First 10 Characters) | SURAM | Your Social Security Number | 635315369 |
|---------------------------------|-------|-----------------------------|-----------|

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

|   |      | COLUMN A<br>Enter the amount from<br>Form D-400 Schedule S |  | COLUMN B<br>Amount of Column A<br>subject to N.C. tax |
|---|------|--|--|---|
| 19. Deductions  |      |  |  |   |
| a. State or Local Income Tax Refund   | 19a. | 0  |  | 0   |
| b. Interest Income From Obligations of the United States<br>or United States' Possessions   | 19b. | 0  |  | 0   |
| c. Taxable Portion of Social Security and<br>Railroad Retirement Benefits   | 19c. | 0  |  | 0   |
| d. Retirement Benefits Received by <b>Vested</b> N.C. State Government, N.C.<br>Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i> | 19d. | 0  |  | 0   |
| e. Bonus Asset Basis  | 19e. | 0  |  | 0   |
| f. Bonus Depreciation   | 19f. | 0  |  | 0   |
| g. IRC Section 179 Expense  | 19g. | 0  |  | 0   |
| h. Other Deductions From Federal Adjusted Gross<br>Income That Relate to Gross Income   | 19h. | 0  |  | 0   |
| 20. Total Deductions  | 20.  | 0  |  | 0   |
| 21. Total Income Modified by N.C. Adjustments   | 21.  | 201695   |  | 105433  |

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

|  |  |  |  |            |
|--|--|--|--|------------|
| 22. Enter the Amount From Column B, Line 21                |  |  |  | 22. 105433 |
| 23. Enter the Amount From Column A, Line 21                |  |  |  | 23. 201695 |
| 24. Part-Year Residents and Nonresident Taxable Percentage |  |  |  | 24. 0.5227 |