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REV 02/07/24 PRO

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

First name and middle initial Last name Your social security number 686-52-5724 ABHINAY YADA Spouse's first name, if married filing jointly Last name Spouse's social security number Print or SARIKA 807-31-0686 KANDAGATLA type. Mailing address (number and street, PO Box) Daytime phone number 1018 CAMERON CREEK PKWY <u>(224)999-2026</u> City State ZIP Tax Year FORT MILL SC 29708 2023 Information from your SC1040, Individual Income Tax Return 1. Federal taxable income (line 1 of your SC1040) 1 00 237,147 2. SC tax (line 15 of your SC1040)..... 2 13,414 00 3. Use Tax (line 26 of your SC1040)..... 3 01 00 4. Total Tax (add line 2 and line 3 4 13,414 00 5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040) 5 <u> 15,669</u> **00** 6. Refundable credits (add line 21 and line 22 of your SC1040) 6 00 7. Refund (line 30 of your SC1040) 7 00 2,255 8. Balance due (line 34 of your SC1040) 00 Bank information for Refund or Balance Due Must be 9 digits. The first two numbers of the 9. Routing number (RTN) 0 5 3 0 0 0 2 1 9 RTN must be 01 through 12 or 21 through 32. 8 1 1-17 digits 10. Bank account number (BAN) 2 3 2 11. Type of account: □ Checking ☐ Savings For Balance Due: 12. Payment Withdrawal Date Payment Withdrawal Amount \$ Part III Declaration of taxpayer 🛮 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. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. □ b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment. If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest. I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge. Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records. Spouse's signature (If married filing jointly, BOTH must sign) Date Your signature Date Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have received the above taxpaver'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. PTIN Date Check if Check if **ERO** ERO's also paid selfemployed \square signature 03-01-2024 preparer Use Firm name (or FEIN 84-3171965 GLOBAL TAXES LLC yours if self-employed), address, ZIP Only Phone (678)965-9522 245 ROONEY CT. E BRUNSWICK 08816 **Paid** Date Check PTIN Preparer if self-Preparer's employed signature P02082703 03-01-20 yours if self-employed), SYAM PRIYA address, ZIP Use

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Phone (678)965-9522



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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040 (Rev. 4/18/23) 3075

2023 INDIVIDUAL INCOME TAX RETURN

Your Soci	Check if deceased			
686	52	5724	acceacea	
Spouse's So	Check if			
807	31	0686	deceased	



First name and middle i	Last name	nning, 2023 and ending, 2024					
ABHINAY		YADA	YADA				
Spouse's first name, if n	narried filing jointly	Last name					
SARIKA	,	KANDAG	KANDAGATLA				
	PO Box)						
	018 CAMERON CREEK	•			County code 46		
City							
FORT MILL		SC 2	9708	1 '	1)999-2026		
Check if address is outside US	oreign country address including post	stal code					
Amended Return	n: Check if this is an Amende	d Return. (Attach	Schedule AMD) .				
 Check this box if 	you are a part-year or nonres	ident filing an SC	Schedule NR				
Check this box or	nly if you are filing a composite	e return on behal	f of a Partnership	or			
	Do not check this box if you a		•				
•	·						
• Check this box if	you have filed a federal or sta	ate extension					
Check this box ifCheck this box if	you have filed a federal or sta	ate extension oat zone during the	e filing period				
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Check this box if y Check this box if y Name of the cor CHECK YOUR	you have filed a federal or sta you served in a military comb mbat zone:	ate extension pat zone during the	e filing period	er spouse's SSN:			
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Check this box if your check this box if your limits and the conditions of the cond	you have filed a federal or staryou served in a military comband to the most zone: (1) Single STATUS (2) Married filing joint to the served on your 2023 federats claimed on your 2023 federats claimed that were under rs age 65 or older as of Decembars and December and Decembars an	(3) Married M	filing period filing separately - enter f household (5)	er spouse's SSN: Qualifying survivi	ng spouse 1 1 1 Date of birth (MM/DD/YYY)		

13,764 00



Your SSN 686-52-5724 2023 **INCOME AND ADJUSTMENTS** Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below 1 237,147 00 ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if itemizing on federal return (see instructions) 00 00 **b** Out-of-state losses Type: _ b 00 c Expenses related to National Guard and Military Reserve Income С d Interest income on obligations of states and political subdivisions other than South Carolina d 00 00 e Other additions to income (attach explanation - see instructions) 2 Total additions (add line a through line e) 00 2 3 237,147 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 00 **f** State tax refund, if included on your federal return..... g Total and permanent disability retirement income, if taxed on your federal return 00 g h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other 00 h i 44% of net capital gains held for more than one year..... i 00 Volunteer deductions (see instructions) Type: j 00 **k** Contributions to the SC College Investment Program (Future Scholar) 2,400 00 k Active Trade or Business Income deduction (see instructions) I 00 00 m Interest income from obligations of the US government..... m n Certain nontaxable National Guard or Reserve pay..... 00 n 00 Social Security and/or railroad retirement, if taxed on your federal return . . 0 **p** Retirement Deduction (see instructions) 00 p-1 00 p-2 Spouse (date of birth: **p-3** Surviving spouse (date of birth of deceased spouse: 00 Military Retirement Deduction (see instructions) **p-4** Taxpayer (date of birth: 00 p-5 Spouse (date of birth: 00 **p-6** Surviving spouse (date of birth of deceased spouse: 00 **q** Age 65 and older deduction (see instructions) q-1 00 **q-2** Spouse (date of birth: _____) q-2 00 00 **s** Subsistence allowance (multiply ___ 00 t Dependents under the age of 6 years on December 31 of the tax year.... 4,610 00 00 00 4,610 00 w South Carolina Dependent Exemption (see instructions)...... 11,620|00|> 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 SOUTH CAROLINA INCOME SUBJECT TO TAX 225,527 00 TAX on your South Carolina Income Subject to Tax (see SC1040TT)..... 00 7 00

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10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX



NC	DN-REFUNDABLE CREDITS				
11	Child and Dependent Care (see instructions)	00			
12	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	350	
15	Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here		15	13,414	00
	AYMENTS AND REFUNDABLE CREDITS				
16	SC income tax withheld (attach W-2 or SC41)	00			
17	2023 Estimated Tax payments	00			
18	Amount paid with extension	00			
19	Nonresident sale of real estate (paid on I-290)	00			
20	Other SC withholding (attach 1099)	00			
21	Tuition tax credit (attach I-319)	00			
22	Other refundable credits:				
	22a Anhydrous Ammonia (attach I-333)	00			
	22b Milk Credit (attach I-334)	00			
	22c Classroom Teacher Expenses (attach I-360)	00			
	22d Parental Refundable Credit (attach I-361)	00			
	22e Reserved for future use	00			
	Total refundable credits (add line 22a through line 22d)		22		00
	AMENDED RETURN: Use Schedule AMD for line 23 calculation.				
	Add line 16 through line 22 and enter the total here These are your TOTAL PAYMENTS	,	23	15,669	
	If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment		24	2,255	
25	If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due		25		00
	AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 of	n lin	e 31.		
26		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 2024 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	0	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) REFUND		30	2,255	
	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 ta		-		00
	Late filing and/or late payment: Penalties Interest Enter total here		32		00
33	Penalty for Underpayment of Estimated Tax (attach SC2210)				
	Enter exception code from instructions here if applicable		33		00
34	Add line 31 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE	•	34		00
	REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!				
35	Select one: Direct Deposit (line 37 required) (for US accounts only)				
	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)		T1		
	For payments only: Withdrawal Date Withdrawal Amount		00		
37	Type of Account: X Checking Savings				
	Routing Must be 9 digits. The first two numbers Number (PAN) OF 2 0 0 0 1 0 Must be 9 digits. The first two numbers Number (PAN)	<u> </u>			1-17
	of the RTN must be 01 through 32. Number (BAN) 811/2362				digits
	eclare that this return and all attachments are true, correct, and complete to the best of my knowledge	. It p	repare	ed by a person oth	ıer
	an the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Date Spouse's signature (if marrie	d filio.	a inimth	, DOTH must sign)	
YOU	ur signature Date Spouse's signature (if marrie	a min	g jointly	, both must sign)	
l au	uthorize the Director of the SCDOR or delegate to discuss this return, Yes No Preparer's printed name				
	achments, and related tax matters with the preparer.	AGA	R GU	PTA TALLAM	
Pa		חחם	0000	703	
	GT O D A T T T A T A G			2703	
Us		04-		71965	
Or	employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone	(0/8	3)965-9522	