



Illinois Department of Revenue
2023 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A

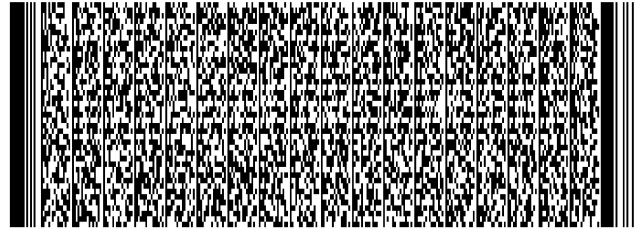
702-65-0601 1998

SADHIK SHAIK

2209 W PFLUGERVILLE PKWY 1205

ROUND ROCK TX 78664

SHAIKSADHIK3125@GMAIL.COM



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	27,740.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	27,740.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M.	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	27,740.00

Step 4: Exemptions - See instructions for income limitations

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	2,425.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00
	Exemption allowance. Add Lines 10a through 10d.	10	2,425.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9.	11	.00
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	0.00
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	0.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	0.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	0.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	0.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 0.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 12.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 12.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 12.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 12.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 12.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 0 7 1 0 0 0 0 1 3 X Checking or Savings
Account number 7 7 7 5 6 5 1 9 0

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes sections for Paid Preparer Use Only and Third Party Designee.

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2023 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

SADHIK SHAIK
 Your name as shown on your Form IL-1040

7 0 2 - 6 5 - 0 6 0 1
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2023.
a I lived in **Illinois** from ___ / ___ / 23 to ___ / ___ / 23 I lived in _____ from ___ / ___ / 23 to ___ / ___ / 23
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___ / ___ / 23 to ___ / ___ / 23, and _____ from ___ / ___ / 23 to ___ / ___ / 23
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 <u>30,240.00</u>	<u>240.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 <u>.00</u>	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 <u>.00</u>	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 <u>.00</u>	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 <u>.00</u>	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 <u>.00</u>	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 <u>.00</u>	<u>.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 <u>.00</u>	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 <u>.00</u>	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 <u>.00</u>	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 <u>.00</u>	<u>.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 <u>.00</u>	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 <u>.00</u>	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 <u>.00</u>	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 <u>.00</u>	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 <u>240.00</u>	<u>240.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued - Adjustments to Income

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	240.00
22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 .00	.00
23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 .00	.00
24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 .00	.00
25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25 .00	.00
26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 .00	.00
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27 .00	.00
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 .00	.00
29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29 .00	.00
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 .00	.00
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 .00	.00
32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 2,500.00	2,500.00
33 RESERVED	33	
34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 .00	.00
35 Other adjustments (see instructions)	35 .00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	2,500.00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 27,740.00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	-2,260.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
40 Other additions (Form IL-1040, Line 3)	40 .00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	-2,260.00
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 .00	.00
44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	46	0.00
47 Enter the base income from Form IL-1040, Line 9.	47 .00	
48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.000	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 .00	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	.00
51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	.00
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52	0.00



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SADHIK SHAIK

Your name as shown on Form IL-1040

7 0 2 - 6 5 - 0 6 0 1
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	37-0910458	\$ 240.00	\$ 240.00	\$ 12.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 12.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID [] [] [] [] [] [] - [] [] [] [] [] [] - [] [] [] [] [] []

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SADHIK SHAIK 7 0 2 - 6 5 - 0 6 0 1
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
2209 W PFLUGERVILLE PKWY 1205
Mailing address Spouse's Social Security number
ROUND ROCK TX 78664 (309) 569-1229
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 0 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 12 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 12 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 7 1 0 0 0 0 1 3
8 Account no. (AN): 7 7 7 5 6 5 1 9 0
9 Type of account: [X] Checking [] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Your PTIN
245 ROONEY CT
Mailing address Federal employer identification number (FEIN)
E BRUNSWICK NJ 08816 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





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 (SADHIK), Last name (SHAIK), Your social security number (702-65-0601), Spouse's first name, Last name, Spouse's social security number, Mailing address (2209 W PFLUGERVILLE PKWY APT 1205), City (ROUND ROCK TX 78664), State, ZIP, Daytime phone number ((309) 569-1229), Tax Year (2023).

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 (13,890.00), SC tax (316.00), Use Tax (0.00), Total Tax (316.00), SC Income Tax Withheld (1,608.00), Refundable credits (0.00), Refund (1,292.00), and Balance due (0.00).

Part II Bank information for Refund or Balance Due

Form with fields for Routing number (RTN) [071000013] and Bank account number (BAN) [777565190]. Includes checkboxes for Type of account: [X] Checking, [] Savings.

For Balance Due:

Field for Payment Withdrawal Date and Payment Withdrawal Amount \$.

Part III Declaration of taxpayer

- 13. [X] 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.

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.

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. 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.

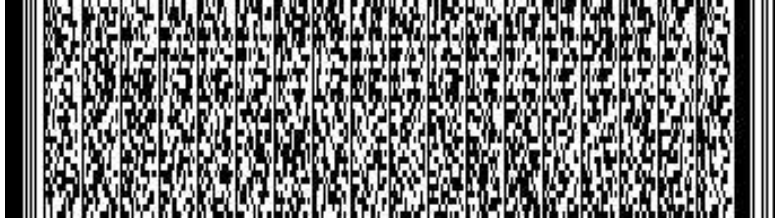
Form for ERO's Use Only with fields for ERO signature, Date, Check if also paid preparer, Check if self-employed, and PTIN (88-2145487).

Form for Paid Preparer's Use Only with fields for Preparer signature, Date, Check if self-employed, and PTIN (P02470833).



2023 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number			Check if deceased <input type="checkbox"/>
702	65	0601	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2023, or fiscal tax year beginning _____, 2023 and ending _____, 2024

First name and middle initial SADHIK		Last name SHAIK		Suffix
Spouse's first name, if married filing jointly		Last name		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 2209 W PFLUGERVILLE PKWY 1205			County code 32
City ROUND ROCK		State TX	ZIP 78664	Daytime phone number with area code (309) 569-1229
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: _____

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

Number of dependents claimed on your 2023 federal return 0

Number of dependents claimed that were under the age of 6 years as of December 31, 2023 _____

Number of taxpayers age 65 or older as of December 31, 2023 _____

DEPENDENTS

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



INCOME AND ADJUSTMENTS

Your SSN 702-65-0601

2023

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars 13,890	00
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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 Total additions (add line a through line e)	2		00
3 Add line 1 and line 2 and enter the total here	3	13,890	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) 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	
Military Retirement Deduction (see instructions)			
p-4 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	00	
u Consumer Protection Services	u	00	
v Other subtractions (see instructions)	v	00	
w South Carolina Dependent Exemption (see instructions)	w	0	00
4 Total subtractions (add line f through line w)	4	<	0 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 SOUTH CAROLINA INCOME SUBJECT TO TAX	5	13,890	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	316	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 TOTAL SOUTH CAROLINA TAX	10	316	00



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11		00
12 Two Wage Earner Credit (see instructions)	12		00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13		00
14 Total nonrefundable credits (add line 11 through line 13)	14		00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	15	316	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	16	1,608	00
17 2023 Estimated Tax payments	17		00
18 Amount paid with extension	18		00
19 Nonresident sale of real estate (paid on I-290)	19		00
20 Other SC withholding (attach 1099)	20		00
21 Tuition tax credit (attach I-319)	21		00
22 Other refundable credits:			
22a Anhydrous Ammonia (attach I-333)	22a		00
22b Milk Credit (attach I-334)	22b		00
22c Classroom Teacher Expenses (attach I-360)	22c		00
22d Parental Refundable Credit (attach I-361)	22d		00
22e Reserved for future use	22e		00
Total refundable credits (add line 22a through line 22d)	22		00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

23 Add line 16 through line 22 and enter the total here These are your TOTAL PAYMENTS	23	1,608	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	24	1,292	00
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 on line 31.

26 USE TAX due on online, mail-order, or out-of-state purchases	26	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 <input checked="" type="checkbox"/>			
27 Amount of line 24 to be credited to your 2024 Estimated Tax	27		00
28 Total Contributions for Check-offs (attach I-330)	28		00
29 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	1,292	00
31 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 tax due	31		00
32 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) 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 00

37 Type of Account: Checking Savings

Routing Number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) 1-17 digits

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

Preparer's printed name: VENKATA SAI PAVAN KUMAR DUDIPALLI

Paid Preparer's: Preparer signature VENKATA SAI PAVAN KUMAR DUDIPALLI Date _____ Check if self-employed PTIN P02470833

Use Only Firm name (or yours if self-employed), address, ZIP: GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN 88-2145487 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

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