

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name NIKHIL REDDY GADDAM	Social security number 705-17-6879
Spouse's name SOUMYA LOKA	Spouse's social security number 343-25-2807

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	231,723.
2 Total tax	2	35,766.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	32,699.
4 Amount you want refunded to you	4	
5 Amount you owe	5	3,067.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	6	8	7	9
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 as my 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 am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 04/15/2024

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	2	8	0	7
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 as my 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 am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶  Date ▶ 04/15/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 2020 See separate instructions.

Your first name and middle initial: NIKHIL REDDY Last name: GADDAM Your social security number: 705 17 6879

If joint return, spouse's first name and middle initial: SOUMYA Last name: LOKA Spouse's social security number: 343 25 2807

Home address (number and street): 1742 WILDWOOD TERRACE TRL Apt. no.: State: SC ZIP code: 29708 Foreign country name: Foreign province/state/country: Foreign postal code: Presidential Election Campaign: You Spouse

Filing Status: Single, Married filing jointly (checked), Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... Yes No

Standard Deduction: Someone can claim: You as a dependent, Your spouse as a dependent, Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: Were born before January 2, 1959, Are blind Spouse: Was born before January 2, 1959, Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. 1a: Total amount from Form(s) W-2, box 1 (see instructions) 237,553. 1b: Household employee wages not reported on Form(s) W-2. 1c: Tip income not reported on line 1a (see instructions). 1d: Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e: Taxable dependent care benefits from Form 2441, line 26. 1f: Employer-provided adoption benefits from Form 8839, line 29. 1g: Wages from Form 8919, line 6. 1h: Other earned income (see instructions) 0. 1i: Nontaxable combat pay election (see instructions). 1z: Add lines 1a through 1h 237,553.

Table with columns 2a-6a, 2b-6b, 7-15. 2a: Tax-exempt interest. 2b: Taxable interest. 3a: Qualified dividends. 3b: Ordinary dividends. 4a: IRA distributions. 4b: Taxable amount. 5a: Pensions and annuities. 5b: Taxable amount. 6a: Social security benefits. 6b: Taxable amount. 7: Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8: Additional income from Schedule 1, line 10 -5,830. 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 231,723. 10: Adjustments to income from Schedule 1, line 26. 11: Subtract line 10 from line 9. This is your adjusted gross income 231,723. 12: Standard deduction or itemized deductions (from Schedule A) 27,700. 13: Qualified business income deduction from Form 8995 or Form 8995-A. 14: Add lines 12 and 13 27,700. 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 204,023.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	35,766.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	35,766.
	19	Child tax credit or credit for other dependents from Schedule 8812	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	35,766.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	35,766.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	32,699.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	32,699.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	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	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	32,699.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																		
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																			

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	3,067.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SYSTEM ADMINISTRATOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation FRONT END DEVELOPER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (341) 201-8422 Email address NIKHILVPGO@GMAIL.COM

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NIKHIL REDDY GADDAM & SOUMYA LOKA

Your social security number
705-17-6879

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-12,075.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-755.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
	Nonemployee compensation from 1099-NEC 7,000.		7,000.
9	Total other income. Add lines 8a through 8z	9	7,000.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-5,830.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2023

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment Sequence No. 09

Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor: SOUMYA LOKA. Social security number (SSN): 343-25-2807. Principal business: SOFTWARE SERVICES. Business name: LOKA SOFTWARE SERVICES. Business address: 1742 WILDWOOD TERRACE TRL, TEGA CAY, SC 29708. Accounting method: Cash. Did you materially participate? Yes. If you started or acquired this business during 2023, check here: No. Did you make any payments in 2023 that would require you to file Form(s) 1099? No. If "Yes," did you or will you file required Form(s) 1099? No.

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales, 183,280. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1, 183,280. Line 4: Cost of goods sold. Line 5: Gross profit, 183,280. Line 6: Other income. Line 7: Gross income, 183,280.

Part II Expenses. Enter expenses for business use of your home only on line 30.

Table with 29 rows for expense calculation. Lines 8-17: Advertising, Car and truck expenses (7,860), Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance (4,000), Interest (Mortgage 8,677, Other 5,000), Legal and professional services (4,000). Lines 18-27b: Office expense (21,000), Pension and profit-sharing plans, Rent or lease (Vehicles 2,000, Other business property), Repairs and maintenance (1,000), Supplies (1,000), Taxes and licenses (16,022), Travel and meals (Travel 2,000, Deductible meals 1,000), Utilities (1,000), Wages, Other expenses (120,796), Energy efficient commercial bldgs deduction. Line 28: Total expenses before expenses for business use of home, 195,355. Line 29: Tentative profit or (loss), -12,075. Line 30: Expenses for business use of your home. Line 31: Net profit or (loss), -12,075. Line 32: If you have a loss, check the box that describes your investment in this activity. 32a: All investment is at risk (checked). 32b: Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 03/07/24 PRO

Schedule C (Form 1040) 2023

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
 If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs.	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 07/15/2020

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 12,000 **b** Commuting (see instructions) _____ **c** Other 1,000

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

AUTOMOBILE AND TRUCK EXPENSE		4,000.
TRAINING/CONTINUING EDUCATION		2,000.
CONTRACTOR PAYMENT		32,000.
BACK OFFICE OPERATIONAL EXPENSES		82,796.
48 Total other expenses. Enter here and on line 27a	48	120,796.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

NIKHIL REDDY GADDAM & SOUMYA LOKA

705-17-6879

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: SRINIX TECH LLC, P, 87-2973329.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals: 755.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: Description, Line number, Amount. Row 41: Total income or (loss). -755.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NIKHIL REDDY GADDAM

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
705-17-6879

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 1,212.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 1,212.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 6,538.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 24b: 50% limit

Itemization Statement

Description	Amount
MEALS	2,000.
Total	2,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 1a: Other receipts

Itemization Statement

Description	Amount
GLOBULE TECH LLC	51,040.
DEV CARE	90,840.
NITYA INFO	41,400.
Total	183,280.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 18

Itemization Statement

Description	Amount
ACCOUNTING	8,000.
COMPUTER SERVICES AND SUPPLIES	5,000.
CLEANING	1,000.
OFFICE EXPENSES	5,000.
PRINTING	2,000.
Total	21,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 21

Itemization Statement

Description	Amount
CLEANING	1,000.
Total	1,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 22

Itemization Statement

Description	Amount
SUPPLIES	1,000.
Total	1,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 24a

Itemization Statement

Description	Amount
TRAVEL	2,000.
Total	2,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 15

Itemization Statement

Description	Amount
INSURANCE	4,000.
Total	4,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
TELEPHONE	1,000.
Total	1,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 16b: Other Interest

Itemization Statement

Description	Amount
MISCELLANEOUS	4,000.
SECURITY	1,000.
Total	5,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 17

Itemization Statement

Description	Amount
Legal and professional	4,000.
Total	4,000.



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

SC8453

(Rev. 10/7/21) 3299

Print or type. First name and middle initial, Last name, Your social security number, Spouse's first name, if married filing jointly, Last name, Spouse's social security number, Mailing address (number and street, PO Box), Daytime phone number, City, State, ZIP, Tax Year

Part I Information from your SC1040, Individual Income Tax Return

Table with 8 rows: 1. Federal taxable income, 2. SC tax, 3. Use Tax, 4. Total Tax, 5. SC Income Tax Withheld, 6. Refundable credits, 7. Refund, 8. Balance due

Part II Bank information for Refund or Balance Due

9. Routing number (RTN), 10. Bank account number (BAN), 11. Type of account: Checking Savings

For Balance Due:

12. Payment Withdrawal Date, Payment Withdrawal Amount \$

Part III Declaration of taxpayer

- 13. a. I consent for my refund to be directly deposited... b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request...

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.

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

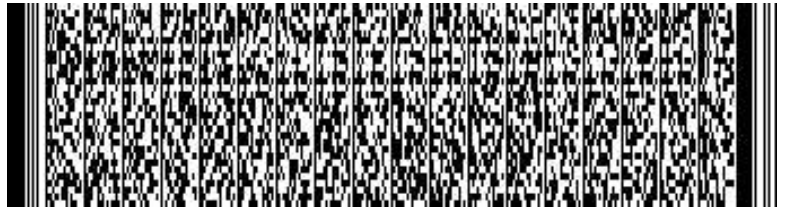
ERO's Use Only: ERO signature, Date, Check if also paid preparer, Check if self-employed, PTIN, Firm name (or yours if self-employed), address, ZIP, FEIN, Phone

Paid Preparer's Use Only: Preparer signature, Date, Check if self-employed, PTIN, Firm name (or yours if self-employed), address, ZIP, FEIN, Phone



2023 INDIVIDUAL INCOME TAX RETURN

Form with Social Security Numbers and 'Check if deceased' boxes for taxpayer and spouse.



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

Form with personal information: First name (NIKHIL REDDY), Last name (GADDAM), Spouse's name (SOUMYA LOKA), Mailing address (1742 WILDWOOD TERRACE TRL), City (TEGA CAY), State (SC), ZIP (29708), and Daytime phone number ((341) 201-8422).

- 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

CHECK YOUR FEDERAL FILING STATUS (1) Single (2) Married filing jointly (3) Married filing separately - enter spouse's SSN: (4) Head of household (5) 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

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 705-17-6879

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	00
		204,023	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 Total additions (add line a through line e) ▶	2		00
3 Add line 1 and line 2 and enter the total here ▶	3		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	00	
4 Total subtractions (add line f through line w) ▶	4	<	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	64,178	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) ▶	6	3,436	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	3,436	00



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	▶	11		00
12 Two Wage Earner Credit (see instructions)	▶	12	293	00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	▶	13		00
14 Total nonrefundable credits (add line 11 through line 13)		14	293	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here		15	3,143	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	▶	16	5,146	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	5,146	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	24	2,003	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	2,003	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 signature: VENKATA SAI PAVAN KUMAR DUDIPALLI Date _____ Check if self-employed PTIN: P02470833

Use Firm name (or yours if self-employed), address, ZIP: GLOBAL TAXES LLC FEIN: 88-2145487

Only 245 ROONEY CT E BRUNSWICK NJ 08816 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
30753230 REV 03/05/24 PRO

1555



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 4/12/23) 3081

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

Table with 4 columns: Your name (GADDAM, NIKHIL REDDY), Your Social Security Number (705-17-6879), Spouse's first name (SOUMYA), Spouse's Social Security Number (343-25-2807)

Table with 3 columns: Your dates of SC residency to, Spouse's dates of SC residency to, Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040.

INCOME AND EXCLUSIONS

Main table with 4 columns: Line number, Description, Income as Shown on Federal Return (COLUMN A), South Carolina Income (COLUMN B). Includes lines 1-16 with values like 237,553 and 84,967.

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 4 columns: Line number, Description, Federal Adjustment, SC Adjustment. Includes lines 17-21 with values like 00 and 00.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811236

REV 03/05/24 PRO



		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans.....	22	00 00
23	Self-employed health insurance deduction	23	00 00
24	Penalty on early withdrawal of savings	24	00 00
25	Alimony paid	25	00 00
26	IRA deduction	26	00 00
27	Student loan interest deduction	27	00 00
28	Other adjustments	28	00 00
29	Reserved	29	
30	Total adjustments: Add line 17 through line 29	30	0 00
31	Adjusted gross income: Subtract line 30 from line 16	31	231,723 00 72,892 00

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

32	South Carolina additions	32	00
----	--------------------------------	----	----

SUBTRACTIONS

33	South Carolina dependent exemption (see instructions)	33	0 00
34	44% of net capital gains held for more than one year	34	00
35	Retirement deduction (see instructions)		
	a) Taxpayer (date of birth: _____)	35a	00
	b) Spouse (date of birth: _____)	35b	00
	c) Surviving spouse (date of birth of deceased spouse: _____)	35c	00
	Military retirement deduction (see instructions)		
	d) Taxpayer (date of birth: _____)	35d	00
	e) Spouse (date of birth: _____)	35e	00
	f) Surviving spouse (date of birth of deceased spouse: _____)	35f	00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
	a) Taxpayer (date of birth: _____)	36a	00
	b) Spouse (date of birth: _____)	36b	00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)		
	Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____	37	00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	38	00
39	Active Trade or Business Income deduction (see instructions)	39	00
40	Consumer Protection Services	40	00
41	Other subtractions (see instructions)	41	00
42	Total South Carolina subtractions: Add line 33 through line 41.....	42	0 00
43	Total South Carolina adjustments: Subtract line 42 from line 32	43	0 00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43	44	72,892 00

45 PRORATION:
Line 31, Column B divided by line 31, Column A = 31.46 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:
If using the standard deduction, enter the amount from federal form on line 46.
If itemizing, use the **Schedule NR instructions**, and enter the amount from Part IV on line 46.
Enter the following amounts from the instructions:

Part I (Itemized Deductions) _____
 Part II, Worksheet, line 6 (State Taxes) _____
 Part III (Other Expenses) _____

46	27,700	00
----	--------	----

47 Allowable deductions: Multiply line 46 by 31.46 % (from line 45)..... 47 < 8,714 00 >

48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 5..... 48 64,178 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of the SC1040. Do not submit the Schedule NR separately. We cannot process your return if this form is submitted separately.