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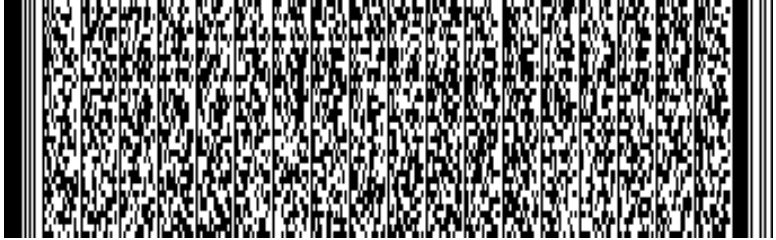
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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2023 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 4/18/23)
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
200	41	5224	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
654	16	0420	



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

First name and middle initial SUMANTH		Last name DEETI		Suffix
Spouse's first name, if married filing jointly SANJANA		Last name IDDYADINESH		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 708 PAWLEYS DR			County code 23
City SIMPSONVILLE		State SC	ZIP 29681	Daytime phone number with area code (708)973-0303
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 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 surviving spouse

Number of dependents claimed on your 2023 federal return 1

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)
SUNEHRI	VASUKI	697-91-2155	Daughter	07/25/2017



INCOME AND ADJUSTMENTS

Your SSN 200-41-5224

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 313,611	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	2	00
2 Total additions (add line a through line e)	2		2 00
3 Add line 1 and line 2 and enter the total here	3	313,613	00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	0	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	2,182	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 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	4,610	00	
4 Total subtractions (add line f through line w)	4	<	6,792	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		306,821	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	18,967	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		18,967	00



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	▶	11	141	00
12 Two Wage Earner Credit (see instructions)	▶	12	350	00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	▶	13		00
14 Total nonrefundable credits (add line 11 through line 13)		14	491	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here		15	18,476	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	▶	16	20,064	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	▶	23	20,064	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment		24	1,588	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)	▶	30	1,588	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 _____	▶	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) 053904483 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) 223028532036 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 **03/25/24** 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 Use Only	Preparer signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	Check if self-employed <input type="checkbox"/>	PTIN P02470833
	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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