

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

SC8453 (Rev. 10/7/21) 3299

401						-		-				-				-							
	First name and middle initi	al								Last r	name	Э						Υοι	ır socia	al secur	ity numb	er	
	SUMANTH						ות	EET	т									2	>^^-	-41-4	5224		
	Spouse's first name, if mar	ried fili	na ioi	ntlv						Last r	ame	9									security r	านm	ber
Print or	SANJANA		0,	,			тт	עתר	- ת א	INE	сu							•			0420		
type.	Mailing address (number a	nd stre	et P(x)		11	ידער.	AD.		511										ne numbe	er	
	708 PAWLEYS DE	<u>.</u>						Stat				ZIP						(<u>3-030</u>)3	
	City							Siai	e			ZIP								Tax Ye			
	SIMPSONVILLE S																			<u>2023</u>			
Part I	Information from																						
1. Federa	al taxable income (line 1	of you	r SC′	1040)														1	31	13,61	1	00
	(line 15 of your SC1040																		2		18,47		
3. Use Ta	ax (line 26 of your SC104	0)																[3		/		00
4. Total 1	Fax (add line 2 and line 3																	🗖	4	1	18,47	-	
5. SC Inc	come Tax Withheld (add I	ine 16	and	line	20 o	f you	ur SC	1040))										5		20,06		
	dable credits (add line 21					-													6	2	<u>20,00</u>		00
	d (line 30 of your SC1040																		7		1 50		
	ce due (line 34 of your SC																		8		1,58		
													•••••				••••	••••	8				00
Part II	Bank information f	or Re	etuno	d or	Ba	anc	e Di	le															
			_	_	~				~		M	lust b	e 9 di	gits	5. T	he fi	rst	two	numbe	ers of th	he		
9. Routir	ng number (RTN)	0	5	3	9	0	4	4	8	3	R	TN m	ust be	e 01	l th	roug	jh 1	2 or	21 thr	ough 3	2.		
						T	1				1			1	Т				1	1			
10. Bank	account number (BAN)						2	2	3	0	2	8	5	3		2	0	3	6	1-17	7 digits		
11 Type	of account: 🛛 🗙 (Checki	ina		Savi	nas																	
• ·		JICON	ing		ouvi	ngo																	
	nce Due:																						
12. Payn	nent Withdrawal Date						_	Payr	men	t With	ndra	wal A	mou	nt S	\$_								
Part III	Declaration of tax	oayer	,																				
13. 🖾	a. I consent for my refund to																	line	1 thro	ugh line	8 is corr	rect.	lf I
	filed a joint return, this is	an irre	vocab	le ap	poin	tmen	t of m	y spo	use	as an	ager	nt to re	eceive	e the	e re	fund.	-			•			
	b. I authorize the South Car	rolina D	Depart	ment	t of F	Rever	nue (S	CDO	R) aı	nd its	desig	gnated	d ager	nts t	o ir	itiate	e ar	n ACF	l Debi	t reques	st to my I	bank	<
	account, provided in Parl																						
	funds and consent to the	sharin	g of fi	nanc	ial in	forma	ation I	betwe	en ir	nstituti	ons	for the	e purp	ose	of	resol	ving	g issu	les rel	ated to	my payn	nent	•
If the SCD	OR does not receive full and	d timel	v pavr	nent	of m	v tax	liabili	tv. I ui	nder	stand	that	l am r	espor	nsibl	le f	or the	e ba	alanc	e due.	includir	na all per	nalti	es
and intere		•	,,,,			,		,											,		5 1		
l declare t	hat this return and all attach	monte	ara tri		orroc	t and	d com	nloto	to th	o hos	t of n	ny kna	wladv	- 00	Thie	e dac	lar	ation	ie hae	ed on a	ll inform	ation	of
	preparer has any knowledge			ie, ct	JIIEC	ı, an		piete		e bes	UII		meu	ye.	11113	succ		ation	15 045	eu on a			
				D = 4 · · ·						: .!			K			: 41							
Do not sui	bmit a copy of this form to th	e SCD	UR. I	Retur	n the	e sigr		ру ю	you	paid	prep	barer.	кеер	ac	ору	with	і уо	urta	x recoi	ras.			
Your signa	ature					Da	te		Sno	<u></u>	siar	nature	(If ma	arrie	d fi	lina i	ioin	tlv B	OTH n	nust sig	n) Date		
Part IV		-		4	- 0			· / E E					`		, a n			ау, в	•	nuor olg			
															410 0	h a ad				ما ما م			4 4 4 4
	hat I have received the above signature on this form befor																						
	th the IRS and the SCDOR																						10
	Income Tax Returns, and re																						
return and	l accompanying schedules a	nd stat	temen	its, ar	nd to	the l	oest o	f my k	now	ledge	,they	y are t	rue ar	nd co	om	plete	. Tł	nis de	eclarat	ion is ba	ased on a	all	
	n of which I have knowledge		lersta	ndl	do n	ot m	ail the	e SC8	453	to the	SC	DOR.	l am	requ	uire	ed to	ke	ep th	ie SC8	3453 an	d the		
supportin	ig documents for three yea	ars.																					
	ERO								Dat	te		Check i				eck if				F	PTIN		
ERO's	signature											also pa prepare		ן ב	sel em	r- ploye	ed						
Use	Firm name (or	LOBA	т п	עעי	50	тт	C	1			'	•		+				.21	4548	87			
Only	yours if self-employed), address, ZIP 24	_	DONE		<u>. с.с.</u> тт.		BRU	MCM	TOR	. N	т С)881	6			one				5-95	22		
Delet					<u>, , , , , , , , , , , , , , , , , , , </u>	ك	<u> </u>			., IN							0	10	, <u>, , ()</u> ;				
Paid	Preparer											Da	ate		Ch if s	eck elf-					PTIN		
Prepare	er's signature															ploye	ed		P02	24708	833		
Use	Firm name (or	ENKA	ATA	SA:	ΙP	AV	AN	KUM	AR	DUI	DIP	ALI	I		FE	IN 8	8-	-21	454	87			
Only	yours it self-employed), –		2001							ICK			881			one				5-95	22		



dor.sc.gov

1555

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 INDIVIDUAL INCOME TAX RETURN **SC1040** (Rev. 4/18/23) 3075

Your Soci	al Security	Number	Check if deceased	
200	41	5224	deceased	
Spouse's Sc	cial Securit	y Number	Check if	
654	16	0420	deceased	



For the year January 1 - December 31, 2023, or fiscal tax yea First name and middle initial		Last name					
SUMANTH	DEET	DEETI					
Spouse's first name, if married filing jointly	Last nar	ne		Suffix			
SANJANA	IDDY	ADINESH					
Check if Mailing address (number and street, PC	O Box)			County code			
new address 🛄 708 PAWLEYS DR							
City	State	ZIP	Daytime phone number	er with area code			
SIMPSONVILLE	SC	29681	303				
Check if address Foreign country address including posta is outside US	al code						
• Amended Return: Check if this is an Amended	l Return. (Atta		,				
 • Amended Return: Check if this is an Amended • Check this box if you are a part-year or nonreside • Check this box only if you are filing a composite 	l Return. (Atta dent filing an e return on be	SC Schedule N half of a Partne	R				
 is outside US Amended Return: Check if this is an Amended Check this box if you are a part-year or nonreside 	l Return. (Atta dent filing an e return on be e an individua	SC Schedule N half of a Partne al	R rship or	····· • □			
 is outside US Amended Return: Check if this is an Amended Check this box if you are a part-year or nonreside Check this box only if you are filing a composite S Corporation. Do not check this box if you are 	l Return. (Atta dent filing an e return on be e an individua te extension.	SC Schedule N half of a Partne al	R rship or	····· • □			

CHECK YOUR	(1) Single	(3) Married filing separately - enter spouse's SSN:
FEDERAL FILING STATUS	(2) X Married filing jointly	(4) Head of household (5) Qualifying surviving spouse
Number of dependents cla	imed on your 2023 feder	ral return▶1

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
SUNEHRI	VASUKI	697-91-2155	Daughter	07/25/2017



IN	ICOME AND ADJUSTMENTS Yo	our SS	N 200-41-522	24	2023			
1	Enter federal taxable income from your federal form. If zero or less, enter zero h	nere				Dolla	rs	
	Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 be	elow			1	313	,611	00
A	DDITIONS TO FEDERAL TAXABLE INCOME							
	a State tax addback, if itemizing on federal return (see instructions)	а		00				
	b Out-of-state losses Type:	b		00				
	c Expenses related to National Guard and Military Reserve Income	С		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)	е	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
SI	UBTRACTIONS 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: 🗌 Rental 🗌 Business 🗌 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				
	I Active Trade or Business Income deduction (see instructions)	Ι		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	0		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:)	р-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	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	unt fro	m Schedule NR,					
	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME	SUB	JECT 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		<u> </u>		
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CA	AROL	INA TAX		10	18	,967	00

Page 2 of 3



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)			491 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, er	ter zero here	/	15 18,476 00
PAYMENTS AND REFUNDABLE CREDITS			
16 SC income tax withheld (attach W-2 or SC41)	🕨 16 🛛 2	20,06400	
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)	22 c	00	
22d Parental Refundable Credit (attach I-361)	22 d	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 ar	e your TOTAL PA	YMENTS 🕨 🛛	23 20,064 00
${\bf 24}$ If line 23 is larger than line 15, subtract line 15 from line 23 and enter the	overpayment		24 1,588 00
${\bf 25}$ 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	9 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 me	ore information.		
If you certify that no Use Tax is due, check here 🕨 🔀			
27 Amount of line 24 to be credited to your 2024 Estimated Tax		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 O 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 fr	om line 24 and ent	er the	
amount to be refunded to you (line 35 check box entry is required)		REFUND 🕨 🗄	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			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		NCE 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 C	Check	
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick an	•		
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter yo	ur US bank information on li	· · · · · · · · · · · · · · · · · · ·	
For payments only: Withdrawal Date Vithdr	awal Amount 🕨	0	00
37 Type of Account: 🕨 💢 Checking 🜓 🗍 Savings			
	nk Account		
Number (RTN) 053904483 Must be 9 digits. The first two numbers Numbers of the RTN must be 01 through 32.	mber (BAN) 🕨 22	3028532036	digits
I declare that this return and all attachments are true, correct, and complete t			epared by a person other
than the taxpayer, this declaration is based on all information of which the pro-	· . ·	-	
Your signature Date	Spouse's signatu	ire (if married filing j	jointly, BOTH must sign)
I authorize the Director of the SCDOR or delegate to discuss this return, Vac	Preparer's printe	d name	
attachments, and related tax matters with the preparer. Yes No			MAR DUDIPALLI
Paid Preparer Date	Check if self-	PTIN	
Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	employed		470833
Use Firm name (or yours if self- GLOBAL TAXES LLC			2145487
Only employed), address, ZIP 245 ROONEY CT E BRUNSW			578)965-9522
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, I			
BALANCE DUE: Taxable Processing Center, PO Box 10	1105, Columbia,	SC 29211-01	05
30753230 REV 03/05/24 PRO			