(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

- Internal ne	levellue Sel vice						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name		Social secu	rity numb	er		
NAGE	NDRA MOKARA		735-2	8-235!	5		
Spouse's	s name	:	Spouse's s	ocial secu	ırity nı	ımber	
Part	Tax Return Information — Tax Year Ending December 31, 2023	Enter y	ear vou	are au	horiz	rina)	
	whole dollars only on lines 1 through 5.) (Lincol y	rear you	ui C uu	.110112	-1119./	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income			1 1		49,	457.
	Total tax			2			055.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		1,	963.
4	Amount you want refunded to you			4			
5	Amount you owe			5		2,	170.
Part I	Taxpayer Declaration and Signature Authorization (Be sure you ge	et and ke	ep a co	py of y	our i	returı	n)
to send for any of Agent to payment authoriza payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the treatment of the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or ame notice funds Withdrawal Consent.	on for rejective the U.S count indicated institution terminate the terminate the terminate the terminate the terminate the the payer to the payer in	tion of the . Treasury ated in the to debit the the author sts must rocessing	transmist and its of tax prepare entry fization. The receive of the eleurther according to the surther according to the s	ssion, design aratio to this o revived no ectron knowl	(b) the ated F account oke (can be later iic payledge to the cape of the cape	reason inancial vare for int. This ancel) a than 2 ment of that the
	yer's PIN: check one box only		Г				
X	-	enerate m	v PIN	8 2 3	3 5	5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Ť	nter five lon't ente		but	ao my
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.						
Your si	ignature ▶ D	oate ►					
Snouse	e's PIN: check one box only		_				
	I authorize to enter or g	onorato m	V DINI				as my
	ERO firm name	enerate m	_	nter five	diaits.		asiny
	signature on the income tax return (original or amended) I am now authorizing.			lon't ente	· · ·		
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.						
Spouse	e's signature ▶ □	oate ►					
	Practitioner PIN Method Returns Only—continue	e below					
Part II	Certification and Authentication — Practitioner PIN Method Only						
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2	2 4 9	6 0	8 2	2 7	1
2110 0	ET INT THE ETROI YOU GIVE GIFT TO HONOW GO BY YOU THE GIFT GOT GOTOCOG THE			nter all ze			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual is that the above numeric entry is my PIN, which is my signature for the electronic individual is that the text that I is the electronic individual is that I is that I is the electronic individual is that I is the electronic individual is that I is that I is the electronic individual is that I	am submitt	return (ori	ginal or a	ameno occord	lanće ν	
ERO's	signature ▶ □	oate ►					
	ERO Must Retain This Form — See Instruct	tions					
	Don't Submit This Form to the IRS Unless Request		So				

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		partment of the Treasury—Internal Revenue Serv. S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in this	space.
For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instruction	ons.
Your first name	e and m	niddle initial	Last n	ame						Your so	ocial security nun	nber
NAGENDR	A		MOK	ARA						735	28 2355	,
		s first name and middle initial	Last n								's social security	
		er and street). If you have a P.O. box, see	instruct	tions.				P	Apt. no.	ł	ntial Election Ca	
425 WHI'					la	04-		7ID -	1 -		here if you, or yo if filing jointly, w	
		ice. If you have a foreign address, also co	mpiete	spaces be	elow.	Sta		ZIP c			this fund. Chec	
COLUMBIA				F!		SC		292		l	ow will not chan	ge
Foreign countr	y name	•		Foreign p	rovince/state/o	coun	ty	Foreig	gn postal code	your ta	x or refund.	Spouse
Filing Status	e X	Single					Head of ho	useh	old (HOH)			-
•	• <u>-</u>	☐ Married filing jointly (even if only o	ne had	income)			rioda orrio	doon	0.0 (1.01.1)			
Check only one box.	Ē	Married filing separately (MFS)	no naa				Qualifying	surviv	ina spouse	(OSS)		
One box.	If ·	you checked the MFS box, enter the	name	of your s	nouse. If you	ı che					ild's name if the	e.
		ualifying person is a child but not you			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Digital	Δta	ny time during 2023, did you: (a) rec	aiva (as	a rowar	d award or i	navr	ment for proper	ty or	sarvicas). or	(h) sell		
Assets		nange, or otherwise dispose of a dig									☐ Yes 🏻 🗆	No
Standard		neone can claim: You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	l					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was borr	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent				(2)	Social security		(3) Relationship	_D (4) Check the b	ox if qual	ifies for (see instru	uctions):
If more		First name Last name		number to			to you	to you Ch		redit	Credit for other dep	pendents
than four												
dependents,												
see instruction and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instrud	ctions)					. 1a	49,4	424.
Attach Form(s)	b	Household employee wages not re	•							. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstruction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		•		nstru	uctions)			. 10	I	
1099-R if tax	е	Taxable dependent care benefits t			•					. 1e	•	
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	3839, line 29					. <u>1f</u>	:	
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 19	J _	
W-2, see	h	Other earned income (see instruct	,					· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	tructions))		<u>1i</u>					404
		Add lines 1a through 1h	· ;		· · ; ·					. 1z		424.
Attach Sch. B if required.	2a	· -	2a				axable interest			. 2b		33.
ii required.	3a	· ·	3a				ordinary dividen			. 3b		
Standard	4a	-	4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a				axable amount			. 6b		
separately,	C	If you elect to use the lump-sum e			•	•	,		L	╣ [
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							L	 		
jointly or Qualifying	8	Additional income from Schedule								. 8	10	0.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		457.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		455
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 11		<u>457.</u>
If you checked	12	Standard deduction or itemized		•		,				. 12		850.
any box under Standard	13	Qualified business income deduct			1995 or Form	899	15-A			. 13		0.5.0
Deduction, see instructions.	14	Add lines 12 and 13								. 14		850.
	, 1h	SUBTROOT UPO 1/1 trom Upo 11 It 70	- Or 100	CC ONTOR	II INC IC V		TOVODIA INAAMA	_		1 46		0 I I /

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	4,055.	
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	4,055.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	4,055.	
	23	Other taxes, including self-e			•			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	4,055.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,963.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	1,963.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	1,963.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		
	35a	Amount of line 34 you want			is attached, che	ck here	\square	35a		
Direct deposit?	b	Routing number X X X			c Type:		Savings			
See instructions.	d	Account number X X X	XXXXX	XXXX	X X X X X	XX				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions			37	2,170.	
	38	Estimated tax penalty (see in	nstructions) .			38	78.			
Third Party		you want to allow another	•			_			_	
Designee	instructions					•		⋉ No		
							rsonal ident mber (PIN)	ification		
Cian		ider penalties of perjury, I declare t	hat I have examine		accompanying sche		. ,	the best	of my knowledge and	
Sign		lief, they are true, correct, and com							, ,	
Here	Yo	our signature		Date	Your occupation	If th	e IRS se	nt you an Identity		
		Tour digitation			· ·				IN, enter it here	
Joint return?					SOFTWARE	(see	(see inst.)			
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat	tion			nt your spouse an ection PIN, enter it here	
your records.							(see	inst.)		
	Ph	one no. (848)234-744	2	Email address	NAGENDRA.M	197@GMAIL.C	COM			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/16/2024	P0208	2703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965	

1555

REV 03/05/24 PRO

Preparer

signature

Firm name (or

yours if self-employed), address, ZIP

SYAM

PRIYA

RAM

SAGAR

CT E BRUNSWICK NJ

GUPTA

Preparer's

Use

Only

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

dor.sc.gov First name and middle initial Last name Your social security number 735-28-2355 NAGENDRA MOKARA Spouse's first name, if married filing jointly Last name Spouse's social security number Print or type. Mailing address (number and street, PO Box) Daytime phone number 425 WHITE FALLS DR (848)234-7442 City State ZIP Tax Year COLUMBIA SC 29212 2023 Information from your SC1040, Individual Income Tax Return 1. Federal taxable income (line 1 of your SC1040) 1 00 35,607 2. SC tax (line 15 of your SC1040)..... 2 1,605 00 3. Use Tax (line 26 of your SC1040)..... 3 0 00 4. Total Tax (add line 2 and line 3 4 1,605 00 5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040) 5 2,318 00 6. Refundable credits (add line 21 and line 22 of your SC1040) 6 00 7. Refund (line 30 of your SC1040) 7 713 00 8. Balance due (line 34 of your SC1040) 00 Bank information for Refund or Balance Due Must be 9 digits. The first two numbers of the 9. Routing number (RTN) 0 8 0 0 0 0 3 2 RTN must be 01 through 12 or 21 through 32. 3 5 5 0 1-17 digits 10. Bank account number (BAN) 3 3 11. Type of account: ☐ Savings For Balance Due: 12. Payment Withdrawal Date Payment Withdrawal Amount \$ Part III Declaration of taxpayer 🛮 a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. □ b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment. If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest. I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge. Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records. Spouse's signature (If married filing jointly, BOTH must sign) Date Your signature Date Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have received the above taxpaver's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years. PTIN Date Check if Check if **ERO** ERO's also paid selfemployed \square signature preparer Use Firm name (or FEIN 84-3171965 GLOBAL TAXES LLC yours if self-employed), address, ZIP Only Phone (678)965-9522 245 ROONEY CT. E BRUNSWICK 08816 **Paid** Date Check PTIN

if self-

04-16-202

08816

employed

FEIN 84-31

P02082703

71965

Phone (678)965-9522



Check if deceased



Your Social Security Number



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040 (Rev. 4/18/23)

3075

2023 INDIVIDUAL INCOME TAX RETURN

735	28	2355	deceased						# \$ # ### ##	
Spouse's Soci	ial Security N	umber				ENERAL C		SAPARANNA.	,E2040A1E19465/	
			Check if deceased							
<u>'</u>	•	<u>'</u>								
or the year lanu	ary 1 Doc	ombor 31 2	22 or fiscal tax vo	oar bogin	nina	2	022 and andir	a.g.	2024	
irst name and m		eniber 31, Zi	023, or fiscal tax ye	ear begin	Last nar		023 and endir	<u>ıg,</u>	2024	Suffix
NAGENDRA					MOKA					Cumx
Spouse's first name, if married filing jointly					Last nar					Suffix
- operate of morname, it married ming jointly										
Check if	Mailing	address (nu	ımber and street, F	PO Box)						County code
ew address			FALLS DR							40
City					State	ZIP		Daytime pho	ne number with	area code
COLUMBIA					SC	2921	2	(848)2	34-7442	
Check if address	Foreigr	n country ad	dress including pos	stal code						
outside US										
S Corporat Check this b	ion. Do nox if you ox if you	ot check t have filed served in	ling a composithis box if you a a federal or standar a military comb	are an ii ate exte	ndividua ension.	al 				▶
CHECK YOUR			Single Married filing join	(3) ntly (4)		•		ter spouse's SS Qualifying sur		
			n your 2023 fe hat were under			ears as c	of Decembe	r 31, 2023 .	>	0
		ge 65 or o	lder as of Dece	ember 3	31, 2023	3				
EPENDENT				1-	_		1			
First name		Last name		Social	Security N	Number	Relationship		Date of birth	(MM/DD/YYY)



INCOME AND ADJUSTMENTS

Your SSN 735-28-2355

2023

Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below
ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if Itemizing on federal return (see instructions)
b Out-of-state losses Type:
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) 0 2 2 Total additions (add line a through line e) 3 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 p f 00 g Total and permanent disability retirement income, if taxed on your federal return p g 00 h Out-of-state income/gain (do not include personal service income) check type of income/gain (do not include personal service income) h 00 Check type of income/gain in lend for more than one year. h i 00 j Volunteer deductions (see instructions) Type: h i 00 j Volunteer deductions (see instructions) Type: h 0 0 or the SC Tuition Prepayment Program Future Scholar) 0 0 or the SC Tuition Prepayment Program h 0 0
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) 0 2 2 Total additions (add line a through line e) 3 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 p f 00 g Total and permanent disability retirement income, if taxed on your federal return p g 00 h Out-of-state income/gain (do not include personal service income) check type of income/gain (do not include personal service income) h 00 Check type of income/gain in lend for more than one year. h i 00 j Volunteer deductions (see instructions) Type: h i 00 j Volunteer deductions (see instructions) Type: h 0 0 or the SC Tuition Prepayment Program Future Scholar) 0 0 or the SC Tuition Prepayment Program h 0 0
d Interest income on obligations of states and political subdivisions other than South Carolina e Other additions (add line a through line e) 3 Add line 1 and line 2 and enter the total here. SUBTRACTIONS FROM FEDERAL TAXABLE INCOME f State tax refund, if included on your federal return. g Total and permanent disability retirement income, if taxed on your federal return h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other i 44% of net capital gains held for more than one year. j Volunteer deductions (see instructions) Type: b J 00 k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program l Active Trade or Business Income deduction (see instructions) m Interest income from obligations of the US government. m 00 n Certain nontaxable National Guard or Reserve pay. p Social Security and/or railroad retirement, if taxed on your federal return. p 1 Taxpayer (date of birth: p 2 00 p-3 Surviving spouse (date of birth of deceased spouse: p 4 Taxpayer (date of birth: p 5 00 p-5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 5 00 p-7 5 Spouse (date of birth: p 6 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p-7 5 Spouse (date of birth: p 7 5 00 p 7 5 Spouse (date of birth: p 7 5 00 p 7 5 Spouse (date of birth: p 7 5 00 p 7 5 Spouse (date of birth: p 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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 p f 00 g Total and permanent disability retirement income, if taxed on your federal return p g 00 h Out-of-state income/gain (do not include personal service income) p 00 00 Check type of income/gain:
2 Total additions (add line a through line e) 3 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 p 00 g Total and permanent disability retirement income, if taxed on your federal return p 00 h Out-of-state income/gain (do not include personal service income) p 00 Check type of income/gain:
3
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME f
f State tax refund, if included on your federal return.
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other
Check type of income/gain: Rental Business Other
i 44% of net capital gains held for more than one year. j Volunteer deductions (see instructions) Type: k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program. l Active Trade or Business Income deduction (see instructions) m Interest income from obligations of the US government. n Certain nontaxable National Guard or Reserve pay. o Social Security and/or railroad retirement, if taxed on your federal return. p Retirement Deduction (see instructions) p-1 Taxpayer (date of birth: p-2 Spouse (date of birth: p-3 Surviving spouse (date of birth of deceased spouse: p-4 Taxpayer (date of birth: p-5 Spouse (date of birth: p-6 O0 i 00 m 00 m 00 m 00 m 00 p-1 D00 p-2 D00 p-3 Surviving spouse (date of birth of deceased spouse: p-4 O0 p-5 Spouse (date of birth: p-6 O0 p-7 D00 p-7 D00
j Volunteer deductions (see instructions) Type: k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program. l Active Trade or Business Income deduction (see instructions). m Interest income from obligations of the US government. m 00 n Certain nontaxable National Guard or Reserve pay. o Social Security and/or railroad retirement, if taxed on your federal return. p-1 Taxpayer (date of birth: p-2 Spouse (date of birth: p-3 Surviving spouse (date of birth of deceased spouse: p-4 Taxpayer (date of birth: p-5 Spouse (date of birth: p-6 00 p-7 Spouse (date of birth: p-7 00 p-8 00 p-9 00 p-1 Deduction (see instructions) p-1 Deduction (see instructions) p-2 00 p-3 00 p-5 000
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program
or the SC Tuition Prepayment Program
I Active Trade or Business Income deduction (see instructions) I 00 In Interest income from obligations of the US government. I 00 In Certain nontaxable National Guard or Reserve pay. I 00 In
m Interest income from obligations of the US government. n Certain nontaxable National Guard or Reserve pay. o Social Security and/or railroad retirement, if taxed on your federal return. p Retirement Deduction (see instructions) p-1 Taxpayer (date of birth:). p-2 Spouse (date of birth:). p-3 Surviving spouse (date of birth of deceased spouse:) Military Retirement Deduction (see instructions) p-4 Taxpayer (date of birth:). p-5 Spouse (date of birth:). p-5 Doo
n Certain nontaxable National Guard or Reserve pay
o Social Security and/or railroad retirement, if taxed on your federal return 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 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 00 p-4 Taxpayer (date of birth:) p-4 00 p-5 Spouse (date of birth:) p-5 00
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 00 p-4 Taxpayer (date of birth:) p-4 00 p-5 Spouse (date of birth:) p-5 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 00 p-4 Taxpayer (date of birth:) p-4 00 p-5 Spouse (date of birth:) p-5 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
Military Retirement Deduction (see instructions) p-4 Taxpayer (date of birth:) p-4 00 p-5 Spouse (date of birth:) p-5 00
p-4 Taxpayer (date of birth:) p-4 00 p-5 Spouse (date of birth:) p-5 00
p-5 Spouse (date of birth:)
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
r Negative amount of federal taxable income
s Subsistence allowance (multiply days by \$8)
t Dependents under the age of 6 years on December 31 of the tax year
v Other subtractions (see instructions)
w South Carolina Dependent Exemption (see instructions)
line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 5 35,584 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) 6 1,605 00
7 TAX on Lump Sum Distribution (attach SC4972)
8 TAX on Active Trade or Business Income (attach I-335)
9 TAX on excess withdrawals from Catastrophe Savings Accounts

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NON-REFU	NDABLE CREDITS		·	
	Dependent Care (see instructions)	00		
	ge Earner Credit (see instructions)	00		
	nrefundable credits. Attach SC1040TC and other state returns 13	00		
	nrefundable credits (add line 11 through line 13)		14	00
	line 14 from line 10 and enter the difference. If less than zero, enter zero here		15 1,605	
	S AND REFUNDABLE CREDITS		13 1,003	00
		00		
	ne tax withheld (attach W-2 or SC41)	_		
	imated Tax payments	00		
	paid with extension	00		
	ent sale of real estate (paid on I-290)	00		
	© withholding (attach 1099)	00		
	x credit (attach I-319)	00		
	undable credits:			
	ydrous Ammonia (attach I-333)	00		
	Credit (attach I-334)	00		
	ssroom Teacher Expenses (attach I-360)	00		
	ental Refundable Credit (attach I-361)	00		
	erved for future use	00		
	undable credits (add line 22a through line 22d)		22	00
	ED RETURN: Use Schedule AMD for line 23 calculation.	_		
	16 through line 22 and enter the total here These are your TOTAL PAYMENTS		2,318	
	is larger than line 15, subtract line 15 from line 23 and enter the overpayment			
	is larger than line 23, subtract line 23 from line 15 and enter the amount due			00
	ED 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	00		
Use Tax	is based on your county's Sales Tax rate. See instructions for more information.			
If you ce	tify that no Use Tax is due, check here ▶ 🔀			
27 Amount	of line 24 to be credited to your 2024 Estimated Tax	00		
28 Total Co	ntributions for Check-offs (attach I-330)	00		
	26 through line 28 and enter the total here	2	29 0	00
	is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the			
	o be refunded to you (line 35 check box entry is required) REFUND) 3	713	00
	5 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax	· -	31	00
	g and/or late payment: Penalties Interest Enter total here		32	00
	or Underpayment of Estimated Tax (attach SC2210)			
) 3	33	00
34 Add line	31 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE	'	34	00
	OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!	,		_
35 Select or				
	IT OPTIONS Have a balance due? Pay electronically! It's quick and easy!			
36 Select or				
	nents only: Withdrawal Date Withdrawal Amount	lo	00	
	, , , , , , , , , , , , , , , , , , , ,		<u>/</u>	
37 Type of A Routing	Account: X Checking X Savings Bank Account			
	Must be 9 digits. The first two numbers Number (RAN) 355013544	143		1-17 digits
	It this return and all attachments are true, correct, and complete to the best of my knowledge.			_
	payer, this declaration is based on all information of which the preparer has any knowledge.	ıı pıc	parea by a percent on	1101
Your signature	Date Spouse's signature (if married	filing j	jointly, BOTH must sign)	
	Director of the SCDOR or delegate to discuss this return, Yes No X Preparer's printed name CYAM DRIVA BAN		ACAD CIIDEA	
	of related tax matters with the preparer.	ıvı S	AGAK GUPTA	
Paid Proparer's	Preparer SYAM PRIYA RAM SAGAR GUPTA O4-16-2024 Check if self- PTIN employed PTIN	020	082703	
Preparer's Use	5		3171965	
Only	employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone		578)965-9522	
,	The state of the s	, (, , , , , , , , , , , , ,	





STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SCHEDULE NR

(Rev. 4/12/23) 3081

dor.sc.gov

2023 NONRESIDENT SCHEDULE

For the year January 1 - December 31, 2023, or fiscal tax year beginning 2023 and ending 2024 Your Social Security Number Your name Spouse's first name Spouse's Social Security Number 735-28-2355 MOKARA, NAGENDRA Your dates of SC residency Spouse's dates of SC residency Schedule NR is for 04-01-2023 to 12-31-2023 Nonresidents or Part-year residents to Attach to completed SC1040. Income as Shown on South Carolina INCOME AND EXCLUSIONS Federal Return Income **COLUMN A COLUMN B** 49,424 00 49,424 00 1 Wages, salaries, tips, etc. 33 0 2 Taxable interest income 00 00 3 Dividend income 00 00 State and local Income Tax refunds 00 Alimony received 00 00 Business income or (loss) 00 00 Capital gain or (loss) 7 00 00 Other gains or (losses) 00 00 Taxable amount of IRA distributions 00 00 00 00 10 00 00 Farm income or (loss) 00 00 Unemployment compensation 00 00 00 00 00 49,457 49,424 00 00 **Federal Adjustment** SC Adjustment ADJUSTMENTS TO INCOME 00 00 Certain business expenses of reservists, performing artists, and fee-basis government 00 00 00 00 00 00 00 00

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





		_	COLUMN A		COLUMN B		
22	Self-employed SEP, SIMPLE, and qualified plans	22	0	0		00	l
23	Self-employed health insurance deduction	23	C	00		00	1
24	Penalty on early withdrawal of savings	24		00		00	1
	Alimony paid			00		00	1
	IRA deduction			00		00	1
	Student loan interest deduction			0		00	1
	Other adjustments			00		00	1
	Reserved						l
	Total adjustments: Add line 17 through line 29			0		00	1
	Adjusted gross income: Subtract line 30 from line 16		49,457	<u> </u>	49,424	00	l
_	OUTH CAROLINA ADJUSTMENTS	* 	10 / 10 / 0	<i>,</i> 0	10,121	- 00	ł
	DITIONS						ł
		,, I				00	١
	South Carolina additions	32				00	ł
	South Carolina dependent exemption (see instructions)	33			0	00	l
	44% of net capital gains held for more than one year				ľ	00	l
	Retirement deduction (see instructions)	٠ -				UU	ł
	a) Taxpayer (date of birth:)	35a				00	l
	b) Spouse (date of birth:)					00	1
	c) Surviving spouse (date of birth of deceased spouse:)					00	1
	Military retirement deduction (see instructions)						۱
	d) Taxpayer (date of birth:)	35d				00	l
	e) Spouse (date of birth:)					00	1
	f) Surviving spouse (date of birth of deceased spouse:)	35f				00	1
36	Age 65 and older deduction (see instructions - must be resident for part of the year)						1
	a) Taxpayer (date of birth:)	36a				00	1
	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)	- 1					l
	Date of birth: SSN:						l
	Date of birth: SSN:	37				00	l
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition	٠,					l
	Prepayment Program	_				00	1
39	Active Trade or Business Income deduction (see instructions)	39				00	l
40	Consumer Protection Services	40				00	l
41	Other subtractions (see instructions)	41				00	l
42	Total South Carolina subtractions: Add line 33 through line 41	42			0	00	l
43	Total South Carolina adjustments: Subtract line 42 from line 32	43			0	00	1
44	SC modified adjusted gross income: Add Column B, line 31 and line 43	44			49,424	00	1
45	PRORATION:		<u> </u>				•
	Line 31, Column B divided by line 31, Column A = 99.93 % (do not exceed	ed 100	0%)				
46	DEDUCTIONS ADJUSTMENT:						
	If using the standard deduction, enter the amount from federal form on line 46.	40					
	If itemizing, use the Schedule NR instructions , and enter the amount from Part IV on li Enter the following amounts from the instructions:	ne 46					
	· ·						
	Part I (Itemized Deductions)						_
	Part II, Worksheet, line 6 (State Taxes)						
	Part III (Other Expenses)		•	46	13,850	00	
							1
47	Allowable deductions: Multiply line 46 by 99.93 % (from line 45).			47	< 13,840	00 >	
	South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference of the control of			ı	•		1
	the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 5			48	35,584	00	
_					$\overline{}$		4

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.

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