



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

Print or type. First name and middle initial: VISHNU VARTHAN REDDY, Last name: ALLAM, Your social security number: 891-45-2339, Spouse's first name, if married filing jointly: , Last name: , Spouse's social security number: , Mailing address (number and street, PO Box): 959 E MAIN ST APT 825, Daytime phone number: (839) 213-9140, City: LEXINGTON SC 29072, State: SC, ZIP: 29072, Tax Year: 2022

Part I Information from your SC1040, Individual Income Tax Return. Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due. 9. Routing number (RTN): 053904483, Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32. 10. Bank account number (BAN): 223029832418, 1-17 digits. 11. Type of account: [X] Checking [ ] Savings

For Balance Due: 12. Payment Withdrawal Date: \_\_\_\_\_ Payment Withdrawal Amount \$: \_\_\_\_\_

Part III Declaration of taxpayer. 13. [X] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. [ ] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe.

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest. I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge. Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

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: 02-14-2023, Check if also paid preparer: [ ], Check if self-employed: [ ], PTIN: \_\_\_\_\_, Firm name (or yours if self-employed), address, ZIP: GLOBAL TAXES LLC, 245 ROONEY CT, E BRUNSWICK, NJ 08816, FEIN 30-1017196, Phone (646) 727-7157

Paid Preparer's Use Only. Preparer signature: \_\_\_\_\_ Date: 02-14-2023, Check if self-employed: [ ], PTIN: P02090332, Firm name (or yours if self-employed), address, ZIP: RVSSMANIKUMARAPPANA, 245 ROONEY CT E BRUNSWICK NJ 08816, FEIN 30-1017196, Phone (646) 727-7157



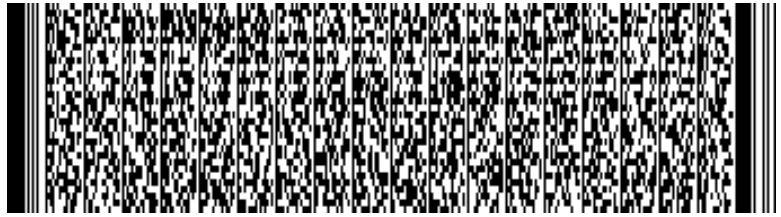
dor.sc.gov

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

# 2022 INDIVIDUAL INCOME TAX RETURN

**SC1040**  
(Rev. 4/29/22)  
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
891	45	2339	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2022, or fiscal tax year beginning \_\_\_\_\_, 2022 and ending \_\_\_\_\_, 2023

First name and middle initial <b>VISHNU VARTHAN REDDY</b>		Last name <b>ALLAM</b>		Suffix
Spouse's first name, if married filing jointly		Last name		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) <b>959 E MAIN ST 825</b>			County code <b>32</b>
City <b>LEXINGTON</b>		State <b>SC</b>	ZIP <b>29072</b>	Daytime phone number with area code <b>(839) 213-9140</b>
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: \_\_\_\_\_

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

Number of dependents claimed on your 2022 federal return ..... **0**

Number of dependents claimed that were under the age of 6 years as of December 31, 2022 .....

Number of taxpayers age 65 or older as of December 31, 2022 .....

### DEPENDENTS

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



INCOME AND ADJUSTMENTS

Your SSN 891-45-2339

2022

<b>1</b> Enter <b>federal taxable income</b> 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	<b>1</b>	<b>Dollars</b> 14,911	<b>00</b>
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ADDITIONS TO FEDERAL TAXABLE INCOME

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	00	
<b>b</b> Out-of-state losses Type: _____	<b>b</b>	00	
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	00	
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	00	
<b>e</b> Other additions to income (attach explanation - see instructions)	<b>e</b>	00	
<b>2 Total additions</b> (add line a through line e)	<b>2</b>		<b>00</b>
<b>3</b> Add line 1 and line 2 and enter the total here	<b>3</b>	14,911	<b>00</b>

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	00	
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	00	
<b>h</b> 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 _____	<b>h</b>	00	
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	00	
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	00	
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	<b>k</b>	00	
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	00	
<b>m</b> Interest income from obligations of the US government	<b>m</b>	00	
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	00	
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	00	
<b>p</b> Retirement Deduction (see instructions)			
<b>p-1</b> Taxpayer (date of birth: _____)	<b>p-1</b>	00	
<b>p-2</b> Spouse (date of birth: _____)	<b>p-2</b>	00	
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-3</b>	00	
Military Retirement Deduction (see instructions)			
<b>p-4</b> Taxpayer (date of birth: _____)	<b>p-4</b>	00	
<b>p-5</b> Spouse (date of birth: _____)	<b>p-5</b>	00	
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-6</b>	00	
<b>q</b> Age 65 and older deduction (see instructions)			
<b>q-1</b> Taxpayer (date of birth: _____)	<b>q-1</b>	00	
<b>q-2</b> Spouse (date of birth: _____)	<b>q-2</b>	00	
<b>r</b> Negative amount of federal taxable income	<b>r</b>	00	
<b>s</b> Subsistence allowance (multiply _____ days by \$8)	<b>s</b>	00	
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	00	
<b>u</b> Consumer Protection Services	<b>u</b>	00	
<b>v</b> Other subtractions (see instructions)	<b>v</b>	00	
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	0	<b>00</b>
<b>4 Total subtractions</b> (add line f through line w)	<b>4</b>	<	<b>0 00 &gt;</b>
<b>5</b> 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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>	14,911	<b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	353	<b>00</b>
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	00	
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	00	
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	00	
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>	353	<b>00</b>



**NON-REFUNDABLE CREDITS**

11 Child and Dependent Care (see instructions)	11		00
12 Two Wage Earner Credit (see instructions)	12		00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13		00
14 Total nonrefundable credits (add line 11 through line 13)	14		00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	15	353	00

**PAYMENTS AND REFUNDABLE CREDITS**

16 SC income tax withheld (attach W-2 or SC41)	16	1,577	00
17 2022 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 Motor Fuel Income Tax Credit (attach I-385)	22e		00
Total refundable credits (add line 22a through line 22e)	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 <b>TOTAL PAYMENTS</b>	23	1,577	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment . . . . .	24	1,224	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 2023 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) . . . . . <b>REFUND</b>	30	1,224	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) <b>BALANCE DUE</b>	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)  Debit Card  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)  223029832418 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 AMREDDY Date 02/18/2023 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 RVSSMANIKUMARAPPANA

Paid Preparer's Use Only	Preparer signature RVSSMANIKUMARAPPANA	Date 02-14-2023	Check if self-employed <input type="checkbox"/>	PTIN P02090332
	Firm name (or yours if self-employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816		FEIN 30-1017196	Phone (646) 727-7157

**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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