



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

Form with fields for First name and middle initial, Last name, Your social security number, Spouse's first name, Spouse's social security number, Mailing address, Daytime phone number, City, State, ZIP, Tax Year.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, 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

Form with fields for Routing number (RTN), Bank account number (BAN), and Type of account (Checking/Savings).

For Balance Due:

Field for Payment Withdrawal Date and Payment Withdrawal Amount \$

Part III Declaration of taxpayer

- 13. 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. 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...

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.

Signature lines for 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.

Form for ERO's Use Only with fields for ERO signature, Date, Check if also paid preparer, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, Phone.

Form for Paid Preparer's Use Only with fields for Preparer signature, Date, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, Phone.

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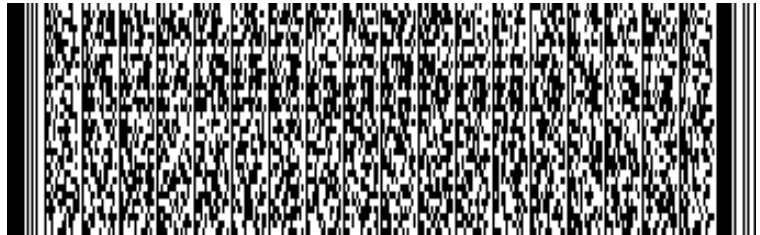
dor.sc.gov

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"/>
634	63	2313	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
995	98	7497	



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

First name and middle initial AISHWARYA MEGHANA		Last name PAPPURI		Suffix
Spouse's first name, if married filing jointly BHARGAV REDDY		Last name AMBATI		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 625 CRANFORD DR			County code 46
City PINEVILLE		State NC	ZIP 28134	Daytime phone number with area code (704) 363-1638
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 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 .....

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)



INCOME AND ADJUSTMENTS

Your SSN 634-63-2313

2023

1	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	1	Dollars	0	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	00		
2	<b>Total additions</b> (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		
p-4	Military Retirement Deduction (see instructions) 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	<b>Total subtractions</b> (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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	5			00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	0	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 <b>TOTAL SOUTH CAROLINA TAX</b>	10			00



NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits (lines 11-15). Line 14 total is 00, line 15 difference is 0 00.

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits (lines 16-22e). Line 22 total is 00.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return calculations (lines 23-25). Line 23 total is 391 00, line 24 overpayment is 391 00, line 25 amount due is 00.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 8 rows for tax due and penalties (lines 26-34). Line 26 is 0 00, line 27 is 00, line 28 is 00, line 29 total is 0 00, line 30 refund is 391 00, line 31 tax due is 00, line 32 penalties is 00, line 33 exception code is 00, line 34 balance due is 00.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

35 Select one: [X] 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: [X] Checking [ ] Savings

Routing Number (RTN) [ ] 053000196 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) [ ] 237050962864 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 [X] Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA

Paid Preparer's Use Only: Preparer signature SYAM PRIYA RAM SAGAR GUPTA Date 04-24-2024 Check if self-employed [ ] PTIN P02082703 Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN 84-3171965 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 04/12/24 PRO

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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 (PAPPURI, AISHWARYA MEGHANA), Your Social Security Number (634-63-2313), Spouse's first name (BHARGAV REDDY), Spouse's Social Security Number (995-98-7497)

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 income table with columns: Line number, Description, Income as Shown on Federal Return (COLUMN A), South Carolina Income (COLUMN B). Includes lines 1-16 with values like 6,898.00.

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 3 columns: Line number, Description, Federal Adjustment, SC Adjustment. Includes lines 17-21 with values like 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.....	00	00
23	Self-employed health insurance deduction .....	00	00
24	Penalty on early withdrawal of savings .....	00	00
25	Alimony paid .....	00	00
26	IRA deduction .....	00	00
27	Student loan interest deduction .....	00	00
28	Other adjustments .....	00	00
29	Reserved .....		
30	<b>Total adjustments:</b> Add line 17 through line 29 .....	00	00
31	<b>Adjusted gross income:</b> Subtract line 30 from line 16 .....	6,898	6,898
<b>SOUTH CAROLINA ADJUSTMENTS</b>			
<b>ADDITIONS</b>			
32	South Carolina additions .....		00
<b>SUBTRACTIONS</b>			
33	South Carolina dependent exemption (see instructions) .....		00
34	44% of net capital gains held for more than one year .....		00
35	Retirement deduction (see instructions)		
a)	Taxpayer (date of birth: _____) .....		00
b)	Spouse (date of birth: _____) .....		00
c)	Surviving spouse (date of birth of deceased spouse: _____) .....		00
Military retirement deduction (see instructions)			
d)	Taxpayer (date of birth: _____) .....		00
e)	Spouse (date of birth: _____).....		00
f)	Surviving spouse (date of birth of deceased spouse: _____) .....		00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
a)	Taxpayer (date of birth: _____) .....		00
b)	Spouse (date of birth: _____) .....		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: _____ .....		00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program .....		00
39	Active Trade or Business Income deduction (see instructions) .....		00
40	Consumer Protection Services .....		00
41	Other subtractions (see instructions) .....		00
42	<b>Total South Carolina subtractions:</b> Add line 33 through line 41.....		00
43	<b>Total South Carolina adjustments:</b> Subtract line 42 from line 32 .....		00
44	<b>SC modified adjusted gross income:</b> Add Column B, line 31 and line 43 .....		6,898
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>100.00</u> % (do not exceed 100%)		
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, <b>use the Schedule NR instructions</b> , 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	<b>Allowable deductions:</b> Multiply line 46 by <u>100.00</u> % (from line 45).....	27,700	00
48	<b>South Carolina taxable income:</b> Subtract line 47 from line 44, Column B. Enter the difference <b>here and on the SC1040, line 5.</b> If line 48 is a negative figure, enter zero on the SC1040, line 5.....	0	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.

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (AISHWARYA MEG PAPPURI, BHARGAV REDDY AMBATI), filing status (Married Filing Jointly), and various checkboxes for residency and education fund contributions.

Table with columns for tax status (FS, PP, Y, DT, N, OC, N, TPRES, Y, SPRES, Y, VT, N, SVT, N), SSN (634632313, 995987497), and other identifiers (7043631638, 6789659522, P02082703).



7020150025

Sign Return Below section with checkboxes for Refund Due and Payment Due, signature lines for taxpayer and preparer, and contact information for SYAM PRIYA RAM SAGAR GUPT.

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	6898
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	6898
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	-18602
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	-18602
15.	N.C. Income Tax	15.	0
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	0
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	0

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>0</b>



D-410 (50)

8-21-23

Application for Extension for Filing Individual Income Tax Return

North Carolina Department of Revenue

Instructions

Purpose - Use Form D-410 to ask for 6 more months to file the North Carolina Individual Income Tax Return, Form D-400.

In general, if you were granted an automatic extension to file your federal income tax return, federal Form 1040, you do not have to file Form D-410 to receive an extension of time to file Form D-400.

If you were not granted an automatic extension to file your federal income tax return, you MUST file Form D-410 to receive an extension of time to file Form D-400.

To receive the extra time you MUST:

- 1. Properly estimate your tax liability using the information available to you, and enter that amount on Line 1 of Form D-410.
2. File Form D-410 by the regular due date of your tax return.

If you have been granted an extra 4 months to file because you were "out of the country" (explained later) when your return was due, then use this form to ask for an additional 2 months to file.

Filing Your Tax Return - You may file the income tax return at any time before the extended due date. But remember, Form D-410 does not extend the time to pay the tax.

Interest - You will owe interest on tax not paid by the original due date of the return. Even if you had a good reason not to pay on time, you will still owe interest.

Late Payment Penalty - If you do not pay all the tax due by the original due date, multiply the tax not paid by 5 percent regardless of how late the tax is paid.

The penalty will apply on any remaining balance due if the tax paid by the original due date of the return is less than 90 percent of the total amount of tax due.

Late Filing Penalty - A penalty is usually charged if your return is filed after the due date (including extensions). It is 5 percent of the net tax due for each month, or part of a month, that your return is late (maximum 25 percent).

If you do not file the application for extension by the original due date of the return, you are subject to both the late filing penalty and the late payment penalty on the net tax due.

Net tax due is the amount of tax required to be shown on the return less any timely payments of the tax and allowable credits.

How To Claim Credit For Payments Made With This Form - When you file your return, include the amount paid with this extension on Line 21b of Form D-400.

If you and your spouse jointly filed Form D-410, but file separate returns for the taxable year, you may enter the total amount paid with Form D-410 on either of your separate returns, or you and your spouse may divide the payment in any agreed amounts.

Specific Instructions

Name, Address, and Social Security Numbers - Enter your name, address, and social security number and your spouse's name and social security number if filing a joint return.

Line 1 - Enter on this line the amount you expect to enter on Line 15 of Form D-400.

Line 2 - Enter on this line any North Carolina income tax withheld, estimated tax payments (including any overpayment applied from the previous year), and any other payments and credits you expect to show on your return.

Out of the Country - If you were a U. S. citizen or resident and were out of the country on the due date of your return, you are granted an automatic 4-month extension to file your return.

Important: Do not use this form to request extensions of time for filing partnership, estate, trust, corporate income, or franchise tax returns.

You can file Form D-410 and pay the tax online. For details, visit www.ncdor.gov and select "File and Pay."



Taxpayer Cut Here



D-410 (50) Application for Extension for Filing Individual Income Tax Return

REV 02/07/24 PRO

9-29-09

North Carolina Department of Revenue

634632313 995987497 Calendar year 2023 or tax year starting

AISHWARYA MEG PAPPURI N Out of country and ending on due date?

BHARGAV REDDY AMBATI

625 CRANFORD DR

PINEVILLE NC 28134

Table with 2 columns: Description and Amount. Row 1: 1. Tax Liability for Year 0.00. Row 2: 2. Payments for Year 0.00. Row 3: 3. Balance Due \$ 0.00.

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0635

7130150205



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