

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

SC8453 (Rev. 10/7/21) 3299

401	.50.901	_														-								
First name and middle initial					Last name								Your social security number											
	PALLAVI						THALAKOLA								843-53-3870									
	Spouse's first name, if man	ried fil	ing jo	intly						Last r	ame	;				Spouse's social security number								
Print or																								
type.	Mailing address (number a	nd stre	eet, P	O Bo	x)														Da	aytim	e phone nu	mber		
	2002 GREENEST	REET	-																(8	39)201-1	825		
	City							Stat	е			ZIF	0							٦	ax Year			
	COLUMBIA SC 29	9205																		2	2023			
Part I	Information from			040	, Ind	divid	dual	Inco	me	Тах	Ret	turn												_
1. Federa	al taxable income (line 1																		. 1			0	0	0
	(line 15 of your SC1040																		2				0	
	ax (line 26 of your SC104																					0)0
4. Total T	ax (add line 2 and line 3																		4			0		00
5. SC Inc	ome Tax Withheld (add l	ine 16	and	l line	20 c	of you	ur SC	1040))										5			236	0	0
	dable credits (add line 21																		6)0
7. Refund	d (line 30 of your SC1040))																	7			236	0	0
8. Balanc	e due (line 34 of your SC	21040)																8					00
Part II	Bank information	or Re	əfun	d o	r Ba	lanc	e Du	le																
			1	r	T	T	T				м	lust b	e 9 di	iaits	s. T	[he	firs	t tw	o nu	mbe	rs of the			
9. Routir	ng number (RTN)	0	5	3	9	0	4	4	8	3											ough 32.			
			r –				1	1				<u> </u>	1								- 			
10. Bank	account number (BAN)						2	2	3	0	3	0	6	0)	1	7	7	4	8	1-17 digi	its		
11 Type	of account:	Check	ina		Savi	inas																		
• •	nce Due:	5110011	ng		oun	inge																		
								-							•									
-	nent Withdrawal Date							Pay	men	it vvit	ndra	wal A	\mou	nt	\$.									
Part III																								
13. 🖾 :	a. I consent for my refund t																	on lir	le 1 t	hrou	gh line 8 is o	correc	t. If	í I
_	filed a joint return, this is										-								<u></u>					
	 I authorize the South Ca account, provided in Par 																							
	funds and consent to the																							
			-															-				-		_
and interes	OR does not receive full an st	a timei	y pay	ment	orm	iy tax	liadili	ty, i u	naer	stand	Inat	i am	respoi	nsic	bie i	IOF	the	pala	nce c	ue, i	ncluding all	penai	ues	5
									4 - 4 -				ام م ارب م		T L:						ما منه مالانساده			
	hat this return and all attach preparer has any knowledge		are tr	ue, c	orrec	st, and	a com	piete	เง เท	e bes	l of n	пу кп	owiedą	ge.	IN	is c	iecia	arauc	onis	pase	d on all inio	rmatio	on c	זנ
	omit a copy of this form to th			Date	rn th			nu to		r naid			Kaan				<i></i>		town					
Do not sut	omit a copy of this form to th	e 500	UR.	Relu		e sigi	ieu co	οργ ιο	you	r paid	prep	arer.	кеер	ac	op	уw	/////)	our	lax re	ecord	15.			
Your signa	ature					Da	te		Spo	ouse's	sigr	nature	e (lf ma	arrie	ed f	filin	g jo	intly,	BOT	「H m	ust sign) D	ate		
Part IV	Declaration of Ele	ctron	ic R	etur	n O	riai	nato	r (EF	20)	and	Pai	id Pr	epar	rer				-						
	hat I have received the above															e be	est c	of m	kno	wled	de. I have o	btaine	d t	he
taxpayer's	signature on this form befo	re subr	nitting	g the	SC10	040 te	o the S	SCDC	DR. I	have	prov	ided t	he tax	kpay	yer	wit	h a	сору	of a	ll forr	ns and info	rmatio		
	th the IRS and the SCDOR																							
	Income Tax Returns, and re accompanying schedules a																						s	
	n of which I have knowledge																							
	g documents for three year																							
	FRO							1	Dat	te		Check				hec	k if				PTIN			
ERO's	ERO signature							03-	1/_	-202	/ a	also pa prepare]	se		oyed							
Use	<u> </u>	·	Т Г	י גידי		т т	C	05-	<u> 1</u> 1 1	202	<u>r P</u>	. spart		_		· ·	84	- 3	<u>ו</u> 1 ד 1	196	5			
Only	yours if self-employed), d address, ZIP 24	LOBA	лт. JONI		ΩΨ ΣΕΩ		JC BRU	NCIN	TOV	. N	т∩	881	6			non	<u> </u>	-			-9522			
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Paid	Preparer											D	ate			hec self					PTIN			
Prepare	<u></u>										03	3-14	-202	24			oyed		P	02	082703			
Use	Firm name (or yours if self-employed), S	YAM	PR.	ΙΥΑ	. RA	AM (SAG	AR	GUI	PTA	ΤA	LLA	M		FE	EIN				196				
Only		45 I	<u>200</u>	NE	ΥC	<u>T 1</u>	E B	RUN	ISW	ICK	Ν	JС	881	L6	Pł	hon	e (67	<u>8)</u>	965	-9522			



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

Your Soci	Check if deceased			
843	53	3870	ueceaseu	
Spouse's Sc	cial Securit	y Number	Check if deceased	



For the year January 1 - December 31, 2023, or fiscal tax year begin First name and middle initial	Last nar		, 2024	Suffix					
PALLAVI		THALAKOLA							
Spouse's first name, if married filing jointly	Last nar			Suffix					
	Last hai	lie		Sullix					
Check if Mailing address (number and street, PO Box)				County code					
				,					
new address 2002 GREENESTREET				40					
City	State	ZIP	Daytime phone number with	area code					
COLUMBIA	SC	29205	(839)201-1825						
Check if address 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 ext	ension.			🕨 🗆					
Check this box if you served in a military combat zor Name of the combat zone:	ie during	the filing period							

CHECK YOUR	(1) 🗙 Single	(3) Married filing separately - enter spouse's SSN:		
FEDERAL FILING STATUS	(2) Married filing jointly	(4) Head of household (5) Qualifying surviving spo	use	
Number of dependents also	imed on your 2022 fodor		•	0

 Number of dependents claimed on your 2023 federal return
 0

 Number of dependents claimed that were under the age of 6 years as of December 31, 2023
 0

 Number of taxpayers age 65 or older as of December 31, 2023
 0

DEPENDENTS

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



IN	COME AND ADJUSTMENTS	Your	SS	N <u>843-53-387</u>	0				202	23
1	Enter federal taxable income from your federal form. If zero or less, enter zero	o her	re				Τ	Dollars		
	Nonresident filers: complete Schedule NR and enter total from line 48 on line 5	belc	w			1			0	00
AC	DITIONS 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	1				
	c Expenses related to National Guard and Military Reserve Income	▶ Г	С		00	1				
	d Interest income on obligations of states and political subdivisions other than South Carolina		d		00	1				
	e Other additions to income (attach explanation - see instructions)		е		00	1				
2	Total additions (add line a through line e)	· · · ·				2				00
3	Add line 1 and line 2 and enter the total here					3			0	00
SU	BTRACTIONS FROM FEDERAL TAXABLE INCOME						,			
	f State tax refund, if included on your federal return		f		00					
	${f g}$ 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)	Γ				1				
	Check type of income/gain: 🗌 Rental 🗌 Business 🗍 Other		h		00					
	i 44% of net capital gains held for more than one year	▶ [i		00	1				
	j Volunteer deductions (see instructions) Type:	▶ [j		00	1				
	k Contributions to the SC College Investment Program (Future Scholar)					1				
	or the SC Tuition Prepayment Program		k		00	1				
	I Active Trade or Business Income deduction (see instructions)	▶ [Ι		00]				
	${\bf m}$ Interest income from obligations of the US government		m		00	1				
	n Certain nontaxable National Guard or Reserve pay	▶ [n		00	1				
	o Social Security and/or railroad retirement, if taxed on your federal return	▶ [0		00	1				
	p Retirement Deduction (see instructions)	Γ]				
	p-1 Taxpayer (date of birth:)) F	5-1		00	1				
	p-2 Spouse (date of birth:))	A 🖌)-2		00	1				
	p-3 Surviving spouse (date of birth of deceased spouse:))	o-3		00	1				
	Military Retirement Deduction (see instructions)	Γ				1				
	p-4 Taxpayer (date of birth:)) F	5-4		00					
	p-5 Spouse (date of birth:))) (o-5		00					
	p-6 Surviving spouse (date of birth of deceased spouse:)	۲ (o-6		00					
	q Age 65 and older deduction (see instructions)	Γ								
	q-1 Taxpayer (date of birth:)) (q-1		00					
	q-2 Spouse (date of birth:))		-2		00					
	r Negative amount of federal taxable income	▶ r	•	3,111	00					
	s Subsistence allowance (multiply days by \$8)	s	5		00					
	t $$ Dependents under the age of 6 years on December 31 of the tax year \ldots .	🕨 t	:		00					
	u Consumer Protection Services	ل ا	L		00					
	${\bf v}~$ Other subtractions (see instructions) $\ldots \ldots \ldots$		/		00					
	${\bf w}$ South Carolina Dependent Exemption (see instructions)	V	N	0	00					
4	Total subtractions (add line f through line w)					4	<	3,11	11	00 >
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter an	nount	t fro	m Schedule NR,					T]
	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOM	/E S	UB	JECT TO TAX		5			0	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	6	0	00					
7	TAX on Lump Sum Distribution (attach SC4972)	▶ 7	7		00					
8	TAX on Active Trade or Business Income (attach I-335)		3		00					
9	TAX on excess withdrawals from Catastrophe Savings Accounts	· _			00					
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH	CAR	ROL	INA TAX		10			0	00

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NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11	(0		
12 Two Wage Earner Credit (see instructions)	12	(0		
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13	(0		
14 Total nonrefundable credits (add line 11 through line 13)			. 14	1	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zer	ro here		. 15	5 0	00
PAYMENTS AND REFUNDABLE CREDITS					<u> </u>
16 SC income tax withheld (attach W-2 or SC41)	16	236	0		
17 2023 Estimated Tax payments	17	(0		
18 Amount paid with extension	18	(0		
19 Nonresident sale of real estate (paid on I-290)	19	(0		
20 Other SC withholding (attach 1099)	20	(0		
21 Tuition tax credit (attach I-319)	21	(0		
22 Other refundable credits:					
22a Anhydrous Ammonia (attach I-333)	22a	(0		
22b Milk Credit (attach I-334)	22b	(0		
22c Classroom Teacher Expenses (attach I-360)	22c	(0		
22d Parental Refundable Credit (attach I-361)	22d	(0		
22e Reserved for future use	22e	(0		
Total refundable credits (add line 22a through line 22d)			22	2	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					
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa					
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount					00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the an		rom line 25 on	ine 3	31.	
26 USE TAX due on online, mail-order, or out-of-state purchases		00	0		
Use Tax is based on your county's Sales Tax rate. See instructions for more info	ormatio	n.			
If you certify that no Use Tax is due, check here 🕨 🔀					
27 Amount of line 24 to be credited to your 2024 Estimated Tax			0		
28 Total Contributions for Check-offs (attach I-330)			0		
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					
amount to be refunded to you (line 35 check box entry is required)					+
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter					00
32 Late filing and/or late payment: Penalties Interest	E	nter total here	32	2	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)			22		
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 lin REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure		BALANCE DUE	54	•	
35 Select one: X Direct Deposit (line 37 required) (for US accounts only)		per 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 bar		on on line 37)			
For payments only: Withdrawal Date Withdrawal A			00	7	
	mount		100		
37 Type of Account: ► Checking ► Savings Bank Acco	ount				
Number (RTN) 1053904483 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Number (E		2230306017	48		1-17 digits
I declare that this return and all attachments are true, correct, and complete to the k				pared by a person ot	-
than the taxpayer, this declaration is based on all information of which the preparer			• •	, ,	
Your signature Date S	spouse's s	signature (if married fi	ling joi	intly, BOTH must sign)	
		wainte due and			
attachments, and related tax matters with the preparer.	SYAM P		AR (GUPTA TALLAM	
	Check if se mployed		20	82703	
Use Firm name (or yours if self- GLOBAL TAXES LLC		FEIN 8	1-3	171965	
Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK	NJ O	8816 Phone	(6	78)965-9522	
REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo	ox 101'	100, Columbia,	SC 2	29211-0100	
MAIL TO: BALANCE DUE: Taxable Processing Center, PO Box 101105, BALANCE DUE: Taxable Processing Center, PO Box 101105, REV 03/05/24 PRO	Colum	ibia, SC 29211	-010	5	
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