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REV 03/05/24 PRO dor.sc.gov



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

SC8453 (Rev. 10/7/21) 3299

Print or type. First name and middle initial: LASYA, Last name: PATNAIK, Your social security number: 355-37-5640, Spouse's first name, if married filing jointly: , Last name: , Spouse's social security number: , Mailing address (number and street, PO Box): 1850 COUNTY RD 39, Daytime phone number: (803) 387-9105, City: SOUTHAMPTON NY, State: NY, ZIP: 11968, Tax Year: 2023

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 (2,220.00), SC tax (0.00), Use Tax (0.00), Total Tax (0.00), SC Income Tax Withheld (0.00), Refundable credits (0.00), Refund (0.00), and Balance due (0.00).

Part II Bank information for Refund or Balance Due

9. Routing number (RTN) [9 digit box] 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) [17 digit box] 1-17 digits. 11. Type of account: [] Checking [] Savings

For Balance Due:

12. Payment Withdrawal Date _____ 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. 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: [Signature], Date: 04-01-2024, Check if also paid preparer: [], Check if self-employed: [], PTIN: FEIN 84-3171965, Phone (678) 965-9522

Paid Preparer's Use Only: Preparer signature: [Signature], Date: 04-01-2024, Check if self-employed: [], PTIN: P02082703, Firm name (or yours if self-employed), address, ZIP: SYAM PRIYA RAM SAGAR GUPTA, 245 ROONEY CT E BRUNSWICK NJ 08816, Phone (678) 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 Social Security Number			Check if deceased <input type="checkbox"/>
355	37	5640	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>



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

First name and middle initial LASYA		Last name PATNAIK		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) 1850 COUNTY RD 39			County code 38
City SOUTHAMPTON	State NY	ZIP 11968	Daytime phone number with area code (803) 387-9105	
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: _____

CHECK YOUR FEDERAL FILING STATUS	(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 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)

30751234



INCOME AND ADJUSTMENTS

Your SSN 355-37-5640

2023

1 Enter federal taxable income 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	2,220	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 Total additions (add line a through line e) ▶	2			00
3 Add line 1 and line 2 and enter the total here ▶	3		2,220	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	
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		00	
4 Total subtractions (add line f through line w) ▶	4	<	0	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 SOUTH CAROLINA INCOME SUBJECT TO TAX ▶	5		2,220	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 TOTAL SOUTH CAROLINA TAX ▶	10		0	00



NON-REFUNDABLE CREDITS

Table with 3 columns: Line number, Description, and Amount. Rows include Child and Dependent Care, Two Wage Earner Credit, and Total nonrefundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Line number, Description, and Amount. Rows include SC income tax withheld, 2023 Estimated Tax payments, and Total refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 columns: Line number, Description, and Amount. Rows include Add line 16 through line 22, and adjustments for overpayment or amount due.

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

Table with 3 columns: Line number, Description, and Amount. Rows include USE TAX due, Amount of line 24 to be credited, Total Contributions for Check-offs, and BALANCE DUE.

REFUND OPTIONS and PAYMENT OPTIONS sections. Includes checkboxes for Direct Deposit, Paper Check, MyDORWAY, ACH Debit, and account type selection.

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, and 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 information section including Preparer's signature, Date (04-01-2024), Preparer's printed name (SYAM PRIYA RAM SAGAR GUPTA), PTIN (P02082703), Firm name (GLOBAL TAXES LLC), and Phone number ((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