1555

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

	First name and middle initia	ıl						Last name					Your social security number								
	SAI KRISHNA	SAI KRISHNA THANIPARTHI						154-85-7197													
	Spouse's first name, if marr	ied fili	ng jo	intly				Last name						Spouse's social security number							
Print or	ype. Mailing address (number and street, PO Box)							989-94-9626													
туре.								Daytime phone number													
	1800 KILLIAN I	AKE	S :	DR	AP	T 6	5305					ZIP					(	<u>(60</u>	<u>3) 943-</u>		)
	City	000						Sta	ite			ZIP							Tax Year		
	COLUMBIA SC 29			040		J:	Jal			T-1	. F	2-4							2023		
Part I	Information from y																	1	Г.Г	- 000	100
	al taxable income (line 1 c ( (line 15 of your SC1040)	-			,													2		5,820	
	ax (line 26 of your SC1040)																	3	<del>-</del>	1 <b>,</b> 439	
	Fax (add line 2 and line 3.																	4		1,439	
	come Tax Withheld (add li																	5		2,804	
	dable credits (add line 21					-			,									6	2	2,00 <del>1</del>	00
	d (line 30 of your SC1040)				-													7		1,365	
8. Balanc	ce due (line 34 of your SC	1040)																8	-	1,000	00
Part II	Bank information for	or Re	fun	d oı	r Ba	lanc	e Dı	ıe													
										1	7	Must be	e 9 di	iaits	s. Th	e first	t two	numl	bers of the	<b>.</b>	
9. Routir	ng number (RTN)	0	1	1	4	0	0	4	9	5									rough 32.		
10 5 1	(5.44)						T <sub>2</sub>		Τ	T	Т	<u> </u>		Ι,	$T_{c}$			$T_{\circ}$	1-17 (	diaite	
10. Bank	account number (BAN)						3	8	8	0		0 3	9	4	8	3   7	6	8		aigits	
11. Type	of account:	hecki	ng		Savi	ings															
For Bala	nce Due:																				
12. Paym	nent Withdrawal Date						_	Pav	/mer	nt Wi	thd	Irawal A	moui	nt	\$						
		aver	,																		
	a. I consent for my refund to filed a joint return, this is a	be di	ectly														n line	1 thre	ough line 8	is correc	t. If I
П	b. I authorize the South Care										-	-					n ACI	ᆸ	nit request :	to my har	nk
	account, provided in Part funds and consent to the	II, for	paym	ent c	of the	Sout	h Car	olina	taxe	s I ov	ve.	I author	ize m	ıy b	ank t	o debi	it my a	ассоц	ınt for the r	equested	ł
	OOR does not receive full and		_														_				
and intere																					
	hat this return and all attachn preparer has any knowledge		are tr	ue, c	orrec	t, and	d com	plete	to th	ne be	st c	of my kno	wledo	ge.	This	declaı	ration	is ba	sed on all i	informatio	on of
Do not sub	bmit a copy of this form to the	SCD	OR.	Retu	rn the	e sigr	ned co	py to	o you	r paid	d pr	eparer.	Keep	ac	юру ч	with y	our ta	x rec	ords.		
						1														1	
Your signa	ature					 Da	te		Sn	ouse	's s	ignature	(If ma	arrie	ed filii	na ioir	ntly B	ОТН	must sign)	Date	
Part IV		tron	ic D	<u> </u>	'n O			r /E					•		- Till	ng jon	itiy, D		muot olgm	Bato	
	hat I have received the above														the b	est of	f mv k	nowl	edge. I hav	e obtaine	ed the
	signature on this form before																				
	th the IRS and the SCDOR a																				
	Income Tax Returns, and red accompanying schedules ar																				
	n of which I have knowledge.																				
supportin	g documents for three yea	rs.																			
ERO's	ERO								Da	ite		Check it		_	Che self-		_		PT	IN	
Use	signature							04	-07	-202	24	prepare		╝		loyed	Ш				
Only	Firm name (or yours if self-employed), GI	OBA	 '	TAX	ŒS	LΙ	C								FEIN	١84-	-31	719	965		
<del></del>	address, ZIP 24	5 RC	ONI	ΞΥ	CT,	Ε	BRU	NSV	/ICE	(, l	IJ	0881	6		Phor	ne (6	678	) 96	5-952	2	
Paid	Drenaror											Da	ate		Che				PT	IN	
Prepare	Preparer signature											04-07	-202	24	if sel	lf- loyed		PN	20827	03	
Use	Firm name (or	ZAM	PR	IYA	4 R	MA	SA	GA I	3 (-	UP:				- 1	FEIN		-31		<u>2002 /                                  </u>		
Only	yours if self-employed), 24			NE:						IICI			881	L 6	Pho	<u> </u>			55-952	2	

<u> 245 ROONEY CT E BRUNSWICK NJ 08816 Phone (678)965-9522</u>







# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

# **SC1040** (Rev. 4/18/23) 3075

## **2023 INDIVIDUAL INCOME TAX RETURN**

Your Soci	al Security	Check if		
154	85	7197	deceased	
Spouse's So	ocial Securit	y Number	Check if	
989	94	9626	deceased	Ш



For the year January 1 - De	cember 31, 2023, or fiscal tax yea	ar beginning	, 20	23 and ending	, 2	2024			
First name and middle initia	Last nam	Last name							
SAI KRISHNA		THAN	THANIPARTHI						
Spouse's first name, if marr	ed filing jointly	Last nam	Last name						
SHRAVYA		THUM	UNURI						
Check if Mailin	g address (number and street, Po	O Box)							
new address $\square$ 180	0 KILLIAN LAKES	DR 6305				32			
City		State	ZIP		Daytime phone	e number with area code			
COLUMBIA		SC	29203	3	(603)94	13-6979			
Check if address soutside US Foreign	n country address including post	al code							
Amended Return: 0	Check if this is an Amended	d Return. (Atta	ch Sched	lule AMD) .		<b>)</b>			
Check this box if your	are a part-year or nonresi	dent filing an S	SC Sched	dule NR					
•	f you are filing a composite	•				· -			
•	not check this box if you ar			•		N (			
•	•								
	have filed a federal or sta								
<ul> <li>Check this box if you</li> </ul>	served in a military comba	at zone during	the filing	period					
Name of the comba	at zone:								
CHECK YOUR	(1) Single	(3) Marr	ied filing se	eparately - ente	r spouse's SSN	<b>1</b> :			
FEDERAL FILING STA	TUS (2) X Married filing jointl		_		Qualifying survi				
I LDLINAL I ILING STA	103 (2) Married ming John	y ( <del>4</del> ) 110a	a or riouser	loid (5)	Qualifying 3urvi	vilig spouse			
Number of dependents	a alaimad an vaur 2022 fac	loral ratura				<b>&gt;</b> 0			
	s claimed on your 2023 fee								
Number of dependents	s claimed that were under	the age of 6 ye	ears as of	December	31, 2023	······ 5 ——			
Number of taxpayers a	age 65 or older as of Decei	mber 31, 2023				🕨			
DEPENDENTS									
First name	Last name	Social Security N	umber	Relationship		Date of birth (MM/DD/YYYY)			
		l				1			

1,439 00



Your SSN 154-85-7197 2023 INCOME AND ADJUSTMENTS Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** 1 Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below ...... 55,820 00 ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if itemizing on federal return (see instructions) . . . . . . . 00 00 **b** Out-of-state losses Type: b 00 c Expenses related to National Guard and Military Reserve Income . . . . . . . . С 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) . . . . . . . 00 00 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME f State tax refund, if included on your federal return..... 00 g Total and permanent disability retirement income, if taxed on your federal return 00 g h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other 00 i 44% of net capital gains held for more than one year..... i 00 Volunteer deductions (see instructions) Type: j 00 **k** Contributions to the SC College Investment Program (Future Scholar) 00 k Active Trade or Business Income deduction (see instructions) . . . . . . . . ı 00 m Interest income from obligations of the US government..... m 00 n Certain nontaxable National Guard or Reserve pay...... 00 n Social Security and/or railroad retirement, if taxed on your federal return . . 0 00 **p** Retirement Deduction (see instructions) **p-1** Taxpayer (date of birth: 00 00 p-2 Spouse (date of birth: **p-3** Surviving spouse (date of birth of deceased spouse: 00 Military Retirement Deduction (see instructions) 00 00 **p-6** Surviving spouse (date of birth of deceased spouse: 00 **q** Age 65 and older deduction (see instructions) q-1 00 q-2 Spouse (date of birth: \_\_\_\_\_ q-2 00 00 s Subsistence allowance (multiply \_\_\_ 00 t Dependents under the age of 6 years on December 31 of the tax year.... 00 00 00 w South Carolina Dependent Exemption (see instructions)...... 00 4 00 > 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 32,937 00 1,43900 TAX on your South Carolina Income Subject to Tax (see SC1040TT)..... 00 7 00

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10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX . . . . . .



	ON-REFUNDABLE CREDITS				
11	Child and Dependent Care (see instructions)	00			
	Two Wage Earner Credit (see instructions)	00			
	Other nonrefundable credits. Attach SC1040TC and other state returns	00			
	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	1,439	00
	AYMENTS AND REFUNDABLE CREDITS				
16	SC income tax withheld (attach W-2 or SC41)	00			
17	2023 Estimated Tax payments	00			
18	Amount paid with extension	00			
19	Nonresident sale of real estate (paid on I-290)	00			
20	Other SC withholding (attach 1099)	00			
21	Tuition tax credit (attach I-319)	00			
22	Other refundable credits:				
	22a Anhydrous Ammonia (attach I-333)	00			
	22b Milk Credit (attach I-334)	00			
	22c Classroom Teacher Expenses (attach I-360)	00			
	22d Parental Refundable Credit (attach I-361)	00			
	22e Reserved for future use	00			
	Total refundable credits (add line 22a through line 22d)		22		00
	AMENDED RETURN: Use Schedule AMD for line 23 calculation.				
	Add line 16 through line 22 and enter the total here These are your <b>TOTAL PAYMENTS</b>		23	2,804	
	If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment		24	1 <b>,</b> 365	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 or	n lin	e 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 certify that no Use Tax is due, check here ▶ 🗵				
	Amount of line 24 to be credited to your 2024 Estimated Tax	00			
28	Total Contributions for Check-offs (attach I-330)	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) REFUND		30	1 <b>,</b> 365	00
	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		31		00
	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)				
	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:				
	Routing Bank Account				1-17
	Number (RTN) 1011400495   Must be 9 digits. The first two numbers of the RTN must be 01 through 32.   Number (BAN) 388003948				digits
	eclare that this return and all attachments are true, correct, and complete to the best of my knowledge.	If pr	epare	d by a person oth	ner
	an the taxpayer, this declaration is based on all information of which the preparer has any knowledge.				
You	ur signature Date Spouse's signature (if married	d filing	jointly,	BOTH must sign)	
Lai	uthorize the Director of the SCDOR or delegate to discuss this return,				
	achments, and related tax matters with the preparer.  Yes No No No SYAM PRIYA RA	M S	SAGA	R GUPTA	
Pa	aid Preparer Date Check if self- PTIN				
	eparer's signature SYAM PRIYA RAM SAGAR GUPTA   U4-07-2024   employed   1		082		
Us	· · · · · · · · · · · · · · · · · · ·			1965	
Or	employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone	(	678)	965-9522	
		_		4.4.04.00	





# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

## **SCHEDULE NR**

(Rev. 4/12/23) 3081

#### dor.sc.gov

Your name

**2023 NONRESIDENT SCHEDULE** 

2023 and ending 2024

THANIPARTHI, SAI KRISHNA

Your Social Security Number 154-85-7197

For the year January 1 - December 31, 2023, or fiscal tax year beginning

Spouse's first name SHRAVYA

989-94-9626

Spouse's Social Security Number

Your dates of SC residency 06-01-2023 to 12-31-2023

Spouse's dates of SC residency

Schedule NR is for Nonresidents or Part-year residents

С	6-01-2023 <b>to</b> 12-31-2023	to			art-year residents leted SC1040.	
IN	COME AND EXCLUSIONS	Income as Showr Federal Returr COLUMN A	Income	South Carolina Income COLUMN B		
1	Wages, salaries, tips, etc.		83 <b>,</b> 520	00	49,280	00
2	Taxable interest income	2		00		00
3	Dividend income	3		00		00
4	State and local Income Tax refunds	4		00		
5	Alimony received	5		00		00
6	Business income or (loss)	6		00		00
7	Capital gain or (loss)	7		00		00
8	Other gains or (losses)	8		00		00
9	Taxable amount of IRA distributions	9		00		00
10	Taxable amount of pensions and annuities	10		00		00
		ts, etc	0	00	0	00
12	Farm income or (loss)	Attach to 12		00		00
13	Unemployment compensation	SC1040		00		00
14	Taxable amount of Social Security benefits	14		00		
15	Other income	15		00		00
			83,520 Federal Adjustme		49,280	
AL	JUSTMENTS TO INCOME		rederal Adjustille	FIIL	SC Adjustmen	
17	·	17		00		00
18	Certain business expenses of reservists, pe officials	erforming artists, and fee-basis government 18		00		00
19	Health savings account deduction	19		00		00
20	Moving expenses for members of the Arme	d Forces		00		00
21	Deductible part of self-employment tax	21		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	0	0	00
23	Self-employed health insurance deduction	0	0	00
24	Penalty on early withdrawal of savings	0	0	00
25	Alimony paid	0		00
26	IRA deduction	0		00
	Student loan interest deduction	0		00
28	Other adjustments	0		00
29	Reserved			
	Total adjustments: Add line 17 through line 29	0	0	00
	Adjusted gross income: Subtract line 30 from line 16	83,520 <b>0</b>	<b>0</b> 49,280	00
	OUTH CAROLINA ADJUSTMENTS	00,020	13723	00
	DITIONS			
32	South Carolina additions			00
	BTRACTIONS			100
	South Carolina dependent exemption (see instructions)			
	44% of net capital gains held for more than one year		·	00
	Retirement deduction (see instructions)			100
	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			100
	Prepayment Program			00
39	Active Trade or Business Income deduction (see instructions)			00
40	Consumer Protection Services			00
41	Other subtractions (see instructions)			00
	Total South Carolina subtractions: Add line 33 through line 41		(	00
	Total South Carolina adjustments: Subtract line 42 from line 32			00
	SC modified adjusted gross income: Add Column B, line 31 and line 43		49,280	
	PRORATION:		15,200	<u> </u>
40	Line 31, Column B divided by line 31, Column A = 59.00 % (do not exceed 100)	%)		
46	DEDUCTIONS ADJUSTMENT:	,		
	If using the standard deduction, enter the amount from federal form on line 46.			
	If itemizing, use the Schedule NR instructions, 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)	4	27,700	00
			21,100	30
4-	Allowable deductions Multiply line 40 by		1 1 2 2 4 2	00
	Allowable deductions: Multiply line 46 by 59.00 % (from line 45)		< 16,343	00 >
48	<b>South Carolina taxable income:</b> Subtract line 47 from line 44, Column B. Enter the difference <b>the SC1040, line 5.</b> If line 48 is a negative figure, enter zero on the SC1040, line 5		20 00	00
	the 30 to40, title 3. If title 40 is a fregative rigure, effet zero off the 30 to40, title 5		32,937	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.

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