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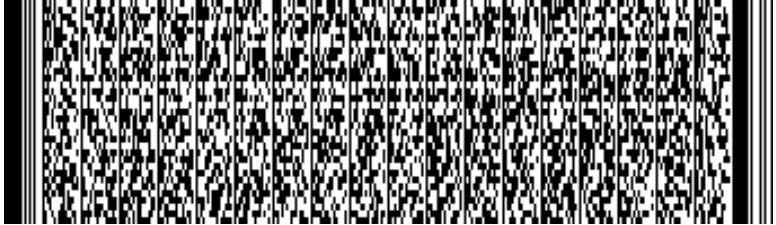
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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2023 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 4/18/23)
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
154	85	7197	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
989	94	9626	



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

First name and middle initial SAI KRISHNA		Last name THANIPARTHI		Suffix
Spouse's first name, if married filing jointly SHRAVYA		Last name THUMUNURI		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 1800 KILLIAN LAKES DR 6305			County code 32
City COLUMBIA	State SC	ZIP 29203	Daytime phone number with area code (603) 943-6979	
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 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 0

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 154-85-7197

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 55,820	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		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	<	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		32,937 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) ▶	6	1,439	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		1,439 00



NON-REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows include Child and Dependent Care, Two Wage Earner Credit, Other nonrefundable credits, Total nonrefundable credits, and Subtract line 14 from line 10.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows include SC income tax withheld, 2023 Estimated Tax payments, Amount paid with extension, Nonresident sale of real estate, Other SC withholding, Tuition tax credit, and Other refundable credits (22a-22e).

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 columns: Description, Line Number, Amount. Rows include Add line 16 through line 22, If line 23 is larger than line 15, and If line 15 is larger than line 23.

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

Table with 3 columns: Description, Line Number, Amount. Rows include USE TAX due on online, mail-order, or out-of-state purchases, Amount of line 24 to be credited, Total Contributions for Check-offs, Add line 26 through line 28, If line 29 is larger than line 24, Add line 25 and line 29, Late filing and/or late payment, Penalty for Underpayment of Estimated Tax, and Add line 31 through line 33.

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) [011400495] Bank Account Number (BAN) [388003948768]

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 04-07-2024, Check if self-employed [], PTIN P02082703, Firm name GLOBAL TAXES LLC, FEIN 84-3171965, address 245 ROONEY CT E BRUNSWICK NJ 08816, 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

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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 (THANIPARTHI, SAI KRISHNA), Your Social Security Number (154-85-7197), Spouse's first name (SHRAVYA), Spouse's Social Security Number (989-94-9626)

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

Spouse's dates of SC residency to

Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040.

Main table with columns: INCOME AND EXCLUSIONS, Income as Shown on Federal Return COLUMN A, South Carolina Income COLUMN B. Rows include Wages, interest income, dividends, etc. Total income is 83,520.00.

Attach to SC1040

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

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SC adjustment continued

		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	Total adjustments: Add line 17 through line 29	00	00
31	Adjusted gross income: Subtract line 30 from line 16	83,520	49,280
SOUTH CAROLINA ADJUSTMENTS			
ADDITIONS			
32	South Carolina additions		00
SUBTRACTIONS			
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	Total South Carolina subtractions: Add line 33 through line 41		00
43	Total South Carolina adjustments: Subtract line 42 from line 32		00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43		49,280
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>59.00</u> % (do not exceed 100%)		
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, 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) _____		
46		27,700	00
47	Allowable deductions: Multiply line 46 by <u>59.00</u> % (from line 45)	< 16,343	> 00
48	South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 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.