

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

SC8453 (Rev. 10/7/21) 3299

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	First na	me and middle initia	al						La	ast n	ame	Э						You	r soci	al sec	urity nu	Imber	
	RAVIVARDHAN REDDY BOTTA									139-21-1902													
	Spouse	Spouse's first name, if married filing jointly Last name								Spouse's social security number													
Print or		SNEHA VELURI												-353									
type.	Mailing	Mailing address (number and street, PO Box)								I	Dayti	me ph	one nu	mber									
		BRONZE DR						01.1										(201		<u>52-0</u>	<u>269</u>	
	City	_						Stat	е			ZIF	5							Tax Y			
		NGTON SC 2							_		_									202	3		
Part		rmation from																	4				
		e income (line 1 c																	1		133,		
		of your SC1040) 6 of your SC104																	2 3		6,	989	
		line 2 and line 3																	3 4		6	0	
	•	w Withheld (add li																	5			989	
		edits (add line 21				-			,										6		8,	803	00
) of your SC1040			-		,												7		1	814	-
		ine 34 of your SC																	8		,	014	00
Part II		c information f																					100
i art ii	Bam											lucet h	- 0 di		ть					ers of	. the		
9. Routir	ng numb	er (RTN)	0	2	1 2	0	0	3	3	9										rough			
10. Bank	accoun	number (BAN)					3	8	1	9	1	2	8	5		2	2	9	5	1-	17 digi	its	
11. Type	of acco	unt: 🛛 🗙 C	Checki	ing	🗌 Sav	rings																	
For Bala	nce Due):																					
12. Paym	nent With	ndrawal Date					_	Pay	ment	With	ndra	wal A	Amou	nt \$; _								
Part III	Dec	aration of taxp	baver																				
13. 🖾 :		ent for my refund to			deposite	d as d	lesign	ated i	n Part	II. I	dec	lare th	nat the	e infoi	rma	ation	on l	ine 1	l thro	ugh lir	ne 8 is	correc	t. If I
	filed a	joint return, this is	an irre	vocab	le appoir	ntmen	t of m	y spo	use as	an	age	nt to r	eceive	e the	ref	und.							
	accou	orize the South Car nt, provided in Part and consent to the	II, for	payme	ent of the	e Sout	h Car	olina	taxes	owe	e. I	autho	rize m	ıy baı	nk 1	to de	bit n	ny a	ccou	nt for t	he requ	uested	1
If the SCD and interes		not receive full and	d timely	y payn	nent of m	ny tax	liabilit	y, I u	nderst	and	that	lam	respoi	nsible	e fo	r the	bal	ance	e due	, inclu	ding all	penal	ties
		eturn and all attachr has any knowledge		are tru	ie, corre	ct, and	d com	plete	to the	best	t of r	ny kno	owled	ge. T	his	decl	arat	ion i	s bas	ed on	all info	rmatic	on of
		by of this form to the			Doturn th			ny to		oid	nror	oror	Koon			with	VOU	r tov	rooo	rdo			
DO HOL SUL			e 30D	UN. 1		ie sigi		pyio	your p	aiu	hieb		Кеер	a	ру	with	you	ιαλ	Tecu	ius.			
Your signa	ature					Da	te		Spou	se's	sigi	nature	e (lf ma	arriec	d fili	ing jo	bintly	у, ВС) HTC	must s	ign) D)ate	
Part IV	Dec	aration of Elec	ctron	ic Re	eturn C) rigir	natoi	ſ (EF	RO) a	nd	Pai	id Pr	epar	rer									
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	ERO								Date			Check i also pa			Che self	ck if	,	,			PTIN		
Use	signa											orepare				oloyed							
Only	yours i	i Son-ompioyou),			AXES														154				
	addres	s, ZIP 24	5 RC	JONE	<u>Y CT,</u>	Ε	BRUI	NSW:	ICK,	N	J ()881	.6		Pho	ne (67	/8)	96	5-9	522		
Paid		barer										D	ate		Che if se		-	_			PTIN		
Prepare	er's _{sign}	ature														ployed	1 L		P02	247(0833	,	
Use		name (or s if self-employed), VI	ENKA	ATA	SAI 1	PAV	AN I	KUM	AR I	DUE	DIF	ALI	JI		FEI	N 88	8 – 3	214	454	87			
Only	addr	ess, ZIP 24	45 E	ROOR	JEY (CT I	ΞB	RUN	SWI	CK	Ν	J 0	881	16	Pho	one (67	78)	96	5-9	522		



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

1

Your Soci	Check if					
139	21	1902	deceased			
Spouse's Sc	Check if					
880	24	3539	deceased			



For the year January	1 - December 31, 2023, or fiscal tax year beginr	ning	, 2023 and ending	, 2024					
First name and middl	e initial	Last nan	Suffix						
RAVIVARDHAN REDDY			A						
Spouse's first name, if married filing jointly			ne		Suffix				
SNEHA		VELU	RI						
Check if	Mailing address (number and street, PO Box)				County code				
new address	563 BRONZE DR			40					
City			ZIP	Daytime phone number with	area code				
LEXINGTON			29072	(201)562-0269					
Check if address	Check if address Foreign country address including postal code								
is outside US									
Amended Retu	Irn: Check if this is an Amended Retu	rn. (Atta	ch Schedule AMD) .		🕨 🗆				
	if you are a part-year or nonresident fil		,						
Check this box	only if you are filing a composite return	n on beł	half of a Partnership of	or					
S Corporation. Do not check this box if you are an individual 🕨 🗌									
Check this box	if you have filed a federal or state exte	ension			🕨 🗆				
Check this box if you served in a military combat zone during the filing period									
Name of the c	combat zone:		· · · · · · · · · · · · · · · · · · ·						

CHECK YOUR	(1) 🔲 Single	(3) Married filing separately - enter spouse's SSN:	
FEDERAL FILING STATUS	(2) X Married filing jointly	(4) Head of household (5) Qualifying surviving spouse	
Number of dependents clai	med on your 2023 feder		1

Number of dependents claimed on your 2023 federal return
Image: Comparison of the second second

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
RISHIL	BOTTA	068-57-5650	Son	03/09/2019



IN	COME AND ADJUSTMENTS Yes	our S	SN <u>139-21-19</u>)2		2023		
1	Enter federal taxable income from your federal form. If zero or less, enter zero	here				Do	ollars	\square
	Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 k	below			1	1	33,010) 00
A	DDITIONS 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	1			
	c Expenses related to National Guard and Military Reserve Income	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	1	33,010) 00
รเ	JBTRACTIONS 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: 🗌 Rental 🗌 Business 🗌 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				
	I Active Trade or Business Income deduction (see instructions)	· 1		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	0		00				
	p Retirement Deduction (see instructions)							
	p-1 Taxpayer (date of birth:)			00				
	p-2 Spouse (date of birth:))	p-2	2	00				
	p-3 Surviving spouse (date of birth of deceased spouse:)	p-3	3	00				
	Military Retirement Deduction (see instructions)							
	p-4 Taxpayer (date of birth:)		•	00				
	p-5 Spouse (date of birth:))	p-5	5	00				
	p-6 Surviving spouse (date of birth of deceased spouse:)	p-6	5	00				
	q Age 65 and older deduction (see instructions)							
	q-1 Taxpayer (date of birth:)	q-1		00				
	q-2 Spouse (date of birth:))		2	00				
	r Negative amount of federal taxable income			00				
	s Subsistence allowance (multiply days by \$8)			00				
	t Dependents under the age of 6 years on December 31 of the tax year		4,610					
	u Consumer Protection Services			00				
	v Other subtractions (see instructions)	_		00				
	w South Carolina Dependent Exemption (see instructions)		4,610	00				
4	Total subtractions (add line f through line w)				4	<	9,220) 00 >
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter and						~~ ~~ ~	
	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME		1	ŕ	5	1	23,790	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)		7,253	+				
7	TAX on Lump Sum Distribution (attach SC4972)			00	-			
8	TAX on Active Trade or Business Income (attach I-335)			00	-			
9	TAX on excess withdrawals from Catastrophe Savings Accounts			00	40	1		
10) Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH C	ARU		· · ·	10		7,253	5 UU

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NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)		11		00		
12 Two Wage Earner Credit (see instructions)		12	264	00		
13 Other nonrefundable credits. Attach SC1040TC and c	other state returns	13		00		
14 Total nonrefundable credits (add line 11 through lin	ie 13)			14	264	00
15 Subtract line 14 from line 10 and enter the difference.	If less than zero, enter ze	ero here		15	6,989	00
PAYMENTS AND REFUNDABLE CREDITS						
16 SC income tax withheld (attach W-2 or SC41)		16	8,803	00		
17 2023 Estimated Tax payments		17		00		
18 Amount paid with extension				00		
19 Nonresident sale of real estate (paid on I-290)		19		00		
20 Other SC withholding (attach 1099)		20		00		
21 Tuition tax credit (attach I-319)		21		00		
22 Other refundable credits:			·			
22a Anhydrous Ammonia (attach I-333)) 22a		00		
22b Milk Credit (attach I-334)		▶ 22b		00		
22c Classroom Teacher Expenses (attach I-360)		▶ 22c		00		
22d Parental Refundable Credit (attach I-361)		▶ 22d		00		
22e Reserved for future use		22e		00		
Total refundable credits (add line 22a through line 2	22d)]	22	2	00
AMENDED RETURN: Use Schedule AMD for line 2	23 calculation.					
23 Add line 16 through line 22 and enter the total here	-				,	
24 If line 23 is larger than line 15, subtract line 15 from li	ne 23 and enter the overp	ayment		24	1,814	00
25 If line 15 is larger than line 23, subtract line 23 from li						00
AMENDED RETURN: Enter the amount from line 2			rom line 25 on	line 3	51.	
26 USE TAX due on online, mail-order, or out-of-state pu			0	00		
Use Tax is based on your county's Sales Tax rate. Se		formatio	n.			
If you certify that no Use Tax is due, check here						
27 Amount of line 24 to be credited to your 2024 Estimat				00		
28 Total Contributions for Check-offs (attach I-330)		28		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. Otherwis					1 0 1 1	
amount to be refunded to you (line 35 check box entr	/				· ·	
31 Add line 25 and line 29. If line 29 is larger than line 24, subtraction of the second se			-			00
32 Late filing and/or late payment: Penalties		E	nter total here	32	,	00
33 Penalty for Underpayment of Estimated Tax (attach S	,					
Enter exception code from instructions here if applica				33		00
34 Add line 31 through line 33 and enter your balance due (SALANCE DUE	34	r	00
REFUND OPTIONS Getting a refund? Direct deposit is			n an Oh a ala			
35 Select one: Direct Deposit (line 37 required) (for	• •		per Check			
PAYMENT OPTIONS Have a balance due? Pay electro 36 Select one: MyDORWAY (pay at dor.sc.gov/pay)	ACH Debit (enter your US b	-	ion on line 27)			
			,		7	
For payments only: Withdrawal Date	Withdrawal	Amount		00	,	
37 Type of Account: ► Checking ► Savings	Denk As	t				
	The first two numbers be 01 through 22 Bank Act		381912852	005		1-17
I declare that this return and all attachments are true, col	be of through 52.	. , .				digits
than the taxpayer, this declaration is based on all information				i piep	area by a person ou	
				iling joiı	ntly, BOTH must sign)	
			. .	0,		
I authorize the Director of the SCDOR or delegate to discuss this return,	Yes 🗌 No 🛛		printed name	1211147		
attachments, and related tax matters with the preparer.	Date			KUMA	AR DUDIPALLI	
Paid Preparer Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	Check if se employed		024	70833	
Use Firm name (or yours if self- GLOBAL TAXE	S LLC	. , -			145487	
	CT E BRUNSWICK	NJ O	8816 Phone		78)965-9522	
REFLINDS OR ZERO TAX: SC1040 Pr						
MAIL TO: BALANCE DUE: Taxable Processing C	•					
30753230	REV 03/05/24 PRO	, cour		510		