Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.0.1.0.1.0.0.0.1.0.0				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
FANC	GLIANG LI	055-65	-300	1	
Spouse's	s name	Spouse's soo	cial secu	urity number	,
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	re au	thorizina.)
	whole dollars only on lines 1 through 5.	or your your		unonizinig.	<u>/</u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	45	,719.
2	Total tax		2		,605.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		
5	Amount you owe		5	3	,605.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	rn)
return (to send for any Agent to paymer authorize paymer business taxes to persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the foliation of the financial institution account in the financial transfer in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	smitter, or electrejection of the t U.S. Treasury andicated in the total the authorized the authorized equests must be the processing of payment. I fur	onic refransmisend its cax preparation. The receiff the elast second control of the el	turn origina ssion, (b) the designated paration soft to this acco To revoke (eved no late ectronic par ecknowledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X	- 1	e mv PIN	3 (0 0 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or generat	e mv PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 Don't ent	6 0	8 2 7	1
		2011 (0111	un 20		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	mitting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

Form 1040-V (2022) 2023 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2023**

▼ Detach Here and Mail With Your Payment and Return **▼**

Department of the Treasury Internal Revenue Service 2023

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

FANGLIANG LI

DREHER STREET 1405 COLUMBIA SC 29205 INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 2	0	(See se	parate inst	tructions.
Your first name	and m	iddle initial	Last na	ame					,	our so	cial securit	ty number
FANGLIAN	1G		LI							055	65 3	001
If joint return, s	pouse's	s first name and middle initial	Last na	ame								curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt.	no.	- 1	Preside	ntial Election	on Campaign
DREHER S	STRE	ET 1405									here if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State	е	ZIP code					otly, want \$3
_COLUMBIA	A		SC 29205			5		to go to this fund. Checking box below will not change				
Foreign country	/ name			Foreign province/state/o	county	<i>'</i>	Foreign p	ostal c	ode \	our tax	k or refund.	
											You	Spouse
Filing Status	; X	Single			[Head of he	ousehold	(HOH	H)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)			[Qualifying	surviving	spou	ıse (C	(SS)		
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u ched	cked the HOH	or QSS	box,	enter	the chi	ld's name	if the
	qu	alifying person is a child but not you	ır depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	rtv or ser	vices	or (b	n) sell.		
Assets		nange, or otherwise dispose of a digi					-				☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as a	a dependent				-		
Deduction		Spouse itemizes on a separate return		•		•						
A /DI'		<u> </u>		_				1	0	1050		e a d
		: Were born before January 2, 19	959 [Are blind Spo →	ouse:	_ Was bor			•		∐ Is bl	
Dependent				(2) Social security number	<i>'</i>	(3) Relationsh to you	ip		ne box ax cre			e instructions): her dependents
If more	(1) F	irst name Last name		number		to you		711110		uit	Orean for on	
than four dependents,									 		L	
see instruction:	s								_		L	
and check here	1 —							L				
-	10	Total amount from Form(s) W-2, bo	ov 1 (cc	o instructions)				L		1a		
Income	1a b	Household employee wages not re	`	,				•		1b		
Attach Form(s)	C	Tip income not reported on line 1a		• •				•		1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	•				•		1d		
W-2G and	e	Taxable dependent care benefits f		, , , ,	nonac			•		1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		•				•		1f		
If you did not	g g	Wages from Form 8919, line 6.						•		1g		
get a Form	h	Other earned income (see instructi						·		1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i		-				
	z	Add lines to through th					<u> </u>			1z		
Attach Sch. B	2a	<u> </u>	2a		b Ta	xable interest	t			2b		
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds			3b	,	
	4a	IRA distributions	4a			xable amoun				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	xable amoun	t			5b	,	
Single or	6a	Social security benefits	6a		b Ta	xable amoun	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see ii	nstructions)			. \square			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	check here			. \square	7		
Married filing jointly or	8	Additional income from Schedule								8		45,719.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come					9	- 4	45 , 719.
\$27,700	10	Adjustments to income from Scheen	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	me					11		45 , 719.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		13 , 850.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	8995	5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t a	axable incom	ie			15	,	31,869.

19	Form 1040 (2023	3)								Page 2
Transmit	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	3,605.
19	Credits	17							17	
20		18	Add lines 16 and 17					🗔	18	3,605.
21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 3, 60 5.		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
22 Subtract line 21 from line 18. If zero or less, enter -0- 22 3, 605.		20	Amount from Schedule 3, lin	ne 8				:	20	
23		21	Add lines 19 and 20						21	
23		22	Subtract line 21 from line 18	I. If zero or less,	enter -0				22	3,605.
Payments 24		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	
Payments		24	Add lines 22 and 23. This is	your total tax				7	24	
A Form(s) W-2 D Form(s) 1099 D For	Payments	25								<u> </u>
C Other forms (see instructions) 25c		а	Form(s) W-2				25a			
If you have a 26 2023 estimated tax payments and amount applied from 2022 return 25 26 2023 estimated tax payments and amount applied from 2022 return 26 28 28 29 28 29 29 29 29		b	Form(s) 1099				25b			
26 2023 estimated tax payments and amount applied from 2022 return 26 27 28 28 29 28 29 29 29 29		С	Other forms (see instructions	s)			25c			
Cautifying child, attach Sch.EIC. 27 Additional child tax credit from Schedule 8812 28		d	Add lines 25a through 25c	·				2	5d	
Cautifying child, attach Sch.EIC. 27 Additional child tax credit from Schedule 8812 28	If you have a	26	· ·						26	
28	qualifying child,		Earned income credit (EIC)			No .	27			
See instructions Amount from Schedule 3, line 15 31 And lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 27, 28, 29, and 32. These are your total payments 33 34 35 35 35 35 35 35	attach Sch. EIC.		` '							
See instructions Amount from Schedule 3, line 15 31 And lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 27, 28, 29, and 32. These are your total payments 33 34 35 35 35 35 35 35		29	American opportunity credit	from Form 8863	3, line 8		29			
Sign Here Sign		30	* * * * * * * * * * * * * * * * * * * *				30			
Sign Here Sign		31	Amount from Schedule 3, lin	ne 15			31			
Refund 34		32					ındable credits	;	32	
Refund 34		33							33	
Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name Date Date Your occupation Preparer's signature. If a joint return, both must sign. Date Preparer's signature Preparer's ame GLOBAL TAXES LLC Phone no. (678) 965-9522	Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	;	34	
Direct deposit? See instructions. See instructi		35a					•	. 🗆 🖪	5a	
See instructions 36 Account number X X X X X X X X X	Direct deposit?	b								
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions). 38 Do you want to allow another person to discuss this return with the IRS? See instructions. 38 Do you want to allow another person to discuss this return with the IRS? See instructions. 39 Do you want to allow another person to discuss this return with the IRS? See instructions. 39 Phone no. 20 Personal identification number (PIN) Sign Here 30 Date 40 Post Complete below. 40 Post Complete belo	See instructions.	d	Account number X X X	X X X X	XXXX		XXX			
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's Phone no. (803) 800−1366 Personal identification number (PIN) Date Postpoction Pln, enter it here (see instructions) Spouse's signature. If a joint return, both must sign. Phone no. (803) 800−1366 Preparer's signature Pre	Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe					
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions .		;	37	3,605.
Designee's name Date Postpoction pin, enter it here (see inst.) Date Postpoction pin, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Reep a copy for your records. Date Date Postpoction pin, enter it here (see inst.) If the IRS sent you an Identity Protection Pin, enter it here (see inst.) If the IRS sent your spouse an Identity Protection Pin, enter it here (see inst.) Phone no. (803) 800–1366 Email address LIFL@SHANGHAITECH.EDU.CN Preparer your Preparer's signature Preparer's name Syam PRIYA RAM SAGAR GUPTA Date Preparer's name Syam PRIYA RAM SAGAR GUPTA Date Prim's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address Designee's name of LOBAL TAXES LLC Phone no. (678) 965–9522 Phone no. (678) 965–9522 Phone no. (678) 965–9522		38	Estimated tax penalty (see in	nstructions) .			38			
Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Postdoction PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Phone no. (803) 800–1366 Phone no. (803) 800–1366 Preparer's name Preparer's signature Preparer's	Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation POSTDOCTORAL Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (803) 800–1366 Email address LIFL@SHANGHAITECH.EDU.CN Preparer's name SYAM PRIYA RAM SAGAR GUPTA SYAM P	Designee	ins	structions				. LYes. Co	mplete belo	OW.	⊠ No
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date									tion	
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Foregarer is signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Date PostDoctoral Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (803) 800–1366 Email address LIFL@SHANGHAITECH.EDU.CN Preparer's name Syam Priya Ram Sagar Gupta Syam Priya Ram Sagar Gupta 03/30/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	Cian			hat I have examine		accompanying sche			nest c	of my knowledge and
Your signature Post Doctor PlN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (803) 800-1366 Email address LIFL@SHANGHAITECH.EDU.CN Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer Use Only Your occupation Fit the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Date Prin Check if: SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	-									
Joint return? See instructions. Keep a copy for your records. Phone no. (803) 800-1366 Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	Here	Yo	ur signature		Date	Your occupation		If the IR	S sen	t vou an Identity
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your records. (see inst.) Phone no. (803) 800–1366 Email address LIFL@SHANGHAITECH.EDU.CN Paid Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P0 2082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN		Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			
Paid Preparer's name Preparer's signature Date PTIN Check if: Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA O3/30/2024 P02082703 Self-employed Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN										ction Pin, enter it here
Paid Preparer's name Preparer's signature Date PTIN Check if: Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA O3/30/2024 P02082703 Self-employed Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN			one no (803) 800_136	6	Email address	T T DT A CU A N C U	אַדַּייברט בּרוו כ	M ,		
Paid Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN			(000)000 200		1	птеперимисн				Check if:
Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522	Paid		•	1 .		ZAR CIIDTA			n 2	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	•			1	77 1/711 DA	JAM GOLIA	00/00/2024			
	Use Only				INSWICK N	т 08816				
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/07/24 PRO Form 1040 (2023)	Go to www ire or						DEV 02/07/04 DDC	1.41113.		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

FANGLIANG LI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

055-65-3001

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (_)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount: Other Income from box 3 of 1099-Misc 45,719.			
_	Other Income from box 3 of 1099-Misc 45,719.	8z 45,719		45 54 5
9	Total other income. Add lines 8a through 8z		9	45,719.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			45 540
	1040. 1040-SR. or 1040-NR. line 8		10	45,719.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

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	I					Las	st nar	ne				You	r socia	al security n	umber	
	FANGLIANG				LI								0	55-	-65-30	01	
	Spouse's first name, if marri	ied filing join	tly				Las	st nar	ne						social secu		ber
Print or																	
type.	Mailing address (number an	nd street, PO	Box)											Daytir	ne phone n	umber	
	DREHER STREET		,											-	8) 800-1		
	City	1403				State			ZIP						Tax Year	1300	
	'	20 E				Olalo											
Don't I	COLUMBIA SC 29		140 las al	!! al.			T	D							2023		
Part I	Information from y													4			
	al taxable income (line 1 o	•	,										_	1		,869	
	(line 15 of your SC1040)													2	1,	, 368	00
	ax (line 26 of your SC1040													3		0	00
	Tax (add line 2 and line 3.													4	1	, 368	00
5. SC Inc	come Tax Withheld (add lir	ne 16 and li	ine 20 of	your	SC1	040)								5			00
6. Refund	dable credits (add line 21 a	and line 22	of your S	SC10)40) .								[6			00
7. Refund	d (line 30 of your SC1040))											-	7			00
8. Balanc	ce due (line 34 of your SC	1040)												8	1	, 431	
Part II																, 101	
I alt II	Dank information it	Ji Keluliu	OI Dai	ance	Dut	-											
9. Routir	ng number (RTN)														ers of the ough 32.		
10. Bank	account number (BAN)														1-17 diç	gits	
11 Type	of account:	hecking	☐ Savin	nas													
		ricoking	Cavii	igo													
	nce Due:																
12. Paym	nent Withdrawal Date				. F	Paym	ent V	Vithd	rawal A	mour	nt \$ _						
Part III	Declaration of taxp	ayer															
13.	 a. I consent for my refund to filed a joint return, this is a 												line	1 thro	ugh line 8 is	correct	. If I
	 I authorize the South Card account, provided in Part funds and consent to the s 	II, for payme	nt of the S	South	Carol	lina ta	xes I	owe.	I author	ize m	y bank	to debit	t my a	ccour	nt for the red	quested	
If the SCD and interes	OR does not receive full and st.	timely paym	ent of my	tax li	ability	, I und	dersta	nd th	at I am r	espon	sible fo	or the ba	alance	e due,	including a	ll penalti	ies
	hat this return and all attachm preparer has any knowledge.		e, correct,	, and	comp	lete to	the b	est o	f my kno	wledg	je. This	declar	ation i	is bas	ed on all inf	ormation	n of
Do not sub	bmit a copy of this form to the	SCDOR. R	eturn the	siane	ed cop	v to v	our pa	aid pr	eparer.	Keep	a copy	with vo	our tax	recoi	rds.		
20	a copy or allo lolli to allo				- u 00p	, ,	ош. ре	р.	- pa	Моор	5567						
Your signa	ature			Date)		Spous	e's si	gnature	(If ma	rried fil	ling join	tly, Bo	n HTC	nust sign)	Date	
Part IV	Declaration of Elec	tronic Re	turn Or	iain	ator	(ER	O) ar	nd P	aid Pr	enar	er						
	hat I have received the above											best of	mv kr	nowle	dge. I have	obtained	d the
taxpayer's be filed wit	signature on this form before th the IRS and the SCDOR a Income Tax Returns, and req	e submitting nd have follo	the SC10 wed all o	40 to ther re	the So	CDOF ment	R. I ha	ve pro	ovided the in the II	ne tax RS Pu	payer v ıb. 134	vith a co 5 Autho	opy of orized	all fo	rms and info	ormation ers of	to
	l accompanying schedules an																,
	n of which I have knowledge.																
supportin	g documents for three year	rs.															
					- 1		Date	- 1	Check if	f	Che	eck if	I		PTIN		
ERO's	ERO				,	11 1	0 00		also pai		self						
Use	signature Firm name (or					<u> </u>	0-20)	prepare			ployed		710	<u> </u>		
Only	yours if self-employed), بلتا		AXES									N 8 4 -					
	address, ZIP 24.	5 ROONE	Y CT,	E B	<u>BRUN</u>	SWI	CK,	ΝJ	0881	6	Pho	one (6	<u> 78)</u>	965	<u>5-9522</u>		
Paid	Dronoror							1	Da	ate	Che				PTIN		
Prepare	Preparer signature								02 20	200	if se	elf- ployed		DU	208270	3	
Use	5:g::a:ta::5	771/	·	N N #	070	7 -	O T T T		03-30	<u>-</u> 202				ruz	2002/0.	J	
Only	vours if self-employed).	AM PRI			<u>SAG</u>					0.0 :	FEI			0.5			
Only	address, ZIP 24	<u> 15 ROON</u>	IEY C	ΓЕ	BR	UNS	SWIC	CK	<u>NJ 0</u>	881	6 Pho	one (6	<u> 78)</u>	96.	<u>5-9522</u>		

dor.sc.gov

2023 STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX PAYMENT VOUCHER

SC1040-V (Rev. 3/27/23) 3332

Pay online using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040-V form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN (if filing jointly).
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on line 34 of your SC1040.
- If you file and pay electronically, you have until May 1, 2024 to submit your return and full payment without penalties or interest. If you don't file and pay by May 1, 2024, penalties and interest will be charged from the tax due date (April 15, 2024) until you file and pay.
- If you filed your SC1040 electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1040-V.
- If you file your SC1040 by paper and have a balance due, submit your payment with the return. **Do not** mail your payment separately with the SC1040-V.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040-V in the memo. Do not send
 cash.
- Mail your SC1040-V and payment in one envelope.

Mail your SC1040-V and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

2	 	cut along dotted line	
		Ç	REV 03/05/24 PRO
1555 dor.sc.gov	2023	SC DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX PAYMENT VOUCHER	SC1040-V (Rev. 3/27/23) 3332

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN	Spouse's SSN (if filing jointly)	Composite Filer			
▶ 055-65-3001	•				
Name and address (include spouse's name	e if filing jointly)				
FANGLIANG LI		Payment amount	•	1431.00	
DREHER STREET 1 COLUMBIA SC 2	.405 !9205				

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040-V in the memo.







STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

2023 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 4/18/23)

3075

Your Soci	Check if			
055	65	3001	deceased	
Spouse's So	cial Securit	y Number	Check if deceased	



For the year January 1 - De	cember 31, 2023, or fiscal tax yea	ar beginning	, 2023 and endir	ng, 2024				
First name and middle initia			Last name					
FANGLIANG		LI						
Spouse's first name, if marr	ed filing jointly	Last name			Suffix			
Check if Mailin	g address (number and street, P	O Box)			County code			
new address DRE	HER STREET 1405	,			32			
City		State	ZIP	Daytime phone number	er with area code			
COLUMBIA		sc	29205	(803)800-13	366			
Check if address is outside US	n country address including post	tal code						
Amended Return: 0	Check if this is an Amended	d Return. (Attac	n Schedule AMD)					
Check this box if your	are a part-year or nonresi	ident filing an So	C Schedule NR					
•	f you are filing a composite	ŭ			,			
•	not check this box if you ar		·		N (1)			
•	•							
-	have filed a federal or sta							
 Check this box if you 	served in a military comba	at zone during tl	ne filing period					
Name of the comba	at zone:							
CHECK YOUR	(4) M Single	(2) Morris	d filing congrately on	tor anguage CCN.				
	(1) X Single			ter spouse's SSN:				
FEDERAL FILING STA	TUS (2) Married filing joint	ly (4) L Head	of household (5)	Qualifying surviving spo	ouse			
					N 0			
Number of dependents	s claimed on your 2023 fed	deral return						
Number of dependents	s claimed that were under	the age of 6 year	rs as of Decembe	r 31, 2023	. 🕨			
Number of taxpavers a	age 65 or older as of Dece	mber 31, 2023			. •			
1 7	3	- ,						
DEPENDENTS								
First name	Last name	Social Security Nur	mber Relationship	Date of	f birth (MM/DD/YYYY)			

1,368 00



Your SSN 055-65-3001 2023 INCOME AND ADJUSTMENTS Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** 1 31,869 00 Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below 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 2 Total additions (add line a through line e) 00 31,869 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 00 f State tax refund, if included on your federal return..... 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 p-5 Spouse (date of birth: 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 0 00 w South Carolina Dependent Exemption (see instructions)...... 0 00 > Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR. 31,869 00 line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 1,368 00 TAX on your South Carolina Income Subject to Tax (see SC1040TT)..... 00 7 00

30752232 REV 03/05/24 PRO

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



NON-REFU	NDABLE CREDITS			
11 Child an	Dependent Care (see instructions)	00		
		00		
	,	00		
14 Total no	nrefundable 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	1,368	00
PAYMENTS	AND REFUNDABLE CREDITS			
16 SC incor	ne tax withheld (attach W-2 or SC41)	00		
		00		
		00		
19 Nonresid	ent sale of real estate (paid on I-290)	00		
		00		
		00		
22 Other re	undable credits:			
22a Anh	ydrous Ammonia (attach I-333)	00		
22b Mill	Credit (attach I-334)	00		
22c Cla	ssroom Teacher Expenses (attach I-360)	00		
		00		
		00		
Total re	undable credits (add line 22a through line 22d)	22		00
AMEND	ED RETURN: Use Schedule AMD for line 23 calculation.		,	
23 Add line	16 through line 22 and enter the total here These are your TOTAL PAYMENTS	23		00
24 If line 23	is larger than line 15, subtract line 15 from line 23 and enter the overpayment	. 24		00
25 If line 15	is larger than line 23, subtract line 23 from line 15 and enter the amount due	25	1,368	00
AMEND	ED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on	line 31		
26 USE TA	⟨ 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 ce	tify that no Use Tax is due, check here ▶ 🏻 🔀			
27 Amount	of line 24 to be credited to your 2024 Estimated Tax	00		
28 Total Co	ntributions for Check-offs (attach I-330)	00		
	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	o be refunded to you (line 35 check box entry is required)	30		00
31 Add line 2	5 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax d	ue 31	1,368	00
32 Late filin	g and/or late payment: Penalties Interest Enter total here	32	·	00
33 Penalty	or Underpayment of Estimated Tax (attach SC2210)			
Enter ex	ception code from instructions here if applicable	33	63	00
34 Add line	31 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE	34	1,431	00
REFUNI	OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!			
35 Select or	e: Direct Deposit (line 37 required) (for US accounts only) Paper Check			
PAYMEI	IT OPTIONS Have a balance due? Pay electronically! It's quick and easy!			
36 Select or	e: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bank information on line 37)			
For payn	ents only: Withdrawal Date Withdrawal Amount	00		
37 Type of <i>i</i>	ccount: Checking Savings			
Routing	Bank Account			1-17
Number	Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Number (BAN)			digits
	t this return and all attachments are true, correct, and complete to the best of my knowledge. If	f prepar	ed by a person oth	ner
than the tax	payer, this declaration is based on all information of which the preparer has any knowledge.			
Your signature	Date Spouse's signature (if married fi	iling jointl	y, BOTH must sign)	
1 41 41	Dispersed printed name			
	Director of the SCDOR or delegate to discuss this return, Yes No No Preparer's printed name SYAM PRIYA RAM	SAG	AR GUPTA	
Paid	Preparer Date Check if self- PTIN			
Preparer's		02082	2703	
Use	Firm name (or yours if self- GLOBAL TAXES LLC FEIN			
Only	employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone	(678	3)965-9522	