REV 03/05/24 PRO



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	name	e and ı	middle i	nitial									Last n	ame							Your	socia	al secu	rity numl	ber	
AZEEZAHMED							SE	K								139-47-5724											
	Spo	use's i	first na	ame, if n	narrie	ed filiı	ng joi	ntly						Last name							Spouse's social security number						
Print or																											
type.	Mail	ing ad	dress	(numbe	er and	d stre	et, P	O Bo	x)													[Daytir	ne pho	ne numb	er	
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	City											Stat	е			ZIP								Tax Ye	ear		
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Part I	l li	nforr	natic	on fror	m ye	our	SC1	040	, Inc	livic	dual	Inco	me	Тах	Ret	urn											
1. Federa																						'	1		6	15	00
2. SC tax	(line	e 15 o	f you	SC10	40).				<i>.</i>													. 2	2				00
3. Use Ta																							3			-	00
4. Total T																							4			-	00
5. SC Inc	ome	Tax \	Withh	eld (ad	ld lin	e 16	and	line	20 o	f you	ur SC	1040)									. 5	5		7	-	00
6. Refund	lable	cred	its (ad	d line	21 a	nd lii	ne 22	2 of	your	SC1	040)											. 6	3				00
7. Refund																							-		7	41	00
8. Balanc																							_		/	11	00
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11. Type	ofac	coun	t.	X	1 Cł	necki	na		Savi	nas														-			
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				D 1								-															
12. Paym	_										_	Payr	nen	t vvitr	nara	vai P	mour	nt \$	_								
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13. 🛛 🛪																					on li	ine 1	throu	ugh lin	e 8 is cor	rect.	. If I
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Your signa	ature									Da	te		Spo	ouse's	sign	ature	(If ma	arried	d fil	ing jo	ointly	, ВC	DTH n	nust si	gn) Date	Э	
Part IV	D	ecla	ratio	n of E	lect	roni	ic R	etur	n O	rigiı	nato	r (EF	RO)	and	Pai	d Pr	epar	er									
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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 INDIVIDUAL INCOME TAX RETURN **SC1040** (Rev. 4/18/23) 3075

Your Soci	Check if			
139	47	5724	deceased	
Spouse's Sc	Check if deceased			



For the year January	1 - December 31, 2023, or fiscal tax year beginn	ning	, 2023 and ending	, 2024						
First name and midd	le initial	Last nar	Suffix							
AZEEZAHMED		SHAI								
Spouse's first name,	if married filing jointly	Last nar	Suffix							
Check if new address	Mailing address (number and street, PO Box) 1500 PARKLAWN DR, BUILDI	NG# 1		County code 10						
City	1	State	ZIP	Daytime phone number with	th area code					
CHARLESTON	ſ	SC	29414	(854)207-4303						
Check if address is outside US	Foreign country address including postal code	1								
Check this boxCheck this box	urn: Check if this is an Amended Retur if you are a part-year or nonresident fil only if you are filing a composite returr n. Do not check this box if you are an in	ing an s n on bel	SC Schedule NR)r	►					
 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	(1) X Single (3) G STATUS (2) Married filing jointly (4)		.	r spouse's SSN: Qualifying surviving spouse						
					0					

 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
 0

 Number of taxpayers age 65 or older as of December 31, 2023
 0

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



IN	COME AND ADJUSTMENTS	Your	SS	N <u>139-47-572</u>	24			2	023	
1	Enter federal taxable income from your federal form. If zero or less, enter zero	o her	e					Dollars		-
	Nonresident filers: complete Schedule NR and enter total from line 48 on line 5	i belo	W			1		615	00	
A	DDITIONS TO FEDERAL TAXABLE INCOME								<u> </u>	-
	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		С		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	<u> </u>	615	00	1
SI	JBTRACTIONS FROM FEDERAL TAXABLE INCOME						<u>, I</u>			4
	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)	í –	-							
	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:	<u>ا</u> (j		00					
	k Contributions to the SC College Investment Program (Future Scholar)		-							
			k		00					
	I Active Trade or Business Income deduction (see instructions)	r	1		00					
	<i>m</i> Interest income from obligations of the US government	: H	m		00					
	n Certain nontaxable National Guard or Reserve pay	: H	n		00					
	o Social Security and/or railroad retirement, if taxed on your federal return	: H	0		00					
	p Retirement Deduction (see instructions)		-							
	p-1 Taxpayer (date of birth:))	b lo	-1		00					
	p-2 Spouse (date of birth:))		-2		00					
	p-3 Surviving spouse (date of birth of deceased spouse:)	、 F	-3		00					
	Military Retirement Deduction (see instructions)		-							
	p-4 Taxpayer (date of birth:))	h	-4		00					
	p-5 Spouse (date of birth:))		-5		00					
	p-6 Surviving spouse (date of birth of deceased spouse:)	、 F)-6		00					
	q Age 65 and older deduction (see instructions)		-0		00					
			-1		00					
	q-1 Taxpayer (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	· –			00					
	u Consumer Protection Services	۲ L			00					
	v Other subtractions (see instructions)	۲ L			00					
	w South Carolina Dependent Exemption (see instructions)	. H		0	00					
4	Total subtractions (add line f through line w)	· _	-		<u> </u>	1	<) 00	٦.
4	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter an					4	\vdash	U		ſ
5						E		615		
c	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOM		1		<i>'</i>	5		615	00	
6 7	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	: H		0						
7	TAX on Lump Sum Distribution (attach SC4972)	· ⊢			00					
8	TAX on Active Trade or Business Income (attach I-335)	: H			00					
9	TAX on excess withdrawals from Catastrophe Savings Accounts	· ∟			00	40				٦
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH	CAR	UL			10		0	00 (

Page 2 of 3



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11		00		
12 Two Wage Earner Credit (see instructions)	12	(00		
13 Other nonrefundable credits. Attach SC1040TC and other state returns)	13	(00		
14 Total nonrefundable credits (add line 11 through line 13)			1	4	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero	o here		1	5 0	00
PAYMENTS AND REFUNDABLE CREDITS				<u>.</u>	<u> </u>
16 SC income tax withheld (attach W-2 or SC41)	16	741	00		
17 2023 Estimated Tax payments	17		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)	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)		(00		
22e Reserved for future use	22e	(00		
Total refundable credits (add line 22a through line 22d)			2	2	00
AMENDED 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	2	23 741	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpay	yment		2	24 741	00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount	t due		2	:5	00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the am	nount f	rom line 25 on	line	31.	
26 USE TAX due on online, mail-order, or out-of-state purchases	26	0 0	00		
Use Tax is based on your county's Sales Tax rate. See instructions for more info	rmatio	n.			
If you certify that no Use Tax is due, check here 🕨 🔀					
27 Amount of line 24 to be credited to your 2024 Estimated Tax		(00		
28 Total Contributions for Check-offs (attach I-330)	28	(00		
29 Add line 26 through line 28 and enter the total here			2	9 0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line	e 24 an	d enter the			
amount to be refunded to you (line 35 check box entry is required)		REFUND	3	80 741	00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter t	the total	. This is your tax d	ue 3	51	00
32 Late filing and/or late payment: Penalties Interest	E	nter total here 🕨	3	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		BALANCE DUE	3	34	00
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)		per 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		, <u>, , , , , , , , , , , , , , , , , , </u>		_	
For payments only: Withdrawal Date Withdrawal Ar	mount		0	0	
37 Type of Account: ► 🗙 Checking ► 🗌 Savings					
Routing Number (DTN) 111000005 Must be 9 digits. The first two numbers		4000507040			1-17
Number (RTN) F 111000025 of the RTN must be 01 through 32. Number (B	, ,	4880527048			digits
I declare that this return and all attachments are true, correct, and complete to the b than the taxpayer, this declaration is based on all information of which the preparer l			pre	pared by a person of	ner
			ilina ic	ointly, BOTH must sign)	
		ignataro (in married i	inig je	sindy, bo miniate eight	
		printed name PRIYA RAM	I SZ	AGAR GUPTA	
	heck if se		<u></u>	00700	
	mployed		020	082703	
	N.T O	FEIN 8816 Phone	16	578)965-9522	
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo: BALANCE DUE: Taxable Processing Center, PO Box 101105, 0					
BALANCE DUE: Taxable Processing Center, PO Box 101105, V 30753230 REV 03/05/24 PRO	Colum	idia, 30 29211	-010	55	