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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

ABISHEK FRANKLIN		First name and middle initial Last name  ABISHEK FRANKLIN MARIADOSS									Your social security number								
Print or Vippe. Maling address (number and street, PO Box)																			
Mailing address (number and street, PO Box)																			
2002   GREENE STREET   APT 312   State   ZIP   Tar Year		Print or																	
City	type.								Daytime phone number										
Part   Information from your SC1040  Individual Income Tax Return		2002 GREENE ST	TREET API	312												(83	39)201-	-8832	
Information from your SC1040, Individual Income Tax Return   1		City				State				ZIP						•			
Information from your SC1040, Individual Income Tax Return   1		COLUMBIA SC 29	9205														2023		
1. Federal taxable income (line 1 of your SC1040)	Part I			Individ	lual I	ncor	ne <sup>-</sup>	Гах	Ret	urn									
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•															1		0	00
3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																2			
4 0 0 0 0 5 SC Income Tax Withheld (add line 12 and line 22 of your SC1040)																3			
5. SC Income Tax Withheld (add line 21 and line 20 of your SC1040)	4. Total 1	Fax (add line 2 and line 3														4			
6. Refundable credits (add line 21 and line 22 of your SC1040)	5. SC Inc	come Tax Withheld (add li	ine 16 and line 2	0 of you	ır SC	1040)										5			
Refund (line 30 of your SC1040)	6. Refund	dable credits (add line 21	and line 22 of yo	our SC1	040)														
8. Balance due (line 34 of your SC1040) 8 00    Part III   Bank information for Refund or Balance Due																		147	
9. Routing number (RTN)	8. Baland	ce due (line 34 of your SC														-			
9. Routing number (RTN)  0 5 3 9 0 4 4 8 3  Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.  10. Bank account number (BAN)  11. Type of account:  Checking Savings  For Balance Due:  12. Payment Withdrawal Date Payment Withdrawal Amount \$  Part III Declaration of taxpayer  13. Sa. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.  b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of results is suser lated to my payment. If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.  I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.  Date Spouse's signature (If married filing jointly, BOTH must sign) Date  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 singular on this form before submitting the SC1040 to the SCDOR. In 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 an the preparer, I declare																			
9. Routing number (RTN)  0 5 3 9 0 4 4 8 8 3 RTN must be 01 through 12 or 21 through 32.  10. Bank account number (BAN)  11. Type of account:		Bank information i		<u>Jaiairo</u>	<u> </u>					4 1-	- 0 -1				4 4				
11. Type of account:	9. Routir	ng number (RTN)	0 5 3	9 0															
Payment Withdrawal Date	10. Bank	account number (BAN)			2	2	3	0	3	0	6	2	2	2 2	2 (	) (	<b>1-17</b> (	digits	
Part   III   Declaration of taxpayer	11. Type	of account:	Checking S	avings															
12. Payment Withdrawal Date			<b>5</b> —	J															
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ERO's Use Only  Firm name (or yours if self-employed) address, ZIP  Preparer's Use  Preparer Signature    Date   Check if also paid preparer   Self-employed   SYAM PRIYA RAM SAGAR GUPTA   FEIN 84-3171965																			
ERO's signature   03-30-2024   also paid preparer   self-employed     Firm name (or yours if self-employed), address, ZIP   245 ROONEY CT, E BRUNSWICK, NJ 08816   Phone (678) 965-9522    Paid Preparer's signature   Date   Check if self-employed   Proparer   Signature   03-30-2024   Proparer   Preparer   Signature   Preparer   Pr		•										•			•				
Signature		EDO				1	Date	,	C	heck if	f	- 1	Che	ck if		1	PT	IN	
Only  Firm name (or yours if self-employed), address, ZIP  Paid  Preparer's  Use  Firm name (or yours if self-employed), 245 ROONEY CT, E BRUNSWICK, NJ 08816  Proparer's  FEIN 84-3171965  Phone (678) 965-9522  Date  O3-30-2024  Check if self-employed  Proparer signature  Firm name (or yours if self-employed)  SYAM PRIYA RAM SAGAR GUPTA  FEIN  FEIN  FEIN						03-3	20_1	202											
Paid Preparer's Use Prim name (or yours if self-employed) SYAM PRIYA RAM SAGAR GUPTA Phone (678) 965-9522  Paid Preparer's Signature Prim name (or yours if self-employed) SYAM PRIYA RAM SAGAR GUPTA PRIN FEIN		<del></del>		- T T	$\sim$	000	00 2	202.	<u> </u>	opa.o.	-	-			_ 2 .	<u></u> 1 7 1	965		
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Preparer's signature   03-30-2024   if self-employed   P02082703    Use   Firm name (or yours if self-employed) SYAM PRIYA RAM SAGAR GUPTA   FEIN	D-1-1	44 <u>4</u>	IJ KUUNEI C	1, C.	DVOI	TMCN		- IV t	<u>,                                    </u>						0/0	<u>, j 9</u>			
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Check if



Your Social Security Number



#### STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

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

#### **2023 INDIVIDUAL INCOME TAX RETURN**

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Spouse's S	ocial Security	Number	Check if		1949 K			
			deceased					
			023, or fiscal tax y			023 and ending	, 2024	
First name and				Last na				Suffix
ABISHEK			L -		IADOSS			O. eff.
Spouse's first r	name, if marr	ried filing joint	ly	Last na	me			Suffix
Check if	Mailir	ng address (ni	umber and street,	PO Box)				County code
new address	1 1 1		NE STREET	312				40
City				State	ZIP	Dayt	ime phone number v	
COLUMBI	A			SC	2920	2		
Check if addre	ss Forei	gn country ad	dress including po	stal code		·		
is outside US								
• Amended	Return: (	Check if this	s is an Amende	ed Return (Atta	ach Sche	dule AMD)		<b>N</b> [
				•		dule NR		
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Name of	the comb	at zone:				_		
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CHECK YOU	IR	(1) 🔽	Single	(3)	rried filing s	eparately - enter spou	iee'e SSN:	
					_			
FEDERAL F	ILING STA	(1US (2) _	Married filing join	ntiy (4) 🔛 Hea	ad of nouse	hold (5)  Qualif	ying surviving spous	е
Number of d	ependent	s claimed o	on vour 2023 fe	ederal return .				0
	'		,			f December 31, 2	2023	•
	•							<u> </u>
Tallibol of t	anpayoro	495 00 01 0		5111501 01, 2020				
DEPENDEN	ITS							
First name		Last name		Social Security I	Number	Relationship	Date of bir	rth (MM/DD/YYYY)



Your SSN 858-51-0466 2023 INCOME AND ADJUSTMENTS Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below ......... 1 0 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 0 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) 00 q-1 q-2 Spouse (date of birth: \_\_\_\_\_ q-2 00 00 5,850 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)...... 5,850 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 0 00 0 00 TAX on your South Carolina Income Subject to Tax (see SC1040TT)..... 00 7 00 10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX . . . . . . 0 00

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	ON-REFUNDABLE CREDITS			
11	Child and Dependent Care (see instructions)	00		
	Two Wage Earner Credit (see instructions)	00		
13	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		<b>15</b> 0	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>	· -	<b>23</b> 147	
	If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	-	<b>24</b> 147	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 line	<b>31.</b>	
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		<b>29</b> 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		30 147	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
32	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:		<u> </u>	
-	Routing Bank Account Bank Account			1-17
	Number (RTN) 1053904483   Must be 9 digits. The first two numbers of the RTN must be 01 through 32.   Number (BAN)   223030622	2206	)	digits
Ιd	eclare that this return and all attachments are true, correct, and complete to the best of my knowledge.	If pre	epared by a person oth	her
tha	an the taxpayer, this declaration is based on all information of which the preparer has any knowledge.			
Υοι	ur signature Date Spouse's signature (if married	d filing	jointly, BOTH must sign)	
	United to the COROR of the Coron of the Coro			
	uthorize the Director of the SCDOR or delegate to discuss this return, Yes No X Preparer's printed name SYAM PRIYA RA	M S	SAGAR GUPTA	
Pa	aid Preparer Date Check if self- PTIN			
		202	082703	
Us				
Or	nly employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone	( )	678)965-9522	
			2 2 2 2 4 2 4 2 4 2 5	