1555

REV 03/05/24 PRO

Preparer

signature

Firm name (or

yours if self-employed), address, ZIP

SYAM

PRIYA

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SAGAR

CT E BRUNSWICK NJ

GUPTA

Preparer's

Use

Only

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

dor.sc.gov First name and middle initial Last name Your social security number YAGATEELA 327-17-1283 LAKSHMI PRIYANKA Spouse's first name, if married filing jointly Last name Spouse's social security number Print or type. Mailing address (number and street, PO Box) Daytime phone number 2002 GREENE ST APT 305 (970)317-7351 City State ZIP Tax Year COLUMBIA SC 29205 2023 Information from your SC1040, Individual Income Tax Return 1. Federal taxable income (line 1 of your SC1040) 1 0 00 2. SC tax (line 15 of your SC1040)..... 2 00 01 3. Use Tax (line 26 of your SC1040)..... 3 01 00 4. Total Tax (add line 2 and line 3 4 0 00 5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040) 5 00 271 6. Refundable credits (add line 21 and line 22 of your SC1040) 6 00 7. Refund (line 30 of your SC1040) 7 00 271 8. Balance due (line 34 of your SC1040) 00 Bank information for Refund or Balance Due Must be 9 digits. The first two numbers of the 9. Routing number (RTN) 0 5 3 9 0 4 8 3 RTN must be 01 through 12 or 21 through 32. 2 2 3 0 1-17 digits 10. Bank account number (BAN) 3 0 11. Type of account: ☐ Savings For Balance Due: 12. Payment Withdrawal Date Payment Withdrawal Amount \$ Part III Declaration of taxpayer 🛮 a. 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 resolving issues related 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. Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records. Spouse's signature (If married filing jointly, BOTH must sign) Date Your signature Date Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have received the above taxpaver'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. PTIN Date Check if Check if **ERO** ERO's also paid selfemployed \square signature 04-04-2024 preparer Use Firm name (or FEIN 84-3171965 GLOBAL TAXES LLC yours if self-employed), address, ZIP Only Phone (678)965-9522 245 ROONEY CT. E BRUNSWICK 08816 **Paid** Date Check PTIN

if self-

04-04-202

08816

employed

FEIN 84-31

P02082703

71965

Phone (678)965-9522







STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

2023 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev.	4/18/23
3	075

Your Social Security Number	Check if	
327 17 1283	deceased 🔲	
Spouse's Social Security Number	Check if deceased	

For the year January 1 - December 31, 20	23, or fiscal tax year beginning _	, 2023 and	ending, 2	2024
First name and middle initial	Last	name	Suffix	
LAKSHMI PRIYANKA	YA	GATEELA		
Spouse's first name, if married filing jointly	Last	name	Suffix	
Check if Mailing address (nu	mber and street, PO Box)			County code
new address 2002 GREEN	,			40
City	State	e ZIP	Daytime phone	e number with area code
COLUMBIA	sc	29205	(970)31	7-7351
Check if address is outside US	lress including postal code	<u>'</u>		
Amended Return: Check if this	is an Amended Return. (<i>A</i>	uttach Schedule AN	ИD)	
• Check this box if you are a part-	•		*	· —
Check this box only if you are fill	,			,
• •	•		•	
S Corporation. Do not check the				
• Check this box if you have filed				
 Check this box if you served in a 	a military combat zone dur	ing the filing period	l	
Name of the combat zone:				
CHECK YOUR (1) 🔀	Cingle (2)	Marriad filing congretal	onter enguesis CCN	ı.
\	_	Married filing separately		
FEDERAL FILING STATUS (2)	Married filing jointly (4)	Head of household (5) Qualifying survi	ving spouse
				N 0
Number of dependents claimed o	n your 2023 federal return			
Number of dependents claimed th	nat were under the age of 6	years as of Dece	mber 31, 2023	• <u></u>
Number of taxpayers age 65 or ol	der as of December 31. 20)23		
DEPENDENTS				
First name Last name	Social Securi	ty Number Relation	ship	Date of birth (MM/DD/YYYY)



Your SSN 327-17-1283 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 Þ 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 00 e Other additions to income (attach explanation - see instructions) 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) I 00 m Interest income from obligations of the US government..... m 00 n Certain nontaxable National Guard or Reserve pay..... 00 n 00 Social Security and/or railroad retirement, if taxed on your federal return . . 0 **p** Retirement Deduction (see instructions) **p-1** Taxpayer (date of birth: 00 p-1 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) 00 q-1 q-2 Spouse (date of birth: q-2 00 4,139 00 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)...... 4,139|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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NON-REFUI	NDABLE CREDITS			_
11 Child and	Dependent Care (see instructions)	00	-	
		00		
-		00		
14 Total no	nrefundable credits (add line 11 through line 13)	14	l l	00
	ine 14 from line 10 and enter the difference. If less than zero, enter zero here		5 0	00
PAYMENTS	AND REFUNDABLE CREDITS			
16 SC incom	ne tax withheld (attach W-2 or SC41)	00		
17 2023 Est	mated Tax payments	00		
18 Amount p	paid with extension	00		
		00		
		00		
21 Tuition ta	x credit (attach I-319)	00		
22 Other ref	undable credits:			
22a Anh	ydrous Ammonia (attach I-333)	00		
22b Milk	Credit (attach I-334)	00		
22c Clas	sroom Teacher Expenses (attach I-360)	00		
22d Pare	ental Refundable Credit (attach I-361)	00		
22e Res	erved for future use	00		
Total ref	undable credits (add line 22a through line 22d)	22	2	00
AMENDE	D 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	271	00
24 If line 23	is larger than line 15, subtract line 15 from line 23 and enter the overpayment	24	271	00
25 If line 15	is larger than line 23, subtract line 23 from line 15 and enter the amount due	25	5	00
AMENDE	D RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on	line 3	31.	
26 USE TAX	due on online, mail-order, or out-of-state purchases	00		
Use Tax	s based on your county's Sales Tax rate. See instructions for more information.			
If you cer	tify that no Use Tax is due, check here ▶ 🛛			
		00		
28 Total Cor	ntributions for Check-offs (attach I-330)	00		
29 Add line 2	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 to	be refunded to you (line 35 check box entry is required)	30	271	00
	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			00
	and/or late payment: Penalties Interest Enter total here	32	2	00
	or Underpayment of Estimated Tax (attach SC2210)			
Enter exc	eption code from instructions here if applicable	_		00
34 Add line 3	1 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE	34	l	00
REFUND	OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!			
35 Select on				
	T OPTIONS Have a balance due? Pay electronically! It's quick and easy!			
36 Select on	e: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bank information on line 37)		_	
For paym	ents only: Withdrawal Date 🕨 Withdrawal Amount 🕨	00)	
37 Type of A	ccount: Checking Savings		_	
Routing	Must be 0 digite. The first two numbers			1-17
	RTN) D53904483 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Number (BAN) 2230306020		C	digits
	t this return and all attachments are true, correct, and complete to the best of my knowledge. If	f prep	ared by a person oth	er
-	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 joi	ntly, BOTH must sign)	
Lauthorize the Γ	Director of the SCDOR or delegate to discuss this return,			
	d related tax matters with the preparer. Yes No SYAM PRIYA RAM	I SA	GAR GUPTA	
Paid	Preparer Date Check if self- PTIN	0.00	00000	
Preparer's	•		82703	
			171965	
Only .	employed), address, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone	(6	78)965-9522	