

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (MANOJKUMARRED SURAM, MANASA JANGA), filing status (Married Filing Jointly), and various checkboxes for veteran status and residency.

Table with columns for tax status (FS, SURA, MANOJKUMARRED, MANASA, etc.), amounts (222580, 25500, 4445), and other identifiers (DT, OC, TPRES, etc.).



7020150025

Sign Return Below section with checkboxes for Refund Due and Payment Due, and signature lines for the taxpayer and preparer.

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	222580
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	222580
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	2
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	197080
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.4748
14.	N.C. Taxable Income	14.	93574
15.	N.C. Income Tax	15.	4445
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	4445
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	4445

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	4509
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	4509
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4509
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	64

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	64

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule
North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) SURAM Your Social Security Number 635315369

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	105689
NRS	Y	PYS	N	23	222580

Part A. Residency Status

Taxpayer is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

Spouse is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income		COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1. Wages, Salaries, Tips, Etc.	1.	225505	105689
2. Taxable Interest	2.	75	0
3. Taxable Dividends	3.	0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0
5. Alimony Received	5.	0	0
6. Business Income or (Loss)	6.	0	0
7. Capital Gain or (Loss)	7.	-3000	0
8. Other Gains or (Losses)	8.	0	0
9. Taxable Amount of IRA Distributions	9.	0	0
10. Taxable Amount of Pensions and Annuities	10.	0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	0	0
12. Farm Income or (Loss)	12.	0	0
13. Unemployment Compensation	13.	0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14.	0	0
15. Other Income	15.	0	0
16. Total Income	16.	222580	105689

North Carolina Adjustments		COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0
c. Bonus Depreciation	17c.	0	0
d. IRC Section 179 Expense	17d.	0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18. Total Additions	18.	0	0

Last Name (First 10 Characters)	SURAM	Your Social Security Number	635315369
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

		COLUMN A Amount from Form D-400 Schedule S		COLUMN B Amount of Column A Attributable to N.C.
19. Deductions				
a. State or Local Income Tax Refund	19a.	0		0
b. Interest Income From Obligations of the United States or United States' Possessions	19b.	0		0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c.	0		0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d.	0		0
e. Bonus Asset Basis	19e.	0		0
f. Bonus Depreciation	19f.	0		0
g. IRC Section 179 Expense	19g.	0		0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h.	0		0
20. Total Deductions	20.	0		0
21. Total Income Modified by N.C. Adjustments	21.	222580		105689

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21				22. 105689
23. Enter the Amount From Column A, Line 21				23. 222580
24. Part-Year Residents and Nonresident Taxable Percentage				24. 0.4748



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

Form with fields for First name and middle initial, Last name, Your social security number, Spouse's first name, Spouse's social security number, Mailing address, City, State, ZIP, Daytime phone number, Tax Year.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

Form with fields for Routing number (RTN), Bank account number (BAN), Type of account (Checking/Savings), Payment Withdrawal Date, and Payment Withdrawal Amount.

Part III Declaration of taxpayer

13. 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. b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account...

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.

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.

Form with fields for ERO's Use Only (signature, date, check if also paid preparer, check if self-employed, PTIN, firm name, address, ZIP, FEIN, phone) and Paid Preparer's Use Only (signature, date, check if self-employed, PTIN, firm name, address, ZIP, FEIN, phone).

1555



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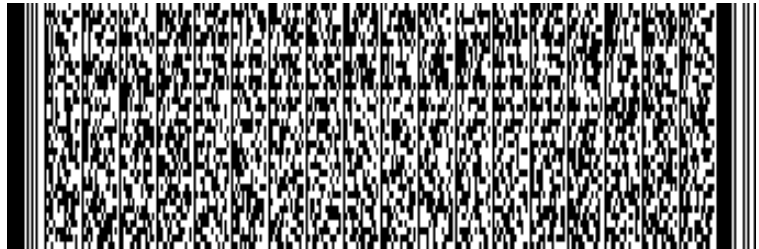


STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2023 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 4/18/23)
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
635	31	5369	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
402	87	6418	



For the year January 1 - December 31, 2023, or fiscal tax year beginning _____, 2023 and ending _____, 2024

First name and middle initial MANOJKUMARREDDY		Last name SURAM		Suffix
Spouse's first name, if married filing jointly MANASA		Last name JANGA		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 8450 GOLDEN STONE LN			County code 29
City INDIAN LAND		State SC	ZIP 29707	Daytime phone number with area code (408) 744-2888
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - 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 STATUS	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying surviving spouse

Number of dependents claimed on your 2023 federal return 2

Number of dependents claimed that were under the age of 6 years as of December 31, 2023 1

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

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
ISHIKA	SURAM	827-74-4932	Daughter	12/17/2016
SANJITH REDDY	SURAM	876-01-8865	Son	07/14/2020

30751234

REV 03/05/24 PRO



INCOME AND ADJUSTMENTS

Your SSN 635-31-5369

2023

1	Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars	194,880	00
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ADDITIONS 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		
c	Expenses related to National Guard and Military Reserve Income	c	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		194,880	00

SUBTRACTIONS 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: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> 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		
l	Active Trade or Business Income deduction (see instructions)	l	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	o	00		
p	Retirement Deduction (see instructions)				
p-1	Taxpayer (date of birth: _____)	p-1	00		
p-2	Spouse (date of birth: _____)	p-2	00		
p-3	Surviving spouse (date of birth of deceased spouse: _____)	p-3	00		
p-4	Military Retirement Deduction (see instructions) Taxpayer (date of birth: _____)	p-4	00		
p-5	Spouse (date of birth: _____)	p-5	00		
p-6	Surviving spouse (date of birth of deceased spouse: _____)	p-6	00		
q	Age 65 and older deduction (see instructions)				
q-1	Taxpayer (date of birth: _____)	q-1	00		
q-2	Spouse (date of birth: _____)	q-2	00		
r	Negative amount of federal taxable income	r	00		
s	Subsistence allowance (multiply _____ days by \$8)	s	00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	4,610	00	
u	Consumer Protection Services	u	00		
v	Other subtractions (see instructions)	v	00		
w	South Carolina Dependent Exemption (see instructions)	w	9,220	00	
4	Total subtractions (add line f through line w)	4	<	13,830	00
5	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	5		181,050	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	10,917	00	
7	TAX on Lump Sum Distribution (attach SC4972)	7	00		
8	TAX on Active Trade or Business Income (attach I-335)	8	00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		10,917	00



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	▶	11		00
12 Two Wage Earner Credit (see instructions)	▶	12	350	00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	▶	13	4,445	00
14 Total nonrefundable credits (add line 11 through line 13)		14	4,795	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here		15	6,122	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	▶	16	7,131	00
17 2023 Estimated Tax payments	▶	17		00
18 Amount paid with extension	▶	18		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 22d)	▶	22		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 ▶		23	7,131	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment		24	1,009	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 on line 31.

26 USE TAX due on online, mail-order, or out-of-state purchases	▶	26	0	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 . . . ▶ <input checked="" type="checkbox"/>				
27 Amount of line 24 to be credited to your 2024 Estimated Tax	▶	27		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. 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	1,009	00
31 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 due		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) BALANCE DUE ▶		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) Paper 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 information on line 37)

For payments only: Withdrawal Date ▶ Withdrawal Amount ▶ 00

37 Type of Account: Checking Savings

Routing Number (RTN) ▶ Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) ▶ 1-17 digits

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
----------------	------	--

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA
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Paid Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04-11-2024	Check if self-employed <input type="checkbox"/>	PTIN P02082703
Use Only Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	FEIN 84-3171965	Phone (678) 965-9522	

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753230 REV 03/05/24 PRO



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2023 TAX CREDITS

SC1040TC
(Rev. 6/1/23)
3913

Name	Social Security Number
M SURAM & M JANGA	635-31-5369

Most tax credits are computed on separate tax credit schedules. **Attach tax credit schedules for all tax credits you claim, along with the SC1040TC Worksheet and the SC1040TC, to your Income Tax return. The SCDOR may disallow your tax credits if you do not attach the necessary schedules to your return.**

For line 6 through line 15, enter the credit description, the associated code, and the dollar amount of the credit claimed. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 4.

Credit Description	Code	Amount
1. Total credit for taxes paid to another state (Attach SC1040TC worksheet for each state)	1. 100	\$ 4,445.00
2. Solar Energy or Small Hydropower System or Geothermal Machinery and Equipment Credit	2. 038	\$.00
3. Excess Insurance Premium Credit	3. 044	\$.00
4. New Jobs Credit	4. 004	\$.00
5. Qualified Conservation Contribution Credit.....	5. 019	\$.00
6. _____	6. ▶	\$.00
7. _____	7. ▶	\$.00
8. _____	8. ▶	\$.00
9. _____	9. ▶	\$.00
10. _____	10. ▶	\$.00
11. _____	11. ▶	\$.00
12. _____	12. ▶	\$.00
13. _____	13. ▶	\$.00
14. _____	14. ▶	\$.00
15. _____	15. ▶	\$.00
16. Total nonrefundable tax credits (add line 1 through line 15)	16. ▶	\$ 4,445.00
17. South Carolina Tax (from SC1040, line 10; SC1065, line 3, or SC1041, lines 8 and 9).....	17.	\$ 10,917.00
18. Enter the lesser of line 16 or line 17	18.	\$ 4,445.00

For an individual, enter this amount on SC1040, line 13.
For a Fiduciary, enter this amount on SC1041, line 10.
For a Partnership, enter this amount on SC1065, line 4.

SC1040 Filers: Include this form and a complete copy of your federal return with your SC1040. If claiming credit for taxes paid to another state, also include a copy of each tax return filed with another state.

SC1041 or SC1065 Filers: Include this form with your SC1041 or SC1065.



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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
CREDIT FOR TAXES
PAID TO ANOTHER STATE

SC1040TC
(Rev. 6/1/23)
3913
2023

WORKSHEET FOR TAXES PAID TO North Carolina
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

	Dollars	Cents
1. South Carolina gross income (enter amount from instructions for line 1, E)	208,750	00
2. Portion of line 1 taxed by another state (see instructions)	105,689	00
3. Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%.....	50.63	%
4. Amount of South Carolina tax from SC1040, line 10.....	10,917	00
5. Tentative credit (multiply line 3 by line 4).....	5,527	00
6. Net tax due the other state on income from line 2 See instructions. Do not use withholding from W-2	4,445	00
7. Allowable credit (lesser of line 5 or line 6)..... Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.	4,445	00

WORKSHEET FOR TAXES PAID TO _____
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

	Dollars	Cents
1. South Carolina gross income (enter amount from instructions for line 1, E).....		00
2. Portion of line 1 taxed by another state (see instructions).....		00
3. Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%.....		%
4. Amount of South Carolina tax from SC1040, line 10.....		00
5. Tentative credit (multiply line 3 by line 4).....		00
6. Net tax due the other state on the income from line 2 See instructions. Do not use withholding from W-2		00
7. Allowable credit (lesser of line 5 or line 6)..... Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.		00

Credit For Taxes Paid to Another State

- A** Description of this copy of Schedule TC North Carolina
B **QuickZoom** to another copy of Schedule TC **→**

Worksheet for Taxes Paid To (enter name of state) NC North Carolina

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

1 South Carolina gross income (enter amount from instructions for line 1, E)	1	208,750.
2 Portion of line 1 taxed by another state	2	105,689.
3 Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%	3	50.63 %
4 Amount of South Carolina tax from SC1040, line 10	4	10,917.
5 Tentative credit. (multiply line 3 by line 4)	5	5,527.
6 Net tax due the other state on income from line 2 See instructions. Do not use withholding from W-2	6	4,445.
7 Allowable credit (lesser of line 5 or line 6) Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.	7	4,445.