

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

SC8453

(Rev. 3/6/15)

3299

Please print or type.	Your first name and initial MOHAMED IBRAHIM MOHAMED ABDUL KADAR		Last name MOHAMED ABDUL KADAR		Your social security number 795-39-0635
	If joint return, spouse's first name and initial		Last name, if different		Spouse's social security number
	Home address (number and street, apt. number or RR) 1409 ROPER MOUNTAIN ROAD APT 531		Daytime telephone # 864-345-9595		Tax Year 2018
	City, town or post office, state and ZIP code GREENVILLE, SC 29615				

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	14,663	00
2. Net SC tax (SC1040, line 15)	2	403	00
3. Use Tax	3		00
4. Total Tax	4	403	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	1,495	00
6. Tuition Tax Credit (SC1040, line 21)	6		00
7. Refund (SC1040, line 30)	7	1,092	00
8. Amount you owe (SC1040, line 34)	8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)		3 2 2 2 7 1 6 2 7	The first two numbers of the RTN must be 01 through 12 or 21 through 32.		
	10. Bank account number (BAN)		9 1 9 9 2 3 5 8 6			
	11. Type of account:		<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	12. Withdrawal Date		Withdrawal Amount \$			

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. ☒ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. **Do not submit this form to the SC Department of Revenue. Keep with your records.**

Sign Here

04-07-2019

Your signature

Date

Spouse's signature (If joint, BOTH must sign)

Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, 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 SC Department of Revenue. 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 this form. I am required to keep this form and the supporting documents for three (3) years.**

**ERO's
Use
Only**

ERO signature	Date 04-07-2019	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	PTIN P01699650
Firm name (or yours if self-employed) and address	ADVANTAGE ONE TAX CONSULTING INC 20610 QUARTERPATH TRACE CIRCLE STERLING VA		FEIN	27-2340197
	ZIP code		20165	

**Paid
Preparer's
Use
Only**

Preparer signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm name (or yours if self-employed) and address	FEIN		
		ZIP code	

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