

1350



SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2009

For the year January 1 - December 31, 2009, or fiscal tax year beginning 2009 and ending 2010

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th) Last name Check if Deceased Your Social Security number
Spouse's first name and Initial, if married filing jointly Spouse's last name Check if Deceased Spouse's Social Security number
Check if new address Mailing address (number and street, Apt. No or P. O. Box) County code Do not write in this space - OFFICE USE
City, state and ZIP code Area Code Daytime telephone

For Office Use Only
Check this box if you are filing SC Schedule NR (Part year/Nonresident)
Check this box if you have filed a federal or state extension
Check this box if filing a composite return for partnership or "S" corporation.

CHECK YOUR (1) Single (3) Married filing separately. Enter spouse's SSN here:
FEDERAL FILING STATUS (2) Married filing jointly (4) Head-of-household (5) Widow(er) with dependent child
Federal Exemptions: Enter the number of exemptions from line 6 (d) of your 2009 federal return.
How many of the exemptions listed above were under the age of 6 years on December 31, 2009?
Enter the number of taxpayers age 65 or older, as of December 31, 2009.

STAPLE PAYMENT HERE

STAPLE W-2 / 1099 HERE

Table with columns: Line number, Description, Dollars, Cents. Includes lines 1-31 for tax calculation, including Federal taxable income, state tax, credits, and final balance due or refund.

Staple a check or money order for the full amount payable to "SC Department of Revenue." Write your Social Security number and "2009 SC1040" on the payment.

Penalty: \$

BALANCE DUE

**STOP!** Resident filers complete lines 32 through 54.  
 Nonresident filers complete Schedule NR. Do not complete lines 32 through 54.

PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME			Dollars	Cents
32	State tax addback, if itemizing on federal return, (See instructions)	00		
33	Out-of-state losses - (See instructions)	00		
34	Expenses related to National Guard and Military Reserve income.	00		
35	Interest income on obligations of states and political subdivisions other than South Carolina.	00		
36	Other additions to income. Attach an explanation (See instructions)	00		
37	TOTAL ADDITIONS ---- add lines 32 through 36 and enter your total additions to income here and on line 2.			00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME			Dollars	Cents
38	State tax refund, if included on line 10, on your federal Form 1040.	00		
39	Total and permanent disability retirement income, if taxed on your federal return.	00		
40	Out-of-state income/gain - Do not include personal service income. (See instructions.)	00		
41	44% of net capital gains held for more than one year (See instructions)	00		
42	Volunteer Deductions (See instructions)	00		
43	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program. (See instructions)	00		
44	Active Trade or Business Income Deduction (See instructions)	00		
45	Interest income from obligations of the US government.	00		
46	National Guard or Reserve annual training and drill pay. (See instructions)	00		
47	Social Security and/or railroad retirement, if taxed on your federal return.	00		
48	<b>Caution: Retirement Deduction - (See instructions)</b>			
48a	a) Taxpayer: Date of Birth _____	00		
48b	b) Spouse: Date of Birth _____	00		
48c	c) Surviving Spouse: Date of Birth of Deceased Spouse _____	00		
49	Age 65 and older deduction - (See instructions)			
49a	a) Taxpayer: Date of Birth _____	00		
49b	b) Spouse: Date of Birth _____	00		
50	Negative amount of federal taxable income.	00		
51	Subsistence Allowance _____ days @ \$8.00	00		
52	Dependents under the age of 6 years on December 31 of the tax year. Date of Birth _____ SSN _____	00		
52	Date of Birth _____ SSN _____	00		
53	Other subtractions. (See instructions) _____	00		
54	TOTAL SUBTRACTIONS ---- add lines 38 through 53 and enter the total here and on line 4.			00

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your Signature	Date	Spouse's Signature (if jointly, BOTH must sign)
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Preparer's Printed Name
Yes <input type="checkbox"/> No <input type="checkbox"/>		

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid**

**Preparer's Use Only**

Prepared by \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

FEIN \_\_\_\_\_ Phone Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC, I-319 or I-335.

**MAIL RETURN TO THE PROPER ADDRESS**

<b>REFUNDS OR ZERO TAX:</b> SC1040 PROCESSING CENTER P.O. BOX 101100 COLUMBIA SC 29211-0100	<b>BALANCE DUE:</b> TAXABLE PROCESSING CENTER P.O. BOX 101105 COLUMBIA SC 29211-0105
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