		Do not write in this space - OFFICE USE						
			SC 1040					
Г			(Rev. 7/21/09) 3075					
		SOUTH CAROLINA INDIVIDUAL INCOME TAX RET	URN 200 9					
•		For the year January 1 - December 31, 2009, or fiscal tax year beginning 2009 and		•				
	Print	Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th) Last name Check if	Your Social Security nu					
		Deceased						
	Spou	ise's first name and Initial, if married filing jointly Spouse's last name Check if Spouse's last name	pouse's Social Security n	umber				
	Cheo	k if Mailing address (number and street, Apt. No or P. O. Box) County code Do no	ot write in this space - OF	FICE USE				
	new addr							
		state and ZIP code Area Code Daytime telephone						
	For (
		Dffice Use Only this box if you are filing SC Schedule NR (Part year/Nonresident)						
		this box if you have filed a federal or state extension						
		k this box if filing a composite return for partnership or "S" corporation.						
		CK YOUR (1) Single (3) Married filing separately. Enter spouse's SSN he						
	_	ERAL FILING STATUS (2) Married filing jointly (4) Head-of-household (5) Widow(er) with de	lependent child					
		ral Exemptions: Enter the number of exemptions from line 6 (d) of your 2009 federal return.						
		many of the exemptions listed above were under the age of 6 years on December 31, 2009?						
		r the number of taxpayers age 65 or older, as of December 31, 2009.						
		Enter Federal taxable income from your federal Form 1040, line 43; 1040A, line 27; or 1040EZ, line 6. If zero or less, enter zero here.	Dollars	Cents				
		STOP! Resident filers complete lines 32 through 54.						
		STOP: Nonresident filers complete schedule NR and enter total from line 49 on line 5 below.	1	00				
и Ш			•					
ERI	2	TOTAL ADDITIONS. Enter amount from line 37 of your SC1040.	2	00				
ΗĽ	3	Add lines 1 and 2. Enter total here.	3	00				
Ľ	4	TOTAL SUBTRACTIONS. Enter amount from line 54 of your SC1040.	4 <	00 >				
Μ	5	South Carolina INCOME SUBJECT TO TAX. Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 49. If less than zero, enter zero.	-	00				
STAPLE PAYMENT HERE	6		5	00				
Ë	-							
Ρ	7 8							
ะ	9	TAX on Active Trade or Business Income (Attach I-335)8TAX on Excess Withdrawals from Catastrophe Savings Accounts9						
	9 10	TOTAL South Carolina tax. Add lines 6 , 7, 8 and 9. Enter the total.	10	00				
	11							
L	12	Child and Dependent Care (See instructions) Two Wage Earner Credit (See instructions) 12						
_	13	Other Non-refundable Credits (Attach SC1040TC) 13 00						
	14	TOTAL Non-refundable Credits. Add lines 11 through 13 and enter the total.	14	00				
	15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO.	15	00				
	-10	16 SC INCOME TAX WITHHELD 00 20 Other SC Withholding 00	-					
ц		(Attach W-2 or SC41) (Attach Form 1099)	Make sure lines 16-22					
STAPLE W-2 / 1099 HERE		17 2009 Estimated Tax Payments 00 21 Tuition Tax Credit (Attach I-319)	are completed	ı.				
1 66		18 Amount Paid with extension V 22 Other Refundable						
10		19 NR sale of real estate						
-2	23	ADD lines 16 through 22 and enter the total. TOTAL OF LINES 16-22	23	00				
≥	24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.	24	00				
Ë	25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE.	25	00				
ΓAF	26	USE TAX (Due on Out-of-state Purchases. See instructions)						
ŝ	27	Amount of line 24 to be credited to your 2010 ESTIMATED TAX.						
	28	Total Contributions for Check-offs (Attach I-330)						
1	29	ADD lines 26 through 28 and enter the total.	29	00				
	30	NET REFUND: If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29						
-	31	from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU.	30	00				
	51	than line 24, subtract line 24 from line 29. Enter the AMOUNT YOU OWE. If subject to Penalty: \$						
		penalty for Underpayment of Estimated Tax, attach SC2210. (See instructions)						
	-	ble a check or money order for the full amount payable to "SC Department of BALANCE						
	Rev	enue." Write your Social Security number and "2009 SC1040" on the payment.	31	00				

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	STOP! Resident filers complete lines 32 throu Nonresident filers complete Schedule	•		lines 32 thro	ugh 54			
PART 1	ADDITIONS TO FEDERAL TAXABLE INCOME				Dollars	Cents		
	back, if itemizing on federal return, (See instructions)				Donars	Cents		
		32		00				
	osses - (See instructions)	33		00				
34 Expenses rela	ated to National Guard and Military Reserve income.	34		00				
	ne on obligations of states and political subdivisions outh Carolina.	35		00				
36 Other addition	ns to income. Attach an explanation (See instructions)	36		00				
37 TOTAL ADDI	TIONS add lines 32 through 36 and enter your total additions to	o incon	ne here and on	line 2.	37	00		
PART 2	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME				1 1			
38 State tax refu	nd, if included on line 10, on your federal Form 1040.	38		00				
39 Total and per	manent disability retirement income, if taxed on your federal return	. 39		00				
40 Out-of-state in	ncome/gain - Do not include personal service income. (See instructions.)	40		00				
41 44% of net ca	apital gains held for more than one year (See instructions)	41		00	1			
42 Volunteer Dee	ductions (See instructions)	42		00	1			
	to the SC College Investment Program ("Future Scholar") or the epayment Program. (See instructions)	43		00				
	or Business Income Deduction (See instructions)	43		00				
	he from obligations of the US government.	44		00				
	rd or Reserve annual training and drill pay. (See instructions)	46		00				
	ty and/or railroad retirement, if taxed on your federal return.	47		00				
	irement Deduction - (See instructions)							
	Date of Birth	48a		00				
	Date of Birth	48b		00				
, ,	Spouse: Date of Birth of Deceased Spouse	48c		00				
, .	Ider deduction - (See instructions)							
-	Date of Birth	49a		00				
· · ·	Date of Birth	49b		00				
	bunt of federal taxable income.	50		00				
0	Allowance days @ \$8.00	51		00				
52 Dependents u	under the age of 6 years on December 31 of the tax year.							
Date of Birth	SSN							
Date of Birth	SSN	52		00				
53 Other subtrac	tions. (See instructions)	53		00	1			
	RACTIONS add lines 38 through 53 and enter the total here a		ine 4	-	54	00		
	s return and all attachments are true, correct and complete to the b			and helief	54			
Your Signature	Date				OTH must sign)			
	e Director of the Department of Revenue or delegate to Ye.	s \square	No P	Preparer's Prin	ted Name			
	If prepared by a person other than taxpayer, his declaration			ormation of	which he has any ki	nowledge		
Paid	······································				······································	ge		
Preparer's	Prepared by Date	Ad	ldress					
Use Only								
	FEIN Phone Number	Cit	ty	5	State	Zip		
	PLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have 1040TC, I-319 or I-335.	income	e and/or (loss)	on federal So	chedules C, D, E, F o	or filed a SC		
,	MAIL RETURN TO THE PR							
	REFUNDS OR ZERO TAX:	BALAN	ICE DUE:					
			O. BOX 101105 OLUMBIA SC 29211-0105					