



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 INDIVIDUAL INCOME TAX RETURN

Form with fields for 'Your Social Security Number' and 'Spouse's Social Security Number', each with a 'Check if deceased' checkbox.

For the year January 1 - December 31, 2018, or fiscal tax year beginning 2018 and ending 2019

Form with fields for 'First name and middle initial', 'Last name', 'Suffix', 'Spouse's first name', 'Mailing address', 'City', 'State', 'Zip', 'Daytime phone number', and 'Foreign country address'.

- Check this box if you are filing SC Schedule NR (Part-year/Nonresident)
Check this box only if filing a composite return on behalf of a partnership or S corporation.
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
Check this box if this return is affected by a federally declared disaster area

CHECK YOUR FEDERAL FILING STATUS (1) Single (2) Married filing jointly (3) Married filing separately - enter spouse's SSN: (4) Head-of-household (5) Widow(er) with dependent child

Number of dependents claimed on your 2018 federal return
Number of dependents listed above that were under the age of 6 years on December 31, 2018
Number of taxpayers age 65 or older, as of December 31, 2018

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

2018

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	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 Add lines a through e and enter the total here. These are your total additions .	2		00
3 Add lines 1 and 2 and enter the total here.	3		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	
Military Retirement Deduction (see instructions)			
p-4 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 _____ days @ \$8.00	s	00	
t Dependents under the age of 6 years on December 31 of the tax year	t	00	
u Consumer Protection Services	u	00	
v Other subtractions (see instructions)	v	00	
w South Carolina Dependent Exemption (see instructions)	w	00	
4 Add lines f through w and enter the total here. These are your total subtractions .	4	<	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		00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	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 lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		00



NON-REFUNDABLE CREDITS

2018

Table with 5 rows for non-refundable credits (lines 11-15) and columns for line number, amount, and total.

PAYMENTS AND REFUNDABLE CREDITS

Table with 5 rows for payments and refundable credits (lines 16-21) and columns for line number, amount, and total.

Table with 5 rows for other refundable credits (lines 22a-22e) and columns for line number, amount, and total.

Table with 2 rows for total payments (lines 22 and 23) and columns for line number, amount, and total.

Table with 2 rows for overpayment and amount due (lines 24 and 25) and columns for line number, amount, and total.

Table with 1 row for USE TAX (line 26) and columns for line number, amount, and total.

Table with 2 rows for tax credits (lines 27 and 28) and columns for line number, amount, and total.

Table with 1 row for total (line 29) and columns for line number, amount, and total.

Table with 1 row for refund (line 30) and columns for line number, amount, and total.

REFUND OPTIONS (subject to program limitations) section with checkboxes for Direct Deposit, Debit Card, Paper Check, and routing/BAN numbers.

Table with 1 row for tax due (line 31) and columns for line number, amount, and total.

Table with 1 row for penalties (line 32) and columns for line number, amount, and total.

Table with 1 row for underpayment penalty (line 33) and columns for line number, amount, and total.

Table with 1 row for balance due (line 34) and columns for line number, amount, and total.

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

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

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

I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes No Preparer's printed name

Paid Preparer's Signature, Date, Check if self-employed, PTIN

Use Only Firm name (or yours if self-employed), address, Zip code, FEIN, Phone No.

MAIL TO: REFUNDS OR ZERO TAX: SC 1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100 BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105