1350





STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2019 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 9/16/19) 3075

Your Social S	ecurity	Number	Check if deceased	
Spouse's Social	Securit	y Number	Check if deceased	

	For the year January 1 - December 31, 2019, or fiscal tax year begin			ng, 2020	.cc:. ,	
First name and middle initial			9	50	Suffix	
Spouse's first name, if married filing jointly			Last name			
Check if Mailing addr	ress (number and street, P	O Box)		Co	ounty code	
City		State	ZIP	Daytime phone number with are	ea code	
Check if address Foreign coust outside US	ntry address including pos	tal code				
Amended Return: Check	t if this is an Amende	d Return. Attacl	n Schedule AMD .			
Check this box if you are	filing SC Schedule NI	R (Part-year/No	nresident)			
Check this box only if filing	g a composite return	on behalf of a F	artnership or			
S Corporation. Do not cl	neck this box if you a	re an individual				
•						
LINECK THIS HOY IT VALUSERY	'ed in a military comb	at zone during t	he tiling period			
•	•	J	٠.			
Name of the combat zor	•	J	٠.			
•	•	J	٠.			
Name of the combat zor	•			er spouse's SSN:		
Name of the combat zor	ne:	(3) Marri	ed filing separately - en	er spouse's SSN:		
Name of the combat zor	ne:	(3) Marri		er spouse's SSN:		
Name of the combat zor	ne:	(3) Marri	ed filing separately - en	er spouse's SSN:		
Name of the combat zor CHECK YOUR FEDERAL FILING STATUS	(1) Single (2) Married filing joint	(3) Marri	ed filing separately - ent	er spouse's SSN:		
Name of the combat zor CHECK YOUR FEDERAL FILING STATUS Number of dependents clain	(1) Single (2) Married filing joint	(3) ☐ Marridly (4) ☐ Head	ed filing separately - ent	er spouse's SSN:		
Name of the combat zor CHECK YOUR FEDERAL FILING STATUS Number of dependents clain Number of dependents clain	(1) Single (2) Married filing joint med on your 2019 fed med that were under	(3) Marridally (4) Head	ed filing separately - end -of-household (5) 	er spouse's SSN: Qualifying widow(er) 1, 2019		
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Name of the combat zor CHECK YOUR FEDERAL FILING STATUS Number of dependents clair Number of dependents clair Number of taxpayers age 6	(1) Single (2) Married filing joint med on your 2019 fed med that were under 5 or older, as of Dece	(3) Marrium (4) Head Head Head Head Head Head Head Head	ed filing separately - end -of-household (5) 	er spouse's SSN: Qualifying widow(er) 1, 2019		
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IN	COME AND ADJUSTMENTS YOU	our SS	SN				2019	_
1	Enter federal taxable income from your federal form. If zero or less, enter zero	here				Dollars		•
	Nonresident filers complete Schedule NR and enter total from line 48 on line 5 b	elow .			1		00	
ΑĽ	DITIONS TO FEDERAL TAXABLE INCOME					•		•
	a State tax addback, if itemizing on federal return (see instructions)	а		00				•
	b Out-of-state losses Type:	b		00				
	c Expenses related to National Guard and Military Reserve Income	С		00				
	d Interest income on obligations of states and political subdivisions other than South Carolina			00				
	e Other additions to income. Attach explanation. (see instructions)	е		00				
2	Add line a through line e and enter the total here. These are your total addition	s			2		00]
3	Add line 1 and line 2 and enter the total here				3		00	1
SU	BTRACTIONS FROM FEDERAL TAXABLE INCOME							4
	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: ☐ Rental ☐ Business ☐ 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				
	I Active Trade or Business Income deduction (see instructions)	· T		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	0		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:)			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	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 line f through line w and enter the total here. These are your total subtract	ions .			4	<	00	>
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amounts							
	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOMI	E SUE	SJECT 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)	_		00				
8	TAX on Active Trade or Business Income (attach I-335)	_		00				
9	TAX on excess withdrawals from Catastrophe Savings Accounts			00	$ldsymbol{ld}}}}}}$			7
10	Add line 6 through line 9 and enter the total here. This is your ${f TOTAL}$ ${f SOUTH}$ ${f Constant Const$	AROI	LINA TAX		10		00	



NC	N-REFU	NDABLE CREDITS					2	019
11	Child and	d Dependent Care (see instructions)	11		00			
12	Two Wag	ge Earner Credit (see instructions)	12		00			
13	Other no	nrefundable credits. Attach SC1040TC and other state returns	13		00			
14	Add line	11 through line 13 and enter the total here. These are your total nonro	efundal	ble cred	lits	14		00
15	Subtract	line 14 from line 10 and enter the difference. If less than zero, enter ze	ero here			15		00
PA	YMENTS	S AND REFUNDABLE CREDITS						
16	SC incor	ne tax withheld (attach W-2 or SC41)	16		00			
17	2019 est	imated tax payments	17		00	1		
18	Amount	paid with extension	18		00	1		
19	Nonresid	ent sale of real estate	19		00	1		
20	Other SC	C withholding (attach form 1099)	20		00	1		
21	Tuition ta	ax credit (attach I-319)	21		00			
22	Other ref	undable credits:				-		
	22a Anh	ydrous Ammonia (attach I-333)	22a		00			
		Credit (attach I-334)			00			
	22c Clas	ssroom Teacher Expenses (attach I-360)	22c		00			
	22d Par	ental Refundable Credit (attach I-361)	22 d		00			
	22e Mot	or Fuel Income Tax Credit (attach I-385)	22e		00			
	Add line	22a through line 22e and enter the total here. These are your total ref	undabl	e credit	s	22		00
	AMENDI	ED RETURN: Use Schedule AMD for line 23 calculation.						
23	Add line	16 through line 22 and enter the total here. These are your	TOTAL	- PAYM	ENTS. 🕨	23		00
24	If line 23	is larger than line 15, subtract line 15 from line 23 and enter the overp	ayment			24		00
25	If line 15	is larger than line 23, subtract line 23 from line 15 and enter the amou	nt due			25		00
	AMENDI	ED RETURN: Enter the amount from line 24 on line 30. Enter the a	mount	from lin	e 25 on lin	e 31		
26	USE TAX	K due on online, mail-order, or out-of-state purchases	26		00			
	Use Tax	is based on your county's Sales Tax rate. See instructions for more inf	formatic	n.	•	_		
	If you ce	rtify that no Use Tax is due, check here 🕨 🗌						
27	Amount of	of line 24 to be credited to your 2020 Estimated Tax	27		00]		
28	Total Co	ntributions for Check-offs (attach I-330)	28		00	1		
29	Add line	26 through line 28 and enter the total here				29		00
30	If line 29	is larger than line 24, go to line 31. Otherwise, subtract line 29 from lin	ne 24 ar	nd enter	the			
	amount t	o be refunded to you (line 30a check box entry is required)		RE	FUND •	30		00
	REFUND	O OPTIONS (subject to program limitations)						
	30a Mar	k one refund choice: Direct Deposit (30b required) Debit Car	rd 🕨	Paper	Check			
	30b Dire	ect Deposit (for US accounts only) Type: Checking	Savings	<u> </u>				
	ł	uting Number (RTN)			mbers of the			
	ŀ	RIN must b	e 01 throu	ugh 12 or 2	21 through 32.			
		k Account Number (BAN)			1-17 digits			
		5 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter				31		00
	•	g and/or late payment: Penalties Interest		Enter to	tal here	32		00
33	,	or Underpayment of Estimated Tax (attach SC2210)						
		ception code from instructions here if applicable				33		00
34	Add line	31 through line 33 and enter the amount you owe here	Е	BALANC	E DUE	34		00
		Pay online using our free tax portal, MyDORWA	Y, at de	or.sc.go	v/pay.			
		at this return and all attachments are true, correct, and complete to the				repa	red by a person ot	her
tha	n the tax	payer, this declaration is based on all information of which the prepare	r has ar	ny knowl	edge.			
Υοι	ır signature	Date	Spouse's	signature	(if married filing	g joint	tly, BOTH must sign)	
1	thori 4' - 5	irector of the CCDOD or delegate to discuss this setum	Dra: '	- mul4- 1				
		irector of the SCDOR or delegate to discuss this return, d related tax matters with the preparer. Yes No	reparer's	s printed na	ame			
Pa		· ·	Check if s	elf- 🦳	PTIN			
	eparer's	Signature	employed					
Us		Firm name (or yours if self-			FEIN			
On	ıly	employed), address, ZIP			Phone No.			