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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2018 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 10/23/18)
3075

Your Social Security Number [Redacted] [Redacted] 9830	Check if deceased <input type="checkbox"/>
Spouse's Social Security Number 	Check if deceased <input type="checkbox"/>

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

First name and middle initial GRIFFIN K	Last name [Redacted]	Suffix
Spouse's first name, if married filing jointly	Last name	Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) [Redacted]	County code 46
City [Redacted]	State SC	Zip [Redacted]
Daytime phone number with area code		
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code	

- 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. Do not check this box if you are an individual.....
- 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.....
Name of the combat zone: _____
- Check this box if this return is affected by a federally declared disaster area.....
Name of the disaster area: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head-of-household (5) <input type="checkbox"/> 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

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)

30751184



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		
			0	00

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		0	00
3 Add lines 1 and 2 and enter the total here.	3		0	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: _____ Military Retirement Deduction (see instructions)	p-3	00		
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	0	00	
4 Add lines f through w and enter the total here. These are your total subtractions .	4	<	0	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		0	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		0	00



NON-REFUNDABLE CREDITS

2018

Table with 3 columns: Description, Line Number, Amount. Rows 11-15 for Non-refundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows 16-25 for Payments and Refundable Credits.

26 USE TAX due on online, mail-order, or out-of-state purchases. Use Tax is based on your county's Sales Tax rate. See instructions for more information.

If you certify that no Use Tax is due, check here []

Table with 3 columns: Description, Line Number, Amount. Rows 27-30 for Estimated Tax and Refund.

REFUND OPTIONS (subject to program limitations)

Form for Refund Options including 30a (Mark one refund choice) and 30b (Direct Deposit details).

Table with 3 columns: Description, Line Number, Amount. Rows 31-34 for Penalties and Balance Due.

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.

Signature and Preparer information section including fields for signature, date, and printed name.

MAIL TO: REFUNDS OR ZERO TAX: SC 1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SUBSTITUTE FOR FORM W-2 WAGE AND TAX STATEMENT

SC4852
(Rev. 4/9/14)
3236

File This Form With Your South Carolina Tax Return
(Complete a Separate Form For Each Employer)

Your full name (Type or print) GRIFFIN K [REDACTED]	Social Security Number [REDACTED] 9830
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Address [REDACTED]	State SC	Zip Code [REDACTED]
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Your telephone number	Has your present address been furnished to the employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period worked for this employer 2018
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Employer's name
HARRIS TEETER, LLC

Employer's address, city, state and zip code
[REDACTED] [REDACTED] NC 28105

Employer's Identification number (if known)
56 [REDACTED]

Employer's telephone number 800-432-6111 option 2	Type of business GROCER
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Wages Paid in: N/A <input type="checkbox"/> cash <input type="checkbox"/> check	Amount of wages 0.00	Estimated South Carolina income taxes withheld \$13.06	Tax year 2018
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Please mark the form you are referencing: 1. W-2 form <input checked="" type="checkbox"/> 3. W-2C form <input type="checkbox"/> 2. W-2P form <input type="checkbox"/> 4. 1099 form <input type="checkbox"/>	Check applicable box: 1. <input type="checkbox"/> Employer has not furnished me with form(s). 2. <input checked="" type="checkbox"/> Form(s) given to me by employer is/are incorrect. 3. <input type="checkbox"/> Form(s) is/are lost. 4. <input type="checkbox"/> Form(s) given to me by employer is/are illegible.
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Attach copies of pay stubs, military leave and earnings statement, or other documentation to support your claim.

REQUIRED INFORMATION

Explain how you calculated the amount of wages received and the amount of estimated South Carolina income taxes withheld.

I did not receive any "wages" or "income" from an "employer" as defined in IRC Section 3401(a) and 3121(a). Under SC Code of Laws SECTION 12-6-560 a resident's SC taxable income is determined "under the Internal Revenue Code." Amount withheld for SC income taxes was derived from a W-2 information return sent to me.

Explain the efforts made to obtain an accurate form W-2, W-2P, W-2C, 1099:

None

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief. To wilfully furnish a false or fraudulent statement to the Department is a crime.

Signature

April 13, 2019

Date

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

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