

1350



dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2018 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 10/23/18)
3075

Your Social Security Number [REDACTED] [REDACTED] 3942	Check if deceased <input type="checkbox"/>
Spouse's Social Security Number [REDACTED] [REDACTED] 2898	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 STEVEN J	Last name STACKELHOUSE	Suffix
Spouse's first name, if married filing jointly KRISTIN L	Last name STACKELHOUSE	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	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
FEDERAL FILING STATUS	(2) <input checked="" 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 **3**

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)
[REDACTED]	[REDACTED]	[REDACTED]	SON	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	SON	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	DAUGHTER	[REDACTED]

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		0	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 16-30 for Payments and Refundable Credits.

REFUND OPTIONS (subject to program limitations)

Form for Refund Options including choice between Direct Deposit, Debit Card, and Paper Check, and routing/bank account information.

Table with 3 columns: Description, Line Number, Amount. Rows 31-34 for tax due 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. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature lines for taxpayer and spouse, including date (April 11, 2019).

Authorization line for the Director of the SC Department of Revenue or delegate to discuss this return.

Preparer information line including name, date, and PTIN.

Preparer information line including firm name, address, zip code, FEIN, and phone number.

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

30753180

