

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2013 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 8/2013)
3075

Your social security number _____ _____ _____ _____ _____ _____	Check if deceased <input type="checkbox"/>
Spouse's social security number _____ _____ _____ _____ _____ _____	Check if deceased <input type="checkbox"/>

DO NOT USE THIS FORM TO FILE A
CORRECTED RETURN. SEE SC1040
INSTRUCTIONS FOR ADDITIONAL
INFORMATION.

For the year January 1 - December 31, 2013, or fiscal tax year beginning		2013 and ending		2014	
Print your first name and initial Adam A			Last name ONeill		Suff.
Spouse's first name, if married filing jointly			Last name		
Check if new address <input checked="" type="checkbox"/>	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions				County code
2005 Willow Creek Dr Apt 2024					
City Austin	State Tx	Zip 78741	Area code 980	Daytime telephone 253-3551	
Check if address is outside US <input type="checkbox"/>	Foreign country address including Postal code (see instructions)				
Check this box if you are filing SC Schedule NR (Part year/Nonresident)					<input checked="" type="checkbox"/>
Check this box ONLY if filing a composite return on behalf of the nonresident partners/shareholders of a partnership or "S" corporation					<input type="checkbox"/>
Check this box if you have filed a federal or state extension					<input type="checkbox"/>
Check this box if you served in a Military COMBAT ZONE during the filing period					<input type="checkbox"/>
Enter the name of the combat zone:					
Check this box if this return is affected by a federally declared DISASTER AREA					<input type="checkbox"/>
Enter the 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 here: _____					
(2) <input type="checkbox"/> Married filing jointly (4) <input type="checkbox"/> Head-of-household (5) <input type="checkbox"/> Widow(er) with dependent child					

Federal Exemptions

Enter the number of exemptions from your 2013 federal return **0**

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2013 **0**

Enter the number of taxpayers age 65 or older, as of December 31, 2013 **0**

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

2013

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 50 on line 5 below

ADDITIONS TO FEDERAL TAXABLE INCOME

Table with 5 rows (a-e) for additions to federal taxable income. Includes items like State tax addback, out-of-state losses, and interest income. Total additions are 00.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

Table with 22 rows (f-v) for subtractions from federal taxable income. Includes items like State tax refund, disability retirement, and various deductions. Total subtractions are 00.

Final summary table with 15 rows (6-15) for tax calculations. Includes TAX from South Carolina tables, lump sum distribution, active trade income, and total South Carolina tax. Total tax is 00.



PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	463.00	20 Other SC withholding (Attach Form 1099)	0.00
17 2013 estimated tax payments	0.00	21 Tuition tax credit (Attach I-319)	0.00
18 Amount paid with extension	0.00	22 Other refundable credit(s)	0.00
19 NR sale of real estate	0.00	<input type="checkbox"/> Anhydrous Ammonia (Attach I-333) Check type: <input type="checkbox"/> Milk Credit (Attach I-334) <input type="checkbox"/> Classroom Teacher Expenses (Attach I-360)	
23 Add lines 16 through 22 and enter the total here..	463.00	23 These are your TOTAL PAYMENTS	463.00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	463.00	24	463.00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	0.00	25	0.00
26 USE TAX: (See instructions)	0.00	26	0.00
27 Amount of line 24 to be credited to your 2014 Estimated Tax	0.00	27	0.00
28 Total Contributions for Check-offs (Attach I-330)	0.00	28	0.00
29 Add lines 26 through 28 and enter the total here	0.00	29	0.00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required).	463.00	30 REFUND	463.00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: Direct Deposit (30b required) Debit Card* Paper Check
*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: Checking Savings

Routing Number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) 1-17 digits

31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	0.00	31	0.00
32 Late filing and/or late payment: Penalties Interest (See instructions) Enter total here	0.00	32	0.00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>	0.00	33	0.00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here	0.00	34 BALANCE DUE	0.00

Pay electronically free of charge at www.sotax.org. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2013 SC1040" on the payment.

Go Paperless! SCDOR will offer the option to receive your Form 1099-G/INT electronically instead of receiving it in the mail. Form 1099-G/INT is used when preparing your federal tax return.

<input type="checkbox"/> Check here and enter your email address if you wish to receive information about obtaining your 1099-G/INT Income Tax Refund statement electronically.	Email Address
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I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature <i>Debra N. Neld</i>	Date 3/13/14	Spouse's signature (if married filing jointly, BOTH must sign)
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I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preparer's printed name
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If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm name (or yours if self-employed) and address and Zip Code	FEIN	Phone No.	



REFUNDS OR ZERO TAX
BALANCE DUE

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2013 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 7/22/13) 3081

For the year January 1 - December 31, 2013, or fiscal tax year beginning 2013 and ending 2014
Print Your name Your Social Security number Spouse's first name Spouse's Social Security number

Dates of SC Residency to Schedule NR is to be used by Nonresident or Part-year residents Attach to completed SC1040.

Table with columns: INCOME AND EXCLUSIONS, INCOME AS SHOWN ON FEDERAL RETURN COLUMN A, SOUTH CAROLINA INCOME COLUMN B. Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; State and local income tax refunds; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); Taxable amount of IRA distributions; Taxable amount of pensions and annuities; Rents, royalties, partnerships, estates, trusts, etc.; Farm income or (loss); Unemployment compensation; Taxable amount of Social Security benefits; Other income; TOTAL INCOME; ADJUSTMENTS TO INCOME (Educator Expenses, Certain business expenses, Health savings account deduction, Moving expenses, Deductible part of self-employment tax).

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.



SC adjustment continued

	COLUMN A	COLUMN B
22 Self-employed SEP, SIMPLE, and qualified plans	0 00	0 00
23 Self-employed health insurance deduction	0 00	0 00
24 Penalty on early withdrawal of savings	0 00	0 00
25 Alimony paid	0 00	0 00
26 IRA deduction	0 00	0 00
27 Student loan interest deduction	0 00	0 00
28 Tuition and fees	0 00	0 00
29 Domestic production activities deduction	0 00	0 00
30 Other Adjustments	0 00	0 00
31 TOTAL ADJUSTMENTS: Add lines 17 through 30	0 00	0 00
32 ADJUSTED GROSS INCOME: Line 16 minus line 31	0 00	0 00

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

33 South Carolina Additions		0 00
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SUBTRACTIONS

34 44% of net capital gains held for more than one year (See instructions)		0 00
35 Retirement Deduction (See instructions)		
a) Taxpayer: Date of Birth	35a	0 00
b) Spouse: Date of Birth	35b	0 00
c) Surviving Spouse: Deceased Spouse(s) Date of Birth	35a	0 00
36 Age 65 and older deduction (See instructions) (Must be a resident for part of the year)		
a) Taxpayer: Date of Birth	36a	0 00
b) Spouse: Date of Birth	36b	0 00
37 Deductions for dependent(s) under 6 years of age on December 31, of the tax year. (See instructions). (Must be a resident for at least part of the year)		
Date of Birth _____ SSN _____		
Date of Birth _____ SSN _____	37	0 00
38 Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program. (See instructions)	38	0 00
39 Active Trade or Business Income Deduction (See Instructions)	39	0 00
40 Consumer Protection Services	40	0 00
41 Other Subtractions (See instructions)	41	0 00
42 TOTAL SOUTH CAROLINA SUBTRACTIONS: Add lines 34 through 41	42	0 00
43 TOTAL SOUTH CAROLINA ADJUSTMENTS: Line 33 minus line 42	43	0 00
44 SC Modified Adjusted Gross Income (Column B Line 32 plus line 43)	44	0 00

45 PRORATION:

Line 32, Column B divided by line 32, Column A = 0 % (Do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:

if using the standard deduction, enter the amount from federal form OR

If itemizing, use worksheet from instructions, and enter the amount from Part IV on line 46 (Total itemized Deductions Adjustment). Also enter the following amounts from the worksheet:

Part I (Itemized Deduction) _____
 Part II, Worksheet A, line 5 (State Taxes) _____
 Part III (Other Expenses) _____

46	10,000	00
47	0	00
48	10,000	00

47 EXEMPTIONS ADJUSTMENT: (See Instructions) (Form 1040EZ filers enter zero.)	47	0 00
48 TOTAL deductions and exemptions. Add lines 46 and 47	48	10,000 00
49 ALLOWABLE DEDUCTIONS: Multiply line 48 by <u>0</u> % from line 45	49	0 00
50 SOUTH CAROLINA TAXABLE INCOME: Subtract line 49 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 50 is a negative figure, enter zero on SC1040 line 5	50	0 00

Attach this form and a complete copy of your federal return to your SC1040.

Check the Schedule NR box on the front of SC1040.

Do not submit Schedule NR separately.

Your return cannot be processed if this form is submitted separately.

30A12036

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SUBSTITUTE FOR FORM W-2 WAGE AND TAX STATEMENT

SC4852
(Rev. 7/18/07)
3236

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

Your full name (Type or print) Adam A O'Neill Social Security Number _____

Address 2005 Willow Creek Dr Austin, TX State TX Zip Code 78741

Your telephone number 980-253-3551 Has your present address been furnished to the employer? Yes No Period worked for this employer Tax year ending Dec 31, 2013

Employer's name Mood Media (formally Muzak LLC)

Employer's address, city, state and zip code 1703 W 5th St Suite 600 Austin TX 78703

Employer's Identification number (if known) _____

Employer's telephone number 512-345-5000 Type of business Private sector / Not connected with Public Office

Wages Paid in: cash check Amount of wages 0 Estimated South Carolina income taxes withheld 463.20 Tax year 2013

Please mark the form you are referencing:
1. W-2 form 3. W-2C form
2. W-2P form 4. 1099 form
Check applicable box:
1. Employer has not furnished me with form(s).
2. Form(s) given to me by employer is/are incorrect.
3. Form(s) is/are lost.
4. Form(s) given to me by employer is/are illegible.

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.
Records provided by the Payer listed above. At no time did I, the recipient, receive wages and/or income from the payer as defined in the statutory language behind IRC sections 3401 and 3121 and others. Amounts withheld as tax are correct.
(If additional space is needed, use reverse side)

Explain the efforts made to obtain an accurate form W-2, W-2P, W-2C, 1099:
None.

(If additional space is needed, use reverse side)

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

Adam A O'Neill
Signature

3/13/14
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.