



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2014 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/29/14)
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, 2014, or fiscal tax year beginning 2014 and ending 2015

Print your first name and initial <i>Edward</i>	Last name	Suff.
Spouse's first name, if married filing jointly	Last name	
Check if new address <input type="checkbox"/>	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions <i>Rd</i>	County code
City <i>Anderson</i>	State <i>SC</i>	Zip <i>29626</i>
Area code <i>864</i>	Daytime telephone	
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)

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

Enter the name of the combat zone: _____

Check this box if this return is affected by a federally declared DISASTER AREA

Enter the name of the disaster area: _____

CHECK YOUR FEDERAL FILING STATUS

(1) Single (3) Married filing separately. Enter spouse's SSN here: _____

(2) Married filing jointly (4) Head-of-household (5) Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2014 federal return 1

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014 0

Enter the number of taxpayers age 65 or older, as of December 31, 2014 0

Dependents:

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



INCOME AND ADJUSTMENTS

2014

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 50 on line 5 below 00

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions)	a	00	
b Out-of-state losses (See instructions) Check type of loss: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other	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 an explanation (See instructions)	e	00	
2 Add lines a through e and enter the total here. These are your total additions			00
3 Add lines 1 and 2 and enter the total here			00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00	Dollars
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 (See instructions) 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 (See instructions)	i	00	
j Volunteer deductions (See instructions) Check type of deduction: <input type="checkbox"/> Firefighter <input type="checkbox"/> HazMat <input type="checkbox"/> Rescue Squad <input type="checkbox"/> DNR <input type="checkbox"/> Reserve Police <input type="checkbox"/> Other	j	00	
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	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 (See instructions)	n	00	
o Social security and/or railroad retirement, if taxed on your federal return	o	00	
p Caution: 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 #1: date of birth of deceased spouse	p-3	00	
p-4 Surviving spouse #2: date of birth of deceased spouse	p-4	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	

4 Add lines f through v and enter here. These are your total subtractions	4	00	00
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here	5	00	00

6 TAX: enter tax from SOUTH CAROLINA tax tables	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	10	00	00

11 Child and Dependent Care (See instructions)	11	00	
12 Two Wage Earner Credit (See instructions)	12	00	
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13	00	
14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here	14	00	00
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	15	00	00



PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41) (4852)	1463 00	20 Other SC withholding (Attach Form 1099)	0 00		
17 2014 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) <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			These are your TOTAL PAYMENTS		23 1463 00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT					24 1463 00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE					25 0 00
26 USE TAX due on internet, mail-order or out-of-state purchases.			26	0 00	
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 <input type="checkbox"/>					
27 Amount of line 24 to be credited to your 2015 Estimated Tax			27	0 00	
28 Total Contributions for Check-offs (Attach I-330)			28	0 00	
29 Add lines 26 through 28 and enter the total here					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).			REFUND		30 1463 00
REFUND OPTIONS (subject to program limitations)					
30a Mark one refund choice: <input type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card* <input checked="" type="checkbox"/> Paper Check					
*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America					
30b Direct Deposit (for US Accounts Only) Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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					31 0 00
32 Late filing and/or late payment: Penalties Interest (See instructions) Enter total here					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"/>					33 0 00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment.			BALANCE DUE		34 0 00

Pay electronically free of charge at www.dor.sc.gov. 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 "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.			
Your signature 	Date 4/10/15	Spouse's signature (if married filing jointly, BOTH must sign)	
Taxpayer's Email			
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
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.

MAIL TO:



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

30753024



SUBSTITUTE FOR FORM W-2 WAGE AND TAX STATEMENT

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

Your full name (Type or print) <i>Edward</i>		Social Security Number	
Address <i>Rd. Anderson</i>		State <i>SC</i>	Zip Code <i>29626</i>
Your telephone number	Has your present address been furnished to the employer? <i>payer</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period worked for this employer <i>payer</i> <i>January until September of 2014</i>	

Employer's name <i>INC</i>	
Employer's address, city, state and zip code <i>10 e. M.</i>	
Employer's Identification number (if known)	
Employer's telephone number <i>N/A</i>	Type of business

Wages Paid in: <input type="checkbox"/> cash <input type="checkbox"/> check	Amount of wages <i>0</i>	Estimated South Carolina income taxes withheld <i>\$ 995.10</i>	Tax year <i>2014</i>
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Please mark the form you are referencing:		Check applicable box:	
1. W-2 form <input checked="" type="checkbox"/>	3. W-2C form <input type="checkbox"/>	1. <input type="checkbox"/> Employer has not furnished me with form(s).	
2. W-2P form <input type="checkbox"/>	4. 1099 form <input type="checkbox"/>	2. <input checked="" type="checkbox"/> Form(s) given to me by employer is/are incorrect. <i>payer</i>	
		3. <input type="checkbox"/> Form(s) is/are lost.	
		4. <input type="checkbox"/> 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.

I did not receive any wages from an employer as defined in the Internal Revenue Code. Amount of income tax withheld was stated on W-2 which payer mailed to me in error.

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

No effort was made because none of the forms listed in this question were required.

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.

Edw _____
Signature

_____ *April 10, 2015* _____
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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Your full name (Type or print) <i>Edward</i>		Social Security Number	
Address <i>Rd Anderson</i>		State <i>SC</i>	Zip Code <i>29626</i>
Your telephone number	Has your present address been furnished to the employer? <i>payer</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period worked for this employer/payer <i>September until December 2014</i>	
Employer's name <i>INC</i>			
Employer's address, city, state and zip code <i>PO</i>			
Employer's Identification number (if known)			
Employer's telephone number <i>N/A</i>		Type of business	
Wages Paid in: <input type="checkbox"/> cash <input type="checkbox"/> check	Amount of wages <i>0</i>	Estimated South Carolina income taxes withheld <i>\$ 468.00</i>	Tax year <i>2014</i>

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:

- Employer has not furnished me with form(s).
- Form(s) given to me by employer is/are incorrect. *payer*
- Form(s) is/are lost.
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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. To willfully furnish a false or fraudulent statement to the Department is a crime.

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