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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] 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 S [REDACTED]	Last name S [REDACTED]	Suffix
Spouse's first name, if married filing jointly K [REDACTED]	Last name S [REDACTED]	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	[REDACTED]	
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: \_\_\_\_\_

<b>CHECK YOUR FEDERAL FILING STATUS</b>	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(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]

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**INCOME AND ADJUSTMENTS**

**2018**

<b>1</b> 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.	<b>1</b>	<b>Dollars</b>	0	00
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	00		
<b>b</b> Out-of-state losses. Type: _____	<b>b</b>	00		
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	00		
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	00		
<b>e</b> Other additions to income. Attach explanation. (see instructions)	<b>e</b>	00		
<b>2</b> Add lines a through e and enter the total here. These are your total additions.	<b>2</b>	0	00	
<b>3</b> Add lines 1 and 2 and enter the total here.	<b>3</b>	0	00	

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	00		
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	00		
<b>h</b> 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 _____	<b>h</b>	00		
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	00		
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	00		
<b>k</b> Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program	<b>k</b>	00		
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	00		
<b>m</b> Interest income from obligations of the US government	<b>m</b>	00		
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	00		
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	00		
<b>p</b> Retirement Deduction (see instructions) <b>p-1</b> Taxpayer date of birth: _____	<b>p-1</b>	00		
<b>p-2</b> Spouse date of birth: _____	<b>p-2</b>	00		
<b>p-3</b> Surviving spouse date of birth of deceased spouse: _____ Military Retirement Deduction (see instructions)	<b>p-3</b>	00		
<b>p-4</b> Taxpayer date of birth: _____	<b>p-4</b>	00		
<b>p-5</b> Spouse date of birth: _____	<b>p-5</b>	00		
<b>p-6</b> Surviving spouse date of birth of deceased spouse: _____	<b>p-6</b>	00		
<b>q</b> Age 65 and older deduction (see instructions) <b>q-1</b> Taxpayer date of birth: _____	<b>q-1</b>	00		
<b>q-2</b> Spouse date of birth: _____	<b>q-2</b>	00		
<b>r</b> Negative amount of federal taxable income	<b>r</b>	00		
<b>s</b> Subsistence allowance _____ days @ \$8.00	<b>s</b>	00		
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	00		
<b>u</b> Consumer Protection Services	<b>u</b>	00		
<b>v</b> Other subtractions (see instructions)	<b>v</b>	00		
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	0	00	
<b>4</b> Add lines f through w and enter the total here. These are your total subtractions.	<b>4</b>	<	0	00 >
<b>5</b> 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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>		0	00
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	0	00	
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	00		
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	00		
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	00		
<b>10</b> Add lines 6 through 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>		0	00



NON-REFUNDABLE CREDITS 2018

Table with 3 columns: Description, Line Number, Amount. Rows include Child and Dependent Care, Two Wage Earner Credit, and other non-refundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows include SC income tax withheld, 2018 estimated tax payments, and various refundable credits.

Table with 3 columns: Description, Line Number, Amount. Rows include total payments, overpayment calculation, and Use Tax due.

REFUND OPTIONS (subject to program limitations)
30a Mark one refund choice: [ ] Direct Deposit (30b required) [ ] Debit Card\* [X] Paper Check
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

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

Your signature \_\_\_\_\_ Date April 11, 2019 Spouse's signature (if married filing jointly, BOTH must sign) \_\_\_\_\_

I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [ ] No [ ]
Preparer's printed name \_\_\_\_\_
Paid Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed [ ] PTIN \_\_\_\_\_
Use Only Firm name (or yours if self-employed), address, Zip code \_\_\_\_\_ FEIN \_\_\_\_\_ Phone No. \_\_\_\_\_

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

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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)  
3236File This Form With Your South Carolina Tax Return  
(Complete a Separate Form For Each Employer)

Your full name (Type or print) S ██████ S ██████		Social Security Number ██████-3942	
Address ████████████████████ ██████████		State SC	Zip Code ██████
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 2000 TO PRESENT	
Employer's name ████████████████████ INC			
Employer's address, city, state and zip code ████████████████████ ██████████ AZ ██████████			
Employer's Identification number (if known) 13-████████			
Employer's telephone number 817-963-1234	Type of business AIRLINE		
Wages Paid in: N/A <input type="checkbox"/> cash <input type="checkbox"/> check	Amount of wages 0.00	Estimated South Carolina income taxes withheld \$17483.00	Tax year 2018
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.	
		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" 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 that was 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 11, 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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