STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

dor.sc.gov

Partnership Tax Payment Voucher

SC1065-V (Rev. 8/9/18) 3574

Pay online by credit card or electronic check using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select Business Income Tax Payment to get started. Do not submit the SC1065-V if you pay online.

NOTE: A taxpayer owing fifteen thousand dollars or more in connection with any return to be filed with the department should pay electronically per SC Code of Laws Section 12-54-250(A)(1).

INSTRUCTIONS FOR FORM SC1065-V

- 1. Use only black ink on this form and on your check.
- 2. Enter the partnership's Federal Employer Identification Number (FEIN).
- 3. Enter the partnership's tax period ending in the MM/YY format.
- 4. Enter the partnership's name and address.
- 5. Enter the payment amount from your SC1065 in whole dollars without a dollar sign \$. (example 154.00)
- 6. If your SC1065 Partnership Tax Return was filed electronically, do not mail a copy of your return with SC1065-V.

The total amount of tax due must be paid in full.

Failure to file the return and pay the tax due by the original due date will result in penalties and interest until the return is filed and the tax is paid.

Make check payable to **SCDOR** and enter the FEIN, tax year and "SC1065-V" in the memo section of the check. Include your **SC1065-V** and payment in the envelope. Coupon must accompany payment. **Do not** staple the check to the coupon. **Do not** fold coupon or check. **Only** use an original coupon. Do not send a photocopy.

Mail SC1065-V with payment to: SC Department of Revenue Partnership Tax Payment PO Box 125 Columbia, SC 29214-0036

1022 dor.sc.gov			SC DEPARTMENT OF REV PARTNERSHIP TAX PAYMENT	SC1065-V (Rev. 8/9/18) 3574	
Partners	ship FEIN		Partnership Tax Period Ending (MM/YY)		
77-777777			12/18		
Name and Address of I	Partnership				
				PAYMENT AMOUNT u	50.00
TIME TRA 1234 SEC	VELERS OND ST				
ANYTOWN	S	SC	29401		

CUT HERE -

Pay online by credit card or electronic check using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

If filing by paper, do not send cash. Write your FEIN and "SC1065-V" on the check or money order and make payable to SCDOR.

STAPLE PAYMENT HERE



STATE OF SOUTH CAROLINA

SC1065

PARTNERSHIP RETURN Tax Year 2018

(Rev. 7/30/18) 3087



Return is due on or before the **15th day of the 3rd month** following the close of the taxable year.

For the year beginning	January 1 - December 31, 20 and en		ar						
Name	and en	luling							
TIME T	RAVELERS								
Address									
1234 SE	ECOND ST								
City		State Zip (Code						
ANYTOWN	Г	SC 294	01						
FEIN (Required)	: 77-777777	SC File #	7	2031616-	- 4	County Code: 36			
Check applica	ble boxes: }	itial return	} Fina	al return	} [Address change	}	Amended retu	rn
Total Number		mber of Partners th	_	Residents:		<u> </u>		_	
Check he	ere if you filed a federal or sta			COMPLETE C	OPY OF	F FEDERAL RETURN			
	•	IYTOWN			SC SC	Phone Number			
COMPLETE S	SCHEDULE SC-K FIRST								
COMPLETE	SCHEDULE SC-K FIRST						 		1
Schedule W-I	H Withholding Tax on Inco	me of Nonresider	t Partners						
1 Total from	line 21, page 2, SC1065					}	1.	25,000	00
	f line 1 income taxable to no					····· }	2.	25,000	
3. Amount of li	ne 2 exempt from withholding becau	ise of I-309 affidavit or c	omposite filing	SEE 1	WORK	SHEET }	3.	10,000	
Subtract li	ine 3 from line 2, if less than	zero, enter -0-	······ · · · · · · · · · · · · ·			····· }	4.	15,000	
	ng tax due - line 4 times .05 (5.	750					
6. Withholdir	ng from nonresident sale of re	eal estate (Attach I	-290) or SC V	Vithholding from	form 10	99-MISC }	6.	500	
	aid with extension					5	7.	200	
	6 and 7						8.	700	
9. Subtract li	ine 8 from line 5. If zero or le	ss. enter zero here					9.	50	
	le Motor Fuel Income Tax Ci	194				1	10.		00
	greater than line 10, enter th						10.		
	amount due with this return				BA	LANCE DUE }	11	50	00
	s greater than line 9, enter th						''-		-
	e amount of Refundable Moto			ole for refund		}	12.		00
	nly a refund resulting from the						12.		00
SC1065.	An overpayment resulting from	m other sources mi	ust be claimed	d and refunded a	at the				
partner(s)	level.								
I declare that	this return and all attachmen	ts are true, correct	and complete	to the best of m	y knowl	edge and belief.			
							Mail to:		
Sign							Balance Du		
Here Signature of general partner or LLC/LLP member Date					ayer's E	mail		TMENT OF REVENU PARTNERSHIP	ΙE
I authorize the Director of the Department of Revenue or delegate to							PO BOX 12	25	
	discuss this return, attachments Preparer Printed Name	s and related tax mat	·		rar talanh	none number	1	SC 29214-0036	
Paid			Check if self-employed	l ·	•		Zero Tax:	TMENT OF REVENU	ıF
Preparer's	AFIRMFIRMFIRMFIRMFIRM	MFIRMFIRMFIR	Jaeii-ei Tibioyea		-968-	-8900	NONTAXAE	BLE PARTNERSHIP	_
Use Only	Preparer signature			PTIN	11	/20 /10	PO BOX 12	25 SC 29214-0037	
Jac Only	Eirm's name (or			Date		/28/18	1		
	yours if self-employed) AFTRMET	RMFIRMFIRMFIRM				-1254887	1		
	and address AADDRESSA	DDRESSADDRESSAI	DURES AC	ITYCITYCITYC:	LTYCIA	, MI 48130-1234	1		



Form SC1065 SCHEDULE SC-K

PARTNERS' SHARES OF INCOME (LOSSES), DEDUCTIONS, CREDITS ETC. (See instructions.)

	(A)*	(B)	(C)	(D)	(E)	(F)		
	Enter Amounts From Federal Schedule K	Plus or Minus South Carolina Adjustment	Federal Schedule K Amounts After SC Adjustments	Amounts Allocated to SC	Amounts Allocated to States Other Than SC	Amounts Subject to Apportionment		
1	Ordinary Business Income (loss) 25,000		25,000			25,000		
	Net rental real estate income (loss)							
2	Other net rental income (loss)							
3	Guaranteed Payments							
4	Interest Income							
5	Dividends							
6	Royalties							
7	Net Short Term Cap. Gain (loss)							
8	. , ,							
9	Net Long Term Cap. Gain (loss)							
10	Net § 1231 gain (loss)							
11	Other Income (loss)							
12	§ 179 Deduction	§ 179 Deduction						
	Contributions							
13a	Investment Interest Expense							
13b 13c	§ 59 (e)(2) Expenditures							
13d	Other Deductions							
14	Total 25,000		25,000			25,000		
14								
	15. Amounts from federal Sche	edule K (line 14, Schedu	ıle SC-K, Col. A)			25,000		
	16. Amount Allocated to South		8					
	17. Net income (loss) subject to	17	25,000					
	APPORTIONMENT			TOTAL	SC			
	18. Total Sales or Gross Rece	ipts						
	19. Apportionment factor (SC -	19	100.0000 %					
	20. Net business income (loss)	apportioned to SC (line	e 17 multiplied by line 19)	20	25,000		
	21. Net business income (loss)	2	25,000					
	* Enter amounts from corres		Continued College dealer IC to	0-1				

^{*} Enter amounts from corresponding lines on your federal Schedule K in Column A.

PARTNER# 2

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

I-309

(Rev. 12/19/17) 3313

NONRESIDENT SHAREHOLDER OR PARTNER AFFIDAVIT AND AGREEMENT INCOME TAX WITHHOLDING

The undersigned taxpayer on oath, being first duly sworn, hereby certifies and agrees as follows: I am a nonresident shareholder or partner. My name is: ALWAYS BETTER CAR DETAILING My address is: 58 HOWARD TR (number and street) WI 54930-2316 COLOMA (city, state, and zip code) 3. My social security number (SSN) or Federal Employer Identification Number (FEIN) is: 93-9499259 The type of income for which this affidavit and agreement applies is: 4. Distributed or undistributed South Carolina income from an S-corporation. X Distributed or undistributed South Carolina income from a partnership. The entity's name is: TIME TRAVELERS The entity's address is: 1234 SECOND ST (number and street) 29401 ANYTOWN (city, state, and zip code) 77-777777 The entity's Federal Employer Identification Number (FEIN) is: 5. I agree to timely file appropriate returns and make payment of all South Carolina taxes required by law. 6. I agree that I am subject to the personal jurisdiction of the South Carolina Department of Revenue and the courts of South Carolina for the purpose of determining and collecting any South Carolina taxes, including estimated taxes, together with any related interest and penalties. This agreement will be binding upon my heirs, representatives, assigns, successors, executors and administrators. 7. I understand the South Carolina Department of Revenue may revoke the withholding exemption granted under SC Code Section 12-8-590(F) at any time it determines I am not abiding by the terms of this agreement. The undersigned understands that any false statement contained herein could be punished by fine, imprisonment, or both. Recognizing that I am subject to the criminal penalties under SC Code Section 12-54-44(B)(6)(a)(i), I declare that I have examined this affidavit and agreement and, to the best of my knowledge and belief, it is true, correct and complete.

(Seal)

(Date)

(Name - Please print)

(Signature of shareholder or partner)

ALWAYS BETTER CAR DETAILING

PARTNER# 1

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

PARTNER'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1065 K-1 (Rev. 6/26/15) 3515

	_	For calendar y	ear 2	2018 or tax year b	eginni	ng	and	ending	'			
							Partnership's FEIN u 77-777777					
Partner's name, address and ZIP code Partnership's name, address and ZIP code												
GERALD MORREALE 73 MILGROM MEADOWS TIME TRAVELERS 1234 SECOND ST												
<u>L</u> (OCF	Œ	N	<u>13092-59</u>	957	ANYTOWN			SC	29401		
Ch	eck i	f applicable: (1) Fin	nal K-1	(2) Ar	nende	d K-1 (3)	X Non	nresident				
Partner's Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts			(B) Plus or Minus SC Adjustments		(C) Amounts Not Allocated or Apportioned to SC		(D) Amounts Allocated or Apportioned to SC			
	1	Ordinary business income (loss)	1	15,000	1		1		1	15,000		
	2	Net rental real estate income (loss)	2		2		2		2			
	3	Other net rental income (loss)	3		3		3		3			
_	4	Guaranteed payments	4		4		4		4			
(Loss	5	Interest income	5		5		5		5			
Income (Loss)	6	Dividends	6		6		6		6			
<u>nc</u>	7	Royalties	7		7		7		7			
	8	Net short-term capital gain (loss)	8		8		8		8			
	9	Net long-term capital gain (loss)	9		9		9		9			
	10	Net Section 1231 gain (loss)	10		10		10		10			
_	11	Other income (loss)	11		11		11		11			
"	12	Section 179 deduction	12		12		12		12			
Deductions	13	Other deductions	13		13		13		13			
Ded												
_												
_	14 Net taxable income							. 14	15,000			
_	15	Withholding tax for nonresident	•	•					. 15	750		
Credits	List applicable South Carolina tax credits. (Attach an additional sheet if needed.) 16							16				
	17											
	18								18			
	19								19			
	20	Total South Carolina tax credits	. 20									

PARTNER# 2

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

PARTNER'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1065 K-1 (Rev. 6/26/15) 3515

	_	For calendar y	ear 201	L8 or tax year b	eginnir	ng	and	ending	•	
Par	Partner's identifying number u 93-9499259 Partnership's FEIN u 77-777777									
Par	Partner's name, address and ZIP code Partnership's name, address and ZIP code									
ALWAYS BETTER CAR DETAILING 58 HOWARD TR COLOMA WI 54930-2316 TIME TRAVELERS 1234 SECOND ST ANYTOWN SC									SC	29401
			nal K-1				Non	resident		
		s Share of Current Year Income, ons, Credits, etc.		(A) Federal K-1 mounts	,	(B) Plus or Minus SC Adjustments	,	(C) Amounts Not Allocated or Apportioned to SC	Į.	(D) Amounts Allocated or Apportioned to SC
	1	Ordinary business income (loss)	1	10,000	1		1		1	10,000
	2	Net rental real estate income (loss)	2		2		2		2	
	3	Other net rental income (loss)	3		3		3		3	
	4	Guaranteed payments	4		4		4		4	
(Loss)	5	Interest income	5		5		5		5	
Income (6	Dividends	6		6		6		6	
<u> </u>	7	Royalties	7		7		7		7	
		Net short-term capital gain (loss)	8		8		8		8	
	9	Net long-term capital gain (loss)	9		9		9		9	
	10	Net Section 1231 gain (loss)	10		10		10		10	
	11	Other income (loss)	11		11		11		11	
	12	Section 179 deduction	12		12		12		12	
Deductions	13	Other deductions		13		13				
Ded										
	14	Net taxable income							14	10,000
	15	Withholding tax for nonresident							15	
Credits	List applicable South Carolina tax credits. (Attach an additional sheet if needed.) 16							16		
	17		17							
	18								18	
	19								19	
	20	Total South Carolina tax credits							20	