

South Carolina Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Enter type of trust (Inter vivos / Testamentary) on federal Screen OthInfo.
- Attach state copy of W-2(s) or 1099(s).
- Extension previously printed; verify extended due date and payment information on Screen Pay.
- Specify if the taxing authority may discuss return with preparer on Screen Gen.
- South Carolina fiduciary income tax return is marked to be electronically filed.
- Return does not qualify for electronic signature for the following reasons:
- Email address is missing

Form SC1041 Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

57-9999999

THE ESTATE OF BRUCE WAYNE

Income

Federal taxable income	-3,837
Federal exemption	
Modifications related to gains allocated to principal	

Additions:

State and local interest	
State / local taxes on fed. return	200
Federal net operating loss	
Out-of state losses	
Other additions	10,000
Total additions	10,200

Subtractions

Interest on U.S. obligations	
State / local refunds on fed. return	
SC net operating loss	
Active trade / business inc. ded.	
Other subtractions	
Total subtractions	
Total adjustment	10,200

Fiduciary adjustment from pass-through entities	
Beneficiary portion of fiduciary adjustment	

Fiduciary share of fiduciary adjustment

South Carolina exemption	
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Taxable income

-3,837

Tax Computation

Tax on taxable income	
Tax on electing small business trust inc	
Other taxes	
Nonrefundable credits	
Nonresident beneficiary withholding	
Total tax	

Extension payment and other credits	664
Estimated tax payments	
Estimated tax penalty	
Applied to next year's estimated tax	64

Total payments / application	600
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Net tax	0
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Additions to Tax

Interest on late payments	
Penalties	

Total additions	
------------------------	--

Balance due

Refund

600

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return	-
Estimated payments allocated to beneficiaries	
Number of beneficiaries	1
Number of Schedule(s) K-1	1
Return / extended due date	04/15/19
Form 41, Balance due	



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE FIDUCIARY INCOME TAX RETURN

SC1041 (Rev. 10/11/17) 3084

For the calendar year 2017 or Fiscal Taxable Year Beginning and ending 2017

Name of Estate or Trust THE ESTATE OF BRUCE WAYNE FEIN 57-9999999

Name and Title of Fiduciary ALFRED TRUSTEE Mailing Address 400 GOTHAM DRIVE City NEW YORK State NY ZIP Code 22466 County Code Out of SC

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: Yes

A. Check If: Address change, Amended return, Final return, Electing Small Business Trust, Simple trust, Complex trust, Estate, Grantor Trust. B. If trust, check whether: Testamentary, Inter vivos. C. Also check if: Resident estate or trust, Nonresident estate or trust. D. Has final distribution of assets been made during the year? Yes, No

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? YES or NO. F. Is a federal Schedule K-1 attached for each beneficiary? YES or NO. If YES, how many? 1. If NO, attach explanation.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

Table with 22 rows and 3 columns: Line number, Description, Amount. Includes Federal taxable income, deductions, and net refund.

Signature and Preparer information section. Includes fields for Signature, Date, Taxpayer's Email, Preparer's Printed Name, Preparer's signature, Date, Check if self-employed, Preparer's telephone number, Firm's name, Address, City, State, PTIN or FEIN, and ZIP Code.

**Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT**

		Adjustments to amount included in federal distributable net income	
1. Additions to federal taxable income:			
a. State and local interest	1a		
b. State or local taxes measured by income deducted on the federal return	1b	200	
c. Federal net operating loss carryover	1c		
d. Out-of state losses	1d		
e. Other additions to income (see instr.) - ATT. AN EXPLANATION SEE STMT 2	1e	10,000	
f. Total additions to federal income (add lines 1a through 1e)			1f 10,200
2. Subtractions from federal taxable income			
a. Interest on US Government obligations	2a		
b. State income tax refunds reported as income on federal return	2b		
c. South Carolina net operating loss carryover (attach schedule)	2c		
d. Active Trade or Business Income Deduction (I-335, line 5)	2d		
e. Other subtractions from inc. (see instr.) - ATT. AN EXPLANATION	2e		
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f
3. Total (subtract line 2f from line 1f)			3 10,200
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition <input checked="" type="checkbox"/> or Subtraction			5 10,200

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries.	Social Security Number	Shares of Federal Distributable Net Income		4. Shares of South Carolina Fiduciary Adjustment Addition or Subtraction <input checked="" type="checkbox"/>
		2. Amount	3. Percent	
a. JUNE BUG	<input checked="" type="checkbox"/> 515-12-1512		%	
b.			%	
c.			%	
d.			%	
e.			%	
f.			%	
g.			%	
h.			%	
i. Fiduciary			100.0000 %	10,200
Totals			100%	10,200

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.



THE ESTATE OF BRUCE WAYNE 57-9999999
**FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS
 WITH NONRESIDENT BENEFICIARIES**

**Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM
 SOUTH CAROLINA SOURCES**

A. These items correspond to page 1. Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME			
1. Interest income			
2. Dividends			
3. Business income or (loss)	-3,837	-3,837	-3,837
4. Capital gain or (loss)			
5. Rents, royalties, partnerships, other estates and trusts, etc.			
6. Farm income or (loss)			
7. Ordinary gain or (loss)			
8. Other income			
9. Total income (combine lines 1 through 8)	-3,837	-3,837	-3,837
DEDUCTIONS			
10. Interest			
11. Taxes	200		
12. Fiduciary fees			
13. Charitable deduction			
14. Attorney, accountant, and return preparer fees			
15a. Other deductions NOT subject to the 2% floor			
15b. Allowable miscellaneous itemized deductions subject to the 2% floor			
16. Total (add lines 10 through 15b)	200		
17. Subtract line 16 from line 9	-4,037	-3,837	-3,837
18. Distributions to beneficiaries			
19. Federal estate tax (fiduciary)			
Federal estate tax (beneficiary)			
20. Exemption	100		
21. Total (add lines 18 through 20)	100		
22. Taxable income (subtract line 21 from line 17)	-4,137	-3,837	-3,837
23. Total percent of all nonresident beneficiaries (from Part II, page 2)		%	
24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)			

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains times Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a. June Bug 515-12-1512					
b.					
c.					
d.					
e.					
TOTALS	%				

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	100
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	100.0000 %
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	100

1022

BENEFICIARY 1 NO ADJUSTMENTS / TAXABLE INCOME

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

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

SC1041 K-1 (Rev. 6/4/15) 3516

For calendar year 2018 or tax year beginning and ending

Beneficiary's identifying number 515-12-1512 Estate or trust's FEIN 57-9999999

Beneficiary's name, address and ZIP code: JUNE BUG, 9393 NEWBERRY LANE, BERRYVILLE AR 41212. Estate or trust's name, fiduciary's name, address and ZIP code: THE ESTATE OF BRUCE WAYNE ALFRED, 400 GOTHAM DRIVE, NEW YORK NY 22466.

Check if applicable: (1) Final K-1 (2) Amended K-1 (3) [X] Nonresident

Table with 5 columns: Beneficiary'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. Rows include Interest income, Dividends, Net short-term capital gain, Net long-term capital gain, Other portfolio and nonbusiness income, Ordinary business income, Net rental real estate income, Other rental income, Directly apportioned deductions, Estate tax deduction, Final year deductions, Withholding tax for nonresident beneficiary, and Total South Carolina tax credits.

35161017

SC1041 K-1

General purpose - SC1041 K-1 is prepared by the estate or trust to show each beneficiary's share of the entity's income. Each item of income is adjusted as required by South Carolina law and allocated or apportioned to South Carolina or to states other than South Carolina.

INSTRUCTIONS

Column A, lines 1 through 11 - Enter amounts from the federal Schedule K-1.

Column B, lines 1 through 11 - Enter the beneficiary's share of plus or minus South Carolina adjustments to federal taxable income (loss). See SC1041 instructions.

Column C, lines 1 through 11 - Enter the beneficiary's share of income (loss) or deductions allocated or apportioned to states other than South Carolina. See SC1041 instructions.

Column D, lines 1 through 11 - Enter the beneficiary's share of income (loss) or deductions allocated or apportioned to South Carolina.

Line 12 - Estates or trusts are required to withhold 7% of the South Carolina taxable income of nonresident beneficiaries. Estates or trusts must provide nonresident beneficiaries a **Federal Form 1099 MISC with "South Carolina Only"** written at the top showing respective amounts of income and tax withheld. Enter the tax withholding amount on line 12.

Line 13 through 16 - List the beneficiary's share of applicable South Carolina credits.

Instructions for Estate or Trust - Include SC1041 K-1 with your SC1041 Fiduciary Income Tax Return. Provide a copy to the beneficiary.

Instructions for Beneficiary - If filing a paper return, attach to your Income Tax Return. If filing electronically, keep with your records.

Social Security Privacy Act Disclosure

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.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

South Carolina Statements**Statement 1 - Form SC1041, Page 1, Line 14 - Extension Payment and Other Credits**

<u>Description</u>	<u>Amount</u>
Extension Payment	\$ 464
South Carolina Income Tax Withheld	200
Total	<u>\$ 664</u>

Statement 2 - Form SC1041, Page 2, Part I, Line 1e - Other Additions to Income

<u>Description</u>	<u>Amount</u>
Other Adds To make Balance Due	\$ 10,000
Total	<u>\$ 10,000</u>

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

Table with 7 rows for Schedule A Charitable Deduction. Rows include: 1 Amounts paid or permanently set aside for charitable purposes from gross income. See instructions; 2 Tax-exempt income allocable to charitable contributions. See instructions; 3 Subtract line 2 from line 1; 4 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes; 5 Add lines 3 and 4; 6 Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions; 7 Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13.

Schedule B Income Distribution Deduction

Table with 15 rows for Schedule B Income Distribution Deduction. Rows include: 1 Adjusted total income. See instructions; 2 Adjusted tax-exempt interest; 3 Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions; 4 Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion); 5 Capital gains for the tax year included on Schedule A, line 1. See instructions; 6 Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number; 7 Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-; 8 If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law; 9 Income required to be distributed currently; 10 Other amounts paid, credited, or otherwise required to be distributed; 11 Total distributions. Add lines 9 and 10. If greater than line 8, see instructions; 12 Enter the amount of tax-exempt income included on line 11; 13 Tentative income distribution deduction. Subtract line 12 from line 11; 14 Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-; 15 Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18.

Schedule G Tax Computation (see instructions)

Table with 7 rows for Schedule G Tax Computation. Rows include: 1 Tax: a Tax on taxable income. See instructions; b Tax on lump-sum distributions. Attach Form 4972; c Alternative minimum tax (from Schedule I (Form 1041), line 56); d Total. Add lines 1a through 1c; 2a Foreign tax credit. Attach Form 1116; b General business credit. Attach Form 3800; c Credit for prior year minimum tax. Attach Form 8801; d Bond credits. Attach Form 8912; e Total credits. Add lines 2a through 2d; 3 Subtract line 2e from line 1d. If zero or less, enter -0-; 4 Net investment income tax from Form 8960, line 21; 5 Recapture taxes. Check if from: Form 4255 Form 8611; 6 Household employment taxes. Attach Schedule H (Form 1040); 7 Total tax. Add lines 3 through 6. Enter here and on page 1, line 23.

Other Information

Table with 10 rows for Other Information. Rows include: 1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends u \$; 2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?; 3 At any time during calendar year 2018, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country u; 4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions; 5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment; 6 If this is an estate or a complex trust making the section 663(b) election, check here. See instructions; 7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions; 8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here; 9 Are any present or future trust beneficiaries skip persons? See instructions; 10 Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for Form 8938)?

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor The Estate of Bruce Wayne		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) Business Loss	B Enter code from instructions u	
C Business name. If no separate business name, leave blank. Bad Business.com	D Employer ID number (EIN) (see instr.) 12-1212112	
E Business address (including suite or room no.) u City, town or post office, state, and ZIP code		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) u		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2018, check here u <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked u <input type="checkbox"/>	1	0
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 u	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8			
9 Car and truck expenses (see instructions)	9			
10 Commissions and fees	10			
11 Contract labor (see instructions)	11			
12 Depletion	12			
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13			
14 Employee benefit programs (other than on line 19)	14			
15 Insurance (other than health)	15			
16 Interest (see instructions):				
a Mortgage (paid to banks, etc.)	16a			
b Other	16b			
17 Legal and professional services	17			
18 Office expense (see instructions)	18			3,837
19 Pension and profit-sharing plans	19			
20 Rent or lease (see instructions):				
a Vehicles, machinery, and equipment	20a			
b Other business property	20b			
21 Repairs and maintenance	21			
22 Supplies (not included in Part III)	22			
23 Taxes and licenses	23			
24 Travel and meals:				
a Travel	24a			
b Deductible meals (see instructions)	24b			
25 Utilities	25			
26 Wages (less employment credits)	26			
27a Other expenses (from line 48)	27a			
b Reserved for future use	27b			
28 Total expenses before expenses for business use of home. Add lines 8 through 27a u	28			3,837
29 Tentative profit or (loss). Subtract line 28 from line 7	29			-3,837
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			-3,837
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input checked="" type="checkbox"/>	All investment is at risk.	
	32b	<input type="checkbox"/>	Some investment is not at risk.	

Beneficiary 1
Schedule K-1
(Form 1041)

2018

For calendar year 2018, or tax year

Department of the Treasury
 Internal Revenue Service

NO TAXABLE INCOME

beginning ending

Beneficiary's Share of Income, Deductions, Credits, etc.

U See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number
 57-9999999

B Estate's or trust's name
 The Estate of Bruce Wayne

C Fiduciary's name, address, city, state, and ZIP code
 Alfred
 Trustee
 400 Gotham Drive
 NEW YORK NY 22466

D Check if Form 1041-T was filed and enter the date it was filed

E Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number
 515-12-1512

G Beneficiary's name, address, city, state, and ZIP code
 June Bug
 9393 Newberry Lane
 Berryville AR 41212

H Domestic beneficiary Foreign beneficiary

Final K-1

Amended K-1

661117
 OMB No. 1545-0092

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction		

*See attached statement for additional information.
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Name <u>THE ESTATE OF BRUCE WAYNE</u>	Employer Identification Number <u>57-9999999</u>
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Electronic Funds Withdrawal or Direct Deposit

This record is included with the South Carolina electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal or who choose to have their refund deposited directly into their bank account

Electronic Funds Withdrawal (Direct Debit)	<input type="checkbox"/>
Direct Deposit of Refund	<input checked="" type="checkbox"/>
Routing Transit Number	<u>041000124</u>
Bank Account Number	<u>55412121121121129</u>
Type of Account	<u>SAVINGS</u>
Taxpayer Phone Number	<u>810-266-6388</u>
Requested Payment Date	_____
Amount of Tax Payment	_____
Refund to be Deposited	<u>600</u>

DO NOT SUBMIT THIS DOCUMENT TO THE SOUTH CAROLINA DEPARTMENT OF REVENUE

For calendar year 2018, or tax year beginning _____, and ending _____

Name

Taxpayer Identification Number

THE ESTATE OF BRUCE WAYNE

57-9999999

	Interest	Dividends	Other
Total income	_____	_____	_____
Interest	_____	_____	_____
Taxes	_____	_____	_____
Fiduciary fees	_____	_____	_____
Charitable deduction	_____	_____	_____
Attorney and accountant fees	_____	_____	_____
Other deductions	_____	_____	_____
Misc. deductions subject to 2%	_____	_____	_____
Total deductions	_____	_____	_____
Net income before loss reclassification	_____	_____	_____
Reclassified losses	_____	_____	_____
Net income	_____	_____	_____
Net income (Force)	_____	_____	_____

	Business	Rental Real Estate	Other Rental
Total income	-3,837	_____	_____
Interest	_____	_____	_____
Taxes	_____	_____	_____
Fiduciary fees	_____	_____	_____
Charitable deduction	_____	_____	_____
Attorney and accountant fees	_____	_____	_____
Other deductions	_____	_____	_____
Misc. deductions subject to 2%	_____	_____	_____
Total deductions	_____	_____	_____
Net income before loss reclassification	-3,837	_____	_____
Reclassified losses	3,837	_____	_____
Net income	_____	_____	_____
Net income (Force)	_____	_____	_____

	Short-Term Gains	Long-Term Gains
Total income	_____	_____
Interest	_____	_____
Taxes	_____	_____
Fiduciary fees	_____	_____
Charitable deduction	_____	_____
Attorney and accountant fees	_____	_____
Other deductions	_____	_____
Misc. deductions subject to 2%	_____	_____
Total deductions	_____	_____
Net income	_____	_____
Net income (Force)	_____	_____

Form **SC1041**

SC Allocation of Expenses by Business Type

2018

For calendar year 2018, or tax year beginning _____, and ending _____

Name

Taxpayer Identification Number

THE ESTATE OF BRUCE WAYNE

57-9999999

Business

Partnership / S Corp

Estate / Trust

Total income	<u>-3,837</u>	_____	_____
Interest	_____	_____	_____
Taxes	_____	_____	_____
Fiduciary fees	_____	_____	_____
Charitable deduction	_____	_____	_____
Attorney and accountant fees	_____	_____	_____
Other deductions	_____	_____	_____
Misc. deductions subject to 2%	_____	_____	_____
Total deductions	_____	_____	_____
Net income before loss reclassification	<u>-3,837</u>	_____	_____
Reclassified losses	<u>3,837</u>	_____	_____
Net income	_____	_____	_____
Net income (Force)	_____	_____	_____

Farm

Summary

Total income	_____	<u>-3,837</u>
Interest	_____	_____
Taxes	_____	_____
Fiduciary fees	_____	_____
Charitable deduction	_____	_____
Attorney and accountant fees	_____	_____
Other deductions	_____	_____
Misc. deductions subject to 2%	_____	_____
Total deductions	_____	_____
Net income before loss reclassification	_____	<u>-3,837</u>
Reclassified losses	_____	<u>3,837</u>
Net income	_____	_____
Net income (Force)	_____	_____