

Form SC1041 Return Summary

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

25-9999999

CHIEF OSCEOLA

Income

Federal taxable income	430,308	
Federal exemption	100	
Modifications related to gains allocated to principal		

Additions:

State and local interest		
State / local taxes on fed. return	8,000	
Federal net operating loss	1,000	
Out-of state losses		
Other additions		
Total additions		9,000

Subtractions

Interest on U.S. obligations		
State / local refunds on fed. return		
SC net operating loss	400	
Active trade / business inc. ded.		
Other subtractions	192,800	
Total subtractions		193,200
Total adjustment		-184,200

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

Fiduciary share of fiduciary adjustment		-184,200
South Carolina exemption		100

Taxable income		246,108
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Tax Computation

Tax on taxable income	16,723	
Tax on electing small business trust inc		
Other taxes		
Nonrefundable credits	410	
Nonresident beneficiary withholding		
Total tax		16,313

Extension payment and other credits	15,694	
Estimated tax payments		
Estimated tax penalty	111	
Applied to next year's estimated tax		
Total payments / application		15,583

Net tax		730
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Additions to Tax

Interest on late payments		
Penalties	34	
Total additions		34

Balance due		798
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Refund		_____
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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 CHIEF OSCEOLA FEIN 25-9999999

Name and Title of Fiduciary JONATHAN P ROSS Mailing Address 10 FT MOULTIE HWY City CHARLESTON State SC ZIP Code 29402-1299 County Code Richland/Col

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 If YES, attach copy. 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 3 columns: Line number, Description, Amount. Rows include FEDERAL TAXABLE INCOME, Federal fiduciary exemption, South Carolina Modifications, Fiduciary's Share of SC Fiduciary Adjustment, NET, South Carolina fiduciary exemption, SOUTH CAROLINA TAXABLE INCOME, SOUTH CAROLINA TAX, TAX on Lump Sum Distribution, Less NON-REFUNDABLE CREDITS, Combine lines 8 - 10, South Carolina income tax withheld, TOTAL TAX, Amount paid with, Est. Tax Payments, Total Payments, Overpayment, Late Filing and/or late payment: Penalties, Penalty for Underpayment of Estimated Tax, Balance Due, Amount of line 17 to be credited to 2018 Estimated Tax, Net Refund.

Please Sign Here: I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief. Signature of fiduciary or officer representing fiduciary Date JuneBug@email.com 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 No Preparer's Printed Name JEREMIAH GILLETT. Preparer's signature JEREMIAH GILLETT Date 11/08/18 Check if self-employed Preparer's telephone number 800-968-8900. Firm's name AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA PTIN or FEIN P12345678 and address ACITYCITYCITYCITYCIA, MI ZIP Code 48130-1234

**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	8,000	
c. Federal net operating loss carryover	1c	1,000	
d. Out-of state losses	1d		
e. Other additions to income (see instr.) - ATT. AN EXPLANATION	1e		
f. Total additions to federal income (add lines 1a through 1e)	1f		9,000
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) SEE STMT 2	2c	400	
d. Active Trade or Business Income Deduction (I-335, line 5)	2d		
e. Other subtractions from inc. (see instr.) - ATT. AN EXPLANATION SEE STMT 3	2e	192,800	
f. Total subtractions from federal taxable income (add lines 2a through 2e)	2f		193,200
3. Total (subtract line 2f from line 1f)	3		-184,200
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 or Subtraction <input checked="" type="checkbox"/>	5		184,200

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.	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"/> Social Security Number 012-15-1222		%	
b.		%	
c.		%	
d.		%	
e.		%	
f.		%	
g.		%	
h.		%	
i. Fiduciary	430,408	100.0000 %	184,200
Totals	430,408	100%	184,200

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.



CHIEF OSCEOLA 25-9999999
**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)			
	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	438,408	245,608	
	9. Total income (combine lines 1 through 8)	438,408	245,608	
DEDUCTIONS	10. Interest			
	11. Taxes	8,000		
	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)	8,000		
	17. Subtract line 16 from line 9	430,408	245,608	
	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)	430,308	245,608		
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 012-15-1222					
b.					
c.					
d.					
e.					
TOTALS	%				

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	29



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2017 TAX CREDITS

SC1040TC
(Rev. 10/5/17)
3913

NAME

YOUR SOCIAL SECURITY NUMBER

CHIEF OSCEOLA

u

25-9999999

Most of these credits are computed on separate forms. **Attach the appropriate credit form(s) and/or SC1040TC Worksheet to the SC1040TC and SC1040. Credits may be disallowed if necessary schedules are not attached to your return.** For lines 6-15, enter credit description and associated code from the following information, along with the dollar amount of the credit claimed.

Credit Description	Code	Amount
<i>Attach To SC1040</i>		
1. Total Credit for taxes paid to another state (Attach SC1040TC worksheet for each state)	1. 100 u	\$ <u> .00</u>
2. Carryover of unused qualified credits	2. 101 u	\$ <u> .00</u>
3. Excess Insurance Premium Credit	3. 044 u	\$ <u> .00</u>
4. New Jobs Credit	4. 004 u	\$ <u> .00</u>
5. Qualified Conservation Contribution Credit	5. 019 u	\$ <u> .00</u>
6. <u>ALTERNATIVE MOTOR VEHICLE CREDIT</u>	6. u 035 u	\$ <u> 410.00</u>
7. _____	7. u _____ u	\$ <u> .00</u>
8. _____	8. u _____ u	\$ <u> .00</u>
9. _____	9. u _____ u	\$ <u> .00</u>
10. _____	10. u _____ u	\$ <u> .00</u>
11. _____	11. u _____ u	\$ <u> .00</u>
12. _____	12. u _____ u	\$ <u> .00</u>
13. _____	13. u _____ u	\$ <u> .00</u>
14. _____	14. u _____ u	\$ <u> .00</u>
15. _____	15. u _____ u	\$ <u> .00</u>
16. Total Non-refundable Tax Credits. Add amounts from lines 1-15	16. u	\$ <u> 410.00</u>
17. Enter the tax from SC1040, line 10	17.	\$ <u> 16,723.00</u>
18. Enter the lesser of line 16 or 17. Also, enter this amount on the SC1040, line 13. If filing a Fiduciary income tax return, enter this amount on SC1041, line 10	18.	\$ <u> 410.00</u>

SC 1040 Filers: Attach this form and a complete copy of your federal return to your SC1040. If claiming credit for taxes paid to another state, also include a copy of each of the other state's tax return.

SC1041 or SC1065 Filers: Attach this form to your Fiduciary income tax return SC1041 or your Partnership return of income SC1065.

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
UNDERPAYMENT OF ESTIMATED TAX
BY INDIVIDUALS, ESTATES, AND TRUSTS
Attach to SC1040 or SC1041

dor.sc.gov

Name(s) as shown on SC1040 or SC1041

Social Security Number

CHIEF OSCEOLA

25-9999999

Do You Have To File SC2210?

Flowchart for determining if SC2210 must be filed. Questions include: 'Complete lines 1 through 6 below. Is line 6 less than \$100?', 'Complete lines 7 and 8 below. Is line 5 equal to or more than line 8?', and 'You may owe a penalty. Does any box in Part II below apply?'

Part I Required Annual Payment

Table with 8 rows for calculating required annual payment. Columns include line number, description, and amount. Total amount shown is 14,682.00.

Next: Is line 8 more than line 5?

- No. You do not owe a penalty. Do not file SC2210 unless box E below applies.
Yes. You may owe a penalty, but do not file SC2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file SC2210
- If only box A or E (or both) applies (but not B, C, or D), file only page 1 of SC2210.

SC2210 (2017)

Part II Reasons For Filing - Check applicable boxes. If none apply, **do not file SC2210.**

- A You request a **waiver** (see instructions for **waiver of penalty**) of your entire penalty. You must check this box and file page 1 of SC2210, but you are not required to figure your penalty.
- B You request a waiver (see instructions for **waiver of penalty**) of part of your penalty. You must figure your penalty and waiver amount and file **SC2210**.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **Annualized Income Installment Method**. (see instructions). Complete federal Schedule AI for South Carolina purposes and file SC2210.
- D Your penalty is lower when figured by treating the South Carolina income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file SC2210.
- E You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 7 above is smaller than line 4 above. You must file page 1 of SC2210, but you are **not** required to figure your penalty (unless box **B, C, or D** applies).

Part III Short Method

You may use the short method if:

- You made no estimated tax payments (or your only payments were South Carolina income tax withheld) **or**
- You paid estimated tax in **equal** amounts on your due dates.

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late, **or**
- You checked box **C** or **D** in Part II.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

9	Enter the amount from SC2210, line 8		14,682.00						
10	Enter the amount, if any, from SC2210, line 5	10	8,000.00						
11	Enter the total amount, if any, of estimated tax payments you made	11	.00						
12	Add lines 10 and 11	12	8,000.00						
13	Total underpayment for year. Subtract line 12 from line 9. If zero or less, stop here; you do not owe the penalty. Do not file SC2210 unless you checked box E in Part II	13	6,682.00						
14	Multiply line 13 by .02660 and enter result	14	178.00						
15	<ul style="list-style-type: none"> ● If the amount on line 13 was paid on or after 4/15/18, enter -0-. ● If the amount on line 13 was paid before 4/15/18, make the following computation to find the amount to enter on line 15. <div style="margin-left: 40px;"> <table style="border: none;"> <tr> <td style="text-align: right;">Amount on</td> <td style="text-align: center;">Number of days paid</td> </tr> <tr> <td style="text-align: right;">line 13 X</td> <td style="text-align: center;">before 4/15/18 X</td> </tr> <tr> <td></td> <td style="text-align: right;">.00011</td> </tr> </table> </div>	Amount on	Number of days paid	line 13 X	before 4/15/18 X		.00011	15	0.00
Amount on	Number of days paid								
line 13 X	before 4/15/18 X								
	.00011								
16	Penalty. Subtract line 15 from line 14. Enter the result here and on SC1040, line 33 or SC1041, line 19. If you are due a refund, subtract penalty from overpayment and show amount on SC1040, line 30 or SC1041, line 22. AMOUNT WAIVED (67.)	16	111.00						

1022

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**ALTERNATIVE MOTOR
VEHICLE CREDIT**
Attach to your Income Tax Return

SC SCH.TC-35

(Rev. 8/19/16)
3427

20

Names As Shown On Tax Return

SSN or FEIN

25-9999999

CHIEF OSCEOLA

Year	Make & Model
2012	Chevy Volt

	Eligible Vehicle	
1. Enter date vehicle was placed in service (MM/DD/YYYY)	1	11 / 27 / 2018
2. Enter federal credit before phaseout	2	2,000 00
3. Multiply line 2 by 20% (0.20)	3	400 00
4. Enter the amount of unused credit carried forward from previous tax years	4	10 00
5. Add lines 3 and 4	5	410 00
6. Enter your current tax liability	6	1,206 00
7. Enter the lesser of line 5 or line 6. This is your current year credit. Enter this amount on the appropriate tax credit schedule	7	410 00
8. Subtract line 7 from line 5. Unused credits may be carried forward for five years	8	00

INSTRUCTIONS

For tax years beginning after 2005, a South Carolina resident taxpayer who meets the requirements for the federal credit allowed under Internal Revenue Code section 30B is eligible for the credit against South Carolina corporate or individual income tax for 20% of the federal credit amount before the phaseout. The credit in section 30B applies to: (1) qualified fuel cell vehicles; (2) advanced lean burn technology vehicles; (3) qualified hybrid vehicles; and (4) qualified alternative fuel vehicles.

Manufacturers or domestic distributors of eligible vehicles are required to furnish to the Department of Revenue the documents listed under IRC 30B certifying that the specific vehicle (make, model and year) meets the requirement under IRC 308. The Federal credit amount without the phaseout must be included.

The South Carolina credit is calculated without using the phaseout contained in section 30B(f). Obtain the federal credit amount before the phaseout from your car manufacturer or domestic distributor. Any unused portion of the South Carolina credit may be carried forward for 5 succeeding tax years. The federal provisions are deemed to be permanent law for purposes of the South Carolina credit.

NOTE: If filing a paper return attach to your Income Tax Return. If filing electronically, keep a copy with your tax records.

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form if you are an individual taxpayer. 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.

34271023

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 } 012-15-1222 **Estate or trust's FEIN** } 25-9999999

Beneficiary's name, address and ZIP code

JUNE BUG
10190 IOSCO RD
FOWLerville MI 48836

Estate or trust's name, fiduciary's name, address and ZIP code

CHIEF OSCEOLA
JONATHAN P ROSS
10 FT MOULTIE HWY
CHARLESTON SC 29402-1299

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

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		
1 Interest income	1		1		1		1		
2 Dividends	2		2		2		2		
3 Net short-term capital gain	3		3		3		3		
4 Net long-term capital gain	4		4		4		4		
5 Other portfolio and nonbusiness income	5		5		5		5		
6 Ordinary business income	6		6		6		6		
7 Net rental real estate income	7		7		7		7		
8 Other rental income	8		8		8		8		
9 Directly apportioned deductions	9		9		9		9		
10 Estate tax deduction	10		10		10		10		
11 Final year deductions	11		11		11		11		
12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)							12		
List applicable South Carolina tax credits. (Attach an additional sheet if needed.)									
13							13		
14							14		
15							15		
16							16		
17 Total South Carolina tax credits							17		

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

Description	Amount
Extension Payment	\$ 7,694
South Carolina Income Tax Withheld	8,000
Total	\$ 15,694

Statement 2 - Form SC1041, Page 2, Part I, Line 2c - South Carolina NOL Carryforward

Description	Amount
SC NOL	\$ 400
Total	\$ 400

Statement 3 - Form SC1041, Page 2, Part I, Line 2e - Other Subtractions from Income

Description	Amount
Non-South Carolina Other Portfolio Income	\$ 192,800
Total	\$ 192,800

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. Line 7: Charitable deduction, 430,408.

Schedule B Income Distribution Deduction

Table with 15 rows for Schedule B Income Distribution Deduction. Line 7: Distributable net income, 430,408. Line 14: Tentative income distribution deduction, 430,408. Line 15: Income distribution deduction, 430,408.

Schedule G Tax Computation (see instructions)

Table with 10 rows for Schedule G Tax Computation. Line 1a: Tax on taxable income, 157,600. Line 1d: Total tax, 157,600. Line 7: Total tax, 157,600.

Other Information

Table with 10 rows for Other Information. Questions regarding tax-exempt income, foreign trust, and beneficiaries. Line 10: Was the trust a specified domestic entity required to file Form 8938? X.

**SCHEDULE I
(Form 1041)**

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

u Attach to Form 1041.
u Go to www.irs.gov/Form1041 for instructions and the latest information.

2018

Name of estate or trust

Employer identification number

Chief Osceola

25-9999999

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	430,408
2	Interest	2	
3	Taxes	3	8,000
4	Reserved for future use	4	
5	Refund of taxes	5	()
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	()
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	438,408
Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44	26	
27	Estate tax deduction (from Form 1041, line 19)	27	
28	Add lines 26 and 27	28	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	438,408

If line 29 is:

- \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$24,600, but less than \$180,300, go to line 45.
- \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	438,408
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	()
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	438,408
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2018)

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-	43	438,408
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26	44	

Part III Alternative Minimum Tax

45	Exemption amount	45	24,600
46	Enter the amount from line 29	46	
47	Phase-out of exemption amount	47	81,900
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	
49	Multiply line 48 by 25% (0.25)	49	
50	Subtract line 49 from line 45. If zero or less, enter -0-	50	
51	Subtract line 50 from line 46	51	438,408
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • \$191,100 or less, multiply line 51 by 26% (0.26). • Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result	52	118,932
53	Alternative minimum foreign tax credit (see instructions)	53	
54	Tentative minimum tax. Subtract line 53 from line 52	54	118,932
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)	55	157,600
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c	56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

57	Enter the amount from line 51	57	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59	
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	
61	Enter the smaller of line 57 or line 60	61	
62	Subtract line 61 from line 57	62	
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract \$3,822 from the result	63	
64	Maximum amount subject to the 0% rate	64	2,600
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	
67	Enter the smaller of line 57 or line 58	67	
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	
69	Subtract line 68 from line 67	69	

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70		
71	Enter the amount from line 66	71		
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	72		
73	Add line 71 and line 72	73		
74	Subtract line 73 from line 70. If zero or less, enter -0-	74		
75	Enter the smaller of line 69 or 74	75		
76	Multiply line 75 by 15% (0.15)			76
77	Add lines 68 and 75	77		
If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.				
78	Subtract line 77 from line 67	78		
79	Multiply line 78 by 20% (0.20)			79
If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.				
80	Add lines 62, 77, and 78	80		
81	Subtract line 80 from line 57	81		
82	Multiply line 81 by 25% (0.25)			82
83	Add lines 63, 76, 79, and 82			83
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract \$3,822 from the result			84
85	Enter the smaller of line 83 or line 84 here and on line 52			85

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

2018

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment
Sequence No. **72**

Name(s) shown on your tax return

Chief Osceola

Your social security number or EIN
25-9999999

Part I Investment Income	<input type="checkbox"/>	Section 6013(g) election (see instructions)	
	<input type="checkbox"/>	Section 6013(h) election (see instructions)	
	<input type="checkbox"/>	Regulations section 1.1411-10(g) election (see instructions)	

1 Taxable interest (see instructions)			1
2 Ordinary dividends (see instructions)			2
3 Annuities (see instructions)			3
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		4c
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c Combine lines 4a and 4b			
5a Net gain or loss from disposition of property (see instructions)	5a		5d
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d Combine lines 5a through 5c			
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)			6
7 Other modifications to investment income (see instructions)			7
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a		9d
b State, local, and foreign income tax (see instructions)	9b		
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c			
10 Additional modifications (see instructions)			10
11 Total deductions and modifications. Add lines 9d and 10			11

Part III Tax Computation

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	0
Individuals:				
13 Modified adjusted gross income (see instructions)	13		16	
14 Threshold based on filing status (see instructions)	14			
15 Subtract line 14 from line 13. If zero or less, enter -0-	15			
16 Enter the smaller of line 12 or line 15				
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			17	
Estates and Trusts:				
18a Net investment income (line 12 above)	18a		19c	
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a Adjusted gross income (see instructions)	19a	438,308		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,500		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c	425,808		
20 Enter the smaller of line 18c or line 19c			20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			21	

For Paperwork Reduction Act Notice, see your tax return instructions.

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.

See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number
 25-9999999

B Estate's or trust's name
 Chief Osceola

C Fiduciary's name, address, city, state, and ZIP code
 Jonathan P. Ross
 10 Ft. Moultrie Hwy
 Charleston SC 29402-1299

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
 012-15-1222

G Beneficiary's name, address, city, state, and ZIP code
 June Bug
 10190 Iosco Rd
 Fowlerville MI 48836

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>CHIEF OSCEOLA</u>	Employer Identification Number <u>25-9999999</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 checked="" type="checkbox"/>
Direct Deposit of Refund	<input type="checkbox"/>
Routing Transit Number	<u>021000021</u>
Bank Account Number	<u>9399339</u>
Type of Account	<u>CHECKING</u>
Taxpayer Phone Number	
Requested Payment Date	<u>05/15/19</u>
Amount of Tax Payment	<u>798</u>
Refund to be Deposited	

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

CHIEF OSCEOLA

25-9999999

	Interest	Dividends	Other
Total income	_____	_____	245,608
Interest	_____	_____	_____
Taxes	_____	_____	_____
Fiduciary fees	_____	_____	_____
Charitable deduction	_____	_____	_____
Attorney and accountant fees	_____	_____	_____
Other deductions	_____	_____	_____
Misc. deductions subject to 2%	_____	_____	_____
Total deductions	_____	_____	_____
Net income before loss reclassification	_____	_____	245,608
Reclassified losses	_____	_____	_____
Net income	_____	_____	245,608
Net income (Force)	_____	_____	_____

	Business	Rental Real Estate	Other Rental
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)	_____	_____	_____

	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)	_____	_____

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

Name

Taxpayer Identification Number

CHIEF OSCEOLA

25-9999999

Business

Rent / Royalty

Partnership

Total income	_____	_____	_____
Interest	_____	_____	_____
Taxes	_____	_____	_____
Fiduciary fees	_____	_____	_____
Charitable deduction	_____	_____	_____
Attorney and accountant fees	_____	_____	_____
Other deductions not subject to 2% floor	_____	_____	_____
Misc. deductions subject to 2%	_____	_____	_____
Total deductions	_____	_____	_____
Net income before loss reclassification	_____	_____	_____
Reclassified losses	_____	_____	_____
Net income	_____	_____	_____
Net income (Force)	_____	_____	_____

Estate / Trust

Farm

Ordinary Gains

Total income	_____	_____	_____
Interest	_____	_____	_____
Taxes	_____	_____	_____
Fiduciary fees	_____	_____	_____
Charitable deduction	_____	_____	_____
Attorney and accountant fees	_____	_____	_____
Other deductions not subject to 2% floor	_____	_____	_____
Misc. deductions subject to 2%	_____	_____	_____
Total deductions	_____	_____	_____
Net income before loss reclassification	_____	_____	_____
Reclassified losses	_____	_____	_____
Net income	_____	_____	_____
Net income (Force)	_____	_____	_____

Other

Summary

Total income	<u>245,608</u>	<u>245,608</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>245,608</u>	<u>245,608</u>
Reclassified losses	_____	_____
Net income	<u>245,608</u>	<u>245,608</u>
Net income (Force)	_____	_____

