

1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**CLASSROOM TEACHER
EXPENSES CREDIT**

I-360
(Rev. 4/16/18)
3652
20 18

dor.sc.gov

Name As Shown On Tax Return

SSN

TEST N ERTIA

400-00-5102

- 1. Are you a South Carolina classroom teacher? Yes No
If you answered **NO, STOP. You do not qualify for this credit.**
- 2. Were you fully reimbursed for your teacher supplies and materials? Yes No
If you answered **YES, STOP. You do not qualify for this credit.**
- 3. Amount spent by you on or after July 1, 2018, on teacher supplies and materials 3. \$ 2,500
- 4. Maximum credit amount 4. \$ 275.00
- 5. Enter the lesser of line 3 or line 4 5. \$ 275
- 6. Amount of any reimbursement from the school or district 6. \$ 100
- 7. Line 5 minus line 6 (Do not enter less than \$0.) 7. \$ 175
Enter this amount on SC1040, line 22 and check the box for "Classroom Teacher Expenses Credit".

NOTE: The tax return claiming the credit **must be filed on or before June 30, 2019.**

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

I-361
(Rev. 12/27/17)
3692
2018

dor.sc.gov

2018 PARENTAL REFUNDABLE CREDIT

Your Name As Shown On Tax Return TEST N ERTIA	SSN 400-00-5102
Spouse's Name (if married filing jointly)	SSN
Qualifying Student's Name ANN SMITH	SSN 222-02-2212
Eligible School EAST HIGH	

PART I. Qualifying Student Questionnaire

- a. Are you the parent or the legal guardian of this qualifying student? Yes No
- b. Does the student meet the definition of an "Exceptional needs child" as defined in proviso 109.11? Yes No
- c. Is the student a South Carolina Resident? Yes No
- d. Is the student eligible to be enrolled in a South Carolina secondary or elementary public school at the kindergarten or later year level for the 2017-2018 school year? Yes No

If you answered "No" to any of the above questions, STOP. You are not eligible to claim this credit.

PART II. 2018 Parental Refundable Credit Calculations

- 1. Enter the total cost of tuition for the entire 2017-2018 school year 1. \$ 5,000
- 2. Maximum Parental Refundable Credit per qualifying student for the July 1, 2017 through June 30, 2018 school year 2. \$ 11,000.00
- 3. Enter the lesser of Line 1 and Line 2. If Line 1 and Line 2 equal \$11,000, then enter \$11,000 . . . 3. \$ 5,000
- 4. Total grants awarded to this qualifying student from Exceptional SC for the 2017-2018 school year 4. \$ 1,000
- 5. Available 2017 Parental Refundable Credit. Deduct Line 4 from Line 3 5. \$ 4,000
- 6. Enter total Parental Refundable Credit that was pre-approved by SCDOR for the 2017-2018 school year 6. \$ 150
- 7. Enter the lesser of Line 5 and Line 6. If negative, enter zero.
This is your 2017 Parental Refundable Credit 7. \$ 150

IMPORTANT NOTE: Do not include parental credits from the 2016-2017 school year that were approved by SCDOR in 2017 because, as indicated in the approval letters, these parental credits were for the 2016 tax year.

PART III. Signature(s) and Date

I certify that all information on this application, including any attachment, is true and correct to the best of my knowledge.

Sign Here	Your signature	Date	Spouse's signature (if married filing jointly)
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TEST

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STATE OF SOUTH CAROLINA
 DEPARTMENT OF REVENUE
**ANHYDROUS AMMONIA
 ADDITIVE CREDIT**

I-333

(Rev. 10/30/07)
3406

20 18

Name As Shown On Tax Return

SS No. or Fed. EI No.

TEST N ERTIA

400-00-5102

This form **must be attached to the SC1040, SC1065, SC1120 or SC1120S.**

1. Enter the amount you expended in obtaining the additive \$ 2,500

General Instructions:

For taxable years beginning after 2004, a refundable credit against individual or corporate income tax is available to resident taxpayers engaged in the business of farming who use anhydrous ammonia for agricultural purposes.

Section 44-53-375(E)(2)(a)(ii) requires consumers to reformulate anhydrous ammonia with an additive that will prevent conversion of its active ingredients into methamphetamine or related substances.

The amount of the credit is equal to the amount expended by the taxpayer in obtaining the additive.

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.

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
MILK CREDIT

I-334
(Rev. 9/28/07)
3407
20 18

Names As Shown On Tax Return

TEST N ERTIA

SS No. or Fed. EI No.

400-00-5102

This form must be attached to the SC1040, SC1065, SC1120 or SC1120S.

- 1. Enter the number of pounds (lbs.) of milk produced and sold during Calendar Year 2018, as certified by the Commissioner of Agriculture 1,000,000 lbs.
If less than 500,000 lbs., **STOP**. You do not qualify.
- 2. Enter \$2,500 if line 1 is greater than or equal to 500,000 pounds (lbs.) \$ 2,500
- 3. Subtract 500,000 pounds (lbs.) from line 1 500,000 lbs.
- 4. Divide line 3 by 500,000 pounds (lbs.) and round down to the nearest whole number 1
- 5. Multiply line 4 by \$1,250 \$ 1,250
- 6. Add lines 2 and 5 \$ 3,750
- 7. Enter the number of quarters in Calendar Year 2018 to which the credit applies, as certified by the Commissioner of Agriculture 4
- 8. Multiply line 6 by line 7. Enter here and on the appropriate line of your tax return. This is the amount of the credit . . . \$ 15,000

General Instructions:

For taxable years beginning after 2004, a refundable credit against individual or corporate income tax is available to resident taxpayers engaged in the business of producing milk for sale, based on the amount of milk produced and sold.

The credit amount is \$10,000 for the first 500,000 pounds of milk produced and sold below the production price over a calendar year, and \$5,000 for each additional 500,000 pounds of milk produced and sold below the production price during the calendar year. Credits must be prorated on a quarterly basis.

The S.C. Commissioner of Agriculture will certify to the Department of Revenue which producers are eligible to claim the credit and the amount of the credit.

The credit is allowed when the USDA Class I price of fluid milk in South Carolina drops below the production price as determined by the S.C. Department of Agriculture. The production price is based on such factors as: (1) the average price of milk in the top five states where milk is imported to South Carolina; (2) the average transportation cost of importing milk from those five states; and (3) the cost of production in South Carolina. The Department of Agriculture's regulations are available at www.scstatehouse.net.

The average production price is posted on the S.C. Department of Agriculture's website (www.scdca.state.sc.us) and available in the S.C. Commissioner of Agriculture's Office at least once a year after all information needed to compute the average production price becomes available.

If information necessary for determining the cost of production in South Carolina is not readily available, then the Department of Agriculture may use the next best information available, which may include the cost of production in other Southern states.

The Department of Agriculture provides a form to be filled out and signed by all dairy producers filing for this credit. The form is for certifying the amount of milk produced and sold by a specific producer for the entire taxable year. The form includes a sworn statement by the producer regarding the accuracy of the information listed.



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2018 INDIVIDUAL INCOME TAX RETURN

Form with fields for Social Security Number and deceased status for both taxpayer and spouse.



For the year January 1 - December 31, 2018, or fiscal tax year beginning 2018 and ending 2019

Main address and contact information form including name, address, city, state, zip, and phone number.

- 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: COMBAT_ZONE
Check this box if this return is affected by a federally declared disaster area
Name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS (1) Single (2) Married filing jointly (3) Married filing separately enter spouse's SSN: (4) Head-of-household (5) Widow(er) with dependent child

Number of dependents claimed on your 2018 federal return 1
Number of dependents listed above that were under the age of 6 years on December 31, 2018 1
Number of taxpayers age 65 or older, as of December 31, 2018

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY). Row 1: TEST, ERTIA, 400-01-5103, SON, 10/15/2013



ERTIA

400-00-5102

INCOME AND ADJUSTMENTS

2018

1 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.	▶	1	Dollars 8,620	00
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ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions)	▶	a		00
b Out-of-state losses. Type: _____	▶	b		00
c Expenses related to National Guard and Military Reserve Income	▶	c		00
d Interest income on obligations of states and political subdivisions other than South Carolina	▶	d		00
e Other additions to income. Attach explanation. (see instructions)	▶	e		00
2 Add lines a through e and enter the total here. These are your total additions .	▶	2		00
3 Add lines 1 and 2 and enter the total here.	▶	3	8,620	00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	▶	f		00
g Total and permanent disability retirement income, if taxed on your federal return	▶	g		00
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	▶	h		00
i 44% of net capital gains held for more than one year	▶	i		00
j Volunteer deductions (see instructions) Type: _____	▶	j		00
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program	▶	k		00
l Active Trade or Business Income deduction (see instructions)	▶	l		00
m Interest income from obligations of the US government	▶	m		00
n Certain nontaxable National Guard or Reserve Pay	▶	n		00
o Social Security and/or railroad retirement, if taxed on your federal return	▶	o		00
p Retirement Deduction (see instructions)				
p-1 Taxpayer date of birth: _____	▶	p-1		00
p-2 Spouse date of birth: _____	▶	p-2		00
p-3 Surviving spouse date of birth of deceased spouse: _____	▶	p-3		00
p-4 Taxpayer date of birth: _____	▶	p-4		00
p-5 Spouse date of birth: _____	▶	p-5		00
p-6 Surviving spouse date of birth of deceased spouse: _____	▶	p-6		00
q Age 65 and older deduction (see instructions)				
q-1 Taxpayer date of birth: _____	▶	q-1		00
q-2 Spouse date of birth: _____	▶	q-2		00
r Negative amount of federal taxable income	▶	r		00
s Subsistence allowance _____ days @ \$8.00	▶	s		00
t Dependents under the age of 6 years on December 31 of the tax year	▶	t	4,110	00
u Consumer Protection Services	▶	u		00
v Other subtractions (see instructions)	▶	v		00
w South Carolina Dependent Exemption (see instructions)	▶	w	4,110	00
4 Add lines f through w and enter the total here. These are your total subtractions .	▶	4	< 8,220	00 >
5 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 SOUTH CAROLINA INCOME SUBJECT TO TAX	▶	5	400	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	▶	6		00
7 TAX on Lump Sum Distribution (attach SC4972)	▶	7		00
8 TAX on Active Trade or Business Income (attach I-335)	▶	8		00
9 TAX on excess withdrawals from Catastrophe Savings Accounts	▶	9		00
10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	▶	10		00



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400-00-5102

NON-REFUNDABLE CREDITS

2018

Table with 3 columns: Line number, Description, Amount. Rows 11-15 for Non-refundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Line number, Description, Amount. Rows 16-25 for Payments and Refundable Credits.

26 USE TAX due on online, mail-order, or out-of-state purchases. Use Tax is based on your county's Sales Tax rate. See instructions for more information.

If you certify that no Use Tax is due, check here [X]

Table with 3 columns: Line number, Description, Amount. Rows 27-30 for Tax due and Refund.

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: [] Direct Deposit (30b required) [X] Debit Card* [] Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America.

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: Line number, Description, Amount. Rows 31-34 for Tax due 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 _____ 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 [X] No [] Preparer's printed name JOHN DOE

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