

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

SC1040 (Rev. 10/23/18) 3075

dor.sc.gov

1024

Your Social Security Number	Check if deceased	
400-00-5104		
Spouse's Social Security Number	Check if deceased	



For the year January 1 -	December 31, 2018, or fiscal ta	x year beginning	2018 a	nd ending 20	019		
First name and middle initial			Last	Last name Suffix			
TEST O			Mž	APLE			
Spouse's first name, if married	filing jointly		Last	name		Suffix	
Check if X new address	Mailing address (number and street, PC 7842 WEEPING W	D BOX) TLLOW LANE				County code 26	
city MYRTLE BEAC					Daytime phone number		
Check if address is outside US	Foreign country address including post	al code					
S corporation. Do Check this box if you Check this box if you Name of the comb Check this box if this Name of the disas CHECK YOUR	S corporation. Do not check this box if you are an individual						
Number of dependents li	laimed on your 2018 federal retu sted above that were under the e 65 or older, as of December 3	age of 6 years on De	ecember 31, 20	18	· · · · · · · · · · · · · · ·		



	MAPLE		400-	00-5104				
IN	COME AND ADJUSTMENTS						2	018
1	Enter federal taxable income from your federal form. If zero or less, enter zero here.						Dollars	
	Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below.				►	1	25,212	00
AD	DITIONS TO FEDERAL TAXABLE INCOME							
	a State tax addback, if itemizing on federal return (see instructions)	•	a	997	00			
	b Out-of-state losses. Type:	▶ [b		00			
	c Expenses related to National Guard and Military Reserve Income	▶ [с		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)	▶ [е		00			
2	Add lines a through e and enter the total here. These are your total additions.	_			•	2	997	00
3	Add lines 1 and 2 and enter the total here.					3	26,209	00
SU	BTRACTIONS 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 returm	▶ [g		00			
	h Out-of-state income/gain (do not include personal service income)							
	Check type of income/gain: 🗌 Rental 🗌 Business 🗍 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			
	I Active Trade or Business Income deduction (see instructions)	▶ [1		00			
	m Interest income from obligations of the US government	▶ [m		00			
	n Certain nontaxable National Guard or Reserve Pay	▶ [n		00			
	• Social Security and/or railroad retirement, if taxed on your federal returm	►	0		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			
	Military Retirement Deduction (see instructions)							
	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	1		
	s Subsistence allowance <u>300</u> days @ \$8.00 ►	•	s	2,400	00			
	t Dependents under the age of 6 years on December 31 of the tax year	•	t		00			
	u Consumer Protection Services	►	u		00			
	v Other subtractions (see instructions)	►	v		00			
	w South Carolina Dependent Exemption (see instructions)	►	w		00			
4	Add lines f through w and enter the total here. These are your total subtractions.	_			•	4	< 2,400	00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount	unt fr	om Sch	edule NR,				
	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME S	SUB	JECT	ΤΟ ΤΑΧ	►	5	23,809	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	▶ [6	1,165	00	-		
7	TAX on Lump Sum Distribution (attach SC4972)	•	7		00			
8	TAX on Active Trade or Business Income (attach I-335)	▶ [8		00	l		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	►	9		00	L		
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA	А Т/	٩X			10	1,165	00

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400-00-5104

		Page 3 of 3
MAPLE 400	0-00-5104	
NON-REFUNDABLE CREDITS		2018
11 Child and Dependent Care (see instructions)	00	
12 Two Wage Earner Credit (see instructions)	00	
13 Other non-refundable credits. Attach SC1040TC and other state return(s) . ► 13	1,165 00	
14 Add lines 11 through 13 and enter the total here. These are your total nonrefundable credit		4 1,165 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	1	15 0 00
PAYMENTS AND REFUNDABLE CREDITS		
16 SC income tax withheld (attach W-2 or SC41)	184 00	
17 2018 estimated tax payments	00	
18 Amount paid with extension	00	
19 Nonresident sale of real estate	00	
20 Other SC withholding (attach form 1099)	00	
21 Tuition tax credit (attach I-319) 21	1,500 00	
22 Other refundable credit(s)		
22a Anhydrous Ammonia (attach I-333)	00	
22b Milk Credit (attach I-334)	00	
22c Classroom Teacher Expenses (attach I-360) 22c	00	
22d Parental Refundable Credit (attach I-361) 22d	00	
22e Motor Fuel Income Tax Credit (attach I-385)	00	
Add lines 22a through 22e and enter the total here. These are your total refundable credits		22 00
23 Add lines 16 through 22 and enter the total here.These are your TOTAL P/		23 <u>1,684</u> 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	\cdot \cdot \cdot \cdot \cdot \cdot \cdot \Box	24 <u>1,684</u> 00
		25 00
26 USE TAX due on online, mail-order, or out-of-state purchases 26	0 00	
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 ► 🛛		
27 Amount of line 24 to be credited to your 2019 Estimated Tax 27	00	
28 Total Contributions for Check-offs (attach I-330)	153 00	
29 Add lines 26 through 28 and enter the total here		29 153 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter	er the	
amount to be refunded to you (line 30a check box entry is required)	REFUND 🏲 3	30 1,531 00
REFUND OPTIONS (subject to program limitations)		
30a Mark one refund choice: ► 🛛 Direct Deposit (30b required) ► 🗌 Debit Card* ► 🗌	Paper Check	
*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of A	America.	
30b Direct Deposit (for US accounts only) Type: ► 🖾 Checking ► 🗌 Savings		
Routing Number (RTN) 123456780 Must be 9 digits. The first two	numbers of the	
RTN must be 01 through 12 c		
Bank Account Number (BAN) ► 111222333	1-17 digits	
31 Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the total. This is	your tax due	31 00
32 Late filing and/or late payment: Penalties Interest Enter	total here 🕨 🕄	32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)	Γ	
Enter exception code from instructions here if applicable	▶ 3	33 00
	ICE DUE 🕨 📑	34 00
Dev enline using our free tex nerted MuDODWAY, at day as a		

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 E				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	NoX	Preparer's printed name		
Paid Preparer's	Preparer Signature	Date		Check if self-	PTIN	
Use	Firm name (or yours if self-				FEIN	
Only employed), address, Zip code					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



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 TAX CREDITS

NAME TEST O MAPLE

3913 YOUR SOCIAL SECURITY NUMBER 400-00-5104

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 Attach To SC1040		Code		Amount
	Total Credit for taxes paid to another state				_
(4	Attach SC1040TC worksheet for each state)	1.	100	\$	0.0 0
2. (Carryover of unused qualified credits	2.	101	► \$	0 .00
3. E	Excess Insurance Premium Credit	3.	044	\$	0 .00
4. N	New Jobs Credit	4.	004	\$	0.00
5. C	Qualified Conservation Contribution Credit	5.	019	\$	1,054 .00
6. <u>I</u>	DRIP/TRICKLE IRRIGATION SYSTEMS CREDIT	6.	001	\$	528 .00
7. <u>V</u>	WATER RESOURCES CREDIT	7.	003	\$	950 .00
8. <u>C</u>	CERTIFIED HISTORIC STRUCTURE CREDIT	8.	021	\$	61 .00
9. <u>C</u>	CERTIFIED HISTORIC RES. STRUCTURE CREDIT	9.	022	\$	359 .00
10.		10.	►	\$.00
11		11.	Þ	\$.00
12		12.	►	\$.00
13.		13.	►	\$.00
14.		14.	►	\$.00
15		15.	►	\$.00
16. T	Fotal Non-refundable Tax Credits. Add amounts from lines 1-15		16.	► \$	2,952 .00
17. E	Enter the tax from SC1040, line 10	••••	17.	\$	1,165 .00
	Enter the lesser of line 16 or 17. Also, enter this amount on the SC1040, line 13. filing a Fiduciary income tax return, enter this amount on SC1041, line 10		18.	\$	1,165 .00

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.

SC 1041 or SC1065 Filers: Attach this form to your Fiduciary income tax return SC1041 or your Partnership return of income SC1065.

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DEPARTMENT OF REVENUE **DRIP/TRICKLE IRRIGATION** SYSTEMS CREDIT

STATE OF SOUTH CAROLINA

SC SCH. TC-1 (Rev. 7/30/14)

3114

20 18 SSN or FEIN

Name as shown on tax return

TEST O MAPLE

400-00-5104

CONSERVATION TILLAGE EQUIPMENT, DRIP/TRICKLE IRRIGATION SYSTEMS AND DUAL PURPOSE COMBINATION TRUCK AND CRANE EQUIPMENT

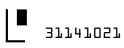
Attach this form to your return.

List the items, purchase prices and installation cost of your Conservation Tillage Equipment, Drip/Trickle Irrigation Systems and Dual Purpose Combination Truck and Crane Equipment.

1	Conservation Tillage Equipment *		
2	Drip/Trickle Irrigation Systems (including but not limited to) *		
	a Dams	1,200	
	b Pipe	567	
	c Pumps	343	
	d Wells		
	e Other items (list here)		
3	Dual Purpose Combination Truck and Crane Equipment *		
4	Add amounts on lines 1, 2 and 3	2,110	
5	Enter 25% of line 4	528	
6	Maximum credit allowed	2,500	00
7	Lesser of lines 5 or 6	528	
8	Enter the amount carried forward from previous years		
	Unused credit can be carried forward for 5 years.		
9	Add lines 7 and 8	528	
10	Enter your current year tax liability	1,165	
11	Enter the smaller of lines 9 or 10 here. This is the amount of credit you can use this year	528	
12	Line 9 minus line 11. Unused credits can be carried forward for 5 years		

* This credit may be claimed only one time for each of the three measures.

See General Instructions.



Г	TEST	MAPLE				
	1024	STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE WATER RESOURCES CREDIT	SC	SCH. TC-3 (Rev. 7/30/14 3116		
		Attach this form to your return.		20 18		
Naı 1	me TEST O MAP	-		N or FEIN 0-00-5104		
	dress 7842 WEEPI	NG WILLOW LANE				
_N Loc	IYRTLE BEA	CH, SC 29577-3809 NG WILLOW LANE, Myrtle Beach, SC 29577-3800				
	COMPUTATION OF TAX CREDIT					
1.	Construction and ir or water control str	nstallation cost of ponds, lakes, water impoundments	1.	3,800		
2.	Cost of restoration	of ponds, lakes or water impoundments		3,000		
	(See guidelines for	r items included in restoration cost.)	2.			
3.	TOTAL (Add lines	1 & 2)	3.	3,800		
4.	Multiply the amour	nt on line 3 by 25%	4.	950		
5.	Maximum amount	of credit allowed	5.	\$ 2,500.00		
6.	Enter the lesser of					
	This amount must l appropriate tax cre		6.	950		
De	11 1		0.	550		

Be sure to attach necessary documents (See item B below).

GENERAL INSTRUCTIONS

PURPOSE: The General Assembly finds that South Carolina is blessed with abundant rain fall and other water resources which when managed through the construction of impoundments and water control structures abate erosion and sedimentation, conserve water for use during times of drought and add to the income of our citizens by increasing agricultural and aquicultural productivity. An income tax credit is allowed to encourage the private sector of our economy to invest in the construction of water storage and control structures for soil and water conservation, wildlife management, agriculture and aquiculture purposes.

- A. This tax credit does NOT apply to any pond, lake, or other water impoundment or water control structure located in or adjacent to and filled primarily by coastal waters of the State.
- B. To qualify for this credit the taxpayer must obtain and attach a construction permit issued by the SC Department of Health and Environmental Control (SC DHEC) or proof of exemption from permit requirements issued by SC DHEC, the Natural Resources Conservation Service, or a local Soil and Water Conservation District.
- **C.** An income tax credit is allowed for twenty-five percent of all allowable expenditures, to a maximum of two thousand five hundred dollars made in each tax year, for the construction and installation or restoration of ponds, lakes and other water impoundments, and water control structures designed for the purposes of water storage for irrigation, water supply, sediment control, erosion control or aquiculture and wildlife management.

In the case of pass-through entities such as partnerships and S corporations, the credit is determined at the entity level and is limited to two thousand five hundred dollars.

If the credit exceeds the tax liability, the excess may be carried forward for credit against income taxes in the next five succeeding taxable years.

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1024 STATE OF SOUTH CAROLINA SC SCH.TC-19 DEPARTMENT OF REVENUE (Rev. 8/12/14) **CREDIT FOR A GIFT OF LAND FOR CONSERVATION OR** 3369 A QUALIFIED CONSERVATION CONTRIBUTION **20** 18 OF REAL PROPERTY AFTER MAY 31, 2001 Attach to your Income Tax Return Name As Shown On Tax Return SSN or FEIN TEST O MAPLE 400-00-5104 1. Amount of the qualifying contribution of land located in South Carolina. (See instructions.) 1. \$ 4.215 1,054 3. Multiply the number of acres contributed (reduced by number of wetland acres within the 1,250 1,054 1,054 1,165 10. \$ 1,054 10. Enter the lesser of line 8 or 9. This is the amount of credit available for this year

INSTRUCTIONS

LINE INSTRUCTIONS

LINE 1:

Enter the amount of the qualified contribution of land located in South Carolina. The amount of the qualified contribution is the value of the "gift of land for conservation" or "qualified real property interest" located in South Carolina that is eligible for a charitable contribution under Section 170 of the Internal Revenue Code (IRC) and meets the requirements of Section 12-6-5590 of the South Carolina Code of Laws (SC Code). "Qualified real property interest" is defined in IRC Section 170(h). A "gift of land for conservation" is a charitable contribution of fee simple title property conveyed for conservation purposes as defined in Section 170(h)(4)(A) to a qualified conservation organization as described in Section 170(h)(3). See **OTHER INFORMATION** below.

Note: Transferees begin at line 6.

LINE 3:

The credit is limited to \$250.00 per acre contributed, however, any wetland acreage lying within the intertidal zone shall not be taken into consideration for the calculation of this per acre cap.

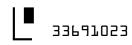
LINE 7:

This credit is limited to \$52,500.00 for a taxpayer in any single tax year.

Note: IRC Section 267 attribution rules apply in computing per acre and per taxpayer limitation.

LINE 8:

This credit can be used in conjunction with any other credits to offset any income tax owed by the person or entity claiming it. Any amounts not used due to the credit being greater than the current year tax due may be carried forward to succeeding years. The credit may not be used against corporation license or any other fees. In addition to the carryforward, unused credit may be transferred, devised, or distributed, with or without consideration, by an individual, partnership, limited liability company, corporation, trust, or estate, in accordance with SC Code Section 12-6-3515.



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1024 STATE OF SOUTH CAROLINA SC SCH. TC-21 DEPARTMENT OF REVENUE (Rev. 11/2/15) CREDIT FOR A CERTIFIED HISTORIC STRUCTURE 3380 PLACED IN SERVICE AFTER JUNE 9. 2015 **20** 18 Attach to your Income Tax Return SSN or FEIN Name As Shown On Tax Return TEST O MAPLE 400-00-5104 1. Enter the amount of qualified rehabilitation expenditures under IRC Section 47 made to a property located in SC, placed in service during this tax year 1,836 2. Enter 10% (or 25% -- SEE INSTRUCTIONS) of the amount on line 1. This is the credit amount 184 3. Enter 33% of line 2 if the property was placed in service during this tax year; OR enter the installment amount from line 3 of a previous year's TC-21 if the property was placed in service before this year. This is your annual installment amount 61 4. Enter the amount of unused credit carried forward from previous tax years 61 6. Enter your current year tax liability 1,165 7. Enter the lesser of lines 5 and 6. This is your current year credit. Enter this amount on the 61 appropriate tax credit schedule 8. Subtract line 7 from line 5. This is your credit carryover to future years INSTRUCTIONS The certified historic structure credit is available against income tax or corporate license tax (or a combination thereof) for "qualified rehabilitation expenditures" to a "certified historic structure," as those terms are defined in IRC Section 47 and

"qualified rehabilitation expenditures" to a "certified historic structure," as those terms are defined in IRC Section 47 and applicable treasury regulations. The credit is available if the expenditures are incurred in taxable years beginning after 2002 and if the property is placed in service after June 30, 2003. A rehabilitation project must meet all requirements for the federal 20% income tax credit under IRC Section 47.

For a period of up to five years, additional work done by the taxpayer must be consistent with the Secretary of the Interior's Standards for Rehabilitation. The State Historic Preservation Officer may review additional work and has the right to inspect. Additional work that the State Historic Preservation Officer deems inconsistent with the Standards for Rehabilitation will result in forfeiture of any unused credit amount, including any amounts carried forward.

The taxpayer may appeal to the State Review Board to review any determination by the State Historic Preservation Officer.

Complete a **separate TC-21 for each rehabilitated property.** If filing a paper return, attach a copy of the appropriate federal forms showing the amount of federal rehabilitation expenditures claimed. If filing an electronic return, keep a copy of them with your tax records.

Complete TC-22 if claiming a credit for rehabilitation expenses for a certified historic residential structure.

LINE 1: Enter the amount of rehabilitation expenditures that qualify under IRC Section 47, made to a certified historic structure located in South Carolina, placed in service during this tax year.

LINE 2: The SC credit amount is 10% of the amount qualifying under IRC Section 47. A taxpayer may elect a 25% tax credit in lieu of the 10% credit not to exceed one million dollars for each certified historic structure.

LINE 3: The credit is claimed in equal installments over a 3-year period beginning with the tax year that the property is placed in service. Enter 33% of line 2 on line 3. If the property was placed in service in a prior year, enter the amount from line 3 of last year's TC-21.

LINE 4: Annual installments that exceed a taxpayer's tax liability can be carried forward for five consecutive years.

LINE 5: The total available credit is the amount of this year's annual installment plus any amount carried forward from prior years.

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	STATE OF SOUTH CAROLINA	
1024	DEPARTMENT OF REVENUE CREDIT FOR A CERTIFIED HISTORIC RESIDENTIAL STRUCTURE	SC SCH. TC-22 (Rev.10/27/15) 3382
	Placed in Service after JUNE 9, 2015	
	Attach to your Income Tax Return	20 _18
Name As Shown C	n Tax Return	SSN
TEST O M	APLE	400-00-5104
	Int of rehabilitation expenses made to a property located in SC, placed in this tax year	4,356
2. Enter 25% of the	ne amount on line 1. This is the credit amount earned in the current year	1,089
installment amo	ne 2 if the property was placed in service during this tax year; OR enter the punt from line 3 of a previous year's TC-22 if the property was placed in this year. This is your annual installment amount	359
4. Enter the amou	Int carried forward from previous tax years	···
5. Add lines 3 and	4	359
6. Enter your curre	ent year tax liability	1,165
	r of lines 5 and 6. This is your current year credit. Enter this amount on	359
8. Subtract line 7	from line 5. Unused installments of credit can be carried forward for 5 years	
	INSTRUCTIONS	

The certified historic residential structure credit is available for "rehabilitation expenses" to a "certified historic residential structure," as those terms are defined below. The credit is available if the expenses are incurred in taxable years beginning after 2002 and if the property is placed in service after June 30, 2003.

The credit is 25% of rehabilitation expenses, which must exceed \$15,000 within a 36-month period. The credit has to be taken in equal installments over a 3-year period. Any unused amount from an installment can be carried forward for five years.

A taxpayer may not claim more than one credit on the same certified historic residential structure within 10 years.

A **"certified historic residential structure"** is an owner-occupied residence that is: (a) listed individually in the National Register of Historic Places; (b) considered by the State Historic Preservation Officer to contribute to the historic significance of a National Register Historic District; (c) considered by the State Historic Preservation Officer to meet the criteria for individual listing in the National Register of Historic Places; or (d) an outbuilding of an otherwise eligible property considered by the State Historic Preservation Officer to the historic significance of the property.

An **"owner-occupied residence"** is a building or portion of a building in which the taxpayer has an ownership interest, in whole or in part, in fee or by life estate or as the income beneficiary of a property trust, that is, after being placed in service, the residence of the taxpayer and is not: (a) actively used in a trade or business; (b) held for the production of income; or (c) held for sales or disposition in the ordinary course of the taxpayer's trade or business.

A property is "placed in service" when the rehabilitation is completed and allows for the intended use.

"Rehabilitation expenses" are expenses incurred by the taxpayer in the certified rehabilitation of a certified historic residential structure, and must be paid before the credit is claimed.

They include expenses for: (a) preservation and rehabilitation work done to the exterior of a certified historic residential structure; (b) repair and stabilization of historic structural systems; (c) restoration of historic plaster; (d) energy efficiency measures except insulation in frame walls; (e) repairs or rehabilitation of heating, air-conditioning, or ventilating systems; (f) repairs or rehabilitation of electrical or plumbing systems exclusive of new electrical appliances and electrical or plumbing fixtures; and (g) architectural and engineering fees.

*****KEEP FOR YOUR RECORDS*****

STATE TAX ADDBACK, IF ITEMIZING ON FEDERAL RETURN

If you itemized your deductions on your federal income tax return and deducted state and local income tax or general sales tax you may be required to add back a portion of, or all of, this amount to your federal taxable income when computing your South Carolina taxable income.

The federal law limits your total deduction for state and local income, sales, and property taxes to a combined, total deduction of \$10,000 (\$5,000 if Married Filing Separate). Any state and local taxes paid above this amount cannot be deducted on your federal return.

If a state tax addback is required for South Carolina, it is the lesser of your: (a) itemized deductions in excess of the standard deduction that would have been allowed if you had used the standard deduction for federal income tax purposes; (b) state and local income taxes or general sales taxes from your Federal 1040, Schedule A, Line 5a; or (c) the \$10,000 federal tax deduction limit less deductible property taxes. See SC Code Section 12-6-1130(2).

In determining the state tax addback for a taxpayer whose tax deduction is limited to \$10,000, you may first apply real or personal property taxes reported on Federal Schedule A, lines 5b and 5c before applying state and local income taxes or general sales taxes reported on Federal Schedule A, line 5a. The worksheet below is useful in computing the state tax addback on the SC 1040. This worksheet is not submitted with your return.

Worksheet A State Tax Addback

1. 2.	4, 7, 10, 14, 15, and 16. Enter allowable federal standard deduction you would have been allowed if you had not itemized.	I	37,638
	Enter zero if filing status married filing separate 2	2	12,000
3.	Subtract line 2 from line 1. Enter zero if line 2 is greater than line 1 3	3	25,638
4.	Enter the amount of state and local income taxes or general sales taxes from federal Schedule A.	4	997
5.	Subtract real estate taxes and personal property taxes as reported on federal Schedule A from the federal limit of \$10,0 (\$5,000 if MFS). Enter the difference not	00	
	less than \$0	5	8,500
6.	The lesser of line 3, line 4 or line 5. Enter this amount on SC1040 line a	6	997





dor.sc.gov	STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 CONTRIBUTIONS FOR CHECK-OFFS	I-330 (Rev. 5/16/18) 3384	
NAME	SOCIAL SECURITY NUMBER		
TEST O MAP	LE 400-00)-5104	
	ve the opportunity to make certain contributions through their tax returns. See Line 28 of SC1040. Contrib ollowing organizations:	outions	
1. Endangered W	ildlife Fund	Dollars 1	Cents
-		2	
2. Children's Trus	t Fund		00
3. Eldercare Trust	Fund	3	00
4. SC Veterans' T	rust Fund	4	00
5. Donate Life Sou	uth Carolina	5	00
6. SC First Steps	to School Readiness Fund	6	00
7. War Between th	ne States Heritage Trust Fund	7	00
8. SC Litter Contro	DI Enforcement Program	8	00
9. SC Law Enforce	ement Assistance Program	9	00
10. K-12 Public Edu	ucation Fund	10	00
11 SC State Darke	Fund	11	
			00
12. SC Military Fan	nily Relief Fund	12	00
13. SC Conservation	n Bank Trust Fund	13	00
14. SC Financial Li	teracy Trust Fund	14	00
15. SC State Fores	ts Fund	15	00
16. SC Department	of Natural Resources Fund	16	00
17. SC Association	of Habitat Affiliates	17	00
18. Total Contributi	ons. Add Lines 1 through 17. Enter the total on Line 28 of SC1040	153	00

See descriptions in instructions

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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE D18 TUITION TAX CREDI

EST	MAPLE	20	DEPARTMENT OF 018 TUITION TA				(Rev.10/9/17) 3350
STUDENT ELIGIBILITY FOR TUITION TAX CREDIT							
Did the student receive	a high school diploma from						TEST O MAPI
A SC high school? X							400-00-510
A high school home school program in SC in the manner required by law? A preparatory high school outside SC while being a dependent of a parent or guardian who				N	0		NOT
is a legal SC resident?	Joi outside SC while being	Ja dependent of a parent of	Si guardiari wilo		→	STOP	ELIGIBLE
		VES	Х				
When did the student re	eceive the high school dip	ploma? $06-201$	15	N	ο .	STOP	NOT
Did the student receive	this diploma during or afte				•	3106	ELIGIBLE
		▼ YES	X				
		stitution? $09 - 201!$		N	0	OTOD	NOT
after graduating from hi						STOP	ELIGIBLE
		YES ▼	Х				
Did the student qualify	for in-state tuition during th	•		N	0	STOP	NOT
	g =	YES	Х				ELIGIBLE
		▼			_		
		d as a degree seeking unde	•	N	<u>→</u>	STOP	NOT ELIGIBLE
		YES					
		▼					
	were completed in 2018?	<u> </u>	at least 30 credit hours or 30	NO		ı	I
equivalent hours?	X YES						
		YES	Did the student at	tend one but not both Spring a	nd Fall] 🛛 🔜	
			semester and con	nplete at least 15 credit hours?]`	
				NO			
		VEC	Did the student at	tend one but not both Spring a	nd Fall semester	r at]
			Converse, Erskine	e, or Wofford and complete the	required		
			equivalent hours?	NO			J
				V			
		YES	Did the student co	omplete the required equivalent			
				een approved by the Disability	_	NO	STOP NOT
	۲	↓ ▼	Service Provider a	at the qualifying institution?]		ELIGIBLE
Are you claiming credit	hours earned after 4 years	rs from the date the studen	t first enrolled in a	YE	s	STOP	NOT
qualifying college or un	iversity? Answer NO if add	ditional time was granted d	lue to medical necessity.			0101	ELIGIBLE
	•	NO X					
Was the student in defa	ault on a student loan? Ans	swer NO if the loan was pa	aid in full.	YE	s →	STOP	
		NO X					ELIGIBLE
		•	optoro ottopdod?	YE	s	STOP	NOT
			sters allended?			5101	ELIGIBLE
Did the student receive		ws Scholarship for all seme NO X					-
Did the student receive	_				s	_	
		NO X onies? Answer NO if the re	ecord has been expunged.	YE	s →	STOP	NOT
Did the student receive	een found guilty of any felo	NO X	ecord has been expunged.]	►	STOP	NOT ELIGIBLE
Has the student ever be	een found guilty of any felo	NO X onies? Answer NO if the re NO X		YE	►	STOP STOP	NOT



	Complete one I- Check d	I-319 (Rev. 10/9/17) 3350						
NAME OF TAXPAYER						CURITY NUMBER		
<u>test o mapi</u>	ιE				400-0	0-5104		
You must select	one of the following Parent	g: Legal Guardian 🗌	Oth	ner person eligible t	o claim student as	a dependent		
Did you pay the tuition	?Yes 🛛	No				Spring 2018		
Did the student receive	e the LIFE or Palmetto Fell	ows Scholarship?	Yes	No 🛛	If yes,	Fall 2018		
Student's First Name and Init	ial:	Student's Last N	ame		Student's Social Securi	ty Number:		
TEST		MAPLE			400-00-51	04		
Name of High School:					Month/Year Graduated	:		
MIDDLE CREE	K HIGH SCHOOI	J			06-2015			
Name of Qualified College or	University in which student was fire	st enrolled:			Month/Year First Enroll	ed:		
CLEMSON UNI	VERSITY				09-2015			
Name of Qualified College or	University attended during the tax	year:			Month/Year through Mo	onth/Year:		
CITADEL					01-2016 06-2018			
Name of Qualified College or	University attended during the tax	year:			Month/Year through Mo	onth/Year:		
Credit Hours and	d Tuition Informatio	n						
1. See next page for Credit	Hours Requirements.	Spring Term	Summer Term	Fall Term	Interim	Total		
Number of semester hou	rs completed during tax year:	15	15		5	35		
2 Qualified tuition paid		. \$ 5,000	\$ 6,000	\$ 2,50	0 \$	\$ 13,500		
cost of dorm rooms, books ar	mount charged by a college or univ nd meals are not included in tuition. Idependent College or University (if tion limit)				••••• 3. <u>\$</u>			
4. Smaller of lines 2 (Total) or 3 (Enter amount from line 2 if li	ne 3 does not apply.)			•••••• 4. <u>\$</u>	13,500		
grants not used to pay qualifi	scholarship grant? ship or grant used to pay qualified ed tuition, student loans, IRC Secti educational assistance benefits.	*						
5. Amount of scholarships	and grants				••••• 5. <u>\$</u>	< >		
6. Subtract line 5 from 4					••••• 6. <u>\$</u>	13,500		
7. Multiply line 6 by 50% (.	25)				••••• 7. <u>\$</u>	6,750		
8. Credit limit (\$1,500 for 4	l year college or university or 2 yea	r college or university)			••••• 8. <u>\$</u>	1,500		
9. Enter the smaller of 7 of	r 8. This is your tuition tax credit. Er	nter on SC1040, line 21			۵ (¢	1,500		
	ompleted combine the tuition tax credit. El				••••••••••••••••••••••••••••••••••••••	1,500		