

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

SC1040 (Rev. 10/23/18) 3075

dor.sc.gov

Your Social Security Number	Check if deceased
400-00-5105	
Spouse's Social Security Number	Check if deceased



For the year January 1 - Dece	mber 31, 2018, or fiscal tax year	beginning	2018	and ending 2	019	
First name and middle initial			Las	t name		Suffix
TEST P		B	ARRELL			
Spouse's first name, if married filing jointly Last name					Suffix	
	ng address (number and street, PO Box) 5000 HAM AND BAC	ON JUNCI	ION			County code
City		5	State	Zip	Daytime phone number	with area code
HILTON HEAD IS	SLAND		SC	29926	803-898-	5542
Check if address Fore is outside US	ign country address including postal code				1	
Check this box if you are	filing SC Schedule NR (Part-yea	r/Nonresident)				
•	ing a composite return on behalf		or			_
	heck this box if you are an individ	• •				
•	e filed a federal or state extensio					
•	red in a military combat zone dur					
Name of the combat zo	,	ing the hing peri	•••••••			
	m is affected by a federally decla	ared disaster are				
Name of the disaster ar			a		•••••	
	ea					
CHECK YOUR FEDERAL FILING STATUS		· / Ξ	filing separa -household	ately enter spouse's SS (5) 🔀 Widow(er	N:) with dependent chi	ld
Number of dependents claime	-					
Number of dependents listed a	above that were under the age o	f 6 years on Dec	ember 31, 20	018		
Number of taxpayers age 65	or older, as of December 31, 201	8				· · · · ▶ <u>1</u>
DEPENDENTS						
First name	Last name	Social Security	Number	Relationship	Date of	birth (MM/DD/YYYY)

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
ROLAND	BARRELL	400-55-5166	SON	07/15/1991

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BARRELL

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IN	COME AND ADJUSTMENTS							2	<u>2018</u>
1	Enter federal taxable income from your federal form. If zero or less, enter zero he	ere.					1	Dollars	\square
	Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below					1		2,487	00
AD	DITIONS TO FEDERAL TAXABLE INCOME								
	a State tax addback, if itemizing on federal return (see instructions)	•	а		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			00
3	Add lines 1 and 2 and enter the total here.					3		2,487	7 00
SU	IBTRACTIONS 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: 🗌 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: <u>FIREFIGHTER</u>	►	j	3,000	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)	►	Ι		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	►	ο	17	00				
	p Retirement Deduction (see instructions)								
	p-1 Taxpayer date of birth: $06-18-1943$	►	p-1	10,000	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: $06-18-1943$	►	q-1	5,000	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		00				
	u Consumer Protection Services	►	u		00				
	v Other subtractions (see instructions)	►	v	4 1 1 0	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	<	22,12	<u>/ 00</u> >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter a								
_	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOM	ME SU		Τ ΤΟ ΤΑΧ		5		(0 0
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				00
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CARO	LINA 1	IAX		Ľ	10			00

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NON-REFUNDABLE CREDITS		2018
11 Child and Dependent Care (see instructions)	11 00	
12 Two Wage Earner Credit (see instructions)	12 00	
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13 00	
14 Add lines 11 through 13 and enter the total here. These are your total nonrefund	lable credits	14 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero	here	15 0 00
PAYMENTS AND REFUNDABLE CREDITS		
16 SC income tax withheld (attach W-2 or SC41)	16 00	
17 2018 estimated tax payments	17 00	
18 Amount paid with extension	18 00	
19 Nonresident sale of real estate	19 00	
20 Other SC withholding (attach form 1099)	20 500 00	
21 Tuition tax credit (attach I-319)	21 00	
22 Other refundable credit(s)		_
22a Anhydrous Ammonia (attach I-333)	22a 00	ו
22b Milk Credit (attach I-334)	22b 00	
22c Classroom Teacher Expenses (attach I-360)	22c 00	ח
22d Parental Refundable Credit (attach I-361) ▶	22d 00	
22e Motor Fuel Income Tax Credit (attach I-385)	22e 00	
Add lines 22a through 22e and enter the total here. These are your total refunda	ble credits	22 00
23 Add lines 16 through 22 and enter the total here. These are your	TOTAL PAYMENTS.	23 500 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpay	ment	24 500 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount	due	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 infor	mation.	
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)	28 00	
29 Add lines 26 through 28 and enter the total here		29 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line	24 and enter the	
amount to be refunded to you (line 30a check box entry is required)		30 500 00
REFUND OPTIONS (subject to program limitations)		
30a Mark one refund choice: ► 🗌 Direct Deposit (30b required) ► 🗌 Debit Card	I* ► 🛛 Paper Check	
*SCDOR Income Tax Refund Prepaid Debit Card issued	by Bank of America.	_
30b Direct Deposit (for US accounts only) Type: ► Checking ► Savin	igs	
	. The first two numbers of the	
Bank Account Number (BAN)	1-17 digits	
		<u> </u>
31 Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the	•	31 00
	Enter total here ►	32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		
Enter exception code from instructions here if applicable		33 00
34 Add lines 31 through 33 and enter the amount you owe here	BALANCE DUE ►	34 00

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	it 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 No 🛛	es No X 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