



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

Form with fields for Social Security Number (400-00-5105) and checkboxes for 'deceased' status.



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

Main address and identification form with fields for name (TEST P BARRELL), address (25000 HAM AND BACON JUNCTION), city (HILTON HEAD ISLAND), state (SC), zip (29926), and phone number (803-898-5542).

- 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
Check this box if this return is affected by a federally declared 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
Number of taxpayers age 65 or older, as of December 31, 2018 1

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY). Row 1: ROLAND, BARRELL, 400-55-5166, SON, 07/15/1991.



BARRELL

400-00-5105

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.			Dollars	
		▶	1	2,487	00

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	2,487	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: <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
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	17	00
p	Retirement Deduction (see instructions)				
p-1	Taxpayer date of birth: <u>06-18-1943</u>	▶	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: <u>06-18-1943</u>	▶	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		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	< 22,127	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	0	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



BARRELL

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NON-REFUNDABLE CREDITS

2018

Table with 3 columns: Description, Amount, Total. Rows 11-15 for Non-Refundable Credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Description, Amount, Total. 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.

27 Amount of line 24 to be credited to your 2019 Estimated Tax. 28 Total Contributions for Check-offs (attach I-330).

Table with 3 columns: Description, Amount, Total. Rows 29-30 for Refund.

REFUND OPTIONS (subject to program limitations). 30a Mark one refund choice: Direct Deposit, Debit Card, Paper Check. 30b Direct Deposit (for US accounts only) Type: Checking, Savings. Includes fields for RTN and BAN.

Table with 3 columns: Description, Amount, Total. 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 No Preparer's printed name

Paid Preparer's Use Only. Fields for Signature, Date, Check if self-employed, PTIN, Firm name, 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