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STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**I-330**  
(Rev. 5/16/18)  
3384

**2018 CONTRIBUTIONS FOR CHECK-OFFS**

NAME	YOUR SOCIAL SECURITY NUMBER
TEST U & MAY B GRASS	400-00-5107

South Carolinians have the opportunity to make certain contributions through their tax returns. See Line 28 of SC1040. Contributions can be made to the following organizations:

	Dollars	Cents
1. Endangered Wildlife Fund . . . . . 1. ▶	1	00
2. Children's Trust Fund . . . . . 2. ▶	5	00
3. Eldercare Trust Fund . . . . . 3. ▶	5	00
4. SC Veterans' Trust Fund . . . . . 4. ▶	5	00
5. Donate Life South Carolina . . . . . 5. ▶	1	00
6. SC First Steps to School Readiness Fund . . . . . 6. ▶	1	00
7. War Between the States Heritage Trust Fund . . . . . 7. ▶	1	00
8. SC Litter Control Enforcement Program . . . . . 8. ▶	1	00
9. SC Law Enforcement Assistance Program . . . . . 9. ▶	1	00
10. K-12 Public Education Fund . . . . . 10. ▶	1	00
11. SC State Parks Fund . . . . . 11. ▶	1	00
12. SC Military Family Relief Fund . . . . . 12. ▶	1	00
13. SC Conservation Bank Trust Fund . . . . . 13. ▶	1	00
14. SC Financial Literacy Trust Fund . . . . . 14. ▶	1	00
15. SC State Forests Fund . . . . . 15. ▶	1	00
16. SC Department of Natural Resources Fund . . . . . 16. ▶	5	00
17. SC Association of Habitat Affiliates . . . . . 17. ▶	1	00
18. Total Contributions. Add Lines 1 through 17. Enter the total on Line 28 of SC1040 . . . . . 18. ▶	33	00

See descriptions in instructions

**Attach to Form SC1040  
Additional Dependent Listing**

**2018**

Name(s)

Social security number

TEST U & MAY B GRASS

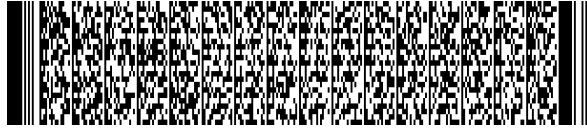
400-00-5107

<u>First Name</u>	<u>Last Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Date of birth</u>
PHILIP	GRASS	400-55-5173	SON	01/12/1999
ANGELA	GRASS	400-55-5183	DAUGHTER	10/13/1997



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

Form with Social Security Numbers and deceased checkboxes. Includes fields for 'Your Social Security Number' (400-00-5107) and 'Spouse's Social Security Number' (400-00-5153).



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

Main address and contact information form. Includes fields for first name (TEST U), last name (GRASS), spouse's name (MAY B), mailing address (74131 FESCUE DR), city (FAIRFAX), state (SC), zip (29827), and phone number (803-898-5541).

- 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 section with checkboxes for Single, Married filing jointly, Married filing separately, Head-of-household, and Widow(er) with dependent child.

Number of dependents claimed on your 2018 federal return 6
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 1

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY). Rows include Timothy, Mary, David, and Susan.



GRASS

400-00-5107

**INCOME AND ADJUSTMENTS**

**2018**

<b>1</b> Enter <b>federal taxable income</b> 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.	▶	<b>1</b>	<b>Dollars</b> 71,100	<b>00</b>
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	▶	<b>a</b>		<b>00</b>
<b>b</b> Out-of-state losses. Type: _____	▶	<b>b</b>		<b>00</b>
<b>c</b> Expenses related to National Guard and Military Reserve Income	▶	<b>c</b>		<b>00</b>
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	▶	<b>d</b>		<b>00</b>
<b>e</b> Other additions to income. Attach explanation. (see instructions)	▶	<b>e</b>		<b>00</b>
<b>2</b> Add lines a through e and enter the total here. These are your <b>total additions</b> .	▶	<b>2</b>		<b>00</b>
<b>3</b> Add lines 1 and 2 and enter the total here.	▶	<b>3</b>	71,100	<b>00</b>

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return	▶	<b>f</b>		<b>00</b>
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	▶	<b>g</b>		<b>00</b>
<b>h</b> 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 _____	▶	<b>h</b>		<b>00</b>
<b>i</b> 44% of net capital gains held for more than one year	▶	<b>i</b>		<b>00</b>
<b>j</b> Volunteer deductions (see instructions) Type: _____	▶	<b>j</b>		<b>00</b>
<b>k</b> Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program	▶	<b>k</b>		<b>00</b>
<b>l</b> Active Trade or Business Income deduction (see instructions)	▶	<b>l</b>		<b>00</b>
<b>m</b> Interest income from obligations of the US government	▶	<b>m</b>		<b>00</b>
<b>n</b> Certain nontaxable National Guard or Reserve Pay	▶	<b>n</b>		<b>00</b>
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	▶	<b>o</b>		<b>00</b>
<b>p</b> Retirement Deduction (see instructions)				
<b>p-1</b> Taxpayer date of birth: _____	▶	<b>p-1</b>		<b>00</b>
<b>p-2</b> Spouse date of birth: _____	▶	<b>p-2</b>		<b>00</b>
<b>p-3</b> Surviving spouse date of birth of deceased spouse: _____	▶	<b>p-3</b>		<b>00</b>
Military Retirement Deduction (see instructions)				
<b>p-4</b> Taxpayer date of birth: <u>01-01-1950</u>	▶	<b>p-4</b>	20,000	<b>00</b>
<b>p-5</b> Spouse date of birth: <u>08-22-1965</u>	▶	<b>p-5</b>	8,800	<b>00</b>
<b>p-6</b> Surviving spouse date of birth of deceased spouse: _____	▶	<b>p-6</b>		<b>00</b>
<b>q</b> Age 65 and older deduction (see instructions)				
<b>q-1</b> Taxpayer date of birth: _____	▶	<b>q-1</b>		<b>00</b>
<b>q-2</b> Spouse date of birth: _____	▶	<b>q-2</b>		<b>00</b>
<b>r</b> Negative amount of federal taxable income	▶	<b>r</b>		<b>00</b>
<b>s</b> Subsistence allowance _____ days @ \$8.00	▶	<b>s</b>		<b>00</b>
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	▶	<b>t</b>	4,110	<b>00</b>
<b>u</b> Consumer Protection Services	▶	<b>u</b>		<b>00</b>
<b>v</b> Other subtractions (see instructions) OTHER	▶	<b>v</b>	1,000	<b>00</b>
<b>w</b> South Carolina Dependent Exemption (see instructions)	▶	<b>w</b>	24,660	<b>00</b>
<b>4</b> Add lines f through w and enter the total here. These are your <b>total subtractions</b> .	▶	<b>4</b>	< 58,570	<b>00</b> >
<b>5</b> 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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	▶	<b>5</b>	12,530	<b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	▶	<b>6</b>	397	<b>00</b>
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	▶	<b>7</b>		<b>00</b>
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	▶	<b>8</b>		<b>00</b>
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	▶	<b>9</b>		<b>00</b>
<b>10</b> Add lines 6 through 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	▶	<b>10</b>	397	<b>00</b>



GRASS

400-00-5107

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 16-30 for Payments and Refundable Credits.

REFUND OPTIONS (subject to program limitations)

Form for Refund Options including 30a (Mark one refund choice) and 30b (Direct Deposit details).

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.

Your signature, Date (11-30-2018), Spouse's signature (FILED AS SURVIVING SPOUSE)

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 information: Signature, Date (11-30-2018), Firm name (GENERIC TAX FIRM), Address (235 East Palmer Street, Arcola, NC 28734), PTIN, 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