

	dor.sc.gov	STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 CONTRIBUTIONS FOR CHECK-OFFS	I-330 (Rev. 5/16/18) 3384	
NAN	1E	LEAD SECURITY NUMBER		
TE	ST U & MA	Y B GRASS 400-00	0-5107	
		e the opportunity to make certain contributions through their tax returns. See Line 28 of SC1040. Contril owing organizations:	outions	
oun				
1.	Endangered Wild	life Fund	Dollars 1	Cents
	-			
2.	Children's Trust F	iund	5	00
3.	Eldercare Trust F	und	5	00
4.	SC Veterans' Tru	st Fund	5	00
5.	Donate Life South	Carolina 5. ►	1	00
-				
6.	SC First Steps to	School Readiness Fund	1	00
7.	War Between the	States Heritage Trust Fund	1	00
8.	SC Litter Control	Enforcement Program 8.	1	00
0	SC Low Enforcem	nent Assistance Program	1	
9.			<u>⊥</u>	00
10.	K-12 Public Educ	ation Fund	1	00
11.	SC State Parks F	und	1	00
12.	SC Military Family	y Relief Fund	1	00
13.	SC Conservation	Bank Trust Fund	1	00
14.	SC Financial Liter	racy Trust Fund	1	00
15.	SC State Forests	Fund	1	00
16	SC Department o	f Natural Resources Fund	5	00
17.	SC Association of	⁻ Habitat Affiliates	1	00
18.	Total Contribution	s. Add Lines 1 through 17. Enter the total on Line 28 of SC1040	33	00

See descriptions in instructions

	A	Attach to Form SC1040 dditional Dependent List		2018
Name(s)	•			Social security number
TEST U & MAY B	3 GRASS			400-00-5107
First Name	Last Name	SSN	Relationship	Date of birth
PHILIP	GRASS	400-55-5173	SON	01/12/1999
NGELA	GRASS	400-55-5183	DAUGHTER	10/13/1997





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
400-00-5107	
Spouse's Social Security Number	Check if
	deceased X
400-00-5153	



For the year January 1 - Decen	nber 31, 2018, or fiscal tax year	beginning 20)18 and ending 2	019					
First name and middle initial			Last name	Suffix					
TEST U		GRASS							
Spouse's first name, if married filing joir	ntly		Last name	Suffix					
MAY B			GRASS						
	g address (number and street, PO Box)			County code 0 3					
City		State	Zip	Daytime phone number with area code					
FAIRFAX		SC	29827	803-898-5541					
Check if address Foreig is outside US	n country address including postal code								
Check this box if you are fil	ing SC Schedule NR (Part-year	r/Nonresident)							
• Check this box ONLY if filir	ng a composite return on behalf	of a partnership or							
S corporation. Do not ch	eck this box if you are an individ								
• Check this box if you have	filed a federal or state extension	n							
•									
Name of the combat zon	e:	0 01		_					
 Check this box if this return 	Check this box if this return is affected by a federally declared disaster area								
Name of the disaster are	2								
			_						
CHECK YOUR (1) Single (3) Married filing separately enter spouse's SSN: FEDERAL FILING STATUS (2) Married filing jointly (4) Head-of-household (5) Widow(er) with dependent child									
Number of dependents claimed	•			· · · · · · · · · · · · 6					
Number of dependents listed al	pove that were under the age of	•							
Number of taxpayers age 65 of	r older, as of December 31, 201	8		· · · · · · · · · · · · · · · · · · ·					
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)
TIMOTHY	GRASS	400-55-5133	SON	03/15/2013
MARY	GRASS	400-55-5143	DAUGHTER	08/07/2005
DAVID	GRASS	400-55-5153	SON	12/25/2003
SUSAN	GRASS	400-55-5163	DAUGHTER	04/12/2001



GRASS			400-00-5107						
IN	INCOME AND ADJUSTMENTS 2018								
1	Enter federal taxable income from your federal form. If zero or less, enter zero here.						Dollars	s	
	Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below.			•	· 1	1	71	,100	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.			Þ	. 2	2			00
3	Add lines 1 and 2 and enter the total here.				3	3	71	,100	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 retum	►	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)	►	I		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		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: $01 - 01 - 1950$	►	p-4	20,000	00				
	p-5 Spouse date of birth: $08-22-1965$	►	p-5	8,800	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				
	 Other subtractions (see instructions) OTHER 	►	v	1,000					
	w South Carolina Dependent Exemption (see instructions)	►	w	24,660	00				
4	Add lines f through w and enter the total here. These are your total subtractions.			•	· 4	4	< 58	,570	00 >
5									
	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME	SU	IBJEC		. !	5	12	,530	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	►	6	397	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 CAROLIN	IA 1	ТАХ		1	0		397	00

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NON-REFUNDABLE CREDITS	2018
11 Child and Dependent Care (see instructions)	
12 Two Wage Earner Credit (see instructions) 12 120 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 nonrefundable credits	14 270 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	15 127 00
PAYMENTS AND REFUNDABLE CREDITS	
16 SC income tax withheld (attach W-2 or SC41)	
17 2018 estimated tax payments	
18 Amount paid with extension 18 00	
19 Nonresident sale of real estate 19 00	
20 Other SC withholding (attach form 1099)	
21 Tuition tax credit (attach I-319)	
22 Other refundable credit(s)	
22a Anhydrous Ammonia (attach I-333)	
22b Milk Credit (attach I-334)	
22c Classroom Teacher Expenses (attach I-360)	
22d Parental Refundable Credit (attach I-361)	
22e Motor Fuel Income Tax Credit (attach I-385)	
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 PAYMENTS.	23 1,725 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	24 1,59800
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	
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	
28 Total Contributions for Check-offs (attach I-330)	5
29 Add lines 26 through 28 and enter the total here	29 172 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 1 1 26 00
	30 1,426 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 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	3
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)	
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 11-30-2018		(if married filing jointly, BOTH must sign) SURVIVING SPOUSE	
	ector of the SC Department of Revenue or delegate to	YesX No	Preparer's printed name JOHN DOE		
discuss this return	, attachments, and related tax matters with the preparer.			-	
Paid	Preparer	Date	Check if self-	PTIN	
Preparer's	Signature	11-30-2018	employed	P12345678	
USC Firm name (or yours it self-		FIRM		FEIN 58-5774244	
Only	employed), address, Zip code 235 East Pa	lmer Street		Phone No. 828-371-2034	

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