

Check if deceased

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040

(Rev. 10/23/18) 3075

Date of birth (MM/DD/YYYY)

11/04/1996

06/15/1994

06/05/1995

05/15/2001

### dor.sc.gov

Your Social Security Number

400-00-5109

## 2018 INDIVIDUAL INCOME TAX RETURN

or the year January 1 - December 31, 2018, or fiscal tax year beginning irrst name and middle initial TEST J		18 and ending  Last name  CAESAR	2019	Suffix
Spouse's first name, if married filing jointly CLEO P		Last name CAESAR		Suffix
Check if Mailing address (number and street, PO Box) ew address 15 IDES OF MARCH PKWY		CAEDAN		County code 37
oity WESTMINSTER	State SC	zip 29693	Daytime phone numbe 803-898-	r with area code
,	ip or · · · · · · · · · · · · · · · eriod · · ·			
` / =	ed filing sep	earately enter spouse's	SSN: (er) with dependent ch	ild.

Social Security Number 400-55-5125

400-55-5135

400-55-0007

400-55-5136

Relationship

SON

SON

SON

DAUGHTER

Last name

CAESAR

BRUTUS

CAESAR

BRUTUS

**DEPENDENTS** 

First name

JULIUS

SALLY

ROGER

JIM



CAESAR 400-00-5109

INCOME AND ADJUSTMENTS						2	<u> 2018</u>
1 Enter federal taxable income from your federal form. If zero or less, enter	r zero here.					Dollars	T
Nonresident filers complete Schedule NR and enter total from line 48 on line	e 5 below.			1	J	87,356	00
ADDITIONS TO FEDERAL TAXABLE INCOME							
a State tax addback, if itemizing on federal return (see instructions)	<b>&gt;</b>	а		00			
<b>b</b> Out-of-state losses. Type:	<b>&gt;</b>	b		00			
c Expenses related to National Guard and Military Reserve Income	<b>&gt;</b>	С		00			
d Interest income on obligations of states and political subdivisions other than South Carolina	<b>•</b>	d		00			
e Other additions to income. Attach explanation. (see instructions)	<b>•</b>	е		00			
2 Add lines a through e and enter the total here. These are your total addit	ions.			<b>&gt;</b> 2	<u>,</u>		00
3 Add lines 1 and 2 and enter the total here.				3	j	87,356	5 00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME							
f State tax refund, if included on your federal return	<b>&gt;</b>	f	1,621	00			
g Total and permanent disability retirement income, if taxed on your federa	I retum ►	g		00			
h Out-of-state income/gain (do not include personal service income)							
Check type of income/gain: Rental Business Other	<b>•</b>	h		00			
i 44% of net capital gains held for more than one year	<b></b>	i		00			
j Volunteer deductions (see instructions) Type:	<b>•</b>	j		00			
k Contributions to the SC College Investment Program ("Future Scholar")	<del></del> ;						
or the SC Tuition Prepayment Program	<b>•</b>	k		00			
I Active Trade or Business Income deduction (see instructions)	<b>•</b>	1		00			
m Interest income from obligations of the US government	<b>•</b>	m		00			
n Certain nontaxable National Guard or Reserve Pay	<b>•</b>	n	1,500	00			
o Social Security and/or railroad retirement, if taxed on your federal return	<b>•</b>	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			
<b>p-3</b> Surviving spouse date of birth of deceased spouse:	•	p-3		00			
Military Retirement Deduction (see instructions)	<del></del>						
<b>p-4</b> Taxpayer date of birth:	•	p-4		00			
p-5 Spouse date of birth:	•	p-5		00			
<b>p-6</b> Surviving spouse date of birth of deceased spouse:	<b>•</b>	p-6		00			
<b>q</b> Age 65 and older deduction (see instructions)							
q-1 Taxpayer date of birth:	<b>•</b>	q-1		00			
<b>q-2</b> Spouse date of birth:	<b>•</b>	q-2		00			
r Negative amount of federal taxable income	<b>•</b>	r		00			
s Subsistence allowance days @ \$8.00	<b>&gt;</b>	s		00			
t Dependents under the age of 6 years on December 31 of the tax year	<b>&gt;</b>	t		00			
u Consumer Protection Services	<b>&gt;</b>	u		00			
v Other subtractions (see instructions)	<b>•</b>	v		00			
w South Carolina Dependent Exemption (see instructions)	<b>•</b>	w	16,440	1			
4 Add lines f through w and enter the total here. These are your <b>total subt</b>	ractions.		,	<b>&gt;</b> 4	· <	19,561	00
5 Residents subtract line 4 from line 3 and enter the difference. Nonresident		from Sc	hedule NR.				
line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLIN</b>			•	<b>▶</b>   5	j	67,795	5 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>&gt;</b>	6	4,238	_			
7 TAX on Lump Sum Distribution (attach SC4972)	<b>•</b>	7	-,=50	00			
8 TAX on Active Trade or Business Income (attach I-335)	<b>&gt;</b>	8		00			
9 TAX on excess withdrawals from Catastrophe Savings Accounts	<b>&gt;</b>	9		00			
10. Add lines 6 through 0 and enter the total here. This is your TOTAL SOUT				4	0	4 238	3 00

CAESAR		<del>1</del> 0	0-00-210	J D	
NON-REFUNDABLE CREDITS					2018
11 Child and Dependent Care (see instructions)		<b>▶</b> 11	00		
12 Two Wage Earner Credit (see instructions)		▶ 12	233 00		
13 Other non-refundable credits. Attach SC1040TC and	d other state return(s) .	▶ 13	867 00		
14 Add lines 11 through 13 and enter the total here. The	ese are your total nonrefu	ındable cred	its	14 1,1	00 00
15 Subtract line 14 from line 10 and enter the difference	e. If less than zero, enter z	ero here		15 3,1	38 <b>00</b>
PAYMENTS AND REFUNDABLE CREDITS					
16 SC income tax withheld (attach W-2 or SC41)		▶  16	7,284 00		
17 2018 estimated tax payments		<b>▶</b> 17	00	1	
		▶ 18	00	1	
		▶ 19	00	1	
20 Other SC withholding (attach form 1099)		▶ 20	00	1	
21 Tuition tax credit (attach I-319)		▶ 21	4,20300	1	
22 Other refundable credit(s)			1,200	J	
22a Anhydrous Ammonia (attach I-333)		▶ 22a	00	7	
22b Milk Credit (attach I-334)		▶ 22b	00	4	
22c Classroom Teacher Expenses (attach I-360)		▶ 22c	00	4	
22d Parental Refundable Credit (attach I-361)		▶ 22d	00	4	
22e Motor Fuel Income Tax Credit (attach I-385)		▶ 22e	00		
Add lines 22a through 22e and enter the total here.				22	00
23 Add lines 16 through 22 and enter the total here.		our <b>TOTAL P</b>			87 00
24 If line 23 is larger than line 15, subtract line 15 from I			ATWILITIS.	<del></del>	
25 If line 15 is larger than line 23, subtract line 23 from I	-	-		25	49 <b>00</b>
			0 00		
26 USE TAX due on online, mail-order, or out-of-state p			0 00	]	
Use Tax is based on your county's Sales Tax rate. S		ilomiation.			
If you certify that no Use Tax is due, check here		- I	10000	1	
27 Amount of line 24 to be credited to your 2019 Estima			196 00		
28 Total Contributions for Check-offs (attach I-330)			25 <b>00</b>		01 00
29 Add lines 26 through 28 and enter the total here				<b>29</b> 2	21 00
<b>30</b> If line 29 is larger than line 24, go to line 31. Otherwise	se, subtract line 29 from li		_		
amount to be refunded to you (line 30a check box er	ntry is required)		REFUND -	8.1	.28 00
<b>REFUND OPTIONS</b> (subject to program limitations)				, , ,	
30a Mark one refund choice: ► X Direct Deposit (30t		_	Paper Check		
	efund Prepaid Debit Card issu		America.		
30b Direct Deposit (for US accounts only) Type:	► X Checking ► S	avings			
Routing Number (RTN) ▶ 123456		igits. The first two			
Bank Account Number (BAN) ► 1112223	——————————————————————————————————————	oe 01 through 12	or 21 through 32. 1-17 digits		
, ,					
<b>31</b> 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 Inte	erest	Ente	total here <b>&gt;</b>	32	00
33 Penalty for Underpayment of Estimated Tax (attach S	SC2210)				
Enter exception code from instructions here if applica	able			33	00
34 Add lines 31 through 33 and enter the amount you ov	we here	BALAI	NCE DUE ▶	34	00
Pay online using our fr	ee tax portal, MyDORWA	V at dor so	nov/pav		
-	-				
I declare that this return and all attachments are true, co				repared by a persor	other
than the taxpayer, this declaration is based on all inform			-		
Your signature		Spouse's signatu	re (if married filing	j jointly, BOTH must sign)	
	11-30-2018				
I authorize the Director of the SC Department of Revenue or delegate to	Yes□ No⊠	Preparer's printed	i name		
discuss this return, attachments, and related tax matters with the preparer.  Paid Preparer	Date		PTIN		
Cignoture	l 11-30-2018 l	Check if self-		212345678	
Cirkling Control		employed	1	58-5774244	
Filli fiame (or yours it self-			1 -114	328-371-203	4
Only employed), address, Zip code 255 East Pa.			FIIOHE NO.		

1024 400-00-5109

## \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

### TWO WAGE EARNER CREDIT WHEN BOTH SPOUSES WORK

Your filing status must be married filing jointly to claim this credit.

Line 12 TWO WAGE EARNER CREDIT (MARRIED COUPLE)

This credit can only be claimed by a **married couple filing jointly** when both spouses have earned income taxed to South Carolina. This credit is **not** allowed on returns with a filing status of single, married filing separately or head of household. Do not include gambling or bingo winnings reported on federal form W-2G.

**Example -** You earned a salary taxed to South Carolina of \$20,000. Your spouse earned \$17,000 taxed to South Carolina and had an IRA deduction taxed to South Carolina of \$1,000. Your SC qualified earned income is \$20,000 and your spouse's is \$16,000 (\$17,000 minus \$1,000). Because your spouse's qualified earned income is less than yours, the credit is based on your spouse's income. Therefore, the credit is \$112 (\$16,000 x .007).

Compute your earned income separately for yourself and your spouse. South Carolina earned income is generally income you receive for services you provide. It includes wages, salaries, tips, commissions and sub-pay. It also includes income earned from self-employment, business income or loss, partnership income or loss, farm income or loss and any other earned income taxed to South Carolina. Earned income does not include gambling or bingo winnings, interest, dividends, Social Security benefits, IRA distribution, unemployment compensation, deferred compensation or non-taxable income. It also does not include any amount your spouse paid you.

<ol> <li>Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1 or federal form (Do not include pensions or annuities.)</li> </ol>	<b>(a) You</b> 64,000	(b) Your Spouse 45,480
<ol> <li>Net profit or (loss) from self-employment (from Schedule C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina.</li> </ol>	0	0
3. Add lines 1 and 2. This is your total earned income taxed to SC.	64,000	45,480
South Carolina qualified earned income. This is the amount on which the credit subtracting certain adjustments from South Carolina earned income. The adjustment of Deductible part of self-employment tax  Self-employed SEP, simple, and qualified plans Self-employed health insurance deduction IRA deduction Repayment of sub-pay	, ,	
<ol> <li>Add the adjustment amounts entered on federal Form 1040.</li> <li>If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, 26 and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income.</li> </ol>	0	0
<ol> <li>Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit.</li> </ol>	64,000	45,480
Compute the credit.		
6. Enter the smaller of 5(a) or 5(b). Do not enter more than \$33,333.		33,333
7. Multiply the amount on line 6 by .007. <b>Do not enter more than \$233.</b> Enter the amount here and on SC1040, line 12.		233



# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 TAX CREDITS

### **SC1040TC**

(Rev. 10/5/17)

3913

NAME TEST J & CLEO P CAESAR

YOUR SOCIAL SECURITY NUMBER 400-00-5109

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	400		•	0
(Attach SC1040TC worksheet for each state)	. 1.	100		\$	0.00
2. Carryover of unused qualified credits	. 2.	101	<b>&gt;</b> :	\$	0.00
3. Excess Insurance Premium Credit	. 3.	044	<b>&gt;</b> :	\$	0.00
4. New Jobs Credit	. 4.	004	<b>&gt;</b> :	\$	0.00
Qualified Conservation Contribution Credit	. 5.	019	<b>&gt;</b> :	\$	0.00
6. COMMUNITY DEVELOPMENT CREDIT	6.	014	<b>&gt;</b> :	\$	867 <b>.00</b>
7	7.		<b>&gt;</b> :	\$	.00
8	8.		<b>&gt;</b> :	\$	.00
9	9.		<b>&gt;</b> :	\$	.00
10	10.		<b>&gt;</b> :	\$	.00
11	11.		<b>&gt;</b> :	\$	.00
12	12.		<b>&gt;</b> :	\$	.00
13	13.		<b>&gt;</b> :	\$	.00
14	14.		<b>&gt;</b> :	\$	.00
15	15.		<b>&gt;</b> :	\$	.00
16. Total Non-refundable Tax Credits. Add amounts from lines 1-15			16.	\$	867 <b>.00</b>
17. Enter the tax from SC1040, line 10			17.	\$	4,238 <b>.00</b>
19. Enter the legger of line 16 or 17. Also, enter this amount on the SC1040 line 42.					
18. Enter the lesser of line 16 or 17. Also, enter this amount on the SC1040, line 13.  If filling a Fiduciary income tax return, enter this amount on SC1041, line 10			18.	\$	867 <b>.00</b>

**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.

867

IMPORTANT: Attach copies of all certifying DC-06075 forms from the S.C. Dept. of Commerce.

5. Total Credit available (subject to income tax liability limitation) Enter this amount on the

4. Carryover of prior year(s) unused credit (attach schedule)

appropriate tax credit schedule.

#### General Instructions - Community Development Tax Credit

This credit applies against state income tax, bank tax, or an insurance company's premium tax. The credit amount of up to 33% of all amounts invested in a Community Development Corporation or in a Community Development Financial Institution is subject to the limitations discussed below.

- No credit if claiming charitable contribution deduction. A taxpayer who invests in a Community Development Financial Institution which is a tax-exempt nonprofit corporation, and who claims the investment as a deduction according to I.R.C. Section 170, does not qualify for the credit.
- Certificate required. A taxpayer may not claim the credit unless the entity in which he invests is certified at the time the investment is made. The taxpayer must obtain a certificate from the South Carolina Department of Commerce certifying: (1) that the entity into which the funds are invested is a Community Development Corporation or a Community Development Financial Institution; and (2) that the total of the credit taken by or available to the taxpayer and Community Development Tax Credits previously taken by or available to other taxpayers will not exceed a total of \$5,000,000.
  - GOOD-FAITH EXCEPTION: A taxpayer who has invested in good faith in a certified corporation or institution may claim the credit even if the Department of Commerce later revokes or does not renew the certification.
- Disqualification for stock or equity interest redeemed within 5 years. If the taxpayer invests in an entity in exchange for stock or other equity interest, and the stock or equity interest is redeemed by the entity within five years of the date it is acquired, the amount of credit attributable to the redeemed stock or equity interest is disallowed for that year and any previous year as if no credit had been allowed. Payment is due on the same date as the return for the taxable year in which the redemption took place.
- Total credits limit for all years. The total amount of Community Development Tax Credits allowed may not exceed \$5,000,000 for all taxpayers in all taxable years.
- Annual total credits limit. The total amount of Community Development Tax Credits allowed may not exceed \$1,000,000 for all taxpayers in a single taxable year.
- Single entity limit. A single Community Development Corporation or Community Development Financial Institution may not receive more than 25% of the total Community Development Tax Credits in any one taxable year.
- **Pro-rata reduction.** If the total amount of Community Development Tax Credits claimed by all taxpayers exceeds the total amount of credits allowed, the credits will be reduced proportionally.



## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

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

00

00

00

25

YOUR SOCIAL SECURITY NUMBER

dor.sc.gov

NAME

## **2018 CONTRIBUTIONS FOR CHECK-OFFS**

ΤE	ST J & CLEO P CAESAR	400-00-5109	
	on the Carolinians have the opportunity to make certain contributions through their tax returns. Some be made to the following organizations:	See Line 28 of SC1040. Contributions	
		Dollars C	ents
1.	Endangered Wildlife Fund	<b>L</b>	00
2.	Children's Trust Fund	2. ▶	00
3.	Eldercare Trust Fund	3. ▶	00
4.	SC Veterans' Trust Fund	4. ▶ 25	00
5.	Donate Life South Carolina	5. ▶	00
6.	SC First Steps to School Readiness Fund	6.	00
7.	War Between the States Heritage Trust Fund	7. ▶	00
8.	SC Litter Control Enforcement Program	8. 🕨	00
9.	SC Law Enforcement Assistance Program	9. ▶	00
10.	K-12 Public Education Fund	10.	00
11.	SC State Parks Fund	11. 🕨	00
12.	SC Military Family Relief Fund	12.	00
13.	SC Conservation Bank Trust Fund	13.	00
14.	SC Financial Literacy Trust Fund	14.	00
15.	SC State Forests Fund	15.	00

See descriptions in instructions

18. Total Contributions. Add Lines 1 through 17. Enter the total on Line 28 of SC1040 . . . . . . . . . 18.

16. SC Department of Natural Resources Fund

17. SC Association of Habitat Affiliates

TEST

CAESAR

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

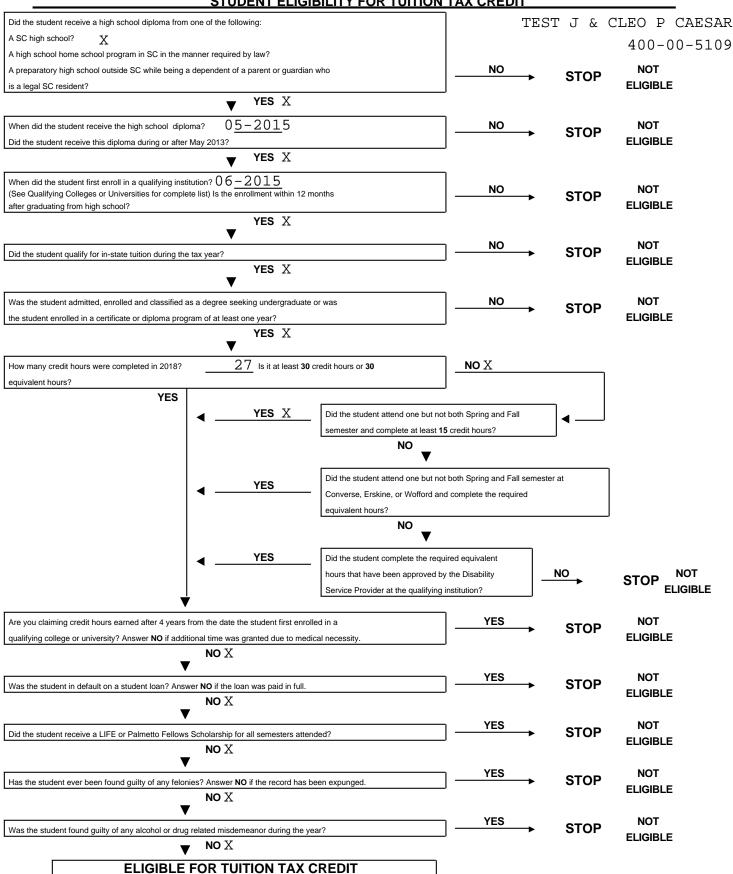
**I-319** Rev.10/9/1

DEPARTMENT OF REVENUE

2018 TUITION TAX CREDIT

STUDENT ELIGIBILITY FOR TUITION TAX CREDIT

(Rev.10/9/17)
3350





# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 TUITION TAX CREDIT

Complete one I-319 for each student. This form must be attached to the SC1040.

(Rev. 10/9/17) 3350

I-319

1,500

Check **dor.sc.gov** for SC Revenue Ruling # 09-3 for more information.

NAME OF TAXPAYER				SOCIAL SECUR	
TEST J & CLEO P CAESAR				400-00	-5109
You must select one of the following: Student ☐ Parent ☒ Le	egal Guardian 🗌	Oth	er person eligible to	claim student as a	dependent
Did you pay the tuition? Yes ☒	No 🗌			□sn	ring 2018
Did the student receive the LIFE or Palmetto Fellow	s Scholarship?	Yes□	No 🛚		II 2018
Student's First Name and Initial:	Student's Last			udent's Social Security N	
SALLY	CEASAR		4	00-55-512	5
Name of High School:	021101111			onth/Year Graduated:	
OCONEE HIGH SCHOOL			0	5-2015	
Name of Qualified College or University in which student was first e	enrolled:			onth/Year First Enrolled:	
UNIVERSITY OF SOUTH CAROL	1		0	6-2015	
Name of Qualified College or University attended during the tax year				onth/Year through Month	/Year:
SPARTANBURG TECHNICAL COI			0	6-2018	08-2018
Name of Qualified College or University attended during the tax year				onth/Year through Month	
CONVERSE			0	8-2018	12-2018
Name of Qualified College or University attended during the tax year	ar:			onth/Year through Month	
Credit Hours and Tuition Information					
See next page for Credit Hours Requirements.	Spring Term	Summer Term 12	Fall Term	Interim	Total 27
Number of semester hours completed during tax year:		0 10=			4 050
2 Qualified tuition paid	\$	\$ 2,125	\$ 2,123	\$	\$ 4,250
What qualifies as tuition?  Qualified tuition means the amount charged by a college or univers cost of dorm rooms, books and meals are not included in tuition.	sity as a condition of enrolln	nent and includes required fe	es. The		
3. Tuition limit for 4 year independent College or University (if it	applies)				
(See instructions for <b>tuition limit</b> )				3. <u>\$</u>	5,757
4. Smaller of lines 2 (Total) or 3 (Enter amount from line 2 if line	3 does not apply.)			• • • • 4. <u>\$</u>	4,250
What do I need to list as a scholarship grant? You must deduct any scholarship or grant used to pay qualified tuit grants not used to pay qualified tuition, student loans, IRC Section or other services, or veteran educational assistance benefits.	-				
5. Amount of scholarships and grants				5. <u>\$ &lt;</u>	400>
6. Subtract line 5 from 4				· · · · 6. <u>\$</u>	3,850
7. Multiply line 6 by 50% (.25)				7. \$	1,925
8. Credit limit (\$1,500 for 4 year college or university or 2 year college or university or 2 year college.	ollege or university)			8. \$	1,500

9. Enter the smaller of 7 or 8. This is your tuition tax credit. Enter on SC1040, line 21

If more than 1 form is completed, combine the tuition tax credit amounts and enter on SC1040, line 21.

TEST

CAESAR

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

**2018 TUITION TAX CREDIT** 

I-319 (Rev.10/9/17) 3350

STUDENT ELIGIBILITY FOR TUITION TAX CREDIT TEST J & CLEO P CAESAR Did the student receive a high school diploma from one of the following: A SC high school? Χ 400-00-5109 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 NO NOT STOP **ELIGIBLE** is a legal SC resident? YES X 06-2007 NO NOT When did the student receive the high school diploma? **STOP ELIGIBLE** Did the student receive this diploma during or after May 2013? YES X When did the student first enroll in a qualifying institution?  $0\,6-2\,0\,0\,7$ NO NOT (See Qualifying Colleges or Universities for complete list) Is the enrollment within 12 months STOP **ELIGIBLE** after graduating from high school? YES X NOT NO STOP Did the student qualify for in-state tuition during the tax year? **ELIGIBLE** YES X NOT NO Was the student admitted, enrolled and classified as a degree seeking undergraduate or was **STOP ELIGIBLE** the student enrolled in a certificate or diploma program of at least one year? YES X How many credit hours were completed in 2018? 27 Is it at least  ${f 30}$  credit hours or  ${f 30}$ NO X equivalent hours? YES YES X Did the student attend one but not both Spring and Fall semester and complete at least 15 credit hours? NO Did the student attend one but not both Spring and Fall semester at YES Converse, Erskine, or Wofford and complete the required equivalent hours? NO YES Did the student complete the required equivalent NO hours that have been approved by the Disability **STOP ELIGIBLE** Service Provider at the qualifying institution? **YES** Are you claiming credit hours earned after 4 years from the date the student first enrolled in a NOT STOP **ELIGIBLE** qualifying college or university? Answer NO if additional time was granted due to medical necessity NO X NOT YES STOP Was the student in default on a student loan? Answer NO if the loan was paid in full. **ELIGIBLE** NO X YES NOT Did the student receive a LIFE or Palmetto Fellows Scholarship for all semesters attended? STOP **ELIGIBLE** NO X YES NOT STOP Has the student ever been found guilty of any felonies? Answer NO if the record has been expunged. **ELIGIBLE** NO X YES NOT STOP Was the student found guilty of any alcohol or drug related misdemeanor during the year? **ELIGIBLE** NO X

**ELIGIBLE FOR TUITION TAX CREDIT** 



# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 TUITION TAX CREDIT

2018 IUIION IAX CREDII

Complete one I-319 for each student. This form must be attached to the SC1040.

I-319 (Rev. 10/9/17) 3350

Check **dor.sc.gov** for SC Revenue Ruling # 09-3 for more information.

NAME OF TAXPAYER SOCIAL SECURITY NUMBER TEST J & CLEO P CAESAR 400-00-5109 You must select one of the following: Parent X Student Legal Guardian Other person eligible to claim student as a dependent Yes X No 🗌 Did you pay the tuition? Spring 2018 No X Did the student receive the LIFE or Palmetto Fellows Scholarship? Yes Fall 2018 Student's First Name and Initial: Student's Last Name Student's Social Security Number: 400-55-5135 JULIUS BRUTUS Name of High School: Month/Year Graduated: OCONEE HIGH SCHOOL 06-2007 Name of Qualified College or University in which student was first enrolled: Month/Year First Enrolled: FURMAN UNIVERSITY 06-2007 Name of Qualified College or University attended during the tax year: Month/Year through Month/Year: 06 - 201412-2014 FURMAN UNIVERSITY Name of Qualified College or University attended during the tax year: Month/Year through Month/Year: Name of Qualified College or University attended during the tax year: Month/Year through Month/Year: **Credit Hours and Tuition Information** Summer Term Fall Term Total 1. See next page for Credit Hours Requirements. Spring Term Interim 12 15 Number of semester hours completed during tax year: 3,567 \$ 3,568 \$ 7 135 \$ What qualifies as tuition? Qualified tuition means the amount charged by a college or university as a condition of enrollment and includes required fees. The cost of dorm rooms, books and meals are not included in tuition. Tuition limit for 4 year independent College or University (if it applies) 5,405 (See instructions for tuition limit) 5,405 Smaller of lines 2 (Total) or 3 (Enter amount from line 2 if line 3 does not apply.) What do I need to list as a scholarship grant? You must deduct any scholarship or grant used to pay qualified tuition before calculating the credit. Scholarship grants do not include grants not used to pay qualified tuition, student loans, IRC Section 127 educational assistance plans, payment for teaching, research or other services, or veteran educational assistance benefits. 3,000> Amount of scholarships and grants 2,405 1,203 1,500 Credit limit (\$1,500 for 4 year college or university or 2 year college or university) 1,203 Enter the smaller of 7 or 8. This is your tuition tax credit. Enter on SC1040, line 21

If more than 1 form is completed, combine the tuition tax credit amounts and enter on SC1040, line 21,

CAESAR

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

2018 TUITION TAX CREDIT

I-319 (Rev.10/9/17)

TEST 3350 STUDENT ELIGIBILITY FOR TUITION TAX CREDIT TEST J & CLEO P CAESAR Did the student receive a high school diploma from one of the following: A SC high school? Χ 400-00-5109 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 NO NOT STOP **ELIGIBLE** is a legal SC resident? YES X 06-2008 NO NOT When did the student receive the high school diploma? **STOP ELIGIBLE** Did the student receive this diploma during or after May 2013? YES X When did the student first enroll in a qualifying institution? 0.1-2.009NO NOT (See Qualifying Colleges or Universities for complete list) Is the enrollment within 12 months STOP **ELIGIBLE** after graduating from high school? YES X NOT NO STOP Did the student qualify for in-state tuition during the tax year? **ELIGIBLE** YES X NOT NO Was the student admitted, enrolled and classified as a degree seeking undergraduate or was **STOP ELIGIBLE** the student enrolled in a certificate or diploma program of at least one year? YES X How many credit hours were completed in 2018? 30 Is it at least 30 credit hours or 30 NO equivalent hours? X YES YES Did the student attend one but not both Spring and Fall semester and complete at least 15 credit hours? NO Did the student attend one but not both Spring and Fall semester at YES Converse, Erskine, or Wofford and complete the required equivalent hours? NO YES Did the student complete the required equivalent NO hours that have been approved by the Disability **STOP ELIGIBLE** Service Provider at the qualifying institution? **YES** Are you claiming credit hours earned after 4 years from the date the student first enrolled in a NOT STOP **ELIGIBLE** qualifying college or university? Answer NO if additional time was granted due to medical necessity NO X NOT YES STOP Was the student in default on a student loan? Answer NO if the loan was paid in full. **ELIGIBLE** NO X YES NOT Did the student receive a LIFE or Palmetto Fellows Scholarship for all semesters attended? STOP **ELIGIBLE** NO X YES NOT STOP Has the student ever been found guilty of any felonies? Answer NO if the record has been expunged. **ELIGIBLE** NO X YES NOT STOP Was the student found guilty of any alcohol or drug related misdemeanor during the year? **ELIGIBLE** 

NO X

**ELIGIBLE FOR TUITION TAX CREDIT** 



## STATE OF SOUTH CAROLINA **DEPARTMENT OF REVENUE**

**2018 TUITION TAX CREDIT** Complete one I-319 for each student. This form must be attached to the SC1040.

I-319 (Rev. 10/9/17) 3350

Check dor.sc.gov for SC Revenue Ruling # 09-3 for more information.

NAME OF TAXPAYER TEST J & CLEO P CAESAR			<b>&gt;</b>		URITY NUMBER 0-5109
You must select one of the following:					
Student 🛛 Parent 🗌 Leg	jal Guardian	Oth	her person eligible	to claim student as	a dependent
Did you pay the tuition? Yes ∑	No 🗌				
					pring 2018
Did the student receive the LIFE or Palmetto Fellows	· · · · · · · · · · · · · · · · · · ·	Yes _	No 🛚	, ,	all 2018
Student's First Name and Initial:	Student's Last N	lame		Student's Social Security	
ROGER Name of High School:	CEASAR			400-55-00 Month/Year Graduated:	0 /
OCONEE HIGH SCHOOL  Name of Qualified College or University in which student was first en	rolled:			06-2008 Month/Year First Enrolled	<del></del>
· ·	Tolled.			01-2009	<u>.</u>
CLEMSON UNIVERSITY  Name of Qualified College or University attended during the tax year	•			Month/Year through Mon	th/Year:
	•			01-2014	12-2014
CLEMSON UNIVERSITY  Name of Qualified College or University attended during the tax year	•			Month/Year through Mon	
reality of Qualities conege of critically attended during the tax year	•			Month, roar amough Mon	un i cai.
Name of Qualified College or University attended during the tax year	:			Month/Year through Mon	th/Year:
	•				
0 1511 1711 17					
Credit Hours and Tuition Information					
See next page for Credit Hours Requirements.	Spring Term	Summer Term	Fall Term	Interim	Total
Number of semester hours completed during tax year:	15	Cummer Term		.5	30
2 Qualified tuition paid	\$ 4,567	\$	\$ 4,56		\$ 9,134
				.   +	7,202
What qualifies as tuition?	v as a soundition of soundless	ant and includes required fo	an The		
Qualified tuition means the amount charged by a college or universit cost of dorm rooms, books and meals are not included in tuition.	y as a condition of enfolime	ent and includes required to	ees. The		
3. Tuition limit for 4 year independent College or University (if it a	oplies)				
(See instructions for <b>tuition limit</b> )				3. \$	
,				<u>-</u>	
4. Smaller of lines 2 (Total) or 3 (Enter amount from line 2 if line 3	does not apply.)			4. \$	9,134
	11.37			<u>-</u>	, -
What do I need to list as a scholarship grant? You must deduct any scholarship or grant used to pay qualified tuitio	n before calculating the cre	edit. Scholarship grants do	not include		
grants not used to pay qualified tuition, student loans, IRC Section 1.					
or other services, or veteran educational assistance benefits.					
Amount of scholarships and grants				5. \$	< >
				_	
6. Subtract line 5 from 4				6. \$	9,134
7. Multiply line 6 by 50% (.25)				7. \$	4,567
				<u>-</u>	•
8. Credit limit (\$1,500 for 4 year college or university or 2 year col	lege or university)			8. \$	1,500
-	•			_	·
9. Enter the smaller of 7 or 8. This is your tuition tax credit. Enter	on SC1040, line 21			9.  \$	1,500

If more than 1 form is completed, combine the tuition tax credit amounts and enter on SC1040, line 21.