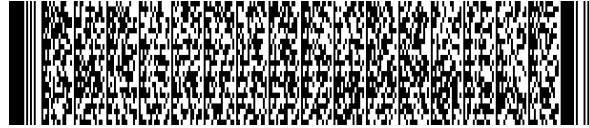




STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2020 INDIVIDUAL INCOME TAX RETURN

Form with Social Security Numbers: Your Social Security Number 400-00-5101, Spouse's Social Security Number 400-00-5201, and checkboxes for 'deceased'.



For the year January 1 - December 31, 2020, or fiscal tax year beginning 2020 and ending 2021

Main address and identification form with fields for First name (TEST I), Last name (WHY), Spouse's first name (GWEN R), Last name (KNOTT), Mailing address (12457 WILSHIRE ON THE HAMPTONS BLVD), City (RUTHERFORDTON), State (NC), ZIP (28139), and Daytime phone number (828-287-2911).

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD) [X]
Check this box if you are a part-year or nonresident filing an SC Schedule NR .. [ ]
Check this box only if you are 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 [ ]
Name of the combat zone: \_\_\_\_\_

CHECK YOUR FEDERAL FILING STATUS (1) [ ] Single (2) [X] Married filing jointly (3) [ ] Married filing separately - enter spouse's SSN: \_\_\_\_\_ (4) [ ] Head of household (5) [ ] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return [ ]
Number of dependents claimed that were under the age of 6 years as of December 31, 2020 [ ]
Number of taxpayers age 65 or older, as of December 31 2020 [ ]

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



WHY

INCOME AND ADJUSTMENTS

Your SSN 400-00-5101

2020

1	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 . . . . . ▶	1	Dollars	96,267	00
---	---	---	---------	--------	----

ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (see instructions) . . . . . ▶	a	577	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	<b>Total additions</b> (add line a through line e) . . . . . ▶	2		577	00
3	Add line 1 and line 2 and enter the total here . . . . . ▶	3		96,844	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: _____ . . . ▶	j		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	30,000	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		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	
p-4	Military Retirement Deduction (see instructions) 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: _____) . . . . . ▶	q-1		00	
q-2	Spouse (date of birth: _____) . . . . . ▶	q-2		00	
r	Negative amount of federal taxable income . . . . . ▶	r		00	
s	Subsistence allowance (multiply _____ days by \$8) . . . . . ▶	s		00	
t	Dependents under the age of 6 years on December 31 of the tax year . . . . . ▶	t		00	
u	Consumer Protection Services . . . . . ▶	u	1,000	00	
v	Other subtractions (see instructions) . . . . . ▶	v		00	
w	South Carolina Dependent Exemption (see instructions) . . . . . ▶	w		00	

4	<b>Total subtractions</b> (add line f through line w) . . . . . ▶	4	<	31,000	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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b> . . . . ▶	5		65,844	00	

6	TAX on your South Carolina Income Subject to Tax (see SC1040TT) . . . . . ▶	6	4,086	00	
7	TAX on Lump Sum Distribution (attach SC4972) . . . . . ▶	7		00	
8	TAX on Active Trade or Business Income (attach I-335) . . . . . ▶	8	900	00	
9	TAX on excess withdrawals from Catastrophe Savings Accounts . . . . . ▶	9		00	
10	Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b> . . . . . ▶	10		4,986	00



WHY

Your SSN 400-00-5101

**NON-REFUNDABLE CREDITS**

11 Child and Dependent Care (see instructions)	▶	11		00
12 Two Wage Earner Credit (see instructions)	▶	12	231	00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	▶	13	2,407	00
<b>14 Total nonrefundable credits</b> (add line 11 through line 13)		14	2,638	00
<b>15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here</b>		15	2,348	00

**PAYMENTS AND REFUNDABLE CREDITS**

16 SC income tax withheld (attach W-2 or SC41)	▶	16	7,150	00
17 2020 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 1099)	▶	20		00
21 Tuition tax credit (attach I-319)	▶	21		00
22 Other refundable credits:				
22a Anhydrous Ammonia (attach I-333)	▶	22a		00
22b Milk Credit (attach I-334)	▶	22b		00
22c Classroom Teacher Expenses (attach I-360)	▶	22c	275	00
22d Parental Refundable Credit (attach I-361)	▶	22d		00
22e Motor Fuel Income Tax Credit (attach I-385)	▶	22e	175	00
<b>Total refundable credits</b> (add line 22a through line 22e)	▶	22	450	00

**AMENDED RETURN: Use Schedule AMD for line 23 calculation.**

23 Add line 16 through line 22 and enter the total here. These are your <b>TOTAL PAYMENTS</b>	▶	23	2,594	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment		24	246	00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due		25		00

**AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.**

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 information.				
If you certify that no Use Tax is due, check here <input checked="" type="checkbox"/>				
27 Amount of line 24 to be credited to your 2021 Estimated Tax	▶	27		00
28 Total Contributions for Check-offs (attach I-330)	▶	28		00
29 Add line 26 through line 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) This is your <b>REFUND</b>	▶	30	246	00

**REFUND OPTIONS** (subject to program limitations)

30a Mark one refund choice:  Direct Deposit (30b required)  Debit Card  Paper Check

30b Direct Deposit (for US accounts only) Type:  Checking  Savings

Routing Number (RTN) ▶ 253170486 Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Bank Account Number (BAN) ▶ 02135763 1-17 digits

31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, 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 line 31 through line 33 and enter the total here. This is your <b>BALANCE DUE</b>	▶	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 (if married filing jointly, BOTH must sign)	
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Preparer's printed name	
Paid Preparer's Use	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/> PTIN
Only	Firm name (or yours if self-employed), address, ZIP	FEIN	Phone

**MAIL TO: REFUNDS OR ZERO TAX:** SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100  
**BALANCE DUE:** Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753206



STATE OF SOUTH CAROLINA  
 DEPARTMENT OF REVENUE  
**AMENDED RETURN SCHEDULE**  
 Attach to your amended SC1040 Income Tax Return

**Sch. AMD**  
 (Rev. 5/22/20)  
 3735  
**20** \_\_\_\_\_

dor.sc.gov

First name and middle initial TEST I	Last name WHY	Suffix	Your Social Security Number 400-00-5101
Spouse's first name, if married filing jointly GWEN R	Last name KNOTT	Suffix	Spouse's Social Security Number 400-00-5201

**Reasons for Amending (check all that apply)**

- ▶  Federal audit or other federal adjustment
- ▶  Federal amended return
- ▶  Net Operating Loss carryforward
- ▶  Change in filing status
- ▶  Change in dependents
- ▶  Change in tax credits
- ▶  Change to SC additions or subtractions
- ▶  Change to SC withholding
- ▶  Other

**Explanation of Changes**

Added \$100 of withholding left off of original return.

**Total Payments Worksheet**

1. Total payments, withholding, and refundable credits (Include corrected amounts from SC1040 line 16 through line 22e and any return payments you made)	1. <u>7,600 .00</u>
2. Amounts refunded to you for this period	2. <u>4,906 .00</u>
3. Amount of Use Tax from line 26 of original return	3. <u>.00</u>
4. Amount transferred to Estimated Tax from line 27 of original return	4. <u>.00</u>
5. Amount of Contributions for Check-offs from line 28 of original return	5. <u>100 .00</u>
6. Add line 2 through line 5	6. <u>5,006 .00</u>
7. Subtract line 6 from line 1	7. <u>2,594 .00</u>

Enter this amount on line 23 of your amended SC1040

**INSTRUCTIONS**

Beginning with tax year 2019, if you need to amend your return, file a new SC1040 and check the **Amended Return** box on the front. Complete the return as it should have been filed, including all schedules and attachments. Complete this Amended Return Schedule, and submit it with your amended SC1040.

**Reasons for amending:** Check each box for the reasons you are amending your SC1040. File an amended return if you were audited by the IRS or if you amended your federal tax return, unless there was no impact on your state return. An amended return is also necessary if you omitted income, claimed deductions or credits you were not entitled to, failed to claim deductions or credits you were entitled to, or changed your filing status.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**2020 TAX CREDITS**

**SC1040TC**  
(Rev. 10/15/19)  
3913

Name  
TEST I WHY & GWEN R KNOTT

Social Security Number  
400-00-5101

Most tax credits are computed on separate tax credit schedules. **Attach tax credit schedules for all tax credits you claim, along with the SC1040TC Worksheet and the SC1040TC, to your Income Tax return. Tax credits may be disallowed if necessary schedules are not attached to your return.**

For line 6 through line 15, enter the credit description, the associated code, and the dollar amount of the credit claimed. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 4.

Credit Description	Code	Amount
1. Total credit for taxes paid to another state (Attach SC1040TC worksheet for each state) . . . . .	1. 100	\$ 2,407.00
2. Carryover of unused qualified credits . . . . .	2. 101	\$ 0.00
3. Excess Insurance Premium Credit . . . . .	3. 044	\$ 0.00
4. New Jobs Credit . . . . .	4. 004	\$ 0.00
5. Qualified Conservation Contribution Credit . . . . .	5. 019	\$ 0.00
6. _____ 6. ▶	▶	\$ .00
7. _____ 7. ▶	▶	\$ .00
8. _____ 8. ▶	▶	\$ .00
9. _____ 9. ▶	▶	\$ .00
10. _____ 10. ▶	▶	\$ .00
11. _____ 11. ▶	▶	\$ .00
12. _____ 12. ▶	▶	\$ .00
13. _____ 13. ▶	▶	\$ .00
14. _____ 14. ▶	▶	\$ .00
15. _____ 15. ▶	▶	\$ .00
16. Total nonrefundable tax credits (add line 1 through line 15) . . . . .	16. ▶	\$ 2,407.00
17. Enter the tax from SC1040, line 10 . . . . .	17.	\$ 4,986.00
18. Enter the lesser of line 16 or line 17 . . . . .	18.	\$ 2,407.00

For an individual, enter this amount on SC1040, line 13.  
For a Fiduciary, enter this amount on SC1041, line 10.

**SC 1040 Filers:** include this form and a complete copy of your federal return with your SC1040. If claiming credit for taxes paid to another state, also include a copy of each tax return filed with another state.

**SC1041 or SC1065 Filers:** Include this form with your SC1041 or SC1065.



dor.sc.gov

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**Credit for Taxes  
Paid to Another State**

**SC1040TC**  
(Rev. 10/15/19)  
3913  
**2020**

**WORKSHEET FOR TAXES PAID TO** NC  
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

	Dollars	Cents
1. South Carolina gross income (enter amount from instructions for line 1, E) . . . . . 1.	121,644	00
2. Portion of line 1 taxed by another state (see instructions) . . . . . 2.	58,713	00
3. Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100%. . . . . 3.	48.27	%
4. Amount of South Carolina tax from SC1040, line 10 . . . . . 4.	4,986	00
5. Tentative credit. (multiply line 3 by line 4) . . . . . 5.	2,407	00
6. Net tax due the other state on income from line 2 See instructions. Do not use withholding from W2 . . . . . 6.	2,538	00
7. Allowable credit (lesser of line 5 or line 6) . . . . . 7. Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.	2,407	00

**WORKSHEET FOR TAXES PAID TO** \_\_\_\_\_  
(enter name of state)

This credit is available for South Carolina residents and part-year residents only. Complete a separate worksheet for each state. Use the SC1040TC instructions to complete this worksheet. **Include the SC1040TC and SC1040TC Worksheet with your SC1040.**

	Dollars	Cents
1. South Carolina gross income (enter amount from instructions for line 1, E) . . . . . 1.		00
2. Portion of line 1 taxed by another state (see instructions) . . . . . 2.		00
3. Percentage (divide line 2 by line 1) Round to two decimal places. Cannot be greater than 100% . . . . . 3.		%
4. Amount of South Carolina tax from SC1040, line 10 . . . . . 4.		00
5. Tentative credit. (multiply line 3 by line 4) . . . . . 5.		00
6. Net tax due the other state on the income from line 2 See instructions. Do not use withholding from W2 . . . . . 6.		00
7. Allowable credit (lesser of line 5 or line 6) . . . . . 7. Add the amounts from line 7 of each state worksheet, and enter the total on SC1040TC, line 1.		00



dor.sc.gov

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**I-330**  
(Rev. 10/26/20)  
3384

**2020 CONTRIBUTIONS FOR CHECK-OFFS**

NAME	SSN
TEST I WHY & GWEN R KNOTT	400-00-5101

You can make contributions to the following organizations when you file your SC1040, Individual Income Tax Return.

	Dollars	Cents
1. Endangered Wildlife Fund . . . . . 1. ▶		00
2. Children's Trust Fund of South Carolina . . . . . 2. ▶		00
3. Eldercare Trust Fund . . . . . 3. ▶		00
4. SC Veterans' Trust Fund . . . . . 4. ▶		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
16. SC Department of Natural Resources Fund . . . . . 16. ▶		00
17. SC Association of Habitat for Humanity Affiliates . . . . . 17. ▶	100	00
18. SC Department of Archives and History . . . . . 18. ▶		00
19. Total contributions. (Add line 1 through line 18.) . . . . . 19. ▶ Enter the total here and on line 28 of your SC1040.	100	00

**See descriptions of the organizations on next page.**

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
ACTIVE TRADE OR BUSINESS INCOME
REDUCED RATE COMPUTATION

I-335
(Rev. 9/11/19)
3410
2020

dor.sc.gov

Attach I-335 and all supporting Worksheets to SC1040 or SC 1041

Form with columns for 2020 and 2021. Rows include: Your name (TEST I WHY), Spouse's name (GWEN R), 1a. Enter amount from Worksheet 1, line 3 (50,000.00), 1b. Enter total of amounts from each Worksheet 2, line 22, Column C (10,000.00), 1c. Add line 1a and line 1b (60,000.00), 2a. Enter any adjustments necessary because of at-risk rules (0.00), 2b. Enter the deductible part of self-employment tax (0.00), 2c. Subtract line 2b from line 2a (0.00), 3. Add line 1c and line 2c (60,000.00), 4. Enter amounts reasonably related to personal services (30,000.00), 5. Subtract line 4 from line 3 (30,000.00), 6. Tax Year 2020 rate on qualifying active trade or business income (3% (.03)), 7. Multiply line 5 by line 6 (900.00).

NOTE: A taxpayer may decide annually to have eligible "active trade or business income" taxed at the reduced rate under SC Code Section 12-6-545 or continue to use the standard graduated 0% to 7% rates under SC Code Section 12-6-510 to compute South Carolina tax. For taxpayers filing a joint return, the election is effective for both taxpayers.

34101196



dor.sc.gov

STATE OF SOUTH CAROLINA  
 DEPARTMENT OF REVENUE  
**WORKSHEET 1**  
**PASS-THROUGH INCOME FROM**  
**A SOLE PROPRIETORSHIP**  
 Complete one Worksheet 1 for all Schedules C, C-EZ and F  
 Attach Worksheet 1 to your return

**I-335A**  
 (Rev. 9/11/19)  
 3421

**2020**

For the year January 1 - December 31, 2020, or fiscal tax year beginning		2020 and ending	2021
Your name			Your SSN
TEST I WHY			400-00-5101
Spouse's name			Spouse's SSN
GWEN R			400-00-5201

To use the flat tax rate on active trade or business income, an individual, estate, or trust with pass-through income from one or more Sole Proprietorships or single-member LLCs not taxed as corporations must complete Worksheet 1.

Complete only one Worksheet 1 for all federal Schedules C, C-EZ, and F.

- 1. South Carolina net profit (loss) all federal Schedules C, C-EZ, and F . . . . . 1. \$ 50,000 .00
- 2. Deductible part of self-employment tax related to line 1. Enter the amount from federal 1040 if all business income is taxable to South Carolina . . . . . 2. \$ \_\_\_\_\_ .00
- 3. Subtract line 2 from line 1 and enter here and on I-335, line 1a . . . . . 3. \$ 50,000 .00

1024

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**WORKSHEET 2**  
**PASS-THROUGH INCOME FROM A PARTNERSHIP  
OR S CORPORATION**  
Complete a separate Worksheet 2 for each SCK-1  
Attach each Worksheet 2 to your return

**I-335B**  
(Rev. 9/11/19)  
3422  
**2020**

dor.sc.gov

For the year January 1 - December 31, 2020, or fiscal tax year beginning

2020 and ending

2021

Your name TEST I WHY	Your SSN 400-00-5101
Spouse's name GWEN R	Spouse's SSN 400-00-5201

To use the flat rate on active trade or business income, an individual, estate, or trust with pass-through income from one or more Partnerships, S Corporations, or LLCs taxed as Partnerships or S Corporations must complete a separate Worksheet 2 for each Partnership, S Corporation, or LLC.

Complete a separate Worksheet 2 for each SCK-1.

Name of business: ACME INVESTMENT CORP	Column A Federal K-1 amounts	Column B SCK-1 amounts	Column C SC active trade or business amounts
1. Ordinary business income (loss)	10,000	10,000	1. 10,000
2. Net rental real estate income (loss)			2.
3. Other net rental income (loss)			3.
4. Guaranteed payments *			4.
5. Interest income			5.
6. Ordinary/qualified dividends			
7. Royalties			7.
8. Net short-term capital gain (loss)			
9a. Net long-term capital gain (loss)			
9b. Collectibles (28%) gain (loss)			
9c. Unrecaptured section 1250 gain			
10. Net section 1231 gain (loss)			10.
11. Other income (loss)			11.
12. Section 179 deduction			12. ( )
13. Other deductions			
14. Self-employment earnings (loss) *			
15. Credits			
16. Foreign transactions			16.
17. Alternative minimum tax (AMT) items			
18. Tax exempt income and nondeductible expenses *			
19. Distributions *			
20. Items affecting shareholder basis **			
21. Other information			
22. Total of Column C			22. 10,000

Worksheet 2 combines elements of federal K-1s for the 1065 and the 1120-S.

\* Items on the 1065, Schedule K-1 but not on the 1120-S, Schedule K-1.

\*\* Items on the 1120-S, Schedule K-1 but not on the 1065, Schedule K-1.

Ownership Interest: \_\_\_\_\_ %

34221192

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CLASSROOM TEACHER  
EXPENSES CREDIT**

dor.sc.gov

Name	SSN
TEST I WHY	400-00-5101

- Are you a South Carolina classroom teacher?  
If you answered **NO, STOP. You do not qualify for this credit.** Yes  No
- Were you fully reimbursed for your teacher supplies and materials?  
If you answered **YES, STOP. You do not qualify for this credit.** Yes  No
- Amount you spent on teacher supplies and materials on or after July 1, 2020 . . . . . 3. \$ 2,500
- Maximum credit amount . . . . . 4. \$ 275.00
- Enter the lesser of line 3 or line 4 . . . . . 5. \$ 275
- Amount of any reimbursement from the school or district . . . . . 6. \$ \_\_\_\_\_
- Allowable credit** (subtract line 6 from line 5) Do not enter an amount less than \$0 . . . . . 7. \$ 275  
Enter this amount on SC1040, line 22c.

**INSTRUCTIONS**

A South Carolina classroom teacher, including a classroom teacher at a South Carolina private school, who is not eligible for the teacher supplies reimbursement under a Budget Proviso, may claim a refundable credit on their 2020 Individual Income Tax return for qualifying expenses made on or after July 1, 2020.

The credit must be claimed on an original or amended SC1040, Individual Income Tax Return, **filed by June 30, 2021.**

The credit amount is \$275 or the amount you spent on teacher supplies and materials, whichever is less. The SCDOR may require verification of the credit claimed.

Include this completed form with the filing of your SC1040.

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

**The Family Privacy Protection Act**

Under the Family Privacy Protection Act, the collection of personal information from citizens by the SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.


 STATE OF SOUTH CAROLINA  
 DEPARTMENT OF REVENUE

**2020 MOTOR FUEL INCOME TAX CREDIT**
**I-385**  
 (Rev. 10/20/20)  
 3722

dor.sc.gov

Name TEST I WHY

SSN/FEIN 400-00-5101

**PART I - VEHICLE INFORMATION**

Vehicle 1		Vehicle 2	
Registered owner's name	WHY KNOTT	Registered owner's name	
Make	TRUCK	Make	
Model	FORD	Model	
Year	2010	Year	
SC license plate #	YZW0001	SC license plate #	
For a truck, is the empty weight 9,000 pounds or less and the gross weight 11,000 pounds or less? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, truck does not qualify for the credit		For a truck, is the empty weight 9,000 pounds or less and the gross weight 11,000 pounds or less? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, truck does not qualify for the credit	
Is the vehicle registered in the name of a sole proprietorship or disregarded LLC? If yes, check the box. <input checked="" type="checkbox"/>		Is the vehicle registered in the name of a sole proprietorship or disregarded LLC? If yes, check the box. <input type="checkbox"/>	
Did this vehicle replace a trade-in or totaled vehicle? If yes, check the box. <input type="checkbox"/>		Did this vehicle replace a trade-in or totaled vehicle? If yes, check the box. <input type="checkbox"/>	

**PART II - PREVENTATIVE MAINTENANCE COSTS INCURRED IN SOUTH CAROLINA**

(round to nearest whole dollar)

	Vehicle 1 - Maintenance costs	Vehicle 2 - Maintenance costs
1. New tires	\$ 1,000 .00	\$ .00
2. Oil changes	\$ 500 .00	\$ .00
3. Regular maintenance	\$ 750 .00	\$ .00
4. Other	\$ 800 .00	\$ .00
<b>5. Total (add line 1 through line 4)</b>	<b>\$ 3,050 .00</b>	<b>\$ .00</b>

**PART III - INCREASE IN SOUTH CAROLINA MOTOR FUEL USER FEE**

	Vehicle 1 - User fee increase	Vehicle 2 - User fee increase
6. Number of gallons of fuel purchased in SC	2,500	
7. Average motor fuel user fee increase for 2020	\$0.07	\$0.07
<b>8. Total (multiply line 6 by line 7)</b>	<b>\$ 175 .00</b>	<b>\$ .00</b>

**PART IV - MOTOR FUEL INCOME TAX CREDIT COMPUTATION**

Vehicle 1		Vehicle 2	
9. Lesser of line 5 or line 8	\$ 175 .00	Lesser of line 5 or line 8	\$ .00
10. Credit Adjustment Factor for 2020	1.000	Credit Adjustment Factor for 2020	1.000
<b>11. Total vehicle credit (multiply line 9 by line 10)</b>	<b>\$ 175 .00</b>	<b>Total vehicle credit (multiply line 9 by line 10)</b>	<b>\$ .00</b>
<b>12. Total Motor Fuel Income Tax Credit (add line 11 from Vehicle 1 and Vehicle 2)</b>		<b>\$ 175 .00</b>	

Do not mail the I-385 separately. Attach to your Income Tax return