



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

SC1040 (Rev. 10/14/20) 3075

dor.sc.gov

| Check if deceased |
|----------------------|
| |
| Check if deceased |
| |
| |



| For the year January 1 - | December 31, 2020, or fiscal tax year beginning | | 2020 and ending | _,2021 | |
|---|---|----------------------------|--|----------------------|--|
| First name and middle initial | | | Last name | | Suffix |
| TEST U | | | GRASS | | |
| Spouse's first name, if married | filing jointly | | Last name | | Suffix |
| MAY B | | | GRASS | | |
| Check if new address | Mailing address (number and street, PO Box) 74131 FESCUE DR | | | | County code |
| City | , 1101 110001 DR | State | ZIP | Daytime phone number | |
| FAIRFAX | | SC | 29827 | 803-898-5 | |
| Check if address is outside US | Foreign country address including postal code | | 27027 | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| Check this box only S Corporation. D Check this box if you | a are a part-year or nonresident filing an SC Schedu of you are filing a composite return on behalf of a Pa o not check this box if you are an individual have filed a federal or state extension served in a military combat zone during the filing p bat zone: | rtnership o | r • • • • • • • • • • • • • • • • • • | | · · · · · · · ► □ |
| CHECK YOUR FEDERAL FILING STA | | ed filing se of househo | parately - enter spouse's old (5) | SSN: g widow(er) | |
| Number of dependents of Number of taxpayers ag | laimed on your 2020 federal retum | ember 31, | | | ► 1 |
| DEPENDENTS | | | | | |

| First name | Last name | Social Security Number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|-----------|------------------------|--------------|----------------------------|
| TIMOTHY | GRASS | 400-55-5133 | SON | 03/15/2015 |
| MARY | GRASS | 400-55-5143 | DAUGHTER | 08/07/2007 |
| DAVID | GRASS | 400-55-5153 | SON | 12/25/2005 |
| SUSAN | GRASS | 400-55-5163 | DAUGHTER | 04/12/2003 |



GRASS

| INCOME AND ADJUSTMENTS Your SSN 400-00-5107 | | | | | 2 | 020 | |
|---|---|--------------|-------------|------|----|----------|------|
| 1 | Enter federal taxable income from your federal form. If zero or less, enter zero here | | | | | Dollars | |
| | Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below . | | | ► · | 1 | 70,300 | 00 |
| AD | DDITIONS 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 | Total additions (add line a through line e) | | | ▶ 2 | 2 | | 00 |
| 3 | Add line 1 and line 2 and enter the total here | | | : | 3 | 70,300 | 00 |
| รเ | IBTRACTIONS 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: 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) ► | 1 | | 00 | | | |
| | m Interest income from obligations of the US government | m | | 00 | | | |
| | n Certain nontaxable National Guard or Reserve pay | n | | 00 | | | |
| | • Social Security and/or railroad retirement, if taxed on your federal returm | 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 | | | |
| | p-3 Surviving spouse (date of birth of deceased spouse:) ► | p-3 | | 00 | | | |
| | Military Retirement Deduction (see instructions) | P - | | | | | |
| | p-4 Taxpayer (date of birth: $01-01-1952$) | p-4 | 20,000 | 00 | | | |
| | p-5 Spouse (date of birth: $08-22-1967$) | p-5 | 15,000 | | | | |
| | p-6 Surviving spouse (date of birth of deceased spouse:) ► | p-6 | 10,000 | 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 | 4,260 | | | | |
| | u Consumer Protection Services | u | 17200 | 00 | | | |
| | v Other subtractions (see instructions) OTHER. | v | 1,000 | | | | |
| | w South Carolina Dependent Exemption (see instructions) | w | 25,560 | | | | |
| 4 | Total subtractions (add line f through line w) | | | | 4 | < 65,820 | 00 - |
| 5 | Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount | ۰۰ t from | Schedule NR | Ē | - | - 00,020 | |
| 5 | line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SU | | , | | 5 | 4,480 | 00 |
| 6 | TAX on your South Carolina Income Subject to Tax (see SC1040TT) ► | 6 | 42 | | _ | 1,100 | |
| 7 | TAX on your South Carolina income Subject to Tax (see SC104011) | 7 | 12 | 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 | | | |
| | Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLIN | | X | | 10 | 42 | 00 |
| | 5 | | · · · · · | | | 1 | |

| | | | |
|--|------|------|--|

 $V_{0,\text{III}} = SSN = 400 - 00 - 5107$

Page 3 of 3 2020

| GRASS | | | Your SSN | 400- | 00-51 | 10 | 7 | 2 | 020 |
|--------------------|--|---------------------------------|--------------------|--------------|--------------|-----|--------------|-------------------|-----|
| | INDABLE CREDITS | | | | | | | | |
| | d Dependent Care (see instructions) | | . 🕨 11 | | 94 | 00 | | | |
| | ge Earner Credit (see instructions) (| | | | 120 | | | | |
| 13 Other no | onrefundable credits. Attach SC1040TC and | d other state returns . | . ► 13 | | | 00 | | | |
| 14 Total no | onrefundable credits (add line 11 through | line 13) | | | | | 14 | 214 | 00 |
| 15 Subtract | line 14 from line 10 and enter the difference | e. If less than zero, enter | r zero here | ə | | | 15 | 0 | 00 |
| PAYMENT | S AND REFUNDABLE CREDITS | | | | | | | | |
| 16 SC inco | me tax withheld (attach W-2 or SC41) | | . 🕨 16 | 1 | ,725 | 00 | | | |
| | timated Tax Payments | | | | | 00 | | | |
| | paid with extension | | | | | 00 | | | |
| | dent sale of real estate | | | | | 00 | | | |
| | C withholding (attach 1099) | | | | | 00 | | | |
| | ax credit (attach I-319) | | . 🕨 21 | | | 00 | | | |
| | fundable credits: | | | | | | | | |
| | nydrous Ammonia (attach I-333) | | | | | 00 | | | |
| | k Credit (attach I-334) | | | | | 00 | | | |
| | ssroom Teacher Expenses (attach I-360) | | | | | 00 | | | |
| | ental Refundable Credit (attach I-361) | | | 1 | | 00 | | | |
| 22e Mo | tor Fuel Income Tax Credit (attach I-385) . | | . ⊳ 22e | • | | 00 | | | |
| | fundable credits (add line 22a through line | | | | | • | 22 | | 00 |
| | ED RETURN: Use Schedule AMD for line | | | | | - | | | |
| | 16 through line 22 and enter the total here | | • | | | - H | 23 | 1,725 | |
| | is larger than line 15, subtract line 15 from | | | t | | · . | 24 | 1,725 | |
| 25 If line 15 | is larger than line 23, subtract line 23 from | line 15 and enter the am | ount due | | | . [| 25 | | 00 |
| | ED RETURN: Enter the amount from line | | | from lin | | | e 31. | | |
| | X due on online, mail-order, or out-of-state | - | | | 139 | 00 | | | |
| | is based on your county's Sales Tax rate. | | information | on. | | | | | |
| - | rtify that no Use Tax is due, check here | | | | | | | | |
| | of line 24 to be credited to your 2021 Estim | | | | | 00 | | | |
| | ontributions for Check-offs (attach I-330) . | | | | 35 | 00 | | | |
| | 26 through line 28 and enter the total here | | | | • • • • | • | 29 | 174 | 00 |
| 30 If line 29 | is larger than line 24, go to line 31. Otherw | vise, subtract line 29 from | n line 24 a | nd enter | the | | | | |
| amount | to be refunded to you (line 30a check box e | entry is required) | This is | your RE | FUND 🖡 | | 30 | 1,551 | 00 |
| REFUN | D OPTIONS (subject to program limitations |) | | | | | | 1,001 | |
| 30a Ma | rk one refund choice: ► 🗍 Direct Deposit (3 | 0b required) 🕨 🗌 Debi | t Card | ► X Pa | aper Chec | :k | | | |
| | ect Deposit (for US accounts only) Type | | Savings | | | | | | |
| | uting Number (RTN) | | 9 digits. The | first two nu | mbers of th | e | | | |
| | | RTN mu | st be 01 thro | ugh 12 or 2 | | | | | |
| Bai | hk Account Number (BAN) ► | | | | 1-17 dig | its | | | |
| 31 Add line 2 | 5 and line 29. If line 29 is larger than line 24, subt | ract line 24 from line 29, ente | r the total. | This is you | r tax due | | 31 | | 00 |
| 32 Late filing | and/or late payment: Penalties In | terest | | Enter tot | al here 🕨 | • [| 32 | | 00 |
| 33 Penalty | or Underpayment of Estimated Tax (attach | SC2210) | | | | | | | |
| - | ception code from instructions here if applic | - | | | 🕨 | • | 33 | | 00 |
| 34 Add line | 31 through line 33 and enter the total here. | This | s is your B | ALANCE | | • [| 34 | | 00 |
| | - | | • | | | | | | |
| | | ree tax portal, MyDORV | | - | | | | | |
| | at this return and all attachments are true, c payer, this declaration is based on all inforr | | | | | pr | epare | d by a person oth | her |
| | payer, this declaration is based on all infor | | | - | - | | 1 - 1 - 4h - | | |
| Your signature | | Date | Spouse's | signature (i | i married fi | ung | jointly, | BOTH must sign) | |
| Lauthorizo the Di- | ector of the SCDOR or delegate to discuss this return, | | Prepararl | s printed na | me | | | | |
| | - | Yes No 🛛 | | s huuren 119 | | | | | |
| Paid | related tax matters with the preparer. Preparer | Date | Check if se | lf- | PTIN | | | | |
| Preparer's | Signature | | employed | " | | | | | |
| Use | Firm name (or yours if self- | | | | FEIN | | | | |

employed), address, ZIP Phone Only 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

*****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.

Beginning in 2019, the multiplier used in computing the Two Wage Earner Credit increases by \$3,333.00 each year until fully phased-in for tax year 2023. For 2020, the credit is computed at .007 of the lesser of \$40,000 or the South Carolina qualified earned income of the spouse with the lower South Carolina qualified earned income for the taxable year.

Example - You earned a salary taxed to South Carolina of \$40,000. 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 \$40,000 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.

| Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1 or federal form | (a) You | (b) Your Spouse |
|---|-------------|-----------------|
| (Do not include pensions or annuities.) | 45,100 | 17,500 |
| 2. Net profit or (loss) from self-employment (from Schedule C and on | <u>.</u> | <u>.</u> |
| Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina. | 0 | 0 |
| 3. Add lines 1 and 2. This is your total earned income taxed to SC. | 45,100 | 17,500 |
| South Carolina qualified earned income. This is the amount on which the credit is based. Com subtracting certain adjustments from South Carolina earned income. The adjustments are: Deductible part of self-employment tax Self-employed SEP, simple, and qualified plans Self-employed health insurance deduction IRA deduction Repayment of sub-pay | npute it by | |
| 4. Add the adjustment amounts entered on federal Form 1040. 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. | 800 | 400 |
| 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. | 44,300 | 17,100 |
| Compute the credit. | | |
| 6. Enter the smaller of 5(a) or 5(b). Do not enter more than \$40,000. | | 17,100 |
| Multiply the amount on line 6 by .007. Do not enter more than \$280. Enter the amount here and on SC1040, line 12. | | 120 |



| | dor.sc.gov | | I-330 (Rev. 7/23/19) 3384 | |
|-----|---------------------|--|--|-------|
| NAM | - | 2020 CONTRIBUTIONS FOR CHECK-OFFS | SSN | |
| | _ | | | |
| TE | | Y B GRASS 400 titions to the following organizations when you file your SC1040. | -00-5107 | |
| 100 | | | | |
| 1. | Endangered Wild | life Fund | Dollars | 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 | | 1 | 00 |
| 6. | | School Readiness Fund | 1 | 00 |
| 7. | War Between the | States Heritage Trust Fund | 1 | 00 |
| 8. | SC Litter Control I | Enforcement Program | 1 | 00 |
| 9. | SC Law Enforcen | nent Assistance Program | 1 | 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 of | f Natural Resources Fund | 5 | 00 |
| 17. | SC Association of | Habitat Affiliates | 1 | 00 |
| 18. | SC Department o | f Archives and History | 2 | 00 |
| 19. | Total Contribution | s. Add Lines 1-17. Enter the total on Line 28 of SC1040 | 35 | 00 |

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.

33841198