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

First name and middle initial | Last name | Suffix
Spouse's first name, if married filing jointly | Last name | Suffix

Check if new address | Mailing address (number and street, PO Box) | County code
City | State | Zip | Daytime phone number with area code

Check if address is outside US | Foreign country address including postal code

• 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 .......................................................... □
Name of the combat zone: _________________________________
• Check this box if this return is affected by a federally declared disaster area .......................................................................................... □
Name of the disaster area: _________________________________

CHECK YOUR FEDERAL FILING STATUS
(1) □ Single (3) □ Married filing separately - enter spouse’s SSN: __________________
(2) □ Married filing jointly (4) □ Head-of-household (5) □ Widow(er) with dependent child

Number of dependents claimed on your 2018 federal return .......................................................... ▴ ▴ ▴ ▴
Number of dependents listed above that were under the age of 6 years on December 31, 2018 .................. ▴ ▴ ▴ ▴
Number of taxpayers age 65 or older, as of December 31, 2018 .......................................................... ▴ ▴ ▴ ▴

DEPENDENTS

First name | Last name | Social Security Number | Relationship | Date of birth (MM/DD/YYYY)
--- | --- | --- | --- | ---

Your Social Security Number | Check if deceased □
Spouse’s Social Security Number | Check if deceased □
### INCOME AND ADJUSTMENTS 2018

#### Enter federal taxable income from your federal form. If zero or less, enter zero here.

<table>
<thead>
<tr>
<th></th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>00</td>
</tr>
</tbody>
</table>

Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below.

#### ADDITIONS TO FEDERAL TAXABLE INCOME

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>State tax addback, if itemizing on federal return (see instructions)</td>
</tr>
<tr>
<td>b</td>
<td>Out-of-state losses. Type: _________________</td>
</tr>
<tr>
<td>c</td>
<td>Expenses related to National Guard and Military Reserve Income</td>
</tr>
<tr>
<td>d</td>
<td>Interest income on obligations of states and political subdivisions other than South Carolina</td>
</tr>
<tr>
<td>e</td>
<td>Other additions to income. Attach explanation. (see instructions)</td>
</tr>
</tbody>
</table>

1 Add lines a through e and enter the total here. These are your total additions.

2 | 00 |

#### SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>f</td>
<td>State tax refund, if included on your federal return</td>
</tr>
<tr>
<td>g</td>
<td>Total and permanent disability retirement income, if taxed on your federal return</td>
</tr>
<tr>
<td>h</td>
<td>Out-of-state income/gain (do not include personal service income)</td>
</tr>
<tr>
<td></td>
<td>Check type of income/gain: [ ] Rental [ ] Business [ ] Other</td>
</tr>
<tr>
<td>i</td>
<td>44% of net capital gains held for more than one year</td>
</tr>
<tr>
<td>j</td>
<td>Volunteer deductions (see instructions) Type: _____________________</td>
</tr>
<tr>
<td>k</td>
<td>Contributions to the SC College Investment Program (&quot;Future Scholar&quot;) or the SC Tuition Prepayment Program</td>
</tr>
<tr>
<td>l</td>
<td>Active Trade or Business Income deduction (see instructions)</td>
</tr>
<tr>
<td>m</td>
<td>Interest income from obligations of the US government</td>
</tr>
<tr>
<td>n</td>
<td>Certain nontaxable National Guard or Reserve pay</td>
</tr>
<tr>
<td>o</td>
<td>Social Security and/or railroad retirement, if taxed on your federal return</td>
</tr>
<tr>
<td>p</td>
<td>Retirement Deduction (see instructions)</td>
</tr>
<tr>
<td></td>
<td>Taxpayer date of birth: _________________</td>
</tr>
<tr>
<td></td>
<td>Spouse date of birth: _________________</td>
</tr>
<tr>
<td></td>
<td>Surviving spouse date of birth of deceased spouse: _________________</td>
</tr>
<tr>
<td></td>
<td>Military Retirement Deduction (see instructions)</td>
</tr>
<tr>
<td></td>
<td>Taxpayer date of birth: _________________</td>
</tr>
<tr>
<td></td>
<td>Spouse date of birth: _________________</td>
</tr>
<tr>
<td></td>
<td>Surviving spouse date of birth of deceased spouse: _________________</td>
</tr>
<tr>
<td>q</td>
<td>Age 65 and older deduction (see instructions)</td>
</tr>
<tr>
<td></td>
<td>Taxpayer date of birth: _________________</td>
</tr>
<tr>
<td></td>
<td>Spouse date of birth: _________________</td>
</tr>
<tr>
<td>r</td>
<td>Negative amount of federal taxable income</td>
</tr>
<tr>
<td>s</td>
<td>Subsistence allowance _____ days @ $8.00</td>
</tr>
<tr>
<td>t</td>
<td>Dependents under the age of 6 years on December 31 of the tax year</td>
</tr>
<tr>
<td>u</td>
<td>Consumer Protection Services</td>
</tr>
<tr>
<td>v</td>
<td>Other subtractions (see instructions)</td>
</tr>
<tr>
<td>w</td>
<td>South Carolina Dependent Exemption (see instructions)</td>
</tr>
</tbody>
</table>

4 Add lines f through w and enter the total here. These are your total subtractions.

4 | 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 SOUTH CAROLINA INCOME SUBJECT TO TAX.

5 | 00 |

6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) | 6 |
6 | 00 |

7 TAX on Lump Sum Distribution (attach SC4972) | 7 |
7 | 00 |

8 TAX on Active Trade or Business Income (attach I-335) | 8 |
8 | 00 |

9 TAX on excess withdrawals from Catastrophe Savings Accounts | 9 |
9 | 00 |

10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX.

10 | 00 |
NON-REFUNDABLE CREDITS 2018

11 Child and Dependent Care (see instructions) ................................................. 11 00
12 Two Wage Earner Credit (see instructions) .................................................. 12 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 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here ................................................. 15 00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41) ............................................. 16 00
17 2018 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 form 1099) ...................................................... 20 00
21 Tuition tax credit (attach I-319) ..................................................................... 21 00
22 Other refundable credit(s):

22a Anhydrous Ammonia (attach I-333) ............................................................. 22a 00
22b Milk Credit (attach I-334) ............................................................................. 22b 00
22c Classroom Teacher Expenses (attach I-360) .............................................. 22c 00
22d Parental Refundable Credit (attach I-361) .................................................. 22d 00
22e Motor Fuel Income Tax Credit (attach I-385) .............................................. 22e 00

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 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment ................................................. 24 00
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 ..................... 26 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 ................................................. 26 00
27 Amount of line 24 to be credited to your 2019 Estimated Tax ...................... 27 00
28 Total Contributions for Check-offs (attach I-330) .......................................... 28 00
29 Add lines 26 through 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) ................................................. 30 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

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 Penalties 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 Spouse's signature (if married filing jointly, BOTH must sign)

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 □ No □ Preparer's printed name

Paid Preparer's Use Only
Preparer's Signature Date Check if self-employed □ PTIN
Firm name (or yours if self-employed), address, Zip code 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