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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 7/16/19)
3084

For the calendar year 2019 or Fiscal Taxable Year Beginning and ending **2019**

Name of estate or trust **CHIEF OSCEOLA** FEIN **25-9999999**

Name and title of fiduciary **JONATHAN P ROSS** Mailing address **10 FT MOULTIE HWY** City **CHARLESTON** State **SC** ZIP **29402-1299** County Code **Richland/Col**

ATTACH COPY OF FEDERAL FORM 1041 AND ALL SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: Yes

A. Check all that apply: <input type="checkbox"/> Address change <input type="checkbox"/> Simple trust <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Final return <input type="checkbox"/> Estate <input type="checkbox"/> Grantor trust <input type="checkbox"/> Electing small business trust		B. Trusts - check if: <input type="checkbox"/> Testamentary <input checked="" type="checkbox"/> Inter vivos		C. Check if: <input checked="" type="checkbox"/> Resident estate or trust <input type="checkbox"/> Nonresident estate or trust		D. Was the final distribution of assets been made during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ Yes or ☒ No If yes, attach copy.
 F. Is a federal Schedule K-1 attached for each beneficiary? ☒ Yes or ☐ No If yes, how many? 1 If no, attach explanation.

If a nonresident estate or trust with income from both South Carolina and non South Carolina sources, complete and attach Part III, page 3 of SC1041.

1. Federal Taxable Income (Residents: Federal 1041; Nonresidents: Part III, line 22, column D)	1	430,308	00
2. Federal fiduciary exemption included in line 1 above	2	100	00
3. South Carolina modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)	3		00
4. Fiduciary's share of SC fiduciary adjustment (from Part II, line 1i) <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Subtraction	4	184,200	00
5. Net (add lines 1 through 4)	5	246,208	00
6. South Carolina fiduciary exemption (see instructions)	6	100	00
7. South Carolina taxable income (subtract line 6 from line 5)	7	246,108	00
8. South Carolina tax (see instructions for tax computation schedule)	8	16,713	00
9. Tax on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335)	9		00
10. Less nonrefundable credits (attach SC1040TC)	10	410	00
11. Add lines 8-10 and enter the results but not less than zero	11	16,303	00
12. South Carolina income tax withheld for nonresident beneficiaries (from Part IV)	12		00
13. Total tax (add lines 11 and 12)	13	16,303	00
14. Amount paid with: (a) Extension <input type="checkbox"/> 7,694 00 (b) SC withholding <input type="checkbox"/> 8,000 00 Enter total	14	15,694	00
15. Estimated Tax Payments and Refundable Tax Credit SEE STMT 1	15		00
(a) Estimated Tax payments	15a		00
(b) Amount applied from 2018 return	15b		00
(c) Motor Fuel Income Tax Credit	15c		00
Total (add lines 15a through 15c)	15		00
16. Total payments (add lines 14 and 15)	16	15,694	00
17. Overpayment (subtract line 13 from line 16)	17		00
18. Late filing and/or late payment: penalties <input type="checkbox"/> 00 interest <input type="checkbox"/> 00 Enter total here	18		00
19. Penalty for underpayment of Estimated Tax (Attach SC2210)	19	240	00
20. Balance (subtract line 16 from line 13. Add lines 18 and 19, if applicable) Pay in full to SCDOR BALANCE DUE	20	849	00
21. Amount of line 17 to be credited to 2020 Estimated Tax	21		00
22. Net refund (subtract line 21 from line 17 and enter the amount to be refunded) REFUND	22		00

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.
 Sign Here Signature of fiduciary or officer representing fiduciary Date JuneBug@email.com Taxpayer's email

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes ☒ No ☐ Preparer's printed name **JEREMIAH GILLET**

Paid Preparer's signature **JEREMIAH GILLET** Date **12/11/19** Check if self-employed ☒ Preparer's phone number **800-968-8900**

Use Only Firm's name (or yours if self-employed) **AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA** PTIN or **P12345678**
 Address **AADDRESSADDRESSADDRESSADDRESSADDRESSADDA** FEIN **48130-1234**
 City **ACITYCITYCITYCITYCIA, MI** ZIP

**Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT**

		Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:		
a. State and local interest	1a	
b. State or local taxes measured by income deducted on the federal return	1b	8,000
c. Federal net operating loss carryover	1c	1,000
d. Out-of state losses	1d	
e. Other additions to income (see instr.) - Attach an explanation	1e	
f. Total additions to federal income (add lines 1a through 1e)		1f 9,000
2. Subtractions from federal taxable income		
a. Interest on US obligations	2a	
b. State Income Tax refunds reported as income on federal return	2b	
c. South Carolina net operating loss carryover (attach schedule) SEE STMT 2	2c	400
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	
e. Other subtractions from income (see instr.) - Attach an explanation SEE STMT 3	2e	192,800
f. Total subtractions from federal taxable income (add lines 2a through 2e)		2f 193,200
3. Total (subtract line 2f from line 1f)		3 -184,200
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)		4
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition <input type="checkbox"/> or Subtraction <input checked="" type="checkbox"/>		5 184,200

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina fiduciary adjustment. It is allocated among all beneficiaries and the fiduciary in the same ratio as their relative shares of federal distributable net income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries.		Shares of Federal Distributable Net Income		4. Shares of South Carolina Fiduciary Adjustment Addition or Subtraction <input type="checkbox"/> <input checked="" type="checkbox"/>
	Social Security Number	2. Amount	3. Percent	
a. JUNE BUG	<input checked="" type="checkbox"/> 012-15-1222		%	
b.			%	
c.			%	
d.			%	
e.			%	
f.			%	
g.			%	
h.			%	
i. Fiduciary		430,408	100.0000 %	184,200
Totals		430,408	100%	184,200

COLUMN 2 - Total federal distributable net income must be equal to the federal 1041, Schedule B, line 7.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina fiduciary adjustment from Part I, line 5 as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4 whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income or if the percentages do not agree with the relative shares indicated on the federal 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on page 1, line 4.



CHIEF OSCEOLA 25-9999999
FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS
WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM
SOUTH CAROLINA SOURCES

Page 3

A. These items correspond to page 1 of the federal 1041.		B. Total income as reported on federal 1041	C. Portion of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income			
	2. Dividends			
	3. Business income or (loss)			
	4. Capital gain or (loss)			
	5. Rents, royalties, partnerships, other estates and trusts, etc.			
	6. Farm income or (loss)			
	7. Ordinary gain or (loss)			
	8. Other income	438,408	245,608	
	9. Total income (combine lines 1 through 8)	438,408	245,608	
DEDUCTIONS	10. Interest			
	11. Taxes	8,000		
	12. Fiduciary fees			
	13. Charitable deduction			
	14. Attorney, accountant, and return preparer fees			
	15a. Other deductions NOT subject to the 2% floor			
	15b. Net operating loss deduction			
	16. Total (add lines 10 through 15b)	8,000		
	17. Subtract line 16 from line 9	430,408	245,608	
	18. Distributions to beneficiaries			
19. Federal Estate Tax (fiduciary)				
19. Federal Estate Tax (beneficiary)				
20. Exemption	100			
21. Total (add lines 18 through 20)	100			
22. Taxable income (subtract line 21 from line 17)	430,308	245,608		
23. Total percent of all nonresident beneficiaries (from Part II, page 2)			%	
24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)				

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (Part III, line 4, column C x column B)	D. South Carolina ordinary income (Part III, line 22, column C less capital gains x Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D, and column E x 7%)
a. June Bug 012-15-1222					
b.					
c.					
d.					
e.					
TOTALS	%				

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on federal 1041	1	
2. Ratio of total South Carolina income (Part III, line 9, column D) to total federal income (Part III, line 9, column B)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2) Enter on page 1, line 6	3	29

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2019 TAX CREDITS

SC1040TC

(Rev. 10/15/19)
3913

Name

Social Security Number

CHIEF OSCEOLA

25-9999999

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 u	\$.00
2. Carryover of unused qualified credits	2. 101 u	\$.00
3. Excess Insurance Premium Credit	3. 044 u	\$.00
4. New Jobs Credit	4. 004 u	\$.00
5. Qualified Conservation Contribution Credit	5. 019 u	\$.00
6. <u>ALTERNATIVE MOTOR VEHICLE CREDIT</u>	6. u 035 u	\$ 410.00
7.	7. u	\$.00
8.	8. u	\$.00
9.	9. u	\$.00
10.	10. u	\$.00
11.	11. u	\$.00
12.	12. u	\$.00
13.	13. u	\$.00
14.	14. u	\$.00
15.	15. u	\$.00
16. Total nonrefundable tax credits. (add line 1 through line 15)	16. u	\$ 410.00
17. Enter the tax from SC1040, line 10	17.	\$ 16,713.00
18. Enter the lesser of line 16 or 17	18.	\$ 410.00

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.

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**ALTERNATIVE MOTOR
VEHICLE CREDIT**

SC SCH.TC-35

(Rev. 8/12/19)

3427

20_____

Name

SSN or FEIN

CHIEF OSCEOLA

25-9999999

Year

Vehicle make and model

2012

Chevy Volt

- | | |
|---|--------------------------|
| 1. Date vehicle was placed in service (MM-DD-YYYY) | 1. <u>11 - 27 - 2018</u> |
| 2. Federal credit before phaseout | 2. <u>2,000</u> |
| 3. Multiply line 2 by 20% (0.20) | 3. <u>400</u> |
| 4. Amount of unused credit carried forward from previous tax years | 4. <u>10</u> |
| 5. Add lines 3 and 4 | 5. <u>410</u> |
| 6. Your current tax year liability | 6. <u>1,206</u> |
| 7. Enter the lesser of line 5 or line 6. This is your current year credit. Enter this amount on the appropriate tax credit schedule | 7. <u>410</u> |
| 8. Subtract line 7 from line 5. Unused credits may be carried forward for five years | 8. _____ |

INSTRUCTIONS

For tax years beginning after 2005, a South Carolina resident who meets the requirements for the federal credit allowed under Internal Revenue Code (IRC) section 30B is eligible for a credit against South Carolina Corporate or Individual Income Tax for 20% of the federal credit amount before the phaseout. The credit in section 30B applies to: (1) qualified fuel cell vehicles; (2) advanced lean burn technology vehicles; (3) qualified hybrid vehicles; and (4) qualified alternative fuel vehicles. The credit does not apply to plug-in hybrid vehicles or all-electric vehicles.

Manufacturers or domestic distributors of eligible vehicles are required to provide documents certifying the specific vehicle (make, model, and year) meets the IRC 30B requirements. The federal credit amount without the phaseout must be included.

The South Carolina credit is calculated without using the phaseout in section 30B(f). Your car manufacturer or domestic distributor can provide the federal credit amount before the phaseout. Any unused portion of the South Carolina credit may be carried forward for the next five tax years. The federal provisions are deemed to be permanent law for purposes of the South Carolina credit.

If you file by paper, attach to your Income Tax return. If you file electronically, keep a copy with your tax records.

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.

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BENEFICIARY 1

NO ADJUSTMENTS / TAXABLE INCOME

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**BENEFICIARY'S SHARE OF SOUTH CAROLINA
INCOME, DEDUCTIONS, CREDITS, ETC.**

SC1041 K-1
(Rev. 5/29/19)
3516

For calendar year 2019 or tax year beginning and ending

Beneficiary's identifying number } 012-15-1222 Estate or trust's FEIN } 25-9999999

Beneficiary's name, address and ZIP

JUNE BUG
10190 IOSCO RD
FOWLERVILLE MI 48836

Estate or trust's name, fiduciary's name, address and ZIP

CHIEF OSCEOLA
JONATHAN P ROSS
10 FT MOULTIE HWY
CHARLESTON SC 29402-1299

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☒ Nonresident

Beneficiary's Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	1	1	1	1
	2 Dividends	2	2	2	2
	3 Net short-term capital gain	3	3	3	3
	4 Net long-term capital gain	4	4	4	4
	5 Other portfolio and nonbusiness income	5	5	5	5
	6 Ordinary business income	6	6	6	6
	7 Net rental real estate income	7	7	7	7
	8 Other rental income	8	8	8	8
Deductions	9 Directly apportioned deductions ...	9	9	9	9
	10 Estate Tax deduction	10	10	10	10
	11 Final year deductions	11	11	11	11
12 Withholding Tax for nonresident beneficiary (See SC1041 K-1 Instructions)					12
List applicable South Carolina tax credits. (Attach an additional sheet if needed.)					
Credits	13				13
	14				14
	15				15
	16				16
	17 Total South Carolina tax credits				17

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INSTRUCTIONS FOR SC1041 K-1

General purpose - SC1041 K-1 is prepared by the estate or trust to show each beneficiary's share of the entity's income. Each item of income is adjusted as required by South Carolina law and allocated or apportioned to South Carolina or to states other than South Carolina.

Column A, lines 1 through 11 - Enter amounts from the federal Schedule K-1.

Column B, lines 1 through 11 - Enter the beneficiary's share of plus or minus South Carolina adjustments to federal taxable income (loss). See SC1041 instructions at dor.sc.gov/forms.

Column C, lines 1 through 11 - Enter the beneficiary's share of income (loss) or deductions allocated or apportioned to states other than South Carolina. See SC1041 instructions at dor.sc.gov/forms.

Column D, lines 1 through 11 - Enter the beneficiary's share of income (loss) or deductions allocated or apportioned to South Carolina.

Line 12 - Estates or trusts are required to withhold 7% of the South Carolina taxable income of nonresident beneficiaries. Estates or trusts must provide nonresident beneficiaries a federal **1099 MISC with "South Carolina Only"** written at the top showing respective amounts of income and tax withheld. Enter the Withholding Tax amount on line 12.

Line 13 through 16 - List the beneficiary's share of applicable South Carolina credits.

Instructions for Estate or Trust - Include SC1041 K-1 with your SC1041 Fiduciary Income Tax Return. Provide an SC1041 K-1 to each beneficiary.

Instructions for Beneficiary - If filing a paper return, attach to your Income Tax Return. If filing electronically, keep with your records.

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.

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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.

South Carolina Statements**Statement 1 - Form SC1041, Page 1, Line 14 - Extension Payment and Other Credits**

Description	Amount
Extension Payment	\$ 7,694
South Carolina Income Tax Withheld	8,000
Total	\$ 15,694

Statement 2 - Form SC1041, Page 2, Part I, Line 2c - South Carolina NOL Carryforward

Description	Amount
SC NOL	\$ 400
Total	\$ 400

Statement 3 - Form SC1041, Page 2, Part I, Line 2e - Other Subtractions from Income

Description	Amount
Non-South Carolina Other Portfolio Income	\$ 192,800
Total	\$ 192,800

Form 1041	South Carolina Financial Transaction Record	2019
For calendar year 2019, or tax year beginning _____, and ending _____		
Name <u>CHIEF OSCEOLA</u>		Employer Identification Number <u>25-9999999</u>

Electronic Funds Withdrawal or Direct Deposit

This record is included with the South Carolina electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal or who choose to have their refund deposited directly into their bank account

Electronic Funds Withdrawal (Direct Debit)	<input checked="checked" type="checkbox"/>
Direct Deposit of Refund	<input type="checkbox"/>
Routing Transit Number	<u>021000021</u>
Bank Account Number	<u>9399339</u>
Type of Account	<u>CHECKING</u>
Taxpayer Phone Number	
Requested Payment Date	<u>05/15/20</u>
Amount of Tax Payment	<u>849</u>
Refund to be Deposited	

DO NOT SUBMIT THIS DOCUMENT TO THE SOUTH CAROLINA DEPARTMENT OF REVENUE