

Check if

deceased

# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040

(Rev. 9/16/19) 3075

dor.sc.gov

Your Social Security Number

400-00-5102 Spouse's Social Security Number	Check if deceased				
For the year January 1 - December 31, 20	19, or fiscal tax year l	beginning	_,2019 and ending	,2020	
First name and middle initial TEST N			Last name ERTIA		Suffix
Spouse's first name, if married filing jointly			Last name		Suffix
	ber and street, PO Box)  D BACK WAY			12B	County code
COLUMBIA		State SC	zip 29211	Daytime phone numb	
Check if address Foreign country addres is outside US	ess including postal code				
<ul> <li>Check this box if you are filing SC Sch</li> <li>Check this box only if filing a composit S Corporation. Do not check this bot</li> <li>Check this box if you have filed a fede</li> <li>Check this box if you served in a militar Name of the combat zone: COMB</li> </ul>	e retum on behalf of ox if you are an indivi- ral or state extension ry combat zone duri	a Partnership or dual			
· · · =	•	(3) Married filing s (4) Head-of-house	eparately - enter spouse' hold (5)  Qualify	's SSN: ving widow(er)	
Number of dependents claimed on your 20 Number of dependents claimed that were unamber of taxpayers age 65 or older, as o	ınder the age of 6 ye	ears on December 31, 2	2019		• 1 • 1
DEPENDENTS First name Last name	,	Social Security Number	er Relationship	Date of	of birth (MM/DD/YYYY)
TEST ERTIA		400-01-5103	SON		15/2014



ERTIA

IN	COME AND ADJUSTMENTS Your SS	N 400-00-5102	2		20	019
1	Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here.			Dollar	s	
	Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below		<b>▶</b>   ·	1 8	,270	00
AD	DITIONS TO FEDERAL TAXABLE INCOME					
	a State tax addback, if itemizing on federal return (see instructions) ▶	а	00			
	<b>b</b> Out-of-state losses Type: ▶	b	00			
	${f c}$ Expenses related to National Guard and Military Reserve Income ${f  extstyle  extstyle $	c 10,000	00			
	d Interest income on obligations of states and political subdivisions other than South Carolina ▶	d	00			
	${\bf e}~$ Other additions to income. Attach explanation. (see instructions) $~$	е	00			
2	Add line a through line e and enter the total here. These are your <b>total additions</b>		<b>▶</b> 2	2 10	,000	00
3	Add line 1 and line 2 and enter the total here		;	18	3,270	00
SU	BTRACTIONS FROM FEDERAL TAXABLE INCOME					
	$\mathbf{f}$ $\;$ State tax refund, if included on your federal return $\;$	f	00			
	${\bf g}$ . Total and permanent disability retirement income, if taxed on your federal return $\blacktriangleright$	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) $\dots \dots \dots \dots \blacktriangleright$	1	00			
	${f m}$ Interest income from obligations of the US government $\ldots \ldots \ldots $	m	00			
	$\boldsymbol{n}$ Certain nontaxable National Guard or Reserve pay $$	n	00			
	$ {\bf o} \ \ {\sf Social \ Security \ and/or \ railroad \ retirement, \ if \ taxed \ on \ your \ federal \ returm} \qquad \ldots \ \ {\bf .} \ \ \\$	0	00			
	<b>p</b> Retirement Deduction (see instructions)					
	<b>p-1</b> Taxpayer (date of birth:) ▶	p-1	00			
	<b>p-2</b> 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-4 Taxpayer (date of birth:	p-4	00			
	<b>p-5</b> Spouse (date of birth:) ▶	p-5	00			
	p-6 Surviving spouse (date of birth of deceased spouse:)	p-6	00			
	<b>q</b> Age 65 and older deduction (see instructions)					
	<b>q-1</b> Taxpayer (date of birth: )▶	q-1	00			
	<b>q-2</b> Spouse (date of birth:) ▶	q-2	00			
	r Negative amount of federal taxable income	r	00			
	s Subsistence allowance days @ \$8	\$ 1.00	00			
	t Dependents under the age of 6 years on December 31 of the tax year	t 4,190				
	u Consumer Protection Services	u	00			
	v Other subtractions (see instructions)	V 4 100	00			
	w South Carolina Dependent Exemption (see instructions)	w 4,190	-	. 1	200	
4			<b>&gt;</b> 4	4 <	3,380	00  >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amoun	•		_		
_	line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME S</b>			5	,890	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6 251				
7	TAX on Lump Sum Distribution (attach SC4972)	7	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	0	251	00



400-00-5102 ERTIA Your SSN **NON-REFUNDABLE CREDITS** 2019 00 11 Child and Dependent Care (see instructions) 11 00 **12** Two Wage Earner Credit (see instructions) . . . . . . . . . 12 13 Other nonrefundable credits. Attach SC1040TC and other state returns 13 00 14 00 14 Add line 11 through line 13 and enter the total here. These are your total nonrefundable credits. . . . 15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here 15 251 00 **PAYMENTS AND REFUNDABLE CREDITS** 65 00 **16** SC income tax withheld (attach W-2 or SC41) . . . . . . . . . 17 00 **18** Amount paid with extension 18 00 00 **19** Nonresident sale of real estate 19 . 20 Other SC withholding (attach form 1099) 20 100 00 21 00 22 Other refundable credits: 22a Anhydrous Ammonia (attach I-333) 22a 2,500 00 22b 15,000 00 22c Classroom Teacher Expenses (attach I-360) 22c 175 00 22d 150 00 22e Motor Fuel Income Tax Credit (attach I-385) 00 17,825 00 22 Add lines 22a through 22e and enter the total here. These are your total refundable credits AMENDED RETURN: Use Schedule AMD for line 23 calculation. 23 Add lines 16 through 22 and enter the total here. These are your **TOTAL PAYMENTS.**▶ 23 00 150 24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment 00 25 25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due 00 101 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 . . . . . . . ▶ 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 . . . . ▶ 00 **27** Amount of line 24 to be credited to your 2020 Estimated Tax 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) 30 00 **REFUND OPTIONS** (subject to program limitations) 30a Mark one refund choice: ► Direct Deposit (30b required) **Debit Card** 30b Direct Deposit (for US accounts only) Type: ▶ Checking ► Savings Must be 9 digits. The first two numbers of the Routing Number (RTN) RTN must be 01 through 12 or 21 through 32. Bank Account Number (BAN) ▶ 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 31 101 00 32 00 32 Late filing and/or late payment: Penalties Interest 33 Penalty for Underpayment of Estimated Tax (attach SC2210) 00 33 Enter exception code from instructions here if applicable 34 101 00 **BALANCE DUE** ▶ 34 Add line 31 through line 33 and enter the amount you owe here 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. Date Your signature Spouse's signature (if married filing jointly, BOTH must sign) I authorize the Director of the SCDOR or delegate to discuss this return. Preparer's printed name YesX No JOHN DOE attachments, and related tax matters with the preparer Date PTIN Preparer Paid Check if self-Signature Preparer's Use Firm name (or yours if self-FEIN employed), address, ZIP Only Phone No.

dor.sc.gov



## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

## **AMENDED RETURN SCHEDULE**

Attach to your amended SC1040 Income Tax Return

Sch. AMD

(Rev. 9/16/19) 3735

First name and middle initial	Last name	Suffix	Your Social Security Number
TEST N	ERTIA		400-00-5102
Spouse's first name, if married filing jointly	Last name	Suffix	Spouse's Social Security Number

Spouse's instriame, it married ming jointly	Lastriame	Sullix	Spouse's Social Security Number
<ul> <li>R</li> <li>▶ ☐ Federal audit or other federal adjustment</li> <li>▶ ☐ Federal amended return</li> <li>▶ ☐ Net Operating Loss carryforward</li> </ul>	easons for Amending (ch  Change in filing st  Change in depend  Change in tax cre	tatus ► 🗓 0	Change to SC additions or subtraction Change to SC withholding
	Explanation of Ch	anges	
Added \$10,000 of additions	to expenses for r	national gu	ard not entered
on original return			
	Total Payments Wo	rksheet	
1. Total payments, withholding, and refur		1	17,990 .00

- Total payments, withholding, and refundable credits (Include corrected amounts from SC1040 lines 16-22e and any return payments you made)
- 2. Amounts already refunded to you for this period
- 3. Amount of Use Tax from line 26 of original return
- 4. Amount transferred to Estimated Tax from line 27 of original return
- $\textbf{5.} \ \ \text{Amount of Contributions for Check-offs from line 28 of original return}$
- 6. Add line 2 through line 5
- Subtract line 6 from line 1
   Enter this amount on line 23 of your amended SC1040

2	1 7	0.40	00

2.	17,840	.00
3.		.00
4.		.00
5.		.00
6.	17,840	.00
7.	150	.00

#### **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.

DRAKE

## **SC 1099 Special Withholding**

TEST ERTIA 1099G 400005102

RECIPIENT'S NAME (First and Last) TEST N ERTIA	Recipient's Social Security Number 400-00-5102	SC Taxes Withheld
		*Description 1099G

\*Entry Must Be a Distribution From One of the Following:

1099G 1099INT 1099DIV or Other

This form is for the electronic filing record only and should not be mailed to the SC Department of Revenue. The original document should be mailed.

TEST ERTIA

1024

dor.sc.gov

TEST N ERTIA

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

# ANHYDROUS AMMONIA ADDITIVE CREDIT

I-333

(Rev. 7/2/19) 3406

**20** 19 SSN or FEIN

Name

400-00-5102

This form must be attached to the SC1040, SC1065, SC1120, or SC1120S.

1.	Enter the amount you paid for the additive	\$ 2,500

#### Instructions:

For taxable years beginning after 2004, a refundable credit against Individual or Corporate Income Tax is available to resident taxpayers engaged in the business of farming who use anhydrous ammonia for agricultural purposes.

Section 44-53-375(E)(2)(a)(ii) requires consumers to reformulate anhydrous ammonia with an additive that will prevent conversion of its active ingredients into methamphetamine or related substances.

The amount of the credit is equal to the amount paid by the taxpayer to purchase the additive.

#### **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.C405(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.

#### This form must be attached to the SC1040, SC1065, SC1120, or SC1120S.

Year 2019, as certified by the Commissioner of Agriculture	1,000,000 lbs
2. Enter \$2,500 if line 1 is greater than or equal to 500,000 pounds\$	2,500
3. Subtract 500,000 pounds from line 1	500,000 lbs
4. Divide line 3 by 500,000 pounds and round down to the nearest whole number	1
5. Multiply line 4 by \$1,250	1,250
6. Add lines 2 and 5	3,750
7. Enter the number of quarters in Calendar Year 2019 to which the credit applies, as certified by the Commissioner of Agriculture	4
8. Multiply line 6 by line 7. Enter here and on the appropriate line of your tax return	15,000

#### Instructions:

For taxable years beginning after 2004, a refundable credit against Individual or Corporate Income Tax is available to resident taxpayers engaged in the business of producing milk for sale. This refundable credit is based on the amount of milk produced and sold.

The credit amount is \$10,000 for the first 500,000 pounds of milk produced and sold below the production price over a calendar year, and \$5,000 for each additional 500,000 pounds of milk produced and sold below the production price during the calendar year. Credits must be prorated on a quarterly basis.

The SC Commissioner of Agriculture will certify to the SCDOR which producers are eligible to claim the credit and the amount of the credit.

The credit is allowed when the USDA Class I price of fluid milk in South Carolina drops below the production price as determined by the SC Department of Agriculture (SCDA). The production price is based on such factors as: (1) the average price of milk in the top five states where milk is imported to South Carolina; (2) the average transportation cost of importing milk from those five states; and (3) the cost of production in South Carolina. The SCDA regulations are available at **agriculture.sc.gov.** 

Once all information is available, the average production price is posted on the SCDA website at **agriculture.sc.gov** and is available in the SC Commissioner of Agriculture's Office.

The SCDA provides a form to be completed and signed by all dairy producers filing for this credit. The form is for certifying the amount of milk produced and sold by a specific producer for the entire taxable year. The form includes a sworn statement by the producer regarding the accuracy of the information listed.

1024 STATE OF SOUTH CAROLINA I-360 DEPARTMENT OF REVENUE (Rev. 6/11/19) CLASSROOM TEACHER 3652 **EXPENSES CREDIT** 2019 dor.sc.gov Name SSN TEST N ERTIA 400-00-5102 No 1. Are you a South Carolina classroom teacher? YesX If you answered NO, STOP. You do not qualify for this credit. 2. Were you fully reimbursed for your teacher supplies and materials? Yes No X If you answered YES, STOP. You do not qualify for this credit. 100 175

NOTE: The tax return claiming the credit must be filed on or before June 30, 2020.

#### Instructions

Any South Carolina classroom teacher, including a classroom teacher at a South Carolina private school, who is not eligible for the teacher supplies reimbursement under Budget Proviso 1A.9, may claim a refundable credit on their 2019 Individual Income Tax return for qualifying expenses made on or after July 1, 2019. This claim can be made on an original or amended tax return filed on or before June 30, 2020.

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

#### **Social Security Privacy Act Disclosure**

Enter this amount on SC1040, line 22c.

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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# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

**I-361** (Rev. 1/24/19) 3692

dor.sc.gov

Your Name As Shown On Tax Return

### **2019 PARENTAL REFUNDABLE CREDIT**

2019

SSN

TES	T N ERTIA			400-00-	5102	
Spou	se's Name (if married filing jointly)			SSN		
	fying Student's Name SMITH			SSN 222-02-	2212	
Eligib	le School		•			
EAS	T HIGH					
PART	I. Qualifying Student Questionnaire					
b. D	re you the parent or the legal guardian of this qua loes the student meet the definition of an "Except		as set forth in		Yes 🛚	No 🗌
c. Is	C Code Ann. Regs. 43-243.1?  the student a South Carolina Resident?				Yes ☒ Yes ☒	No □ No □
	s the student eligible to be enrolled in a South Car ublic school at the kindergarten or later year leve				Yes 🛚	No 🗌
If you	answered "No" to any of the above questions, ST	OP. You are not e	ligible to claim	this credit.		
PART	Γ II. 2019 Parental Refundable Credit Calcula	itions				
1. E	nter the total cost of tuition for the entire 2019-2020 sc	hool year		1. <u>\$</u>	5,0	000
	laximum Parental Refundable Credit per qualifying stud rough June 30, 2020 school year			2. <u>\$</u>	11	,000.00
3. E	nter the lesser of Line 1 and Line 2. If Line 1 and Line	2 equal \$11,000, the	en enter \$11,000	3. <u>\$</u>	5,0	000
	otal grants awarded to this qualifying student from Exc	•		4. <u>\$</u>	1,0	000
5. A	vailable 2019 Parental Refundable Credit. Deduct Line	4 from Line 3 .		5. <u>\$</u>	4,0	000
	nter total Parental Refundable Credit that was pre-app chool year	•		6. <u>\$</u>	-	150
	nter the lesser of Line 5 and Line 6. If negative, enter zhis is your 2019 Parental Refundable Credit			7. <u>\$</u>		150
	RTANT NOTE: Do not include parental credits from 9 because, as indicated in the approval letters, the					OR
PART	PART III. Signature(s) and Date					
	fy that all information on this application, incl	uding any attachi	ment, is true a	and correct t	o the best o	of my
Sign Here	Your signature	Date	Spouse's signa	ture (if married	d filing jointly)	
_						