

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2019 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 9/16/19) 3075

dor.sc.gov

Your Social Security Number	Check if deceased
400-00-5105	
Spouse's Social Security Number	Check if deceased



For the year January 1 - December 31, 2019, or fiscal tax year beginning		2019 and en	ding	_,2020	
First name and middle initial			Last name		Suffix
TEST P		BARRE	LL		
Spouse's first name, if married filing jointly			Last name		Suffix
Check if Mailing address (number and street, PO Box)	I				County code
new address 25000 HAM AND BACON JUNC	TION				07
City	State	ZIP		Daytime phone number	with area code
HILTON HEAD ISLAND	SC 29926 803-898-5			5542	
Check if address Foreign country address including postal code is outside US					
• Amended Return: Check if this is an Amended Return. Attach Schedul	e AMD				
• 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 per Name of the combat zone: 	eriod .	•••••		••••	

CHECK YOUR FEDERAL FILING STATUS	 (1) Single (2) Married filing jointly 	• • •	ly - enter spouse's SSN: (5)	
Number of dependents claime	d on your 2019 federal return			1
Number of dependents claime	d that were under the age of 6	years on December 31, 2019		
Number of taxpayers age 65	or older, as of December 31, 2	019		1

DEPENDENTS

<u></u>				
First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
ROLAND	BARRELL	400-55-5166	SON	07/15/1992

1024



BARRELL

IN	COME AND ADJUSTMENTS Your SSN	<u>4</u>	<u> 00-00-5105</u>	_		2	019
1	Enter federal taxable income 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 .			▶ 1	2	,087	00
AD	DITIONS TO FEDERAL TAXABLE INCOME						
	a State tax addback, if itemizing on federal return (see instructions) ►	a		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	Add line a through line e and enter the total here. These are your total additions			▶ 2			00
3	Add line 1 and line 2 and enter the total here			3	2	2,087	00
SU	BTRACTIONS FROM FEDERAL TAXABLE INCOME						
	f State tax refund, if included on your federal returm	f		00			
	g Total and permanent disability retirement income, if taxed on your federal returm \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: FIREFIGHTER►	j	3,000	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)	I		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 returm ►	0	17	00			
	p Retirement Deduction (see instructions)						
	p-1 Taxpayer (date of birth: 06−18−1944)	p-1	10,000	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-4 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: 06−18−1944)	q-1	5,000	00			
	q-2 Spouse (date of birth:)	q-2		00			
	r Negative amount of federal taxable income	r		00			
	s Subsistence allowance days @ \$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		00			
	v Other subtractions (see instructions)	v		00			
	w South Carolina Dependent Exemption (see instructions)	w	4,190	00			
4	Add line f through line w and enter the total here. These are your total subtractions			▶ 4	< 22	2,207	00>
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount	from S	Schedule NR,				
_	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SU	BJEC	<u>T TO T</u> AX	▶ 5		0	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6		00			
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 \ldots	9		00			
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLIN		x	10)		00

BARRELL Your SSN $400-00-51$	Page 3 of	i 3
NON-REFUNDABLE CREDITS	201	19
11 Child and Dependent Care (see instructions) 11 00 12 Two Wage Earner Credit (see instructions) 12 12 13 Other nonrefundable credits. Attach SC1040TC and other state returns 13 13		
14 Add line 11 through line 13 and enter the total here. These are your total nonrefundable credits	14 0	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here		00
PAYMENTS AND REFUNDABLE CREDITS		<u> </u>
16 SC income tax withheld (attach W-2 or SC41) 16 00		—
17 2019 estimated tax payments	5	
18 Amount paid with extension	5	
19 Nonresident sale of real estate	0	
20 Other SC withholding (attach form 1099)	0	
21 Tuition tax credit (attach I-319)	0	
22 Other refundable credits:		
22a Anhydrous Ammonia (attach I-333)		
22b Milk Credit (attach I-334)		
22c Classroom Teacher Expenses (attach I-360) 22c 00		
22d Parental Refundable Credit (attach I-361)		
22e Motor Fuel Income Tax Credit (attach I-385)		
Add lines 22a through 22e and enter the total here. These are your total refundable credits	22 0	00
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.►	23 500 0)0
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment)0
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due	-)0
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 26 USE TAX due on online, mail-order, or out-of-state purchases	–	
27 Amount of line 24 to be credited to your 2020 Estimated Tax ▶ 27 00	7	
28 Total Contributions for Check-offs (attach I-330)		
29 Add line 26 through line 28 and enter the total here	· · · · · · · · · · · · · · · · · · ·	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)	30 500 0	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)		
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		00
32 Late filing and/or late payment: Penalties Interest Enter total here ►	32 0	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		
Enter exception code from instructions here if applicable		00
34 Add line 31 through line 33 and enter the amount you owe here BALANCE DUE ►	34 0	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)
	ector of the SCDOR or delegate to discuss this return, related tax matters with the preparer.	Yes No 🔀	Preparer's printed n	ame
Paid Preparer's	Preparer Signature	Date	Check if self-	PTIN
Use	Firm name (or yours if self-			FEIN
Only	employed), address, ZIP			Phone No.

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 30753198