



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

Form with fields for Social Security Number and deceased status checkboxes.



For the year January 1 - December 31, 2019, or fiscal tax year beginning 2019 and ending 2020

Main address and contact information form including name, address, city, state, ZIP, and phone number.

- Amended Return: Check if this is an Amended Return. Attach Schedule 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 period

CHECK YOUR FEDERAL FILING STATUS (1) Single (2) Married filing jointly (3) Married filing separately - enter spouse's SSN: (4) Head-of-household (5) Qualifying widow(er)

Number of dependents claimed on your 2019 federal return 1
Number of dependents claimed that were under the age of 6 years on December 31, 2019
Number of taxpayers age 65 or older, as of December 31, 2019 1

DEPENDENTS

Table with columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY). Row 1: ROLAND, BARRELL, 400-55-5166, SON, 07/15/1992



BARRELL

INCOME AND ADJUSTMENTS

Your SSN 400-00-5105

2019

1	Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below . . . . . ▶	1	Dollars	2,087	00
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ADDITIONS 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 . . . . . ▶	c		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) . . . . . ▶	e		00	
2	Add line a through line e and enter the total here. These are your <b>total additions</b> . . . . . ▶	2			00
3	Add line 1 and line 2 and enter the total here . . . . . ▶	3		2,087	00

SUBTRACTIONS 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: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____ ▶	h		00	
i	44% of net capital gains held for more than one year . . . . . ▶	i		00	
j	Volunteer deductions (see instructions) Type: <u>FIREFIGHTER</u> . . . ▶	j	3,000	00	
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program . . . . . ▶	k		00	
l	Active Trade or Business Income deduction (see instructions) . . . . . ▶	l		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 return . . . . ▶	o	17	00	
p	Retirement Deduction (see instructions)				
p-1	Taxpayer (date of birth: <u>06-18-1944</u> ) . . . . . ▶	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	
p-4	Military Retirement Deduction (see instructions) 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: <u>06-18-1944</u> ) . . . . . ▶	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 <b>total subtractions</b> . . . . . ▶	4	<	22,207	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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b> . . . . ▶	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 . . . . . ▶	9		00	
10	Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b> . . . . . ▶	10			00



BARRELL

Your SSN 400-00-5105

NON-REFUNDABLE CREDITS

2019

Table with 3 columns: Description, Line Number, Amount. Rows include Child and Dependent Care, Two Wage Earner Credit, Other nonrefundable credits, and totals for lines 14 and 15.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows include SC income tax withheld, 2019 estimated tax payments, Amount paid with extension, Nonresident sale of real estate, Other SC withholding, Tuition tax credit, and other refundable credits (22a-22e).

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 columns: Description, Line Number, Amount. Rows include Total Payments (23), overpayment (24), and amount due (25).

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 3 columns: Description, Line Number, Amount. Rows include USE TAX due (26), Amount of line 24 to be credited (27), Total Contributions (28), and Refund (30).

REFUND OPTIONS (subject to program limitations)
30a Mark one refund choice: [ ] Direct Deposit (30b required) [ ] Debit Card [X] Paper Check
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

Table with 3 columns: Description, Line Number, Amount. Rows include tax due (31), Penalties and Interest (32), Penalty for Underpayment (33), and BALANCE DUE (34).

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.

Signature and identification section including: Your signature, Date, Spouse's signature, Preparer's printed name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, 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