

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