



# 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
400-00-5107	
Spouse's Social Security Number	Check if deceased
400-00-5153	



or the year January 1 - December 31, 2019, or fiscal tax year begin	ning	2019 and ending	,2020	
First name and middle initial ${f TEST}$ ${f U}$		Last name GRASS	Suffix	
Spouse's first name, if married filing jointly MAY B		Last name GRASS		Suffix
Check if Mailing address (number and street, PO Box) new address 74131 FESCUE DR				County code
city FAIRFAX	State SC	<sup>ZIP</sup> 29827	Daytime phone number with area code $803 - 898 - 5541$	
Check if address Foreign country address including postal code is outside US				
<ul> <li>Amended Return: Check if this is an Amended Return. Attach</li> <li>Check this box if you are filing SC Schedule NR (Part-year/Non</li> <li>Check this box only if filing a composite return on behalf of a Pa S Corporation. Do not check this box if you are an individual</li> </ul>	resident) Irtnership or		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · • [
<ul> <li>Check this box if you have filed a federal or state extension</li> <li>Check this box if you served in a military combat zone during the Name of the combat zone:</li> </ul>				

CHECK YOUR FEDERAL FILING STATUS	<ul> <li>(1) Single</li> <li>(2) Married filing jointly</li> </ul>	<ul> <li>(3) Arried filing separately - enter spouse's SSN:</li> <li>(4) Head-of-household</li> <li>(5) Qualifying widow(er)</li> </ul>			
Number of dependents claime	ed on your 2019 federal return	m	б		
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, 2	,2019	1		

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
TIMOTHY	GRASS	400-55-5133	SON	03/15/2014
MARY	GRASS	400-55-5143	DAUGHTER	08/07/2006
DAVID	GRASS	400-55-5153	SON	12/25/2004
SUSAN	GRASS	400-55-5163	DAUGHTER	04/12/2002



#### GRASS

IN	COME AND ADJUSTMENTS Your SSN	v <u>4</u>	00-00-5107			2	019
1	Enter federal taxable income from your federal form. If zero or less, enter zero here.					Dollars	T
	Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below .			▶  1		70,700	00
AC	DITIONS TO FEDERAL TAXABLE INCOME						
	a State tax addback, if itemizing on federal return (see instructions)	а		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 $\ldots$ $\blacktriangleright$	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		70,700	00
<u>su</u>	IBTRACTIONS FROM FEDERAL TAXABLE INCOME						
	f State tax refund, if included on your federal reture $\ldots$	f		00			
	${\bf g}$ Total and permanent disability retirement income, if taxed on your federal return ${} {\bf \blacktriangleright}$	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 $\ldots$	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 $\ldots$	k		00			
	I Active Trade or Business Income deduction (see instructions) $\ldots \ldots \ldots$	I		00			
	$\boldsymbol{m}$ Interest income from obligations of the US government $\hfill\hf$	m		00			
	n Certain nontaxable National Guard or Reserve pay $\ldots \ldots \ldots \ldots $	n		00			
	o Social Security and/or railroad retirement, if taxed on your federal returm $\ldots$ .	ο		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			
	<b>p-3</b> Surviving spouse (date of birth of deceased spouse:) ►	p-3		00			
	Military Retirement Deduction (see instructions)						
	<b>p-4</b> Taxpayer (date of birth: 01-01-1951 ) ►	p-4	20,000				
	<b>p-5</b> Spouse (date of birth:08-22-1966)	p-5	11,700	00			
	<b>p-6</b> 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 $\ldots \ldots \ldots \ldots \ldots $	r		00			
	s Subsistence allowance days @ \$8	S		00			
	t Dependents under the age of 6 years on December 31 of the tax year $\ldots$	t	4,190	00			
	u Consumer Protection Services	u		00			
	v Other subtractions (see instructions) OTHER	v	1,000				
	w South Carolina Dependent Exemption (see instructions)	w	25,140	00			
4	Add line f through line w and enter the total here. These are your total subtractions	• •		▶ 4	<	62,030	) 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount		-				
_	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SU					8,670	ן <b>00</b>
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT) $\ldots$	6	194				
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	. [	104	
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLIN	ΙΑ ΤΑ	X	1	D	194	t  00

GRASS	Your SSN	400-00-510	70	Page 3 o	of 3
NON-REFUNDABLE CREDITS				20	019
<b>11</b> Child and Dependent Care (see instructions)	► 12	-	I		
13 Other nonrefundable credits. Attach SC1040TC and other state returns					
14 Add line 11 through line 13 and enter the total here. These are your total			14	214	
15 Subtract line 14 from line 10 and enter the difference. If less than zero, en	nter zero hei	e	15	0	00
PAYMENTS AND REFUNDABLE CREDITS	▶  16		1		
<b>16</b> SC income tax withheld (attach W-2 or SC41)	· · · –		-		
<b>17</b> 2019 estimated tax payments <b>18</b> Amount paid with extension			_		
<b>19</b> Nonresident sale of real estate	· · ·		-		
20 Other SC withholding (attach form 1099)			-		
<b>21</b> Tuition tax credit (attach I-319)		00	-		
<b>22</b> Other refundable credits:	· · · · <u>- ·</u>		J		
22a Anhydrous Ammonia (attach I-333)	22	a 00			
22b Milk Credit (attach I-334)		b 00			
22c Classroom Teacher Expenses (attach I-360)		c 00			
22d Parental Refundable Credit (attach I-361)	22	d 00			
22e Motor Fuel Income Tax Credit (attach I-385)	🕨 22	e 00			
Add lines 22a through 22e and enter the total here. These are your total r	refundable	credits	22		00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.					
	•	AL PAYMENTS.	23	= / · = 0	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the			24		00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the a			25		00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter			<b>-</b>	•	
<b>26</b> 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 mo	ore informat	ion.			
If you certify that no Use Tax is due, check here			Т		
<b>27</b> Amount of line 24 to be credited to your 2020 Estimated Tax					
<b>28</b> Total Contributions for Check-offs (attach I-330)				172	00
<ul><li>29 Add line 26 through line 28 and enter the total here</li></ul>			29		
amount to be refunded to you (line 30a check box entry is required)		REFUND	30	1,553	00
<b>REFUND OPTIONS</b> (subject to program limitations)					
30a Mark one refund choice: ► Direct Deposit (30b required) ► D	ebit Card	Paper Check			
30b Direct Deposit (for US accounts only) Type: ► Checking ►	Savings	·	1		
		e first two numbers of the			
Bank Account Number (BAN)	must be 01 thr	ough 12 or 21 through 32. 1-17 digits			
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, e	enter the total.	This is your tax due	31		00
-		. Enter total here ►	32		00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)					$\square$
Enter exception code from instructions here if applicable			33		00
34 Add line 31 through line 33 and enter the amount you owe here		BALANCE DUE 🕨	34		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)				
			10-30-	2019	FILED	D AS	S SURV	IVING SPOUSE
I authorize the Director of the SCDOR or delegate to discuss this return,			YesX	No	Preparer's printed name			
attachments, and related tax matters with the preparer.			IesM		JOHN DOE			
Paid	Preparer		Date		Check if self-		PTIN	
Preparer's			10-30-2019		employed			P12345678
Use	Firm name (or yours if self- employed), address, ZIP						FEIN	99-9774244
Only							Phone No.	828-371-2034

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

# \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

## TWO WAGE EARNER CREDIT WHEN BOTH SPOUSES WORK

### Your filing status must be married filing jointly to claim this credit.

Line 12 TWO WAGE EARNER CREDIT (MARRIED COUPLE)

This credit can only be claimed by a **married couple filing jointly** when both spouses have earned income taxed to South Carolina. This credit is **not** allowed on returns with a filing status of single, married filing separately or head of household. Do not include gambling or bingo winnings reported on federal form W-2G.

Beginning in 2018, the multiplier used in computing the Two Wage Earner Credit increases by \$3,333.00 each year until fully phased-in for tax year 2023. For 2019, the credit is computed at .007 of the lesser of \$33,333 or the South Carolina qualified earned income of the spouse with the lower South Carolina qualified earned income for the taxable year.

**Example -** You earned a salary taxed to South Carolina of \$40,000. Your spouse earned \$17,000 taxed to South Carolina and had an IRA deduction taxed to South Carolina of \$1,000. Your SC qualified earned income is \$40,000 and your spouse's is \$16,000 (\$17,000 minus \$1,000). Because your spouse's qualified earned income is less than yours, the credit is based on your spouse's income. Therefore, the credit is \$112 (\$16,000 x .007).

**Compute your earned income** separately for yourself and your spouse. South Carolina earned income is generally income you receive for services you provide. It includes wages, salaries, tips, commissions and sub-pay. It also includes income earned from self-employment, business income or loss, partnership income or loss, farm income or loss and any other earned income taxed to South Carolina. Earned income does not include gambling or bingo winnings, interest, dividends, Social Security benefits, IRA distribution, unemployment compensation, deferred compensation or non-taxable income. It also does not include any amount your spouse paid you.

1	. Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1 or federal form	(a) You	(b) Your Spouse
	(Do not include pensions or annuities.)	45,100	17,500
2	. Net profit or (loss) from self-employment (from Schedule C and on		<u>.</u>
	Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina.	0	0
3	. Add lines 1 and 2. This is your total earned income taxed to SC.	45,100	17,500
S	<ul> <li>South Carolina qualified earned income. This is the amount on which the credit is based. Consultance of the adjustments from South Carolina earned income. The adjustments are:</li> <li>Deductible part of self-employment tax</li> <li>Self-employed SEP, simple, and qualified plans</li> <li>Self-employed health insurance deduction</li> <li>IRA deduction</li> <li>Repayment of sub-pay</li> </ul>	npute it by	
4	<ul> <li>Add the adjustment amounts entered on federal Form 1040.</li> <li>If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, 26 and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income.</li> </ul>	800	400
5	. Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit.	44,300	17,100
C	compute the credit.		
6	. Enter the smaller of 5(a) or 5(b). <b>Do not enter more than \$33,333.</b>		17,100
7	. Multiply the amount on line 6 by .007. <b>Do not enter more than \$233.</b> Enter the amount here and on SC1040, line 12.		120



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NAM	ИЕ		SSN	
л	STU& MA	Y B GRASS	400-00-5107	
		tions to the following organizations when you file your SC1040.		]
			Dollars	Cents
1.	Endangered Wild	life Fund	• 1	
-				
2.	Children's Trust F	Fund	5	00
3.	Eldercare Trust F	und	5	00
	22.14			
4.	SC Veterans' Tru	st Fund	5	00
5.	Donate Life South	o Carolina	• 1	00
0			1	
6.	SC First Steps to	School Readiness Fund	1	00
7.	War Between the	States Heritage Trust Fund 7.	• 1	00
0	CC Litter Control I	Enforcement Program	• 1	00
8.	SC Litter Control I	Enforcement Program		00
9.	SC Law Enforcen	nent Assistance Program	• 1	00
10	K 12 Public Educ	ation Fund	•	00
10.				00
11.	SC State Parks F	und	• 1	00
12.	SC Military Family	y Relief Fund	•	00
13.	SC Conservation	Bank Trust Fund	• 1	00
14.	SC Financial Liter	racy Trust Fund	• 1	00
15.	SC State Forests	Fund	• 1	00
16.	SC Department of	f Natural Resources Fund	5	00
	00 A	-		
17.	SC Association of	f Habitat Affiliates	1	00
18.	Total Contribution	s. Add Lines 1-17. Enter the total on Line 28 of SC1040	33	00

## See descriptions in instructions

#### 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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