



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2017 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 10/5/17) 3075

Form with fields for 'Your social security number' and 'Spouse's social security number', each with a 'Check if deceased' checkbox.

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

Main address and identification section with fields for first name, last name, spouse's name, mailing address, city, state, zip, area code, and daytime telephone.

Checkboxes for filing status: SC Schedule NR, composite return, federal or state extension, Military COMBAT ZONE, and federally declared DISASTER AREA.

CHECK YOUR FEDERAL FILING STATUS section with options for Single, Married filing separately, Married filing jointly, Head-of-household, and Widow(er) with dependent child.

Federal Exemptions section with fields to enter the number of exemptions from the 2017 federal return.

Dependents:

Table with 5 columns: First name, Last name, Social security number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

2017

1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Dollars 1 00
Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions) a 00
b Out-of-state losses (See instructions) 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 an explanation (See instructions) e 00
2 Add lines a through e and enter the total here. These are your total additions 2 00
3 Add lines 1 and 2 and enter the total here 3 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return f 00 Dollars
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 (See instructions) h 00
Check type of income/gain: Rental Business Other
i 44% of net capital gains held for more than one year (See instructions) 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 (See instructions) 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 (See instructions) n 00
o Social security and/or railroad retirement, if taxed on your federal return o 00
p Retirement Deduction (See instructions)
p-1 Taxpayer: date of birth p-1 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 q-1 00
q-2 Spouse: date of birth q-2 00
r Negative amount of federal taxable income r 00
s Subsistence allowance ____ days @ \$8.00 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

4 Add lines f through v and enter here. These are your total subtractions 4 < 00>

5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX 5 00

6 TAX: enter tax from SOUTH CAROLINA tax tables 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 lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX 10 00

11 Child and Dependent Care (See instructions) 11 00
12 Two Wage Earner Credit (See instructions) 12 00
13 Other non-refundable credits. Attach SC1040TC and other state return(s) 13 00

14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here 14 00

15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here 15 00



PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41) ▶		00	Other refundable credit(s):				
17 2017 estimated tax payments ▶		00	22a. Anhydrous Ammonia (Attach I-333) ▶		00		
18 Amount paid with extension . . . ▶		00	22b Milk Credit (Attach I-334) . . . ▶		00		
19 NR sale of real estate ▶		00	22c Classroom Teacher Expenses (Attach I-360) ▶		00		
20 Other SC withholding (Attach Form 1099) ▶		00	22d Parental Refundable Credit (ECENC) ▶		00		
21 Tuition tax credit (Attach I-319) ▶		00	22 Total other refundable credit(s) ▶		00		
23 Add lines 16 through 22 and enter the total here.	These are your TOTAL PAYMENTS					23	00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT						24	00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE						25	00
26 USE TAX due on internet, mail-order or out-of-state purchases. ▶	26				00		
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 . . . ▶ <input type="checkbox"/>							
27 Amount of line 24 to be credited to your 2018 Estimated Tax ▶	27				00		
28 Total Contributions for Check-offs (Attach I-330) ▶	28				00		
29 Add lines 26 through 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).	REFUND ▶					30	00
REFUND OPTIONS (subject to program limitations)							
30a Mark one refund choice: ▶ <input type="checkbox"/> Direct Deposit (30b required) ▶ <input type="checkbox"/> Debit Card* ▶ <input type="checkbox"/> Paper Check <i>*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America</i>							
30b Direct Deposit (for US Accounts Only) Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings							
Routing Number (RTN)		<input type="text"/>		Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32			
Bank Account Number (BAN)		<input type="text"/>		1-17 digits			
31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount						31	00
32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here ▶						32	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210)						33	00
(See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/> ▶							
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here.	BALANCE DUE ▶					34	00

Pay electronically free of charge at MyDORWAY.dor.sc.gov with Visa, MasterCard or by Electronic Funds Withdrawal (EFW).

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.			
Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)	
Taxpayer's Email			
I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Preparer's printed name
If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.			
Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm name (or yours if self-employed) and address and Zip Code		FEIN
			Phone No.

MAIL TO:



REFUNDS OR ZERO TAX
BALANCE DUE

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
 Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

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