



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2010 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 9/24/10)
3075

| | | | |
|---------------------------------|----|------|--|
| Your social security number | | | Check if deceased <input type="checkbox"/> |
| XXX | XX | XXXX | |
| Spouse's social security number | | | Check if deceased <input type="checkbox"/> |
| | | | |

| | | | | | |
|--|---|-----------------|--------------------------|-------------------|-------------|
| For the year January 1 - December 31, 2010, or fiscal tax year beginning | | 2010 and ending | | 2011 | |
| Print your first name and initial FIRST MI | | | Last name LAST | | Suff. |
| Spouse's first name, if married filing jointly | | | Last name | | |
| Check if new address <input type="checkbox"/> | Mailing address (number and street, Apt. no or P. O. Box) ADDRESS | | | | County code |
| City | State | Zip | Area code | Daytime telephone | |
| Check if address is outside US <input type="checkbox"/> | Foreign country address including Postal code | | | | |

Check this box if you are filing SC Schedule NR (Part year/Nonresident)

Check this box if filing a composite return for partnership or "S" corporation

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

Enter the name of the combat zone: _____

Check this box if this return is affected by a federally declared DISASTER AREA

Enter the name of the disaster area: _____

CHECK YOUR FEDERAL FILING STATUS

(1) Single (3) Married filing separately. Enter spouse's SSN here: _____

(2) Married filing jointly (4) Head-of-household (5) Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2010 federal return **1**

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2010

Enter the number of taxpayers age 65 or older, as of December 31, 2010

Dependents:

| First name | Last name | Social security number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|-----------|------------------------|--------------|----------------------------|
| | | | | |
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Note: File jointly only if spouse has a SSN or IITN



INCOME AND ADJUSTMENTS

1. Enter federal taxable income from your federal Form 1040, 1040A, or 1040EZ. If zero or less, enter zero here
Nonresident filers complete Schedule NR and enter total from line 49 on line 5 below 1. Dollars 00

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) b. 00
Check type of loss: Rental Business Other
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) Check type of deduction: Firefighter HazMat Rescue Squad DNR Reserve Police Other 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. Caution: 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 #1: date of birth of deceased spouse p-3. 00
p-4. Surviving spouse #2: date of birth of deceased spouse p-4. 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. Other subtractions (See instructions) u. 00

4. Add lines f through u 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 49. If less than zero, enter zero here This is your South Carolina INCOME SUBJECT TO TAX 5. X 00

6. TAX: enter tax from SOUTH CAROLINA tax tables 6. Y(see note) 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. Y 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. Y 00

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Note: Y = tax from SC tax table corresponding to the amount at line 5



PAYMENTS AND REFUNDABLE CREDITS

| | | | | | | | |
|---|--------|----|--|--|----|-----|-------------|
| 16. SC INCOME TAX WITHHELD (Attach W-2 or SC41) ▶ | Z (W2) | 00 | 20. Other SC withholding (Attach Form 1099) ▶ | | 00 | | |
| 17. 2010 estimated tax payments ▶ | | 00 | 21. Tuition tax credit (Attach I-319) ▶ | | 00 | | |
| 18. Amount paid with extension . . ▶ | | 00 | 22. Other refundable credit(s) ▶ | | 00 | | |
| 19. NR sale of real estate ▶ | | 00 | Check type: <input type="checkbox"/> Anhydrous Ammonia (Attach I-333) <input type="checkbox"/> Milk Credit (Attach I-334) | | | | |
| 23. Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS | | | | | | 23. | Z 00 |
| 24. If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT | | | | | | 24. | R= Z - Y 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 out-of-state purchases. See instructions) ▶ | | | | | | 26. | 00 |
| 27. Amount of line 24 to be credited to your 2011 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 REFUND ▶ | | | | | | 30. | R 00 |
| 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) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/> ▶ | | | | | | 33. | 00 |
| 34. Add lines 31 through 33 and enter the AMOUNT YOU OWE here BALANCE DUE ▶ | | | | | | 34. | 00 |

Pay electronically free of charge at www.sctax.org. Click on DORePay.

or

Include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue".
Write your social security number and "2010 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| | | |
|-------------------------------|---------------|--|
| Your signature SIGN | Date m.d.y | Spouse's signature (if married filing jointly, BOTH must sign) |
|-------------------------------|---------------|--|

| | | |
|---|--|-------------------------|
| I authorize the Director of the 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. |

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC, I-319 or I-335.

MAIL RETURN TO THE PROPER ADDRESS

Mail To => REFUNDS OR ZERO TAX:
SC1040 PROCESSING CENTER
P.O. BOX 101100
COLUMBIA SC 29211-0100

BALANCE DUE:
TAXABLE PROCESSING CENTER
P.O. BOX 101105
COLUMBIA SC 29211-0105