



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2012 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 8/10/12) 3075

	er energi	ee .	Check if deceased	
Sı	ouse's social security r	iumber	Check if deceased	

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1940 INSTRUCTIONS FOR ADDITIONAL INFORMATION

•	FOR ADDITIONAL							
INFORM	MATION.							
	pember 31, 2012, or fiscal tax ye	ear beginning	2012	and ending	2013			
Print your first name and initial Toma & B.			Last	name Nothbuff		Suff		
Spouse's first name, if married	filing jointly		Last	name				
Check if Madin	g address (number and street, Apt. no	or P. O. Box)	Foreign address	see instructions		County code		
City			State	Zip	Area code Daytime	tel <u>epho</u> ne		
Check if address Foreig is outside US	n country address including Postal co	ode (see instruct	ions)					
Check this box if you are t	filing SC Schedule NR (Part ye	ar/Nonreside	nt)			D		
	omposite return for partnershi							
Check this box if you have	filed a federal or state extens	ion				<u> </u>		
Check this box if you serv	ed in a Military COMBAT ZON!	E during the f	iling period .					
Enter the name of the con	ibat zone:							
Check this box if this retu	m is affected by a federally de-	clared DISAS	TER AREA .		· · · · · · · · · · · · · · · · · · ·	∐		
Enter the name of the disa	ister area:							
Federal Exemptions					. 1			
Enter the number of exempt	tions from your 2012 federal retu	m			··· • · · · · · · · · · · · · · · · · ·			
Enter the number of exempt Enter the number of taxpayo	tions listed above that were unde ers age 65 or older, as of Decem	r the age of 6 ber 31, 2012	years on Dece	ember 31, 2012				
Dependents:								
First name	Last name	Social secur	ity number	Relationship	Date of birtl	(MM/DD/YYYY)		
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1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Nomesident liters complete Schedule NR and enter total from line 49 on line 5 below. ADDITIONS TO FEDERAL TAXABLE INCOME	IN	COME AND ADJUSTMENTS		20	012
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14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here	12	Two Wage Earner Credit (See instructions).	ı		
	13	Other non-refundable credits. Attach SC1040TC and other state return(s)			
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	14	- · · · · · · · · · · · · · · · · · · ·	-		-
	15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	15	0	00

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P/	AYMENTS AND REFUNDABLE	CREDITS							
	16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	97735 00 21	Tuition tax	1099)	Q A	00			
	18 Amount paid with extension			dabře credit(s) Anhydrous Amm Milk Credit (Atlac	Onia (Attach I-333	00			
23	Add lines 16 through 22 and enter the to						23	5435	00
24	If line 23 is LARGER than line 15, subtra	act line 15 from line 23 a	and enter the	OVERPAYMENT		[24	5435	00
25	If line 15 is LARGER than line 23, subtra	act line 23 from line 15 a	and enter the	AMOUNT DUE .		[25	Ø	00
26	USE TAX: (See instructions)			26		00			T
27	Amount of line 24 to be credited to your	2013 Estimated Tax		> 27		00			
28	Total Contributions for Check-offs (Attack	sh (-330)		28		00			
	Add lines 26 through 28 and enter the to						29	Ø	00
30	If line 29 is larger than line 24, go to line AMOUNT TO BE REFUNDED TO YOU					D 🕨	30	5435	00
	REFUND OPTIONS (subject to progra	am limitations)					-		
	30a Mark one refund choice: ▶ ☐	Direct Deposit (30b required) R Income Tax Refund Pre	Debit Card [*] paid Debit Ca	-					
	30b Direct Deposit (for US Accounts	s Only) Type: C	hecking	Savings		\Box			1
	Routing Number (RTN)			Must be 9 digits. Th					
	Bank Account Number (BAN)				1-1	7 digits			
31	Tax Due Add lines 25 and 29. If line 29	9 is larger than line 24, s	ubtract line 2	4 from line 29 and	i enter the amou	ınt	31	G G	00
32	Late filing and/or late payment: Penaltic	es Interest	(Sc	e instructions) Ent	er total here	▶[32	0	00
33	Penalty for Underpayment of Estimated (See instructions and enter letter in				_	¬ . !	33	Ø	00
34	Add lines 31 through 33 and enter the A	AMOUNT VOILOWE has	rė	R	AL ANCE DU		u	08	00
	y electronically free of charge at www FW) or include SC1040-V with your ch					_		onic Funds Withdr	
30	curity number and "2012 SC1040" on t	the payment.							
it ine	o Paperlesst SCDOR will soon offer the o in the mail. Form 1099-G/INT is used wh seded. Check the box below and provide a	ption to receive your Form nen preparing your feders a valid email address to n	m 1099-G/IN al tax return. eceive more i	I on its secure, co The website info oformation and ins	entidential websit mation would a structions about t	e www. Now you this new	.sctax. u to pr progr	ong instead of recei int a copy of the for am when available	m if
<u>_</u>	Yes, I wish to receive information about accessing my 1099-G/INT information through the SCDOR website.	Email Address							
ł d	eclare that this return and all attachments	s are true, correct and co	omplete to the	a best of my know	ledge and belief	<u>'. </u>			
Y	our signature		12/10/	<i>-</i>	nature (if married f	iling join	tty. BO¹	TH must sign)	
	authorize the Director of the Departn liscuss this return, attachments and relate			Yes 🗌 No 🛮	Preparer's print	ed name	3		
lf j	prepared by a person other than the texps	ayer, his declaration is b	ased on all it	iformation of whic	h he has any kn	owledg	e.		
	Paid Preparer signature			Date	Check if self- employed	PTIN			
	Firm name (or yours				FEIN				
١٢	JSE Unity if self-employed) and address and Zip Code				Phone	No.			

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

1350



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SUBSTITUTE FOR FORM W-2 WAGE AND TAX STATEMENT

(Rev. 4/9/14)

3236

File This Form With Your South Carolina Tax Return (Complete a Separate Form For Each Employer)

Your full name (Type or print) Dead B. Notud	looft		Sc	ocial Security Nu	ımber
Address			Star 5 C	te Zi	p Code
Your telephone number	1	Period worked for this employer 04/2009 - present			
Employer's name					
Employer's address, city, state and a	zip code	-			
Employer's Identification number (if	known)				
Employer's telephone number	Type of	business 1 Contracto	,		
Wages Paid in: W// Amo	ount of wages *	Estimated South Ca	rolina income taxe	s withheld	Tax year 2012
Please mark the form you are refere	encing:		Check applicable to		ma with form(a)
	2C form 99 form		2. Form(s) give 3. Form(s) is/a	n to me by emp re lost.	loyer is/are incorrect.
Attach copies of pay stubs, m		l earnings stateme		umentation t	o support your claim.
Explain how you calculated the amount of the work received in the Ruberual Received without from paymon is correct.	unt of wanes rece	ived and the amount o	of estimated South	Carolina incom	e taxes withheld yer" as define tox(a). Amount Pre form
Explain the efforts made to obtain a vary represent was remaining or to next remaining or next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to next remaining or to nex					
I declare that this return and all attach fraudulent statement to the Department		rect and complete to th			To wilfully furnish a false o
Signature				10/15	ate

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 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 SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

