



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				00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT				00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE				00
26 USE TAX due on internet, mail-order or out-of-state purchases. 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	00			
27 Amount of line 24 to be credited to your 2018 Estimated Tax	00			
28 Total Contributions for Check-offs (Attach I-330)	00			
29 Add lines 26 through 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). REFUND				00
<b>REFUND OPTIONS (subject to program limitations)</b>				
30a Mark one refund choice: <input type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card* <input type="checkbox"/> Paper Check *SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America				
30b Direct Deposit (for US Accounts Only) Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Routing Number (RTN)		Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32		
Bank Account Number (BAN)		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				00
32 Late filing and/or late payment: Penalties Interest (See instructions) Enter total here				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				00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. BALANCE DUE				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
	Firm name (or yours if self-employed) and address and Zip Code	Check if self-employed <input type="checkbox"/> PTIN
		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