

Your SSN \_\_\_\_\_

## NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)		11		00			_
<b>12</b> Two Wage Earner Credit (see instructions)				00			
13 Other nonrefundable credits. Attach SC1040TC and o	other state returns	13		00			
14 Total nonrefundable credits (add line 11 through lin	ne 13)				14	(	00
15 Subtract line 14 from line 10 and enter the difference.	. If less than zero, enter z	ero here .			15	(	00
PAYMENTS AND REFUNDABLE CREDITS							_
<b>16</b> SC income tax withheld (attach W-2 or SC41)		16		00			_
17 2021 Estimated Tax payments		17		00			
<b>18</b> Amount paid with extension				00			
19 Nonresident sale of real estate				00			
20 Other SC withholding (attach 1099)		20		00			
21 Tuition tax credit (attach I-319)		· ·		00			
22 Other refundable credits:		~					
22a Anhydrous Ammonia (attach I-333)		22a		00			
22b Milk Credit (attach I-334)				00			
22c Classroom Teacher Expenses (attach I-360)		·		00			
22d Parental Refundable Credit (attach I-361)		·		00			
22e Motor Fuel Income Tax Credit (attach I-385)		·		00			
Total refundable credits (add line 22a through line 2					22		00
AMENDED RETURN: Use Schedule AMD for line 2	23 calculation.					I	
23 Add line 16 through line 22 and enter the total here .	These are you	ur <b>TOTAL</b>	PAYMENTS		23		00
24 If line 23 is larger than line 15, subtract line 15 from li	ne 23 and enter the overp	. payment			24		00
25 If line 15 is larger than line 23, subtract line 23 from li							00
AMENDED RETURN: Enter the amount from line 2							
26 USE TAX due on online, mail-order, or out-of-state pu	urchases	26		00			
Use Tax is based on your county's Sales Tax rate. Se							
If you certify that no Use Tax is due, check here							
27 Amount of line 24 to be credited to your 2022 Estimat		27		00			
28 Total Contributions for Check-offs (attach I-330)		28		00			
<b>29</b> Add line 26 through line 28 and enter the total here					29		00
<b>30</b> If line 29 is larger than line 24, go to line 31. Otherwis							
amount to be refunded to you (line 35 check box entr					30		00
<b>31</b> Add line 25 and line 29. If line 29 is larger than line 24, subt	,						00
<b>32</b> Late filing and/or late payment: Penalties			-		32		00
33 Penalty for Underpayment of Estimated Tax (attach S							
Enter exception code from instructions here if applica					33	(	00
<b>34</b> Add line 31 through line 33 and enter your balance due (				· ·	34		00
REFUND OPTIONS Getting a refund? Direct deposit is		,		,		I	$\neg$
35 Select one: Direct Deposit (line 37 required) (for US accounts only)							
PAYMENT OPTIONS Have a balance due? Pay electro		sy!	, <u> </u>				$\neg$
36 Select one: MyDORWAY (pay at dor.sc.gov/pay)	ACH Debit (enter your US b	ank information	on line 37)				
37 Type of Account:							
	The first two numbers Bank Ac	count 💊				1-	-17
Number (RTN)	be 01 through 32. Number	1 K				di	igits
For payments only: Withdrawal Date	Withdrawal	Amount			00		
I declare that this return and all attachments are true, co				lf pr	epared b	y a person othe	er
than the taxpayer, this declaration is based on all information			-				
Your signature	Date	Spouse's sig	nature (if married	t filing	jointly, BO	TH must sign)	
I authorize the Director of the SCDOR or delegate to discuss this return,		Preparer's pi	rinted name				
attachments, and related tax matters with the preparer.	Yes No						
Paid Preparer	Date	Check if self	- PTIN				
Preparer's signature		employed					
Use Firm name (or yours if self-			FEIN				
Only employed), address, ZIP			Phone				
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Pr	•					-0100	
BALANCE DUE: Taxable Processing C	Center, PO Box 101105	i, Columb	ia, SC 2921	1-01	105		
30753214	32						