

Your SSN _____

NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)		11	00		
12 Two Wage Earner Credit (see instructions)		12	00		
13 Other nonrefundable credits. Attach SC1040TC and	other state returns	13	00		
14 Total nonrefundable credits (add line 11 through lin					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					
16 SC income tax withheld (attach W-2 or SC41)		16	00		
17 2022 Estimated Tax payments		17	00		
18 Amount paid with extension		18	00		
19 Nonresident sale of real estate (paid on I-290)		19	00		
20 Other SC withholding (attach 1099)		20	00		
21 Tuition tax credit (attach I-319)		21	00		
22 Other refundable credits:			·		
22a Anhydrous Ammonia (attach I-333)		▶ 22a	00		
22b Milk Credit (attach I-334)		22b	00		
22c Classroom Teacher Expenses (attach I-360)		▶ 22c	00		
22d Parental Refundable Credit (attach I-361)		▶ 22d	00		
22e Motor Fuel Income Tax Credit (attach I-385)		22e	00		
Total refundable credits (add line 22a through line	22e)			22	00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.					
23 Add line 16 through line 22 and enter the total here .	These are you	ır TOTAL PAYI	MENTS 🕨	23	00
24 If line 23 is larger than line 15, subtract line 15 from li	ine 23 and enter the overp	ayment		24	00
25 If line 15 is larger than line 23, subtract line 23 from li	ine 15 and enter the amou	Int due		25	00
AMENDED RETURN: Enter the amount from line	24 on line 30. Enter the a	mount from li	ne 25 on lin	e 31.	
26 USE TAX due on online, mail-order, or out-of-state p	urchases	26	00		
Use Tax is based on your county's Sales Tax rate. S	ee instructions for more in	formation.	•	1	
If you certify that no Use Tax is due, check here					
27 Amount of line 24 to be credited to your 2023 Estima	ted Tax	27	00		
28 Total Contributions for Check-offs (attach I-330)		28	00		
29 Add line 26 through line 28 and enter the total here				29	00
30 If line 29 is larger than line 24, go to line 31. Otherwis	se, subtract line 29 from lir	ne 24 and enter	r the		
amount to be refunded to you (line 35 check box enti	ry is required)	R	EFUND 🕨	30	00
31 Add line 25 and line 29. If line 29 is larger than line 24, subt	tract line 24 from line 29, ente	er the total. This is	s your tax due	31	00
32 Late filing and/or late payment: Penalties	Interest	Enter to	tal here 🕨	32	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)					
Enter exception code from instructions here if applicable			🕨	33	00
${\bf 34}$ Add line 31 through line 33 and enter your balance due	(select payment option on l	ine 36) BALAN	CE DUE 🕨	34	00
REFUND OPTIONS Getting a refund? Direct deposit i	s fast, accurate, and secu	re!		· · ·	
35 Select one: Direct Deposit (line 37 required) (for US accounts only)					
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!					
36 Select one: MyDORWAY (pay at dor.sc.gov/pay)	ACH Debit (enter your US b	ank information on line	37)		
For payments only: Withdrawal Date	Withdrawal	Amount		00	
37 Type of Account: Checking Savings		P C			
Routing	Bank Ac	count			1-17
	The first two numbers be 01 through 32.	(BAN)			digits
I declare that this return and all attachments are true, co		best of my kno	wledge. If p	repared by a person o	other
than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.					
Your signature	Date	Spouse's signature	(if married filing	g jointly, BOTH must sign)	
		D			
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.	Yes 🗌 No 🗌	Preparer's printed i	name		
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 Processing Center, PO Box 101100, Columbia, SC 29211-0100 BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105					

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