



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 <b>Total nonrefundable credits</b> (add line 11 through line 13) . . . . .		14		00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here . . . . .		15		00

**PAYMENTS AND REFUNDABLE CREDITS**

16 SC income tax withheld (attach W-2 or SC41) . . . . .	▶	16		00
17 2024 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 Reserved for future use . . . . .	▶	22e		00
<b>Total refundable credits</b> (add line 22a through line 22d) . . . . .	▶	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 your <b>TOTAL PAYMENTS</b> ▶	23		00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment . . . . .	24		00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due . . . . .	25		00

**AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.**

26 USE TAX due on online, mail-order, or out-of-state purchases . . . . .	▶	26		00
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 . . . ▶ <input type="checkbox"/>				
27 Amount of line 24 to be credited to your 2025 Estimated 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. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 35 check box entry is required) . . . . . <b>REFUND</b> ▶		30		00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax due		31		00
32 Late filing and/or late payment: Penalties _____ Interest _____ . . . . . Enter total here ▶		32		00
33 Penalty for Underpayment of Estimated Tax (attach SC2210) Enter exception code from instructions here if applicable _____ ▶		33		00
34 Add line 31 through line 33 and enter your balance due (select payment option on line 36) <b>BALANCE DUE</b> ▶		34		00

**REFUND OPTIONS** Getting a refund? **Direct deposit is fast, accurate, and secure!**

35 Select one:  Direct Deposit (line 37 required) (for US accounts only)  Paper Check

**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 bank information on line 37)

For payments only: Withdrawal Date ▶ [ ] Withdrawal Amount ▶ [ ] 00

37 Type of Account:  Checking  Savings

Routing Number (RTN) ▶ [ ] Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) ▶ [ ] 1-17 digits

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person 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 jointly, BOTH must sign) \_\_\_\_\_

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 name \_\_\_\_\_

Paid Preparer's Use Only

Preparer signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  PTIN \_\_\_\_\_

Firm name (or yours if self-employed), address, ZIP \_\_\_\_\_ FEIN \_\_\_\_\_ Phone \_\_\_\_\_

**MAIL TO: REFUNDS OR ZERO TAX DUE:** SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100  
**BALANCE DUE:** Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105  
30753248