



Your SSN _____

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2025**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 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 2025 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	
Total refundable credits (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 TOTAL PAYMENTS ▶	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 2026 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) REFUND ▶		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) BALANCE DUE ▶		34			00

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

35 Select one: ▶ <input type="checkbox"/> Direct Deposit (line 37 required) (for US accounts only) ▶ <input type="checkbox"/> Paper Check	
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!	
36 Select one: <input type="checkbox"/> MyDORWAY (pay at dor.sc.gov/pay) <input type="checkbox"/> ACH Debit (enter your US bank information on line 37)	
For payments only: Withdrawal Date ▶ <input type="text"/>	Withdrawal Amount ▶ <input type="text"/> 00
37 Type of Account: ▶ <input type="checkbox"/> Checking ▶ <input type="checkbox"/> Savings	
Routing Number (RTN) ▶ <input type="text"/>	Bank Account Number (BAN) ▶ <input type="text"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		Preparer's printed name	
Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed <input type="checkbox"/> 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
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