

1031



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2014 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 7/29/14)
3075

Your social security number 321-70-9776	Check if deceased <input type="checkbox"/>
Spouse's social security number 215-88-1049	Check if deceased <input type="checkbox"/>

**DO NOT USE THIS FORM TO FILE A
CORRECTED RETURN. SEE SC1040
INSTRUCTIONS FOR ADDITIONAL
INFORMATION.**

For the tax year January 1 - December 31, 2014, or fiscal tax year beginning		2014 and ending		2015	
Print your first name and Initial THERESA		Last name ZEMAN		Suff.	
Spouse's first name, if married filing jointly ANTHONY L		Last name ZEMAN			
Check if new address <input type="checkbox"/>	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions 7102 HAYBROUND DR SE			County code 32	
City OWENS CROSS ROADS	State AL	Zip 35763	Area Code Daytime telephone		
Check if address is outside US <input type="checkbox"/>	Foreign country address including Postal code (see instructions)				

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ☒

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ☐

Check this box if you have filed a federal or state extension ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐
Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐
Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☒ Married filing jointly (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2014 federal return. ▶ 2
 Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014 ▶ 0
 Enter the number of taxpayers age 65 or older, as of December 31, 2014 ▶ 0

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)

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INCOME AND ADJUSTMENTS

2014

1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below	1	Dollars 119,324.00
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ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions)	a	00	
b Out-of-state losses (See instructions) Check type of loss: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	b	00	
c Expenses related to National Guard and Military Reserve income	c	00	
d Interest income on obligations of states and political subdivisions other than South Carolina.	d	00	
e Other additions to income. Attach an explanation (See instructions)	e	00	
2 Add lines a through e and enter the total here. These are your total additions	2	00	
3 Add lines 1 and 2 and enter the total here	3	00	

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00		Dollars
g Total and permanent disability retirement income, if taxed on your fed return.	g	00		
h Out-of-state income/gain - Do not include personal service income (See instr) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i 44% of net capital gains held for more than one year (See instructions)	i	00		
j Volunteer deductions (See instructions) Check type of deduction: <input type="checkbox"/> Firefighter <input type="checkbox"/> HazMat <input type="checkbox"/> Rescue Squad <input type="checkbox"/> DNR <input type="checkbox"/> Reserve Police <input type="checkbox"/> Other _____	j	00		
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00		
l Active Trade or Business Income deduction (See instructions)	l	00		
m Interest income from obligations of the US government.	m	00		
n Certain nontaxable National Guard or Reserve Pay (See instructions).	n	00		
o Social security and/or railroad retirement, if taxed on your federal return.	o	00		
p Caution: Retirement Deduction (See instructions)				
p-1 Taxpayer: date of birth _____	p-1	00		
p-2 Spouse: date of birth _____	p-2	00		
p-3 Surviving spouse #1: date of birth of deceased spouse _____	p-3	00		
p-4 Surviving spouse #2: date of birth of deceased spouse _____	p-4	00		
q Age 65 and older deduction (See instructions)				
q-1 Taxpayer: date of birth _____	q-1	00		
q-2 Spouse: date of birth _____	q-2	00		
r Negative amount of federal taxable income.	r	00		
s Subsistence allowance _____ days @ \$8.00	s	00		
t Dependents under the age of 6 years on December 31 of the tax year	t	00		
u Consumer Protection Services.	u	00		
v Other subtractions (See instructions)	v	00		
4 Add lines f through v and enter here. These are your total subtractions	4	<	00 >	
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here This is your South Carolina INCOME SUBJECT TO TAX	5		41,538.00	
6 TAX: enter tax from SOUTH CAROLINA tax tables	6	2,419.00		
7 TAX on Lump Sum Distribution (Attach SC4972)	7	00		
8 TAX on Active Trade or Business Income (Attach I-335)	8	00		
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10 Add lines 6 through 9 and enter the total here This is your TOTAL SOUTH CAROLINA TAX	10	2,419.00		
11 Child and Dependent Care (See instructions)	11	00		
12 Two Wage Earner Credit (See instructions)	12	55.00		
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13	00		
14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here	14	55.00		
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	15	2,364.00		

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2014

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	3,023.00	20 Other SC Withholding (Attach Form 1099)	287.00	
17 2014 estimated tax payments	00	21 Tuition tax credit (Attach I-319)	00	
18 Amount paid with extension	00	22 Other refundable credit(s)	00	
19 NR sale of real estate	00	Check type: <input type="checkbox"/> Anhydrous Ammonia (Attach I-333) <input type="checkbox"/> Milk Credit (Attach I-334) <input type="checkbox"/> Classroom Teacher Expenses (Attach I-360)		
23 Add lines 16 through 22 and enter the total here These are your TOTAL PAYMENTS			23	3,310.00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.			24	946.00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE.			25	00
26 USE TAX due on internet, mail-order or out-of-state purchases.			26	0.00
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 checked="" type="checkbox"/> X				
27 Amount of line 24 to be credited to your 2015 Estimated tax			27	00
28 Total Contributions for Check-offs (Attach I-330)			28	00
29 Add lines 26 through 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 30a check box entry is required) REFUND			30	946.00
REFUND OPTIONS (subject to program limitations) 30a Mark one refund choice: <input checked="" type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card * <input type="checkbox"/> Paper Check <i>*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America</i>				
30b Direct Deposit (for US Accounts Only) Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number (RTN) 053906041 Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32 Bank Account Number (BAN) 083140664009 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			31	0.00
32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here			32	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			33	00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE			34	00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, Mastercard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

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 Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Preparer's printed name Ruel Turner
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	Check if self-employed <input type="checkbox"/> PTIN XXX-XX-XXXX
Firm name (or yours) if self-employed and address and Zip Code	Jackson Hewitt Tax Service 2251 Sunset Blvd. West Columbia, SC 29169-	FEIN	Phone No. (803)794-3999

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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