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Office use box

SC 1040

(Rev. 8/24/06)

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2006

For the year January 1 - December 31, 2006, or fiscal tax year beginning 2006 and ending 2007

PLACE LABEL HERE

Personal information section including name, address, and social security numbers.

Checkboxes for filing status options: 2007 return label, SC Schedule NR, federal extension, composite return.

CHECK YOUR FEDERAL FILING STATUS: Single, Married filing jointly, Head-of-household, Widow(er).

Federal Exemptions: Enter the number of exemptions from line 6 (d) of your 2006 federal return.

STAPLE PAYMENT HERE

Main tax calculation table with columns for Dollars and Cents. Includes lines 1-14 for income, deductions, and credits.

STAPLE W-2 / 1099 HERE

Table for tax withholdings and payments (lines 15-27), including SC Income Tax Withheld, Tuition Tax Credit, and Use Tax.

Final calculation section including NET REFUND (line 29) and NET DUE (line 30) with penalty amount.

Staple a check or money order for the full amount payable to "SC Department of Revenue." BALANCE DUE

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC, I-319 or I-335.

STOP! Resident filers complete lines 31 through 53.
 Nonresident filers complete Schedule NR. Do not complete lines 31 through 53.

PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME		Dollars	Cents
31 State tax addback, if itemizing on federal return.	31	00	
32 Out-of-state losses - (See instructions)	32	00	
33 Expenses related to National Guard and Military Reserve income.	33	00	
34 Interest income on obligations of states and political subdivisions other than South Carolina.	34	00	
35 Other additions to income. Attach an explanation (See instructions)	35	00	
36 TOTAL ADDITIONS ---- add lines 31 through 35 and enter your total additions to income here and on line 2.		36	00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME		Dollars	Cents
37 State tax refund, if included on line 10, on your federal Form 1040.	37	00	
38 Total and permanent disability retirement income, if taxed on your federal return.	38	00	
39 Out-of-state income/gain - Do not include personal service income. (See instructions.)	39	00	
40 44% of net capital gains held for more than one year (See instructions)	40	00	
41 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)	41	00	
42 Contributions to the SC Tuition Prepayment Program or the SC College Investment Program. (See instructions)	42	00	
43 Active Trade or Business Income Deduction (See Instructions)	43	00	
44 Interest income from obligations of the US government.	44	00	
45 National Guard or Reserve annual training and drill pay. (See instructions)	45	00	
46 Social Security and/or railroad retirement, if taxed on your federal return.	46	00	
47 Caution: Retirement Deduction - (See instructions)			
a) Taxpayer: Date of Birth _____	47a	00	
b) Spouse: Date of Birth _____	47b	00	
c) Surviving Spouse: Date of Birth of Deceased Spouse _____	47c	00	
48 Age 65 and older deduction - (See instructions)			
a) Taxpayer: Date of Birth _____	48a	00	
b) Spouse: Date of Birth _____	48b	00	
49 Negative amount of federal taxable income.	49	00	
50 Subsistence Allowance _____ days @ \$8.00	50	00	
51 Dependents under the age of 6 years on December 31, 2006. Date of Birth _____ SSN _____ Date of Birth _____ SSN _____	51	00	
52 Other subtractions. (See instructions) _____	52	00	
53 TOTAL SUBTRACTIONS ---- add lines 37 through 52 and enter the total here and on line 4.		53	00

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 jointly, BOTH must sign)
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Preparer's Printed Name
Yes <input type="checkbox"/> No <input type="checkbox"/>		

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only

Prepared by _____ Date _____ Address _____

EI Number _____ Phone Number _____ City _____ State _____ Zip _____

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MAIL RETURN TO THE PROPER ADDRESS

REFUNDS OR ZERO TAX: SC1040 PROCESSING CENTER P.O. BOX 101100 COLUMBIA SC 29211-0100	BALANCE DUE: TAXABLE PROCESSING CENTER P.O. BOX 101105 COLUMBIA SC 29211-0105
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