1350

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

(Rev. 10/7/21) 3299

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	First n	name and middle initia		Last name									You	ır so	cial sed	curity	number					
Print or type.	Spous	Spouse's first name, if married filing jointly							L	_ast n	name	me					Spo	use	's soci	al sec	l urity nu '	mber
	Mailing address (number and street, PO Box)																	Day	/time ph	none r	umber	
	City	City							State ZIP						Tax Year							
Part I	Inf	formation from y	our/	SC10	040. In	divid	dual	Inco	me	Tax	Re	turn										
																		1				00
Federal taxable income (line 1 of your SC1040) SC tax (line 15 of your SC1040)											2				00							
3. Use Tax (line 26 of your SC1040)												3				00						
	•	ld line 2 and line 3.															_	4				00
5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040)													5				00					
6. Refundable credits (add line 21 and line 22 of your SC1040)												- 1-	6				00					
7. Refund (line 30 of your SC1040)												_	7				00					
		<u> </u>																8				00
Part II	Ва	nk information for	or Ke	etunc	or Ba	lianc	e Di	ne								<u> </u>				•		
9. Routi	9. Routing number (RTN) Must be 9 digits. The first to RTN must be 01 through 12																					
10. Bank account number (BAN)																		1	-17 di	gits		
11. Туре	e of acc	ount: 🔲 C	heck	ing	☐ Sav	ings																
For Bala	ance D	ue:																				
12. Payr	nent W	ithdrawal Date						Payı	ment	With	hdra	wal A	Amou	ınt S	\$						_	
Part III	De	claration of taxp	ayer	•																		
13. 🗆	a. I cor	nsent for my refund to	be di	rectly	deposite	d as c	design	ated i	in Pai	rt II. I	decl	lare th	at the	e info	ormat	tion or	n line	1 th	rough li	ine 8 i	s correc	ct. If I
		a joint return, this is a									•											
Ц	acco	thorize the South Care ount, provided in Part Is and consent to the	II, for	payme	ent of the	e Sout	th Car	olina i	taxes	low	e. I	autho	rize m	ny ba	ank to	debi	t my a	ассо	unt for	the re	quested	d
If the SCI and interes		es not receive full and	l timel	y payn	nent of n	ny tax	liabili	ty, I u	nders	stand	that	l am r	respo	nsibl	le for	the b	alanc	e du	ıe, inclu	uding a	all pena	lties
		return and all attachn er has any knowledge		are tru	ie, corre	ct, and	d com	plete	to the	e bes	t of r	ny kno	owled	lge. ⁻	This	declar	ation	is ba	ased or	n all in	formatio	on of
Do not su	ıbmit a c	copy of this form to the	SCD	OR. F	Return th	ne sigr	ned co	py to	your	paid	prep	arer.	Keep	ac	ору v	vith yo	our tax	x rec	cords.			
						ı															ı	
Your sign	natura					 Da	ıto.		Sno	uco'c	ciar	aatura	(If m	arria	d filir	a ioin	tly B	OTL	H must :	cian)	Data	
Part IV		oloration of Floo	tron	io Do	4			- /CC			_ ·				u IIII	ig joii	iliy, D	OII	1 IIIuSt :	sigii)	Date	
I declare taxpayer's be filed w Individual return and information	that I ha s signatu vith the II I Income d accom on of whi	claration of Electory of the control of Electory of the control of Electory of the control of Electory	e taxpa e subrand ha quirem nd stat	ayer's nitting ve follo nents s temen	return a the SC1 owed all specified ts, and t	nd the 1040 to other by the o the I	e informothe state in the state	mation SCDC remer OOR. I	n is c DR. I I nts de If I an knowl	omple have escrib n the edge	ete a prov ed ir prep t,they	and ac rided to the I parer, y are t	curato he tax RS Po I declarue ar	e to xpay ub. 1 lare t	er wi 1345 that I ompl	th a co Autho have ete. T	opy of orized exam his de	f all IRS nined eclar	forms as a file for the file for the file for the formula for the file for the formula for the	and information of the contract of the contrac	ormation ers of expayer d on all	on to r's
ERO's	ERG	•							Date	е	a	Check i also pa orepare	id 🕝		Chec self- empl					PTIN	I	
Use	Firm	name (or						1			1 1	- 20.0		\dashv	FEIN							
Only		yours if self-employed), address, ZIP Phone																				
Paid Prepare		reparer										Da	ate		Chec	f-				PTIN	I	
Use		S signature employed Firm name (or FEIN									_											
Only	yo	yours if self-employed), ————————————————————————————————————									\dashv	Phor										