

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.
- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

- Cut across the dotted line and send the completed voucher and your check or money order.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



D-400V (50) 9-16-08	Individual Income Payment Voucher North Carolina Department of Revenue
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REV 03/01/22 PRO

777778737 AILA 9920 28262

MADHURIKA AILA

9920 BONITA LN APT 520 For Calendar Year 2021

CHARLOTTE NC 28262

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 03 23 22 Phone: (678) 965-9522

AMOUNT OF THIS PAYMENT

This must match the amount shown
on your check or money order.

\$ 2463 .00

7270150106



20214 7777787378 0000000 06408

Mail to:
NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MADHURIKA AILA 9920 BONITA LN 520 Your SSN: 777778737 CHARLOT NC 28262 MECKL Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death:		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	N	VT	N	SVT	N
AILA	9920	28262	DS	N	EA	N	TD			SD				FDEXT	N
MADHURIKA		AILA						777778737		MECKL					
										NC	28262				
9920	BONITA LN						520	CHARLOTTE							
06	69313			16			623	26C						0	
07	0			18	Y		0	26E						11	
09	0			20A			0	EU							
10A	0			20B			0	27					2463		
10B	0			21A			0	29						0	
11	S Y I N			21B			0	30						0	
11	10750			21C			0	31						0	
13	00000			21D			0	32						0	
14	58563			26A			2452	34						0	
15	3075			26B			0								
TN	5733886991			PN			6789659522	PP						P02082703	



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>2463</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
5733886991 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 03 23 2 6789659522	P02082703
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	69313
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	69313
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	58563
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	58563
15.	N.C. Income Tax	15.	3075
16.	Tax Credits	16.	623
17.	Subtract Line 16 from Line 15	17.	2452
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2452

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	0
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	Tax Due	26a.	2452
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	11
27.	Pay this Amount	27.	2463
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400TC (50)

12-1-21

2021 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) AILA Your Social Security Number 777778737

Table with 8 columns: Line number, Amount, Code, Line number, Code, Amount, Line number, Amount. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2021 is the first year the credit is taken.

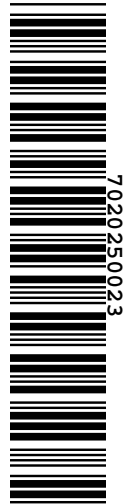
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2021

Table with 3 columns: Description, Line number, Amount. Rows 14-20.





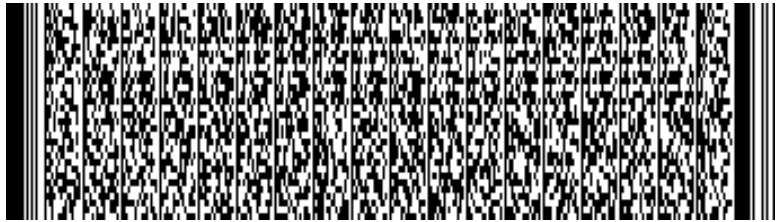
dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2021 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 8/11/21)
3075

Your Social Security Number	Check if deceased <input type="checkbox"/>
777 77 8737	
Spouse's Social Security Number	Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2021, or fiscal tax year beginning _____, 2021 and ending _____, 2022

First name and middle initial MADHURIKA	Last name AILA	Suffix
Spouse's first name, if married filing jointly	Last name	Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 9920 BONITA LN 520	County code 99
City CHARLOTTE	State NC	ZIP 28262
Daytime phone number with area code (573) 388-6991		
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code	

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are 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.
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2021 federal return **0**

Number of dependents claimed that were under the age of 6 years as of December 31, 2021

Number of taxpayers age 65 or older as of December 31, 2021

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 777-77-8737

2021

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 48 on line 5 below	1	Dollars 56,463	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 Type: _____	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 explanation - see instructions)	e	00	
2 Total additions (add line a through line e)	2		00
3 Add line 1 and line 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	
g Total and permanent disability retirement income, if taxed on your federal return	g	00	
h Out-of-state income/gain (do not include personal service income) 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	i	00	
j Volunteer deductions (see instructions) Type: _____	j	00	
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	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	n	00	
o Social Security and/or railroad retirement, if taxed on your federal return	o	00	
p 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 (date of birth of deceased spouse: _____)	p-3	00	
p-4 Taxpayer (date of birth: _____)	p-4	00	
p-5 Spouse (date of birth: _____)	p-5	00	
p-6 Surviving spouse (date of birth of deceased spouse: _____)	p-6	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 (multiply _____ days by \$8)	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	
w South Carolina Dependent Exemption (see instructions)	w	00	
4 Total subtractions (add line f through line w)	4	<	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5	16,430	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	623	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 line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10	623	00



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	623	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	▶	16	1,315	00
17 2021 Estimated Tax payments	▶	17		00
18 Amount paid with extension	▶	18		00
19 Nonresident sale of real estate	▶	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 Motor Fuel Income Tax Credit (attach I-385)	▶	22e		00
Total refundable credits (add line 22a through line 22e)	▶	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	1,315	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment		24	692	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	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"/>				
27 Amount of line 24 to be credited to your 2022 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	0	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)	▶	30	692	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 _____	▶	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: Direct Deposit (line 37 required) (for US accounts only) Debit Card 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)

37 Type of Account: Checking Savings

Routing Number (RTN) ▶ 081000032 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) ▶ 355010747040 1-17 digits

For payments only: Withdrawal Date ▶ _____ Withdrawal Amount ▶ _____00

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)
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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 checked="" type="checkbox"/>	Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM
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Paid Preparer's Use Only	Preparer signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03-23-2022	Check if self-employed <input type="checkbox"/>	PTIN P02082703
	Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041	FEIN 30-1017196	Phone (678)965-9522	

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

1555



dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2021 NONRESIDENT SCHEDULE

SCHEDULE NR
(Rev. 10/12/21)
3081

For the year January 1 - December 31, 2021, or fiscal tax year beginning 2021 and ending 2022

Your name AILA, MADHURIKA	Your Social Security Number 777-77-8737	Spouse's first name	Spouse's Social Security Number
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Your dates of SC residency to	Spouse's dates of SC residency to	Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040.
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INCOME AND EXCLUSIONS		Income as Shown on Federal Return COLUMN A		South Carolina Income COLUMN B	
1	Wages, salaries, tips, etc	71,554	00	20,711	00
2	Taxable interest income	00	00		00
3	Dividend income	00	00		00
4	State and local Income Tax refunds	00			
5	Alimony received	00	00		00
6	Business income or (loss)	00	00		00
7	Capital gain or (loss)	00	00		00
8	Other gains or (losses)	00	00		00
9	Taxable amount of IRA distributions	00	00		00
10	Taxable amount of pensions and annuities	00	00		00
11	Rents, royalties, partnerships, estates, trusts, etc	00	00		00
12	Farm income or (loss)	00	00		00
13	Unemployment compensation	00	00		00
14	Taxable amount of Social Security benefits	00			
15	Other income	00	00		00
16	Total Income: Add line 1 through line 15	71,554	00	20,711	00
ADJUSTMENTS TO INCOME		Federal Adjustment		SC Adjustment	
17	Educator expenses	00	00		00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials	00	00		00
19	Health savings account deduction	00	00		00
20	Moving expenses for members of the Armed Forces	00	00		00
21	Deductible part of self-employment tax	00	00		00

*Attach to
SC1040*

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811210

REV 02/19/22 PRO



SC adjustment continued

		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans.....	22	00 00
23	Self-employed health insurance deduction	23	00 00
24	Penalty on early withdrawal of savings	24	00 00
25	Alimony paid	25	00 00
26	IRA deduction	26	00 00
27	Student loan interest deduction	27	2,241 00 649 00
28	Other adjustments	28	00 00
29	Charitable contributions if you take the standard deduction	29	
30	Total adjustments: Add line 17 through line 29	30	2,241 00 649 00
31	Adjusted gross income: Subtract line 30 from line 16	31	69,313 00 20,062 00

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

32	South Carolina additions	32	00
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SUBTRACTIONS

33	South Carolina dependent exemption (see instructions)	33	0 00
34	44% of net capital gains held for more than one year	34	00
35	Retirement deduction (see instructions)		
	a) Taxpayer (date of birth: _____)	35a	00
	b) Spouse (date of birth: _____)	35b	00
	c) Surviving spouse (date of birth of deceased spouse: _____)	35c	00
	Military retirement deduction (see instructions)		
	d) Taxpayer (date of birth: _____)	35d	00
	e) Spouse (date of birth: _____)	35e	00
	f) Surviving spouse (date of birth of deceased spouse: _____)	35f	00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
	a) Taxpayer (date of birth: _____)	36a	00
	b) Spouse (date of birth: _____)	36b	00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____	37	00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	38	00
39	Active Trade or Business Income deduction (see instructions)	39	00
40	Consumer Protection Services	40	00
41	Other subtractions (see instructions)	41	00
42	Total South Carolina subtractions: Add line 33 through line 41	42	0 00
43	Total South Carolina adjustments: Subtract line 42 from line 32	43	0 00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43	44	20,062 00

45 PRORATION:
Line 31, Column B divided by line 31, Column A = 28.94 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:
If using the standard deduction, enter the amount from federal form on line 46.
If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46.
Enter the following amounts from the instructions:

Part I (Itemized Deductions) _____
 Part II, Worksheet, line 6 (State Taxes) _____
 Part III (Other Expenses) _____

46	12,550	00
47	3,632	00
48	16,430	00

47 Allowable deductions: Multiply line 46 by 28.94 % (from line 45)..... 47 < 3,632 00 >
 48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5..... 48 16,430 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.