

February 21, 2025

Regina T Sears  
100 Riverbend Dr  
West Columbia, SC 29169

Please find enclosed a copy of your 2024 South Carolina income tax return for your records. Your South Carolina return was electronically transmitted to the South Carolina Department of Revenue on ; therefore, do not mail your South Carolina Form SC 1040 to the South Carolina Department of Revenue. Mail your payment and South Carolina Form SC 1040V to:

SCDOR  
IIT Voucher  
PO Box 100123  
Columbia, SC 29202

The amount you owe on your South Carolina return is \$1,500. Make your check or money order payable by May 1, 2025 to ' SCDOR '. Write ' 2024 Form SC1040-V ' and your social security number on your check.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,



dc Tax, LLC  
9301 Ocoee St #64  
Ooltewah, TN 37363  
(423)482-9737

# 2024 Income Tax Return

**Prepared For:**

Regina T Sears  
100 Riverbend Dr  
West Columbia, SC 29169  
(954) 768-3724

**Prepared By:**

dc Tax, LLC  
9301 Ocoee St #64  
Ooltewah, TN 37363  
Telephone: (423) 482-9737  
FAX: (423) 558-3274  
Email: david@dctax.us

Name(s) shown on return

**Regina T**

**Sears**

Your social security number

**592-30-3601**

## WARNING: UNAVAILABLE FORMS FOR PAPER FILERS

This South Carolina return contains one or more of the following forms that have not yet been approved by the South Carolina Department of Revenue. You may file this return electronically now but you cannot file it as a ***printed and mailed-in return***. A program update will be released when the form(s) below are approved for paper filing:

**Form SC2210 - Underpayment of Estimated Tax**

1064

2024

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

SC1040-V

(Rev. 4/16/24)  
3332

dor.sc.gov

**INDIVIDUAL INCOME TAX PAYMENT VOUCHER**

Pay online using our free tax portal, MyDORWAY, at [dor.sc.gov/pay](https://dor.sc.gov/pay). Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you're making a quarterly Declaration of Estimated Tax payment, use the SC1040ES.
- If you file by paper, use only black ink on the SC1040-V form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN (if filing jointly).
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on line 34 of your SC1040.
- If you file and pay electronically, you have until May 1, 2025 to submit your return and full payment without penalties or interest. If you don't file and pay by May 1, 2025, penalties and interest will be charged from the tax due date (April 15, 2025) until you file and pay.
- If you filed your SC1040 electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1040-V.
- If you file your SC1040 by paper and have a balance due, submit your payment with the return. **Do not** mail your payment separately with the SC1040-V.
- Make your check payable to SCDOR. Include your name, SSN, and 2024 SC1040-V in the memo. **Do not send cash.**
- Mail your SC1040-V and payment in one envelope.

**Mail your SC1040-V and payment to:** SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

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1064

2024

SC DEPARTMENT OF REVENUE  
INDIVIDUAL INCOME TAX PAYMENT VOUCHER

SC1040-V

(Rev. 4/16/24)  
3332

dor.sc.gov

**Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at [dor.sc.gov/pay](https://dor.sc.gov/pay).**

Your SSN <b>▶592-30-3601</b>	Spouse's SSN (if filing jointly) <b>▶</b>	Composite Filer <input type="checkbox"/>	Payment amount <b>▶ 1,500.00</b>
Name and address (include spouse's name if filing jointly) <b>Regina Sears</b> <b>100 Riverbend Dr</b> <b>West Columbia SC 29169</b>			

**Do not send cash.** Make your check payable to SCDOR and include your name, SSN, and 2024 SC1040-V in the memo.

33321241 592303601 000000000 1224 00000150000 0 1



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

2024 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 7/8/24)  
3075

dor.sc.gov



Your Social Security Number <b>592-30-3601</b>	Check if deceased <input type="checkbox"/>
Spouse's Social Security Number	Check if deceased <input type="checkbox"/>

For the year January 1 - December 31, 2024, or fiscal tax year beginning \_\_\_\_\_, 2024 and ending \_\_\_\_\_, 2025

First name and middle initial <b>Regina T</b>		Last name <b>Sears</b>		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) <b>100 Riverbend Dr</b>			County code <b>32</b>
City <b>West Columbia</b>		State <b>SC</b>	ZIP <b>29169</b>	Daytime phone number with area code <b>(954) 768-3724</b>
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check this box if this is an Amended Return. (Attach Schedule AMD) . . . . .
- **Part-Year/Nonresident:** Check this box if you are a part-year or nonresident filing an SC Schedule NR . . . . .
- **Composite:** 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 . . . . .
- **Extension:** Check this box if you have filed a federal or state extension . . . . .
- **Military:** Check this box if you served in a military combat zone during the filing period . . . . .   
Name of the combat zone: \_\_\_\_\_

<b>CHECK YOUR FEDERAL FILING STATUS</b>	(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 surviving spouse

Number of dependents claimed on your 2024 federal return . . . . . **0**

Number of dependents claimed that were under the age of 6 years as of December 31, 2024 . . . . . **0**

Number of taxpayers age 65 or older as of December 31, 2024 . . . . . **0**

**DEPENDENTS**

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



**INCOME AND ADJUSTMENTS**

Your SSN **592-30-3601**

**2024**

<b>1</b> Enter <b>federal taxable income</b> 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 . . . . . ▶	<b>1</b>	Dollars <b>36,768</b>	<b>00</b>
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**ADDITIONS TO FEDERAL TAXABLE INCOME**

<b>a</b> State tax addback, if itemizing on federal return (see instructions) . . . . . ▶	<b>a</b>	<b>00</b>	
<b>b</b> Out-of-state losses Type: _____ . . . . . ▶	<b>b</b>	<b>00</b>	
<b>c</b> Expenses related to National Guard and Military Reserve Income . . . . . ▶	<b>c</b>	<b>00</b>	
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina . . . . . ▶	<b>d</b>	<b>00</b>	
<b>e</b> Other additions to income (attach explanation - see instructions) . . . . . ▶	<b>e</b>	<b>00</b>	
<b>2</b> <b>Total additions</b> (add line a through line e) . . . . . ▶	<b>2</b>		<b>0 00</b>
<b>3</b> Add line 1 and line 2 and enter the total here . . . . . ▶	<b>3</b>	<b>36,768</b>	<b>00</b>

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

<b>f</b> State tax refund, if included on your federal return . . . . . ▶	<b>f</b>	<b>00</b>	
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return. . . . . ▶	<b>g</b>	<b>00</b>	
<b>h</b> 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 _____ ▶	<b>h</b>	<b>00</b>	
<b>i</b> 44% of net capital gains held for more than one year . . . . . ▶	<b>i</b>	<b>00</b>	
<b>j</b> Volunteer deductions (see instructions) Type: _____ . . . . . ▶	<b>j</b>	<b>00</b>	
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program . . . . . ▶	<b>k</b>	<b>00</b>	
<b>l</b> Active Trade or Business Income deduction (see instructions) . . . . . ▶	<b>l</b>	<b>00</b>	
<b>m</b> Interest income from obligations of the US government . . . . . ▶	<b>m</b>	<b>00</b>	
<b>n</b> Certain nontaxable National Guard or Reserve pay . . . . . ▶	<b>n</b>	<b>00</b>	
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return . . . . . ▶	<b>o</b>	<b>00</b>	
<b>p</b> Retirement Deduction (see instructions)			
<b>p-1</b> Taxpayer (date of birth: _____) . . . . . ▶	<b>p-1</b>	<b>00</b>	
<b>p-2</b> Spouse (date of birth: _____) . . . . . ▶	<b>p-2</b>	<b>00</b>	
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____) ▶	<b>p-3</b>	<b>00</b>	
Military Retirement Deduction (see instructions)			
<b>p-4</b> Taxpayer (date of birth: _____) . . . . . ▶	<b>p-4</b>	<b>00</b>	
<b>p-5</b> Spouse (date of birth: _____) . . . . . ▶	<b>p-5</b>	<b>00</b>	
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____) ▶	<b>p-6</b>	<b>00</b>	
<b>q</b> Age 65 and older deduction (see instructions)			
<b>q-1</b> Taxpayer (date of birth: _____) . . . . . ▶	<b>q-1</b>	<b>00</b>	
<b>q-2</b> Spouse (date of birth: _____) . . . . . ▶	<b>q-2</b>	<b>00</b>	
<b>r</b> Negative amount of federal taxable income . . . . . ▶	<b>r</b>	<b>00</b>	
<b>s</b> Subsistence allowance (multiply <b>0</b> days by \$16). . . . . ▶	<b>s</b>	<b>00</b>	
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year . . . . . ▶	<b>t</b>	<b>00</b>	
<b>u</b> Consumer Protection Services . . . . . ▶	<b>u</b>	<b>00</b>	
<b>v</b> Other subtractions (see instructions) . . . . . ▶	<b>v</b>	<b>00</b>	
<b>w</b> South Carolina Dependent Exemption (see instructions) . . . . . ▶	<b>w</b>	<b>00</b>	
<b>4</b> <b>Total subtractions</b> (add line f through line w) . . . . . ▶	<b>4</b>	<	<b>0 00</b> >
<b>5</b> 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 <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b> . . . . . ▶	<b>5</b>	<b>36,768</b>	<b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT) . . . . . ▶	<b>6</b>	<b>1,620</b>	<b>00</b>
<b>7</b> TAX on Lump Sum Distribution (attach SC4972) . . . . . ▶	<b>7</b>	<b>00</b>	
<b>8</b> TAX on Active Trade or Business Income (attach I-335) . . . . . ▶	<b>8</b>	<b>00</b>	
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts . . . . . ▶	<b>9</b>	<b>00</b>	
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b> . . . . . ▶	<b>10</b>	<b>1,620</b>	<b>00</b>

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Your SSN 592-30-3601

2024

**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
<b>14 Total nonrefundable credits</b> (add line 11 through line 13)			14	00
<b>15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here</b>			15	1,620 00

**PAYMENTS AND REFUNDABLE CREDITS**

16 SC income tax withheld (attach W-2 or SC41)	▶	16	184	00
17 2024 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
<b>Total refundable credits</b> (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	▶	23	184	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	1,436	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 2025 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	1,436	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		64 00
34 Add line 31 through line 33 and enter your balance due (select payment option on line 36)	BALANCE DUE ▶	34	1,500	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)  Paper Check

**PAYMENT OPTIONS** Have a balance due? **Pay electronically! It's quick and easy!**

36 Select one:  MyDORWAY (pay atdor.sc.gov/pay)  ACH Debit (enter your US bank information on line 37)

For payments only: Withdrawal Date  Withdrawal Amount  00

37 Type of Account:  Checking  Savings

Routing Number (RTN)  Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN)  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  No  Preparer's printed name **David W Collins**

Paid Preparer signature Date **02/21/2025** Check if self-employed  PTIN **P03013529**

Use Firm name (or yours if self-employed), address, ZIP **dc Tax, LLC 9301 Ocoee St #64 Ooltewah 37363** FEIN **86-3654940**

Only Phone **(423) 482-9737**

**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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02/21/2025 05:54:20PM