



Barlow

Your SSN 372-62-8205

NON-REFUNDABLE CREDITS

Table with 5 rows: 11 Child and Dependent Care, 12 Two Wage Earner Credit, 13 Other nonrefundable credits, 14 Total nonrefundable credits, 15 Subtract line 14 from line 10.

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows: 16 SC income tax withheld, 17 2023 Estimated Tax payments, 18 Amount paid with extension, 19 Nonresident sale of real estate, 20 Other SC withholding, 21 Tuition tax credit, 22a-e Other refundable credits, 22 Total refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows: 23 Add line 16 through line 22, 24 If line 23 is larger than line 15, 25 If line 15 is larger than line 23.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 10 rows: 26 USE TAX due on online, mail-order, or out-of-state purchases, 27 Amount of line 24 to be credited, 28 Total Contributions for Check-offs, 29 Add line 26 through line 28, 30 Refund amount, 31 Add line 25 and line 29, 32 Late filing and/or late payment penalties, 33 Penalty for Underpayment of Estimated Tax, 34 Add line 31 through line 33.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

35 Select one: Direct Deposit (line 37 required) (for US accounts only) or Paper Check

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

36 Select one: MyDORWAY, ACH Debit, or Withdrawal Date and Amount. 37 Type of Account: Checking or Savings. Routing Number (RTN) and Bank Account Number (BAN).

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: Signature Mari L Barlow, Date 09-26-2024. 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 [X]

Preparer's printed name: Suzanne Simonetta-Lee. Preparer's signature, Date: 09-26-2024. Check if self-employed, PTIN: P01451368, FEIN: 20-0761375, Phone: 321-427-9184.

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. 30753230