

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Cherry		Last name Huston, Sr		Your social security number 272-82-4743	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 104 Easy St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Gaffney			State SC	ZIP code 293404461	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	300.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	-300.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	1,800.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,800.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,800.
Direct deposit? See instructions.	b Routing number 082908573 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 44655555		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's
name ▶

Phone
no. ▶

Personal identification
number (PIN) ▶

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Sign Here

Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here

(see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here

(see inst.) ▶

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ **Self-Prepared**

Phone no.

Firm's address ▶

Firm's EIN ▶

1555

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dor.sc.govSTATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**SC8453**

(Rev. 11/16/20)

3299

Please print or type.	Your first name and initial CHERRY		Last name HUSTON, SR		Your social security number 272-82-4743	
	If joint return, spouse's first name and initial		Last name, if different		Spouse's social security number	
	Home address (number and street, apt. number or RR) 104 EASY ST		Daytime telephone # (260) 245-1673		Tax Year 2020	
	City, town or post office, state and ZIP code GAFFNEY SC 29340-4461					

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	0	00
2. Net SC tax (SC1040, line 15)	2	0	00
3. Use Tax	3	0	00
4. Total Tax	4	0	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5		00
6. Tuition Tax Credit (SC1040, line 21)	6		00
7. Refund (SC1040, line 30)	7		00
8. Amount you owe (SC1040, line 34)	8	0	00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	The first two numbers of the RTN must be 01 through 12 or 21 through 32.
	10. Bank account number (BAN)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
	11. Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	12. Withdrawal Date	Withdrawal Amount \$	

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. **Do not submit this form to the SC Department of Revenue.** Do not submit a copy of this form to the SCDOR. Return the signed copy to your tax preparer. Keep a copy with your tax records.

Sign Here

Your signature

Date

Spouse's signature (If joint, BOTH must sign)

Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. **I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.**

**ERO's
Use
Only**ERO
signatureFirm name (or
yours if self-employed)
and address

Date

Check if
also paid
preparer ☐Check if
self-
employed ☐

PTIN

FEIN
ZIP code**Paid
Preparer's
Use
Only**Preparer
signatureFirm name (or
yours if self-employed)
and address

Date

Check
if self-
employed ☐

PTIN

FEIN
ZIP code

1555



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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2020 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 10/14/20)
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
272	82	4743	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2020, or fiscal tax year beginning _____, 2020 and ending _____, 2021

First name and middle initial Cherry		Last name Huston		Suffix Sr
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) 104 Easy St			County code 23
City Gaffney	State SC	ZIP 29340-4461	Daytime phone number with area code (260) 245-1673	
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(1) ☒ Single(3) ☐ Married filing separately - enter spouse's SSN: _____**FEDERAL FILING STATUS**(2) ☐ Married filing jointly(4) ☐ Head of household(5) ☐ Qualifying widow(er)

Number of dependents claimed on your 2020 federal return **0**

Number of dependents claimed that were under the age of 6 years as of December 31, 2020 _____

Number of taxpayers age 65 or older as of December 31, 2020 _____

DEPENDENTS

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

30751200

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**INCOME AND ADJUSTMENTS**Your SSN 272-82-4743**2020**

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	0	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			0 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	
Military Retirement Deduction (see instructions) 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	12,700	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		0 00	
4 Total subtractions (add line f through line w) ▶	4	<	12,700	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			0 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) ▶	6		0 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			0 00

Your SSN 272-82-4743Page 3 of 3
2020**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		0	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	▶	16		00	
17 2020 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		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		0 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 2021 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 30a check box entry is required) This is your REFUND ▶	30		00	

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ <input type="checkbox"/> Direct Deposit (30b required) ▶ <input type="checkbox"/> Debit Card ▶ <input type="checkbox"/> Paper Check	
30b Direct Deposit (for US accounts only) Type: ▶ <input type="checkbox"/> Checking ▶ <input type="checkbox"/> Savings	
Routing Number (RTN) ▶ <input type="text"/>	Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.
Bank Account Number (BAN) ▶ <input type="text"/>	1-17 digits

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		0 00
32 Late filing and/or late payment: Penalties _____ Interest _____ Enter total here ▶	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 the total here. This is your BALANCE DUE ▶	34		0 00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

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 <input type="checkbox"/> No <input type="checkbox"/>		Preparer's printed name	
Prepared by	Preparer signature <u>Self prepared</u>	Date	Check if self-employed <input type="checkbox"/>
Use	Firm name (or yours if self-employed), address, ZIP	PTIN	FEIN
Only		Phone	

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

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