



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE AMENDED INDIVIDUAL INCOME TAX

SC1040X (Rev. 8/15/19) 3083

dor.sc.gov

Fiscal year ended - - , or calendar year

Form with fields for name, address, filing status, and tax year.

Table with columns: Mail to: SCDOR, Amended Individual Income Tax, PO Box 101104, Columbia, SC 29211-0104; Original amount; Net Change; Correct Amount.

Main table with 22 rows for tax items and amounts, including Income and Adjustments, Tax, Credits, and Payments and Transfers.

Complete and sign page 2.



PART II	Refund 23. If line 22 is larger than line 11, column C, subtract and enter the difference . . . REFUND ▶ (line 23a check box entry is required)	23		00
	Refund Options (subject to program limitations)	23a. Mark one refund choice: ▶ <input type="checkbox"/> Direct Deposit (23b required) ▶ <input type="checkbox"/> Debit Card ▶ <input type="checkbox"/> Paper Check		
		23b. 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		
	Balance Due 24. If line 11, column C is larger than line 22, enter the difference.	24		00
	25. Interest and penalty on tax due (from due date of original return) ▶	25		00
	26. Total: Add line 24 and line 25 and enter here TOTAL BALANCE DUE ▶	26		00

PART III	Please Sign Here	I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.			
		_____ Your signature	_____ Date	_____ Spouse's signature (If 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
	Paid Preparer's Use Only	If prepared by a person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge.			
		Prepared by	Date	Address	
		PTIN or FEIN	Phone	City	State ZIP

PART IV - NONRESIDENT (It is best to make necessary corrections on a new Schedule NR before completing the nonresident section of the SC1040X.)

	(1) As Originally Reported	(2) Correct Amount
27. Federal adjusted gross income	27	
28. South Carolina adjusted gross income	28	
29. Corrected proration (line 28, column 2 divided by line 27, column 2)	29	%
30. Total deductions and exemptions (see instructions)	30	
31. Allowable deductions and exemptions (multiply line 30, column 2 by line 29)	31	
32. Total South Carolina adjustments	32	
33. Subtract line 32, column 2 from line 31	33	
34. Modified South Carolina taxable income as corrected (subtract line 33 from line 28, column 2) Enter amount on line 3 column C on front of SC1040X.	34	

PART V - EXPLANATION OF CHANGES Enter the line reference from PART II or PART IV for which you are reporting a change and give the reason for each change. Attach applicable documentation.

Failure to provide an explanation or supporting documentation will result in a delay in processing your return.

Explanation: _____

- Have you been notified that your original state return is being or will be audited by the SCDOR?
 Yes No
- Are you filing this amended return due to a federal adjustment? If yes, attach a copy of the federal audit or adjustment. Yes No