



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 7/23/10) 3299

Form with fields for: Your first name and initial, Last name, Your social security number, If joint return, spouse's first name and initial, Last name, if different, Spouse's social security number, Home address, Daytime telephone #, Tax Year, City, town or post office, state and ZIP code.

Table with 3 columns: Line number, Description, Amount. Rows include: 1. Federal taxable income, 2. Net SC tax, 3. Use Tax, 4. Total Tax, 5. SC Income Tax Withheld, 6. Tuition Tax Credit, 7. Refund, 8. Amount you owe.

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.) Fields for: 9. Routing transit number (RTN), 10. Bank account number (BAN), 11. Type of account: Checking 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... 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...

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. Keep with your 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 signature Date Check if also paid preparer Check if self-employed PTIN Firm name (or yours if self-employed) and address FEIN ZIP code

Paid Preparer's Use Only Preparer signature Date Check if self-employed PTIN Firm name (or yours if self-employed) and address FEIN ZIP code

DO NOT MAIL KEEP FOR YOUR RECORDS