

FOR SOUTH CAROLINA RESIDENT WHO DID NOT EARN SUFFICIENT
INCOME IN SOUTH CAROLINA TO REQUIRE FILING A RETURN

A F F I D A V I T

I, _____, swear under penalties of perjury, that I did not file a South Carolina Income Tax Return for the year(s) _____, and declare that for these year(s) that I did not have sufficient gross income to require the filing of such return under Title 12 of the South Carolina Code.

The only income and/or other means of support during this tax year(s), is as follows:

	<u>Year</u>	<u>Estimated Amount</u>	<u>Source</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Should this affidavit be accepted by the South Carolina Department of Revenue and it later be determined that I am required to file a South Carolina Income Tax Return for the year(s) stated above, then I waive the discharge under the Bankruptcy Code for any tax liability, interest, and penalties associated with those years.

Taxpayer's Signature

Taxpayer's SSN

Taxpayer's Signature

Taxpayer's SSN

Date: _____

Sworn to before me this _____
day of _____.

Notary Public of South Carolina
My Commission Expires: _____.

FOR NONRESIDENT WHO DID NOT EARN INCOME IN SOUTH CAROLINA

AFFIDAVIT

I, _____, swear under penalties of perjury, that I did not file a South Carolina Income Tax Return for the year(s) _____, and declare that for these year(s) that I was not a resident of the State of South Carolina and did not earn income in the State of South Carolina and, therefore, was not required to file a South Carolina individual income tax return for the aforesaid year(s).

Should this affidavit be accepted by the South Carolina Department of Revenue and it later be determined that I am required to file a South Carolina Income Tax Return for the year(s) stated above, then I waive the discharge under the Bankruptcy Code for any tax liability, interest, and penalties associated with those years.

Taxpayer's Signature

Taxpayer's Signature

Taxpayer's Social Security Number

Taxpayer's Social Security Number

Date: _____

Sworn to before me this _____
day of _____.

Notary Public of South Carolina
My Commission Expires: _____