

## **INSTRUCTIONS FOR 4% LEGAL RESIDENCE APPLICATION**

### **GENERAL INFORMATION**

- All questions must be answered completely and all required documents/proof must be uploaded before application is submitted
  - ***Incomplete application or those missing documents/proof will not be processed***
- Provide a written explanation if information/documents are not available
  - We will perform further research and verification and contact you if necessary
- If married, your spouse must sign and provide all required documentation even if he or she has no ownership of the property

### **MINIMUM REQUIRED DOCUMENTATION**

#### **ASSESSORS OFFICE MAY REQUEST ADDITIONAL INFORMATION**

- Copy of social security card, Active US Passport, US Permanent Resident Card, US Naturalization Certificate or I-797 form
- SC Driver's License OR SC Identification card(s) with current address for owner occupant AND spouse
- All SC motor vehicle registrations showing current address for owner occupant AND spouse
- Utility Bill from electric AND water/sewer company with the current service address  
(Ex.; Berkeley Electric Co-Op, Dominion, Santee Cooper, BCWSA, City of Goose Creek Water, or Charleston Water Systems)
- If separated or divorced: provide copy of court recorded separate support & maintenance agreement or divorce decree
- Additional documentation must be provided where applicable
  - i.e. copies of trusts, contract of sale, operating agreement for LLC's etc.
- **1040 US Individual Income Tax Returns** – Redacted copy of the first 2 pages and Schedule 1, Schedule A, Schedule C, Schedule E and Form 8829, if applicable.
- **State of SC Department of Revenue Individual Income Tax Return (SC1040)** – Redacted copy of the first 3 pages and any/all non-resident state tax returns, if applicable.  
(The form for your electronic filing and signature is **NOT** considered the first page of your tax returns)  
**RETURNS MUST BE THE MOST RECENT AND HAVE THE ADDRESS IN WHICH THE APPLICATION IS BEING FILED**  
(Example on following page for how and what to redact on your tax returns, leaving last 4 of social security numbers)  
**If you purchase your home within a new tax year, you will be required to submit a copy of your tax return the following year. (Ex.; home purchased in 2019, submit tax return in 2020 showing new legal residence address for the 2019 tax year)**
  - Returns for both owner-occupant AND spouse must be supplied, regardless of your filing status.
  - If you have ***filed an extension***, provide a copy of Form 4868. Your completed returns will be required once you file.

**FOR ACTIVE DUTY MILITARY AND SPOUSES ONLY- ADDITIONAL INFORMATION REQUIRED-** Copy of current Leave and Earnings Statement (LES), and SC or Current Driver's License regardless of where licensed. Federal & State Tax Returns are not required for our Active Duty Military Members per SC Department of Revenue. However, if South Carolina is your home of record, please provide the applicable portions of your tax returns as stated above.

**IF YOU HAVE QUESTIONS ABOUT THE ONLINE APPLICATION BEFORE YOU BEGIN THE PROCESS, PLEASE SUBMIT AN EMAIL TO [webprs@berkeleycountysc.gov](mailto:webprs@berkeleycountysc.gov) OR CALL THE BERKELEY COUNTY REAL PROPERTY SERVICES (ASSESSOR) OFFICE AT 843-719-4061**

**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 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 <b>JOHN J</b>	Last name <b>DOE</b>	Your social security number <b>X X X X X 1 2 3 4</b>
If joint return, spouse's first name and middle initial <b>JANE J</b>	Last name <b>DOE</b>	Spouse's social security number <b>X X X X X 5 6 7 8</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1003 US HIGHWAY 52</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>MONCKS CORNER, SC 29461</b>		<b>Presidential Election Campaign</b> 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
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

**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, 1955  Are blind Spouse:  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
JUDY	DOE	X X X X X X X X X X	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	XXXXXX
2a	Tax-exempt interest . . . . .	2a	
3a	Qualified dividends . . . . .	3a	
4a	IRA distributions . . . . .	4a	
5a	Social security benefits . . . . .	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9 . . . . .	7a	XXXXXX
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	7b	XXXXXX
8a	Adjustments to income from Schedule 1, line 22 . . . . .	8a	XXXXXX
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	8b	XXXXXX
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	XXXXXX
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11a	Add lines 9 and 10 . . . . .	11a	
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	11b	

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>12a</b> Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>			
<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total			<b>12b</b>	
<b>13a</b> Child tax credit or credit for other dependents	<b>13a</b>	XXXXXX		
<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total			<b>13b</b>	
<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-			<b>14</b>	
<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10			<b>15</b>	
<b>16</b> Add lines 14 and 15. This is your <b>total tax</b>			<b>16</b>	XXXXXX
<b>17</b> Federal income tax withheld from Forms W-2 and 1099			<b>17</b>	
<b>18</b> Other payments and refundable credits:				
<b>a</b> Earned income credit (EIC)	<b>18a</b>			
<b>b</b> Additional child tax credit. Attach Schedule 8812	<b>18b</b>			
<b>c</b> American opportunity credit from Form 8863, line 8	<b>18c</b>			
<b>d</b> Schedule 3, line 14	<b>18d</b>			
<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>			<b>18e</b>	
<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b>			<b>19</b>	
<b>Refund</b> <b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>			<b>20</b>	
<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>			<b>21a</b>	
<b>b</b> Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>d</b> Account number				
<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>			
<b>Amount You Owe</b> <b>23</b> <b>Amount you owe</b> . Subtract line 19 from line 16. For details on how to pay, see instructions			<b>23</b>	
<b>24</b> Estimated tax penalty (see instructions)	<b>24</b>			

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) 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, <b>both</b> 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: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Phone no.		Firm's EIN ▶	
Firm's address ▶				