

NOTICE TO PROCEED IN FORMA PAUPERIS

THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM GREENVILLE COUNTY

Court of Common Pleas

Charles B. Simmons, Master in Equity Judge

Case No. 2010-CP-23-8330

Green Tree Servicing, LLC., Respondent;

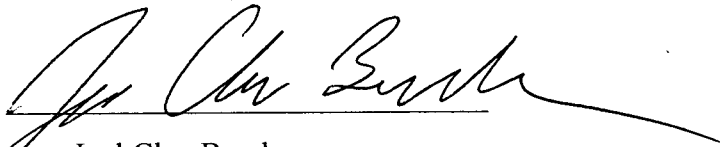
v.

Joel Clay Bracken, Appellant.

PENDING APPEAL

APPELLANT MOTION/REQUEST AND SWORN AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

I, Joel Clay Bracken, being duly sworn on today April 30, 2015, state that I am the Defendant, *pro se* in this civil case and that I do not have the funds available to pay the filings costs for this Appeal. I previously applied and was granted to proceed *in forma Pauperis* by the Circuit Court on July 18, 2014. (See attached) My financial circumstances have not changed. I do hereby formally motion this Honorable Appellant Court for relief pursuant to 28 U.S. § 1915.



State of South Carolina
County of Greenville

Joel Clay Bracken, *pro se*

313 Lanewood Drive

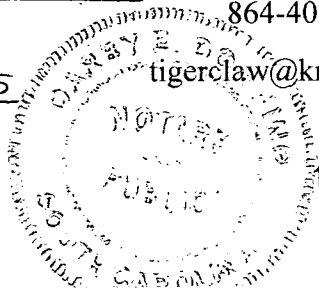
Greenville, SC 29607

864-402-9329

tigerclaw@kryptomail.net

Sworn to and subscribed before me on
the 30 day of April, 2015

DmbyEdawning
Notary Public Signature
My Commission Expires 2/10/2025



RECEIVED

MAY 04 2015

SC Court of Appeals

STATE OF SOUTH CAROLINA FILED-CLERK OF COURT COURT OF COMMON PLEAS
GREENVILLE CO. S.C.
COUNTY OF GREENVILLE PAUL B. WICKENSIMMER Case No: 10-CP-23-8330

BAC Home Loans Servicing, LP ~~2014~~ JUL 29 PM 3:56
Countrywide Home Loans Servicing LP,
Plaintiff;

Vs.

Joel Clay Bracken; and Bank of America, N.A.,
Defendant;

MOTION AND AFFIDAVIT TO
PROCEED IN FORMA PAUPERIS

I, Joel Clay Bracken, being duly sworn, state that I am the Defendant and that I do not have the funds available to pay the filing costs in this case. I respectfully request by motion, the Honourable Court for an Order, granting my defense filings be made without cost to me.

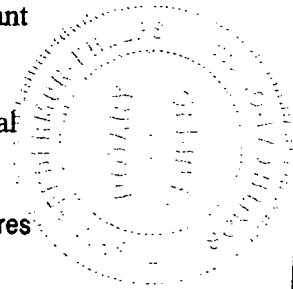
Sworn to before me this 2 day of May, 2014

Juphia Pendermon-Phelps
Notary Public of South Carolina

Joel Clay Bracken
Defendant

My Commission expires: 8-30-2022

Notary Seal



ORDER

My Commission Expires
August 30, 2022

Leave is *granted* to proceed in forma pauperis.

Leave is *denied* to proceed in forma pauperis.

Date: 7/18/14, 2014

Greenville, S.C.

[Signature]

Court Judge

12/09/14

JOEL BRACKEN
313 LANEWOOD DRIVE
GREENVILLE SC 29607.

CASE NO: 01729935
CASELOAD ID: 461B03
COUNTY: GREENVILLE
PHONE NO: 8644677700

APPROVAL: RECERTIFICATION-SIX MONTH CERT

DEAR MR JOEL BRACKEN

YOUR SNAP RECERTIFICATION APPLICATION HAS BEEN APPROVED FOR
DECEMBER 2014 THROUGH MAY 2015.

FOR DECEMBER 2014 YOU WILL RECEIVE \$315.00. YOU MUST REPORT IF
YOUR HOUSEHOLD'S TOTAL MONTHLY GROSS INCOME IS MORE THAN 1705.00.
THIS CHANGE MUST BE REPORTED NO LATER THAN THE TENTH OF THE MONTH
FOLLOWING THE CHANGE.

YOU MUST BE RE-CERTIFIED EVERY SIX (6) MONTHS IN ORDER TO CONTINUE TO
RECEIVE BENEFITS. A RECERTIFICATION FORM WILL BE MAILED TO YOU WHEN
YOUR RECERTIFICATION IS DUE. COMPLETE THE FORM AND RETURN IT WITH THE
REQUIRED VERIFICATION BY THE DUE DATE ON THE FORM.

FAIR HEARING RIGHTS ARE EXPLAINED ON THE BACK OF THIS NOTICE.
IF YOU HAVE ANY QUESTIONS, CALL 1-800-616-1309.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20 _____ See separate instructions.

Your first name and initial **JOEL C** Last name **BRACKEN** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **313 LANWOOD DRIVE** Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **GREENVILLE, SC 29607** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ 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. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	1
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	1

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	1

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor
JOEL C BRACKEN

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see instructions)
[REDACTED]

B Enter code from instructions
▶ **811210**

C Business name. If no separate business name, leave blank.
[REDACTED]

D Employer ID number (EIN), (see instr.)
[REDACTED]

E Business address (including suite or room no.) ▶ **313 LANEWOOD DRIVE**
City, town or post office, state, and ZIP code **GREENVILLE SC 29607**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2014, check here

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	1
7 Gross income. Add lines 5 and 6	7	1

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
 ▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

JOEL C BRACKEN

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions for Your Household Claimed on Your Return:

7a Are you claiming an exemption because your household income is below the filing threshold? Yes No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III Coverage Exemptions for Individuals Claimed on Your Return: If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e	f	g	h	i	j	k	l	m	n	o	p
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
8	JOEL C BRACKEN		A	X												
9																
10																
11																
12																
13																

**Worksheet A - 2014 EIC - Lines 66a and 66b**

Keep for Your Records

Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered "No" to Step 5, question 3. Otherwise, use Worksheet B.

Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5. 1. _____
2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. 2. _____
 If line 2 is zero, **STOP** You cannot take the credit.
 Enter "NO" on the dotted line next to line 66a.
3. Enter the amount from Form 1040, line 38. 3. _____
4. Are the amounts on lines 3 and 1 the same?
 Yes. Skip line 5; enter the amount from line 2 on line 6.
 No. Go to line 5.

Part 2**Filers Who Answered "No" on Line 4**

5. If you have:
 - No qualifying children, is the amount on line 3 less than \$8,150 (\$13,550 if married filing jointly)?
 - 1 or more qualifying children, is the amount on line 3 less than \$17,850 (\$23,300 if married filing jointly)? **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.
 No. Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. 5. _____
 Look at the amounts on lines 5 and 2.
 Then, enter the **smaller** amount on line 6.

Part 3**Your Earned Income Credit**

6. This is your earned income credit. 6. _____
Enter this amount on Form 1040, line 66a.

REMINDER-

- ✓ If you have a qualifying child, complete and attach Schedule EIC.

! CAUTION

If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2014

Worksheet B - 2014 EIC - Lines 66a and 66b

Use this worksheet if you answered "YES" to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1	1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies	1a <u>1</u>
Self-Employed, Members of the Clergy, and People with Church Employee Income Filing Schedule SE	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+ 1b _____
	c. Combine lines 1a and 1b.	= 1c <u>1</u>
	d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies	- 1d _____
	e. Subtract line 1d from 1c.	= 1e <u>1</u>

Part 2	2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.	
Self-Employed NOT Required To File Schedule SE	a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.	2a _____
	b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1*.	+ 2b _____
	c. Combine lines 2a and 2b.	= 2c _____
	<i>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.</i>	

For example, your net earnings from self-employment were less than \$400.

Part 3	3. Enter the amount from Schedule C, line 1c, or Schedule C-EZ, line 1c, that you are filing as a statutory employee.	3 _____
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Part 4	4a. Enter your earned income from Step 5.	4a _____
All Filers Using Worksheet B	b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income.	4b <u>1</u>
	If line 4b is zero or less, STOP You cannot take the credit. Enter "NO" on the dotted line next to line 66a.	
	5. If you have:	
<ul style="list-style-type: none"> • 3 or more qualifying children, is line 4b less than \$46,997 (\$52,427 if married filing jointly)? • 2 qualifying children, is line 4b less than \$43,756 (\$49,186 if married filing jointly)? • 1 qualifying child, is line 4b less than \$38,511 (\$43,941 if married filing jointly)? • No qualifying children, is line 4b less than \$14,590 (\$20,020 if married filing jointly)? 		
<input checked="" type="checkbox"/> Yes. If you want the IRS to figure your credit, see <i>Credit figured by the IRS</i> , earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.		
<input type="checkbox"/> No. STOP You cannot take the credit. Enter "NO" on the dotted line next to line 66a.		

Note. If line 4b includes income on which you should have paid self-employment tax but did not, we may reduce your credit by the amount of self-employment tax not paid.

Part 5	6. Enter your total earned income from Part 4, line 4b.	6 <u>1</u>
All Filers Using Worksheet B	7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure the correct column for your filing status and the number of children you have. Enter the credit here.	7 <u>2</u>
	If line 7 is zero, STOP You cannot take the credit. Enter "No" on the dotted line next to line 66a.	
	8. Enter the amount from Form 1040, line 38.	8 <u>1</u>
9. Are the amounts on lines 8 and 6 the same?		
<input checked="" type="checkbox"/> Yes. Skip line 10; enter the amount from line 7 on line 11.		
<input type="checkbox"/> No. Go to line 10.		

Part 6	10. If you have:	
Filers Who Answered "No" on Line 9	<ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,150 (\$13,550 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$17,850 (\$23,300 if married filing jointly)? 	
	<input type="checkbox"/> Yes. Leave line 10 blank; enter the amount from line 7 on line 11.	
	<input type="checkbox"/> No. Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.	10 _____
	Look at the amounts on lines 10 and 7. Then, enter the smaller amount on line 11.	

Part 7	11. This is your earned income credit.	11 <u>2</u>
Your Earned Income Credit	REMINDER-	
	✓ If you have a qualifying child, complete and attach Schedule EIC.	Enter this amount on Form 1040, line 66a.

CAUTION- If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2014.



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

SC8453 (Rev. 7/30/14) 3299

Personal information section including name (JOEL C BRACKEN), social security number, address (313 LANEWOOD DRIVE, GREENVILLE, SC 29607), and tax year (2014).

Table with 3 columns: Line number, Description (e.g., Federal taxable income, Net SC tax), and Amount. Total tax due is 00.

Part II: Direct Deposit of Refund or EFW Payment of Tax Due. Includes fields for RTN, BAN, account type (Checking/Savings), and withdrawal date/amount.

Part III: Declaration of Taxpayer. Includes checkboxes for refund direct deposit and EFW authorization.

Disclaimer text: 'If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment...' and 'I declare that I have compared the information...'.

Sign Here section with lines for signature and date for both taxpayer and spouse.

Part IV: Declaration of Electronic Return Originator (ERO) and Paid Preparer. Includes signature lines and checkboxes for ERO and preparer.

Additional signature lines for ERO and Paid Preparer with checkboxes for self-employed status.

Vertical text on the right side: NOT MAIL FOR YOUR RECORDS



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2014 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/29/14)
3075

Your social security number [REDACTED]	Check if deceased <input type="checkbox"/>
Spouse's social security number [REDACTED]	Check if deceased <input type="checkbox"/>



DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2014, or fiscal tax year beginning 2014 and ending 2015

Print your first name and initial JOEL C.		Last name BRACKEN		Suff.
Spouse's first name, if married filing jointly		Last name		
Check if new address <input type="checkbox"/>	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions 313 LANEWOOD DRIVE			County code 00023
City GREENVILLE		State SC	Zip 29607	Area code Daytime telephone 864-402-9329
Check if address is outside US <input type="checkbox"/>	Foreign country address including Postal code (see instructions)			

Check this box if you are filing SC Schedule NR (Part year/Nonresident)

Check this box ONLY if 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

Enter the name of the combat zone: _____

Check this box if this return is affected by a federally declared DISASTER AREA

Enter the name of the disaster area: _____

CHECK YOUR FEDERAL FILING STATUS

(1) Single (3) Married filing separately. Enter spouse's SSN here: _____

(2) Married filing jointly (4) Head-of-household (5) Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2014 federal return

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014

Enter the number of taxpayers age 65 or older, as of December 31, 2014

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

2014

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 50 on line 5 below Dollars 1 00

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (See instructions) 00
b Out-of-state losses (See instructions) 00
Check type of loss: Rental Business Other
c Expenses related to National Guard and Military Reserve income 00
d Interest income on obligations of states and political subdivisions other than South Carolina 00
e Other additions to income. Attach an explanation (See instructions) 00
2 Add lines a through e and enter the total here. These are your total additions 2 00
3 Add lines 1 and 2 and enter the total here 3 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return 00 Dollars
g Total and permanent disability retirement income, if taxed on your federal return 00
h Out-of-state income/gain - Do not include personal service income (See instructions) 00
Check type of income/gain: Rental Business Other
i 44% of net capital gains held for more than one year (See instructions) 00
j Volunteer deductions (See instructions) Check type of deduction: 00
Firefighter HazMat Rescue Squad
DNR Reserve Police Other
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions) 00
l Active Trade or Business Income deduction (See instructions) 00
m Interest income from obligations of the US government 00
n Certain nontaxable National Guard or Reserve Pay (See instructions) 00
o Social security and/or railroad retirement, if taxed on your federal return 00
p Caution: Retirement Deduction (See instructions)
p-1 Taxpayer: date of birth 00
p-2 Spouse: date of birth 00
p-3 Surviving spouse #1: date of birth of deceased spouse 00
p-4 Surviving spouse #2: date of birth of deceased spouse 00
q Age 65 and older deduction (See instructions)
q-1 Taxpayer: date of birth 00
q-2 Spouse: date of birth 00
r Negative amount of federal taxable income 10149 00
s Subsistence allowance days @ \$8.00 00
t Dependents under the age of 6 years on December 31 of the tax year 00
u Consumer Protection Services 00
v Other subtractions (See instructions) 00
4 Add lines f through v and enter here. These are your total subtractions 4 < 10149 00 >
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX 5 00
6 TAX: enter tax from SOUTH CAROLINA tax tables 00
7 TAX on Lump Sum Distribution (Attach SC4972) 00
8 TAX on Active Trade or Business Income (Attach I-335) 00
9 TAX on excess withdrawals from Catastrophe Savings Accounts 00
10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX 10 00
11 Child and Dependent Care (See instructions) 00
12 Two Wage Earner Credit (See instructions) 00
13 Other non-refundable credits. Attach SC1040TC and other state return(s) 00
14 TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here 14 00
15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here 15 00



2014

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)		00	20 Other SC withholding (Attach Form 1099)		00
17 2014 estimated tax payments ▶		00	21 Tuition tax credit (Attach I-319)		00
18 Amount paid with extension ▶		00	22 Other refundable credit(s) ▶		00
19 NR sale of real estate		00	Check type: <input type="checkbox"/> Anhydrous Ammonia (Attach I-333) <input type="checkbox"/> Milk Credit (Attach I-334) <input type="checkbox"/> Classroom Teacher Expenses (Attach I-360)		
23 Add lines 16 through 22 and enter the total here			These are your TOTAL PAYMENTS		
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	23	00	24		00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25	00	25		00
26 USE TAX due on internet, mail-order or out-of-state purchases	26	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 2015 Estimated Tax	27	00	28 Total Contributions for Check-offs (Attach I-330)		
28 Total Contributions for Check-offs (Attach I-330)	28	00	29 Add lines 26 through 28 and enter the total here		
29 Add lines 26 through 28 and enter the total here	29	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) REFUND ▶		
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 <i>*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America</i> 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 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	00	32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here		
32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here	32	00	33 Penalty for Underpayment of Estimated Tax (Attach SC2210)		
33 Penalty for Underpayment of Estimated Tax (Attach SC2210)	33	00	(See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>		
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE ▶	34	00			

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.		
Your signature 	Date 04/05/15	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email TIGERCLAW@KRYPTOMAIL.NET		
I authorize the Director of the Department of Revenue 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

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.			
Paid Preparer's Use Only	Preparer signature	Date 04/05/15	Check if self-employed <input type="checkbox"/>
	Firm name (or yours if self-employed) and address and Zip Code	FEIN	PTIN
			Phone No.



REFUNDS OR ZERO TAX
BALANCE DUE

SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

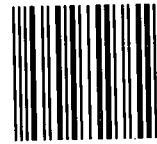
Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

JOEL CLAY BRACKEN
313 LANWOOD DRIVE
GREENVILLE, S.C. 29607



1000



29201

U.S. POSTAGE
PAID
GREENVILLE, SC
29606
MAY 01, 15
AMOUNT

\$2.03

R2303S101756-12

RECEIVED

MAY 04 2015

SC Court of Appeals

CLERKS OFFICE OF THE COURT OF APPEALS

1220 SENATE STREET

COLUMBIA, SOUTH CAROLINA 29201

TEL: 803-734-1890

FAX: 803-734-1839

ATTN: JENNY ABBOTT KITCHINGS

URGENT DOCUMENTS INSIDE!