



STATE OF SOUTH CAROLINA 'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year. If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032 If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120 (Rev. 12/9/11) 3091

SC FILE # INCOME TAX PERIOD ENDING LICENSE FEE PERIOD ENDING FEIN NAME MAILING ADDRESS CITY STATE ZIP CODE Change of Address Accounting Period Officers

County or Counties in SC Where Property is Located: City Audit Location State Audit Contact Telephone Number Check if Amended Return Consolidated Return Includes Disregarded LLC(s) Total Gross Receipts Total cost of depreciable personal property in SC. If Filing a Final Return, see General Instructions, page 6. You MUST close your account with the SECRETARY OF STATE and complete I-349. Merged Reorganized Dissolved Withdrawn

Attach complete copy of Federal Return

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return 2. Net Adjustment from line 12, Schedule A and B 3. Total Net Income as Reconciled 4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. 5. LESS: South Carolina net operating loss carryover, if applicable 6. South Carolina Net Income subject to tax 7. TAX: Multiply amount on line 6 by 5% (.05) 8. Less tax deferred on income from foreign trade receipts 9. Balance 10. Credit Carryover Non-refundable credits 11. Balance of tax 12. Interest on DISC-deferred tax liability; or Foreign Trade Deferred Tax Liability 13. Total tax and/or interest 14. Payments: (a) Tax Withheld (b) Paid by Declaration (c) Paid with Tentative Return (d) Credit from Line 29b Refundable Credits: (e) Ammonia Additive (f) Milk Credit 15. Total Payments and Refundable Credits 16. Balance of Tax and/or Interest Due 17. Interest Due Penalty Due 18. TOTAL INCOME TAX, Interest and Penalty Due BALANCE DUE 19. OVERPAYMENT To be applied as follows: (a) Estimated Tax (b) License Fee (c) REFUNDED

PART II COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus 21. FEE DUE - Line 20 x .001, plus \$15.00 22. Credit Carryover Credit taken this year from SC1120TC, Part II, Column C. 23. Balance 24. Payments: (24a) Paid with Tentative Return (24b) Credit from line 19b 25. Total Payments 26. Balance of Fee Due 27. Interest Due Penalty Due 28. TOTAL LICENSE FEE, Interest and Penalty Due BALANCE DUE 29. OVERPAYMENT To be applied as follows: (a) Estimated Tax (b) Income Tax (c) REFUNDED 30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE add lines 18 and 28 EFT

For Office Use Only

**SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME**

- 1. Taxes on or Measured By Income . . . . . 1. \_\_\_\_\_
- 2. Federal Net Operating Loss . . . . . 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. Other Additions (attach schedule) . . . . . 5. \_\_\_\_\_
- 6. Total Additions (add lines 1 through 5) . . . . . 6. \_\_\_\_\_

**DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

- 7. Interest On Obligations Of The U.S. . . . . 7. \_\_\_\_\_
- 8. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 9. \_\_\_\_\_
- 10. Other Deductions (attach schedule) . . . . . 10. \_\_\_\_\_
- 11. Total Deductions (add lines 7 through 10) . . . . . 11. \_\_\_\_\_
- 12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120 . . . . . 12. \_\_\_\_\_

**SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)**

- 1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16) . . . 1. \_\_\_\_\_
- 2. Enter Total Credits from SC1120-TC, Column B, line 16. **SC1120-TC must be attached to return.** . . . . . 2. \_\_\_\_\_
- 3. Total Credits (add lines 1 and 2). . . . . 3. \_\_\_\_\_
- 4. Tax (line 9, Part 1, SC1120) . . . . . 4. \_\_\_\_\_
- 5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.) . . 5. \_\_\_\_\_
- 6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.) . . . . . 6. \_\_\_\_\_
- 7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.) . . . . . 7. \_\_\_\_\_

**Please Sign Here** I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer	Date	Title	Telephone Number
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I <b>authorize</b> 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
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<b>Paid Preparer's Use Only</b> Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Telephone Number
Firm's name (or yours if self-employed) and address		PTIN or FEIN	
		ZIP Code	

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature	Date
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**ATTACH COMPLETE COPY OF FEDERAL RETURN**

**Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number. Go to [www.sctax.org](http://www.sctax.org) and look for the DOR ePay logo for other payment options.**

**SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS**

1. Name \_\_\_\_\_
2. Incorporated under the laws of the State of \_\_\_\_\_
3. Location of the Registered Office of the Corporation in the State of South Carolina is \_\_\_\_\_  
In the City of \_\_\_\_\_ Registered Agent at such address is \_\_\_\_\_
4. Location of principal office (street address) \_\_\_\_\_  
Nature of principal business in SC \_\_\_\_\_
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:  
NUMBER OF SHARES: \_\_\_\_\_ CLASS: \_\_\_\_\_ SERIES: \_\_\_\_\_

6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:  
NUMBER OF SHARES: \_\_\_\_\_ CLASS: \_\_\_\_\_ SERIES: \_\_\_\_\_

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:  
(If additional space is necessary, attach separate schedule).
- | NAME | TITLE | BUSINESS ADDRESS |
|------|-------|------------------|
|      |       |                  |
|      |       |                  |
|      |       |                  |
|      |       |                  |
|      |       |                  |

8. Date Incorporated \_\_\_\_\_ Date commenced business in the State of South Carolina was \_\_\_\_\_
9. Date of this report \_\_\_\_\_ FEIN \_\_\_\_\_
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is \_\_\_\_\_
11. Was the name of the Corporation changed during the year? \_\_\_\_\_ Give old name \_\_\_\_\_
12. The Corporation's books are in the care of \_\_\_\_\_  
Located at (street address) \_\_\_\_\_
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
  - A. Total paid in Capital Stock (cannot be a negative amount) . . . . . \$ \_\_\_\_\_
  - B. Total paid in Capital Surplus (cannot be a negative amount). . . . . \$ \_\_\_\_\_
  - C. Total amount of stated Capital (cannot be a negative amount) . . . . . \$ \_\_\_\_\_

	1. Property Within South Carolina		2. Total Property Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Machinery and Equipment				
4. Inventories				
5. Other Property				
6. Exclusions	< >	< >	< >	< >
7. TOTAL (add lines 1 - 5; subtract line 6)				

**ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H**

**SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS**

1. Total Capital and Paid-in-Surplus at end of Year. . . . . \$ \_\_\_\_\_
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate). Also enter on line 20, Part II . . . \$ \_\_\_\_\_

**SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION**

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Direct to SC and Other States 3	Net Amounts Allocated Directly to SC 4	Payrolls to be Excluded from Payroll Factor 5	Property to be Excluded from Property Factor 6
1. Interest not connected with business						
2. Dividends received						
3. Rents						
4. Gains/losses on real property						
5. Gains/losses on intangible pers. prop.						
6. Investment income directly allocated						
7. TOTAL INCOME DIRECTLY ALLOCATED						
8. INCOME DIRECTLY ALLOCATED TO SC						
9. TOTALS TO APPORTIONMENT FACTORS						

**SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS**

1. Total net income as reconciled. Enter amount from line 3, Page 1. . . . . 1. \_\_\_\_\_
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 . . . . . 2. \_\_\_\_\_
3. Total net income subject to apportionment (line 1 less line 2) . . . . . 3. \_\_\_\_\_
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here . . . . . 4. \_\_\_\_\_
5. Add: Income subject to direct allocation to SC from Schedule F, line 8 . . . . . 5. \_\_\_\_\_
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 . . . . . 6. \_\_\_\_\_

**SCHEDULE H-1 COMPUTATION OF SALES RATIO**

	Amount	Ratio
1. Total Sales Within South Carolina (see instructions)		
2. Total Sales Everywhere (see instructions)		
3. Sales Ratio (line 1 ÷ line 2)		%

**Note:** If there are no sales anywhere: Enter 100% on Line 3, if South Carolina is the principal place of business OR Enter 0% on Line 3, if principal place of business is outside South Carolina.

**SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO**

	Amount	Ratio
1. South Carolina Gross Receipts		
2. Amounts Allocated to South Carolina on Schedule F	< >	
3. South Carolina Adjusted Gross Receipts (line 1 – line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 – line 5)		
7. Gross Receipts Ratio (line 3 ÷ line 6)		%

**SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES**

	Amount	Ratio
1. Total Within South Carolina (see instructions)		
2. Total Everywhere		
3. Taxable Ratio (line 1 ÷ line 2)		%

**SCHEDULE I**

**RESERVED**

**SCHEDULE J**

**CORPORATIONS INCLUDED IN CONSOLIDATED RETURN  
AFFILIATED CORPORATION NO. \_\_\_\_\_**

- 1. Name \_\_\_\_\_
- 2. Incorporated under the laws of the State of \_\_\_\_\_
- 3. Location of the Registered Office of the Corporation in the State of South Carolina is \_\_\_\_\_  
In the City of \_\_\_\_\_ Registered Agent at such address is \_\_\_\_\_
- 4. Location of principal office (street address) \_\_\_\_\_  
Nature of principal business in S.C. \_\_\_\_\_

5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
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6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
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7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:  
(If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Date Incorporated \_\_\_\_\_ Date commenced business in the State of South Carolina was \_\_\_\_\_

9. Date of this report \_\_\_\_\_ FEIN \_\_\_\_\_ SC File # \_\_\_\_\_

10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is \_\_\_\_\_

11. Was the name of the Corporation changed during the year? \_\_\_\_\_ Give old name \_\_\_\_\_

12. The Corporation's books are in the care of \_\_\_\_\_  
Located at (street address) \_\_\_\_\_

13. Corporate Mailing Address \_\_\_\_\_

14. The total amount of stated capital per balance sheet is:
- A. Total paid in Capital Stock (cannot be a negative amount) . . . . . \$ \_\_\_\_\_
  - B. Total paid in Capital Surplus (cannot be a negative amount) . . . . . \$ \_\_\_\_\_
  - C. Total amount of stated Capital (cannot be a negative amount) . . . . . \$ \_\_\_\_\_

**For additional affiliated corporations, include additional Schedule Js as needed.**



**SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE**

Include additional Schedule Ms as needed. Include only corporations doing business in SC.

**Part 1 General Information**

Is the Common Parent Corporation included in the return?

Yes  No

If NO, enter Name and Federal Employer Identification Number (FEIN) of Common Parent Corporation.

NAME OF COMMON PARENT CORPORATION

FEIN

	Name of Each Corporation Included in This Consolidated Return	FEIN
Corporation 1	_____	_____
Corporation 2	_____	_____
Corporation 3	_____	_____
Corporation 4	_____	_____
Corporation 5	_____	_____
Corporation 6	_____	_____
Corporation 7	_____	_____
Corporation 8	_____	_____

**Part 2 Income Tax Information**

	Federal Taxable Income	Amounts Directly Allocated	Amounts Allocated to SC	SC Adjustments	SC NOL Prior Year Carryovers
Corporation 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Corporation 2	_____	_____	_____	_____	_____
Corporation 3	_____	_____	_____	_____	_____
Corporation 4	_____	_____	_____	_____	_____
Corporation 5	_____	_____	_____	_____	_____
Corporation 6	_____	_____	_____	_____	_____
Corporation 7	_____	_____	_____	_____	_____
Corporation 8	_____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____	_____
	Equals page 1, line 1	Equals Sch. F, line 7	Equals Sch. F, line 8	Equals page 1, line 2	Equals page 1, line 5

**Part 3 License Fee, Allocation, and Apportionment Information**

	Tax Credited on Return	Total Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	\$ _____	\$ _____	_____ %	\$ _____
Corporation 2	_____	_____	_____	_____
Corporation 3	_____	_____	_____	_____
Corporation 4	_____	_____	_____	_____
Corporation 5	_____	_____	_____	_____
Corporation 6	_____	_____	_____	_____
Corporation 7	_____	_____	_____	_____
Corporation 8	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____
	Equals page 1, line 14	Equals page 1, line 20	Per Schedule H	Equals page 1, line 21