



STATE OF SOUTH CAROLINA
'S' 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 1120S
(Rev. 7/31/12)
3095

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
Includes QSSS(s) and/or 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Merged Reorganized Dissolved Withdrawn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

Does the Corporation have any Shareholders who are nonresidents of South Carolina? Yes No

PART I
COMPUTATION OF INCOME TAX LIABILITY

1. Total of line 1 through 10, Schedule K of Federal Form 1120S
2. Net Adjustment from line 15, 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: Income on line 4 taxed to shareholders of S Corporation
6. South Carolina Net Income subject to tax (line 4 less line 5)
7. TAX: Multiply amount on line 6 by .05 (5.0%)
8. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions)
(b) Paid by Declaration (c) Paid with Tentative Return
(d) Credit from Line 23b
Refundable Credits: (e) Ammonia Additive (f) Milk Credit
9. Total Payments and Refundable Credits:(add lines 8a through 8f)
10. Balance of Tax Due (line 7 less line 9)
11. Interest Due Penalty Due (See penalty and interest instructions.) Enter Total.
12. TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11) BALANCE DUE
13. OVERPAYMENT (line 9 less line 7) To be applied as follows:
(a) Estimated Tax (b) License Fee (c) REFUNDED

PART II
COMPUTATION OF LICENSE FEE

14. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)
15. FEE DUE - Line 14 x .001, plus \$15.00 (Fee cannot be less than \$25.00)
16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)
17. Balance (line 15 less line 16)
18. Payments: (18a) Paid with Tentative Return (18b) Credit from line 13b
19. Total Payments (add line 18a and 18b)
20. Balance of Fee Due (line 17 less line 19)
21. Interest Due Penalty Due (See penalty and interest instructions.) Enter Total.
22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) BALANCE DUE
23. OVERPAYMENT (line 19 less line 17) To be applied as follows:
(a) Estimated Tax (b) Income Tax (c) REFUNDED
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) EFT

For Office Use Only

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

- 1. Taxes on or Measured By Income 1. _____
- 2. Excess net passive income subject to federal tax 2. _____
- 3. Taxable portion of certain built-in gains subject to federal tax _____ 3. _____
- 4. _____ 4. _____
- 5. _____ 5. _____
- 6. Other Additions (attach schedule) 6. _____
- 7. Total Additions (add lines 1 through 6) 7. _____

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

- 8. _____ 8. _____
- 9. _____ 9. _____
- 10. _____ 10. _____
- 11. _____ 11. _____
- 12. _____ 12. _____
- 13. Other Deductions (attach schedule) 13. _____
- 14. Total Deductions (add lines 8 through 13) 14. _____
- 15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S. 15. _____

SCHEDULE C RESERVED

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	Officer's title
Officer's printed name	Date Telephone Number

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
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Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Telephone Number
Preparer's Use Only 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 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. 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). \$ _____

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 14, Part II . . . \$ _____

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

(A) Allocated Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts (Column B minus Column (C))	(E) Net Amounts Allocated Directly to SC

1. Total Allocated Income (Enter the total of Column D here) [] []
2. Total Income Allocated to SC (Enter the total of Column E) [] []

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

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 1 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 2 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 SC-K WORKSHEET

* Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B) * Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary business income (loss)					
2	Net rental real estate income (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)					
10	Other income (loss)					
11	Section 179 deduction					
12a	Contributions					
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC _____
SC1120-TC must be attached to return.

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SCHEDULE L QSSSs AND DISREGARDED LLCs INCLUDED IN RETURN

A. If one or more **Qualified Subchapter S Subsidiaries (QSSSs)** are included, list South Carolina QSSSs only.
(Include Limited Liability Companies taxed as QSSSs.)

Name	FEIN	SC File No. (if applicable)

B. If one or more **Limited Liability Companies (LLCs)** are included, list South Carolina LLCs only.

Name	FEIN	SC File No. (if applicable)



SCHEDULE N

PROPERTY INFORMATION

Property Within South Carolina

	(a) Beginning Period	(b) Ending Period
1. Land		
2. Buildings		
3. Machinery and Equipment		
4. Other Property*		
TOTAL		

*Please provide an explanation or listing of property from line 4 above.

Description of Property	(a) Beginning Period	(b) Ending Period
TOTAL		