



STATE OF SOUTH CAROLINA
PUBLIC UTILITY TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.

Mail this return to: SC DEPARTMENT OF REVENUE,
Corporation Return, Columbia, SC 29214-0100

SC 1120U
(Rev. 8/16/12)
3097

SC FILE # _____ - _____
ACCORDING TO OR MEASURED BY ENTIRE NET INCOME
FOR THE PERIOD ENDING ____ / ____ / ____
FEIN _____
NAME _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
Change of [] Address [] Accounting Period
[] Amended

County or Counties in SC Where Property is Located:
Audit Location Street
City State
Audit Contact Telephone Number
Check if [] Amended Return [] Consolidated Return
If Filing a Final Return, Indicate Whether:
[] Merged [] Reorganized [] Dissolved [] Withdrawn

Attach complete copy of Federal Return
Use Black Ink Only

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 (line 1 plus or minus line 2)
4. If Multi-state Corporation, enter amount from line 6, Sch. G; otherwise, enter amount from line 3
5. LESS: Distribution to shareholders of S corporation or less SC NOL carryover, if applicable
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. Non-Refundable credits from line 5, Schedule C
9. Balance of tax (line 7 less line 8) Enter the difference but not less than zero
10. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s)
(b) Paid by Declaration (c) Paid with Tentative Return
(d) Credit from line 24b
11. Total Payments (add lines 10a through 10d)
12. Balance of Tax Due (line 9 less line 11)
13. Interest Due Penalty Due (See instructions for penalty and interest.)
14. TOTAL INCOME TAX, Interest and Penalty Due (add lines 12 and 13) BALANCE DUE
15. OVERPAYMENT (line 11 less line 9) To be applied as follows:
(a) Estimated Tax (b) License Fee (c) REFUNDED

PART II
COMPUTATION OF LICENSE FEE

16. Total License Fee Due from Schedule K, line 9, on page 5
(License Fee cannot be less than \$25.00 per taxpayer)
17. Section 12-20-105 credit (see instructions)
18. Total License Fee Due (subtract line 17 from line 16 but not less than zero)
19. Payments: (a) Paid with Tentative Return (b) Credit from line 15b
20. Total Payments (add line 19(a) and (b))
21. Balance of Fee Due (line 18 less line 20)
22. Interest Due Penalty Due (See instructions for penalty and interest.)
23. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 21 and 22) BALANCE DUE
24. OVERPAYMENT (line 20 less line 18) To be applied as follows:
(a) Estimated Tax (b) Income Tax (c) REFUNDED
25. INCOME TAX and LICENSE FEE DUE (add lines 14 and 23) GRAND TOTAL DUE

Make check payable to: South Carolina Department of Revenue. Include Business Name, FEIN, and SC File Number.

Please Sign Here: Signature of officer, Date, Title
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [] No []
Paid Preparer's Use Only: Preparer Printed Name, Check if self-employed [], Preparer telephone number, Preparer signature, PTIN or FEIN, ZIP Code, Firm's name (or yours if self-employed) and address

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, SC1120U 12. _____

SCHEDULE C SUMMARY OF CREDITS (FROM SC1120-TC)

- 1. Credit Carryover From Previous Year's SC1120U, 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 7, Part 1, SC1120U). 4. _____
- 5. Lesser of line 3 or 4 (enter on line 8, Part 1, SC1120U) (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. _____

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.

SCHEDULES F, G, AND H ARE TO BE COMPLETED BY MULTI-STATE ORGANIZATIONS

SCHEDULE E RESERVED

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
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				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

- Total net income as reconciled. Enter amount from line 3, Page 1. 1. _____
- Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 2. _____
- Total net income subject to apportionment (line 1 less line 2) 3. _____
- Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here 4. _____
- Add: Income subject to direct allocation to SC from Schedule F, line 8 5. _____
- 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	3. 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 INFRASTRUCTURE CREDIT INFORMATION

Enter the amount of infrastructure credit claimed pursuant to S.C. Code Section 12-20-105 \$ _____
(This is the amount reported on line 17.)

Describe below the types of infrastructure provided by the taxpayer to eligible projects. Types of infrastructure are listed in S.C. Code Section 12-20-105(C). Eligible projects are described in S.C. Code Section 12-20-105(B).

**SCHEDULE J CORPORATIONS INCLUDED IN CONSOLIDATED RETURN
AFFILIATED CORPORATION NO. 1**

- 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 _____ SC File # _____
- 10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
- 11. Corporate Mailing Address _____
- 12. Was the name of the Corporation changed during the year? _____ Give old name _____
- 13. The Corporation's books are in the care of _____
Located at (street 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 duplicate Schedule J as needed.

SCHEDULE K COMPUTATION OF LICENSE FEE ON GROSS RECEIPTS AND PROPERTY

1. Fair market value of Property Owned and Used in the Conduct of Business in South Carolina as determined by South Carolina Department of Revenue for Property Tax Purposes		
2. Fee Due: Line 1 x .001		
	Total System (A)	Intrastate South Carolina (B)
3. Operating Revenues, (Itemize):		
	\$	\$
4. Total Operating Revenues	\$	\$
5. Other Receipts, (Itemize):		
6. Total Other Receipts	\$	\$
7. Total Gross Receipts (Add Lines 4 and 6)	\$	\$
8. Fee Due (Line 7, Column B x .003)		\$
9. Total License Fee Due (Add Lines 2 and 8) (Enter here and also on Line 16, Part II, Page 1)		\$

Code Section 12-20-100 as amended for taxable years beginning after 1995 provides:

- (A) In the place of the license fee imposed by Section 12-20-50, every express company, street railway company, navigation company, waterworks company, power company, electric cooperative, light company, gas company, telegraph company, and telephone company shall file an annual report with the department and pay a license fee as follows:
 - (1) one dollar for each thousand dollars, or fraction of a thousand dollars, of fair market value of property owned and used within this state in the conduct of business as determined by the department for property tax purposes for the preceding taxable year; and
 - (2) three dollars for each thousand dollars, or fraction of a thousand dollars, of gross receipts derived from services rendered from regulated business within this state during the preceding taxable year, except that with regard to electric cooperatives, only distribution electric cooperatives are subject to the gross receipts portion of the license fee under this subitem.
- (B) The minimum license fee under this section is \$25.

GENERAL INFORMATION

- Provide both FEIN and SC File Number.
- If any corporate income tax or license fee is due, the taxpayer must make payment with SC1120-T by original due date.
- If no income tax or license fee is due and the taxpayer has requested a federal extension, then the federal extension will be accepted as a South Carolina extension if the corporate return is received within the time as extended by the Internal Revenue Service.
- A copy of the federal or South Carolina extension(s) must be attached to the return when filed.
- There is no extension for payment of corporate income tax or license fee. Any income tax or license fee due must be paid by the prescribed due date to avoid the assessment of late penalties and interest.

INSTRUCTIONS

Line 17 Instructions - If the company paid cash to provide infrastructure for an eligible project, enter the amount on line 17. Attach a schedule to the return setting forth the name of the person completing the project, a description of the project, under what section or sections of the statute the project qualifies, the amounts in cash that were paid for infrastructure and to whom and when paid, a description of the infrastructure, and the date the infrastructure was completed or is expected to be completed. If the infrastructure has not been completed as of the date the return is filed, the taxpayer must include a waiver of the statute of limitations. The maximum credit for a single tax year may not exceed \$300,000. If the credit exceeds tax liability, the excess may be carried forward and deducted in the succeeding tax year. For more information see SC Revenue Ruling #99-6.

Refer to SC1120 instructions if Public Utilities 'C' Corporation.

Refer to SC1120S instructions if Public Utilities 'S' Corporation.

For additional information refer to SC1120 instructions.

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	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
	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	_____	_____	_____	_____
Total	_____	_____	_____	_____
	Equals page 1, line 14	Equals page 1, line 20	Per Schedule H	Equals page 1, line 21

