



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. 5/17/13)  
 3091

SC FILE # \_\_\_\_\_ - \_\_\_\_\_

County or Counties in SC Where Property is Located: \_\_\_\_\_

INCOME TAX PERIOD ENDING \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ Audit Location \_\_\_\_\_ State \_\_\_\_\_

LICENSE FEE PERIOD ENDING \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Audit Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

FEIN \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Check if ☐ Initial Return ☐ Consolidated Return (Complete Schedule M)  
☐ Amended Return ☐ Includes Disregarded LLC(s) (Complete Schedule L)

Change of ☐ Address ☐ Accounting Period

Total Gross Receipts. \_\_\_\_\_ Total cost of depreciable personal property in SC. \_\_\_\_\_

☐ Officers

If Filing a **Final** Return, see General Instructions, page 6. **You MUST close your account with the SECRETARY OF STATE and complete I-349.**

Attach complete copy of Federal Return

☐ Check here if you filed a federal or state extension

☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

**PART I**  
**COMPUTATION OF INCOME TAX LIABILITY**

1. Federal Taxable Income per federal tax return ..... 1. \_\_\_\_\_
2. Net Adjustment from line 12, Schedule A and B ..... 2. \_\_\_\_\_
3. Total Net Income as Reconciled (line 1 plus or minus line 2) ..... 3. \_\_\_\_\_
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. 4. \_\_\_\_\_
5. LESS: South Carolina net operating loss carryover, if applicable ..... 5. \_\_\_\_\_
6. South Carolina Net Income subject to tax (line 4 less line 5) ..... 6. \_\_\_\_\_
7. TAX: Multiply amount on line 6 by 5% (.05) ..... 7. \_\_\_\_\_
8. Less tax deferred on income from foreign trade receipts (see instructions) ..... 8. \_\_\_\_\_
9. Balance (line 7 less line 8) ..... 9. \_\_\_\_\_
10. Credit Carryover (line 7, Schedule C) ☐ Non-refundable credits (line 5, Schedule C). 10. ☐ ☐
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero. .... 11. \_\_\_\_\_
12. Interest on DISC-deferred tax liability \_\_\_\_\_; or Foreign Trade Deferred Tax Liability ..... 12. \_\_\_\_\_
13. Total tax and/or interest (add lines 11 and 12) ..... 13. \_\_\_\_\_
14. **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 29b ☐
- Refundable Credits:** (e) Ammonia Additive ☐ (f) Milk Credit ☐
15. Total Payments and Refundable Credits (add lines 14a through 14f) ..... 15. \_\_\_\_\_
16. Balance of Tax and/or Interest Due (line 13 less line 15) ..... 16. \_\_\_\_\_
17. Interest Due ☐ Penalty Due ☐ (See penalty and interest instructions.) Enter Total. 17. \_\_\_\_\_
18. **TOTAL INCOME TAX, Interest and Penalty Due** (add lines 16 and 17) ..... **BALANCE DUE** 18. \_\_\_\_\_
19. **OVERPAYMENT** (line 15 less line 13) ..... 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 (Multi-State Corporations See Schedule E) ..... 20. \_\_\_\_\_
21. FEE DUE - Line 20 x .001, plus \$15.00 (Fee cannot be less than \$25.00 per taxpayer) ..... 21. \_\_\_\_\_
22. Credit Carryover ☐ Credit taken this year from SC1120TC, Part II, Column C 22. ☐ ☐
23. Balance (line 21 less line 22) ..... 23. \_\_\_\_\_
24. Payments: (24a) Paid with Tentative Return ☐ (24b) Credit from line 19b ☐
25. Total Payments (add line 24a and 24b) ..... 25. \_\_\_\_\_
26. Balance of Fee Due (line 23 less line 25) ..... 26. \_\_\_\_\_
27. Interest Due ☐ Penalty Due ☐ (See penalty and interest instructions.) Enter Total. 27. \_\_\_\_\_
28. **TOTAL LICENSE FEE, Interest and Penalty Due** (add lines 26 and 27) ..... **BALANCE DUE** 28. \_\_\_\_\_
29. **OVERPAYMENT** (line 25 less line 23) ..... 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 ☐ 30. \_\_\_\_\_

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. <b>SC1120-TC must be attached to return.</b> .....         | 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

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 ☐ No ☐

Preparer's Printed Name

**Paid  
Preparer's  
Use Only**

Preparer's signature

Date

Check if self-employed ☐

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

**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) . . . . . \$ \_\_\_\_\_

**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 Directly 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**

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
------------------	-------	--------

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
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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.**

**DISREGARDED LLCs INCLUDED IN RETURN**

Name	FEIN	SC File No. (if applicable)
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**ATTACH COMPLETE COPY OF FEDERAL RETURN**

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**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



**SCHEDULE N**

**PROPERTY INFORMATION**

Property Within South Carolina

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

\*Please provide an explanation or listing of property from line 5 above.

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

