1350



## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE CORPORATION DECLARATION OF ESTIMATED

SC1120-CDF (Rev. 7/5/12)

## DECLARATION OF ESTIMATED (Rev. 7/5/1 NCOME TAX 3093

## CORPORATE DECLARATION INSTRUCTIONS

The Corporate declaration payment coupons are for you to file and pay your declaration of estimated income tax. Quarterly billing will not be made. Therefore, the payment coupon must be attached to your remittance to assure accurate posting to your account.

A declaration of estimated tax for the period must be completed on SC1120-CDP and one hundred percent (100%) of the tax liability shown to be due thereon must be paid on or before the fifteenth day of the fourth month, after the close of the preceding income year or in four equal installments on the fifteenth day of the fourth, sixth, ninth and twelfth months

If handprinting, make your fig	ures as shown. USE BLACK INK ONLY.	1 2 3 4 5 6 7 8 9 . 0 0	ı
Do not complete or mail if make	ing payment by EFT. Payments may also b	e made on-line by DOR ePay.	
No declaration of estimated tax is	s required for taxpayers whose estimated tax f	or the current accounting year is les	s than \$100.
A. Estimated tax for the current a	accounting year	\$	
B. Overpayment from last year c	redited to estimated tax for this year	\$	
INTERES	ST CHARGE FOR FAILURE TO FILE AND PA	Y ESTIMATED TAX	
You may be charged for the failuin the same manner as provided	re to file and pay estimated tax. South Carolin for Federal Estimated Income Tax payments i	a Estimated Income Tax payments Internal Revenue Code Section 6	are computed
Mail to: SC Dep Name, FEIN and	artment of Revenue, Corporation, Columbia S I SC File Number on both the form and the ch	C 29214-0006. Include Business eck.	
	USE BLACK INK ONLY PLEASE DO NOT CUT, SUBMIT ENT	IRE PAGE	
1350	STATE OF SOUTH CAROLINA DEPARTMENT OF REVEN CORPORATION DECLARATION OF INCOME TAX	UE SC1120	/5/12)
SC CORPORATE FILE #	INCOME ACCT PERIOD END (MM-YY)		
	1.	Amount of Payment	пп

	22 22 22 24 25 24 2	INCOME AGOT DEDICE END (MAA)			
	SC CORPORATE FILE #	INCOME ACCT PERIOD END (MM-YY)	1. Amount of Payment 14-0807	<b>&gt;</b>	.00
CHECK HERE	FEIN				
CLIP CHE	Corporate Name and Address				
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			(Signature of duly authoriz	ed officer or taxpayer)	Date

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