



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. 11/7/13)
3097

SC FILE #
INCOME TAX PERIOD ENDING
LICENSE FEE PERIOD ENDING
FEIN
NAME
MAILING ADDRESS
CITY STATE ZIP CODE
Change of Address Accounting Period
Check here if you filed a federal or state extension.

County or Counties in SC Where Property is Located:
Audit Location Street
City State
Audit Contact Telephone Number
Check if Initial Return Amended Return
Consolidated Return

Attach complete copy of Federal Return

Use Black Ink Only

If Filing a Final Return, Indicate Whether:
Merged Reorganized Dissolved Withdrawn

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, 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 14-0804
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 7
(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 14-0601
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

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. _____

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 Use Only 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 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
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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 _____
- 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, 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

Unused Infrastructure Credit Carried Forward from Last Year	Infrastructure Credit Earned This Year	Infrastructure Credit Taken This Year	Infrastructure Credit Carried Forward for One Year Only
\$ _____	\$ _____	\$ _____	\$ _____

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

- Name _____
- Incorporated under the laws of the State of _____
- 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 _____
- Location of principal office (street address) _____
Nature of principal business in SC _____
- 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

- 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

- 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

- Date Incorporated _____ Date commenced business in the State of South Carolina was _____

- Date of this report _____ FEIN _____ SC File # _____

- If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____

- Corporate Mailing Address _____

- Was the name of the Corporation changed during the year? _____ Give old name _____

- The Corporation's books are in the care of _____
Located at (street address) _____

- The total amount of stated capital per balance sheet is:
 - Total paid in Capital Stock (cannot be a negative amount). \$ _____
 - Total paid in Capital Surplus (cannot be a negative amount) \$ _____
 - 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 - PUBLIC UTILITIES

1. Fair Market Value of Property Owned and Used in the Conduct of Business in SC as determined by the SC Department of Revenue for Property Tax purposes for the Preceding tax year.	1.		\$
2. License Fee: Fair Market Value Component (Line 1 x .001)	2.		
		(A) TOTAL SYSTEM	(B) IN SOUTH CAROLINA
Operating Revenue (List below):		\$	
_____		_____	_____
_____		_____	_____
_____		_____	_____
3. Total Operating Revenues	3.	3.	3.
Other Receipts (List below):			
_____		_____	_____
_____		_____	_____
_____		_____	_____
4. Total Other Receipts.	4.	4.	4.
5. Total Gross Receipts (Add Lines 3 and 4)	5.	5.	5.
6. License Fee: Gross Receipts Component (Line 5, Column B x .003)	6.		
7. Total License Fee (Add lines 2 and 6, but not less than \$25)	7.		
8. Section 12-20-105 Credit (See instructions)	8.		
9. Amount Due (Line 7 minus line 8, but not less than zero)		BALANCE DUE	9.

S.C. Code Section 12-20-100 imposes a license fee on every express, street railway, navigation, waterworks, power, light, gas, telegraph, and telephone company equal to 0.1% (rounded up) of the fair market value of property owned and used within South Carolina in the conduct of business as determined by the Department of Revenue for property tax purposes for the preceding tax year, plus 0.3% (rounded up) of gross receipts derived from services rendered from regulated business within South Carolina during the preceding tax year. The minimum license fee is \$25.00.

SC Regulation 117-1075.1 provides: "Gross receipts, as used in Section 12-20-100, include all receipts from operations within the State, and also other profit and loss items with a local situs. Intangible income from intangibles used in the conduct of the business within this State is included in gross receipts."

SCHEDULE L DISREGARDED LLCs INCLUDED IN RETURN

A. List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the Secretary of State.

Name	FEIN	SC File No. (if applicable)

Include additional Schedule Ls as needed.

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 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

