1320

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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.

SC 1120S

(Rev. 6/27/16) 3095

	ILE #			
INCC	DME TAX PERIOD ENDING / /			
	NSE FEE PERIOD ENDING / _/			
	E			
	ING ADDRESS			
CITY	STATE ZIP CODE			
Chan	age of Address Accounting Period			
□ C	ch complete copy of Federal Return heck here if you filed a federal or state extension		-	
Che	ck if Linitial Return County or Counties in SC Where Proper	rty is Located	d:	
	Includes QSSS(s) and/or Disregarded LLC(s)(See Schedule L)			
your a	g a Final Return, see General Instructions, page 6. You MUST close City Audit Location account with the SECRETARY OF STATE and complete I-349. Merged □ Reorganized □ Final	S	state	
Total	Gross Receipts Total cost of depreciable personal property in SC Audit Contact	Telephone	e Number	
-] No	
	Total of line 1 through 10, Schedule K of Federal Form 1120S	▶ 1.		00
	Net Adjustment from line 15, Schedule A and B	2.		
3				00
	Total Net Income as Reconciled (line 1 plus or minus line 2)	3.		00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3.	3. 4.		00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5.		00 00 00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation South Carolina Net Income subject to tax (line 4 less line 5)	3. 4. 5. 6.		00 00 00 00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6. 7.		00 00 00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6.		00 00 00 00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6. 7.	00	00 00 00 00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6. 7.	00	00 00 00 00
	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6. 7.	00	00 00 00 00
4. 5. 6. 7. 8.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	 3. 4. 5. 6. 7. 00 	00	00 00 00 00 00
4. 4. 5. 6. 7. 8. 8.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	 3. 4. 5. 6. 7. 00 	00	00 00 00 00 00
4. 5. 6. 7. 8.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	 3. 4. 5. 6. 7. 00 	00	00 00 00 00 00
4. 5. 6. 7. 8.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	 3. 4. 5. 6. 7. 00 	00	00 00 00 00 00
4. 5. 6. 7. 8.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	 3. 4. 5. 6. 7. 00 	00	00 00 00 00 00 00
4. 4. 5. 6. 7. 8. 7. 8. 9. 10. 11. 10. 11.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6. 7. 00 9. 10. 00 11.	00	00 00 00 00 00 00 00 00 00
4. 5. 6. 7. 8. 9. 10. 11. 12.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	3. 4. 5. 6. 7. 00 9. 10. 00 11.	00	00 00 00 00 00 00
4. 5. 6. 7. 8. 8. 9. 10. 11. 11. 12. 13.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. LESS: Income on line 4 taxed to shareholders of S Corporation	 3. 4. 5. 6. 7. 00 9. 10. 00 111. E 12.	00	00 00 00 00 00 00 00 00 00

PART II COMPUTATION OF LICENSE FEE AND SCHEDULES A AND B PAGE 2



										-
SC1120S	3									Pa
14. Tot	al Capital And Paid in Surplus (Multi-State Corporations Se	e Schedu	le E)				1	14.		
	FEE DUE - Line 14 x .001, plus \$15.00 (Fee cannot be less than \$25.00)									
	SS: Credits taken this year against license fee from SC1120TC								<	
	ance (line 15 less line 16)			,				17.		
18. Pav	yments: (a) Paid with Extension							_		
	(b) Credit from line 13b									
19. Tota	al Payments (add line 18a and 18b)							19.		
	ance of Fee Due (line 17 less line 19)							20.		
	Interest Due						00			
(See	e penalty and interest instructions.) Enter Total.							21.		
22. TO	TAL LICENSE FEE, Interest and Penalty Due (add lines 20) and 21)			BALAN	NCE D	UE	22.		
23. OV	ERPAYMENT (line 19 less line 17) 00	D To be	e appl	lied a	as follov	VS:				
(a)	Estimated Tax					c) REF		D 🕨 🗌		
24. GR	AND TOTAL: INCOME TAX and LICENSE FEE DUE (add	d lines 12	2 and	22) .		EFT		24.		
SCHED	ULE A AND B ADDITIONS TO FEDER		ABL	E IN	COME					
	es on or Measured By Income			1						
	ess net passive income subject to federal tax									
	able portion of certain built-in gains subject to federal tax									
5										
-	er Additions (attach schedule)									
	I Additions (add lines 1 through 6)									
	DEDUCTIONS FROM FEI	DERAL						_		
8	DEDUCTIONS FROM FEE		ΑΧΑ	BLE		OME				
			<u> </u>	BLE 8		OME				
9			Γ ΑΧΑ	BLE 8 9	EINCO	DME				
9 10			FAXA	BLE 8 9 0		DME				
9 0 1			FAXA 1 1	BLE 8 9 0 1		DME				
9 10 11 12			TAXA 1 1 1	BLE 8 9 0 1 2	EINCO	DME				
9 10 11 12 13. Othe	r Deductions (attach schedule)		FAXA 1 1 1 1	8 9 0 1 2 3		DME				
9 10 11 12 13. Othe 14. Total	r Deductions (attach schedule)		FAXA 1 1 1 1	8. 9. 0. 1. 2. 3.		DME		 14.		
9 10 11 12 13. Othe 14. Total 15. Net A	r Deductions (attach schedule)		FAXA 1 1 1 1	8. 9. 0. 1. 2. 3.		DME		 14.		
9 10 11 12 13. Othe 14. Total 15. Net A	r Deductions (attach schedule)		FAXA 1 1 1 1	8. 9. 0. 1. 2. 3.		DME		 14.		
9 10 11 12 13. Othe 14. Total	r Deductions (attach schedule)	1120S RVED	TAXA 1 1 1 1 1	8. 9. 0. 1. 2. 3. s mage	E INCC	DME			including	accompan
9 10 11 12 13. Othe 14. Total 15. Net A SCHED Please Sign	r Deductions (attach schedule)	1120S RVED	TAXA 1 1 1 1 1 1 1 1 1 1	8. 9. 0. 1. 2. 3. s mage	E INCC	DME			including e and be	accompan
9 10 11 12 13. Othe 14. Total 15. Net A SCHED Please Sign	r Deductions (attach schedule)	1120S RVED nich this re ned by m	TAXA 1 1 1 1 1 1 1 1 1 1	8. 9. 0. 1. 2. 3. s mage	E INCC	DME		 	including e and be	accompan lief, a true
9 10 11 12 13. Othe 14. Total 15. Net A SCHED Please Sign	r Deductions (attach schedule)	1120S ERVED hich this re ned by m Officer's Date elegate to	TAXA 1 1 1 1 1 1 1 1 1 1	\BLE 8. 9. 0. 1. 2. 3. smax is to	E INCC	DME	ny kn	 	including e and be	accompan lief, a true
9 10 11 12 13. Othe 14. Total 15. Net A SCHED Please Sign Here	r Deductions (attach schedule)	Inich this rended by m Officer's Date Date	TAXA 1 1 1 1 1 	\BLE 8. 9. 0. 1. 2. 3. s max is to	de declo the be	DME	it this ny kn		including e and be iil phone Nu	accompan lief, a true mber
9 0 1 2 3. Other 4. Total 5. Net A SCHED Please Sign Here	r Deductions (attach schedule)	1120S ERVED hich this re ned by m Officer's Date elegate to	TAXA 1 1 1 1 1 	NBLE 8. 9. 0. 1. 2. 3. ss maar is to	de declo the be	DME	it this ny kn		including e and be iil	accompan lief, a true mber
9 10 11 12 13. Othe 14. Total 15. Net A SCHED Please Sign Here Paid Preparer's	r Deductions (attach schedule)	Inich this rended by m Officer's Date Date	TAXA 1 1 1 1 1 	NBLE 8. 9. 0. 1. 2. 3. ss maar is to	de decl b the be	DME	it this ny kni parer's		including e and be iil phone Nu	accompan lief, a true mber
9 10 11 12 13. Othe 14. Total 15. Net A SCHED Please Sign Here	r Deductions (attach schedule)	Inich this rended by m Officer's Date Date	TAXA 1 1 1 1 1 	NBLE 8. 9. 0. 1. 2. 3. ss maar is to	A constraints of the best of t	DME	t this ny kn parer's Prep		including e and be iil phone Nu	accompan lief, a true mber

Taxpayer's Signature



SC1120S SCHEDULE D

1. Name _

ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

Page 3

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
	Date of this report FEIN
	If Foreign Corporation, the date qualified to do business in the State of South Carolina is
	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)
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) \$

ATTACH COMPLETE COPY OF FEDERAL RETURN

Payment Only: Submit payment electronically for free at MyDORWAY.dor.sc.gov.

MAIL RETURN TO THE PROPER ADDRESS

BALANCE DUE: SCDOR CORPORATE TAXABLE COLUMBIA, SC 29214-0033 REFUNDS OR ZERO TAX: SCDOR CORPORATE REFUND COLUMBIA, SC 29214-0032



SC1120S

ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

Page 4

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						
	(B) Gross	(C) Related	(D) Net Amounts	(E) Net Amounts		
(A) Allocated Income	Amounts	Expenses	(Column B minus Column (C)	Allocated Directly to SC		
1. Total Allocated Income (Enter the total of Column	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 no	t 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)
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
6.	Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 6.

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				
		Amou	unt	Ratio	
1. South Carolina	Gross Receipts				
2. Amounts Alloca	ted to South Carolina on Schedule F	<	>		
3. South Carolina	Adjusted Gross Receipts (line 1 – line 2)				
4. Total Gross Red	ceipts				
5. Total Amounts A	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 H-1

SC1120S

SCHEDULE SC-K WORKSHEET

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

ī		1 1				
	(A)	(B) *	(C)	(D)	(E)	(F)
	Description	Amounts From Federal Schedule K	Plus or Minus South Carolina Adjustments	Federal Schedule K Amounts After SC Adjustments	Col. (D) Amounts Not Apportioned or Allocated to SC	Col. (D) Amounts Apportioned or Allocated to SC
	Ordinary business					
1	income (loss)					
	Net rental real					
2	estate income (loss)					
_	Other net rental					
3	income (loss)					
-						
4	Interest income					
-						
5	Dividends					
-						
6	Royalties					
Ũ	Net short-term					
7	capital gain (loss)					
	Net long-term					
8	capital gain (loss)					
Ũ	Net section					
9	1231 gain (loss)					
Ŭ						
10	Other income (loss)					
10						
11	Section 179 deduction					
12a	Contributions					
120	Investment					
12b	interest expense					
	Section 59(e)(2)					
12c	expenditures					
120						
12d	Other deductions					
				•		

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SCHEDULE L QSSSs AND DISREGARDED LLCs INCLUDED IN RETURN

A. List each Qualified Subchapter S Subsidiary (QSSS) doing business in South Carolina or registered with the Secretary of State.

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Name	FEIN	SC File No. (if applicable)
B. List each disregarded Limited Liability Company (LLC) doing busine	ss in South Carolina or	registered with the Secretary of State.
Name	FEIN	SC File No. (if applicable)

SC1120S 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		