

STATE OF SOUTH CAROLINA
'C' CORPORATION INCOME TAX RETURN

SC 1120
(Rev. 9/2/16)
3091

Return is due on or before the 15th day of the 4th month following the close of the taxable year.

SC FILE # -

INCOME TAX PERIOD ENDING / /

LICENSE FEE PERIOD ENDING / /

FEIN

NAME

MAILING ADDRESS

CITY STATE ZIP CODE

Change of Address Accounting Period Officers

Attach complete copy of Federal Return
Check here if you filed a federal or state extension

Check if Initial Return Consolidated Return Amended Return Includes Disregarded LLC(s)

County or Counties in SC Where Property is Located:

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

City Audit Location State

Merged Reorganized Final

Total Gross Receipts Total cost of depreciable personal property in SC Audit Contact Telephone Number

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 18 rows for tax liability computation. Includes items like Federal Taxable Income, Net Adjustment, Total Net Income, Tax, Payments, and Total Income Tax. Includes numerical input fields and a final BALANCE DUE.

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

PART II  
COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E) . . . . .	20.		00
21. FEE DUE - Line 20 x .001, plus \$15.00 (Fee cannot be less than \$25.00 per taxpayer) . . . . .	21.		00
22. Credit Carryover <input type="text" value="00"/> Credit taken this year from SC1120TC, Part II, Column C	22.	<	00 >
23. Balance (line 21 less line 22) . . . . .	23.		00
24. Payments: (a) Paid with Extension <input type="text" value="00"/> (b) Credit from line 19b <input type="text" value="00"/>			
25. Total Payments (add line 24a and 24b) . . . . .	25.		00
26. Balance of Fee Due (line 23 less line 25) . . . . .	26.		00
27. (a) Interest Due <input type="text" value="00"/> (b) Late File/Pay Penalty Due <input type="text" value="00"/> (See penalty and interest instructions.) Enter Total. . . . .	27.		00
28. <b>TOTAL LICENSE FEE, Interest and Penalty Due</b> (add lines 26 and 27) . . . . . <b>BALANCE DUE</b>	28.		00
29. <b>OVERPAYMENT</b> (line 25 less line 23) <input type="text" value="00"/> To be applied as follows: (a) Estimated Tax <input type="text" value="00"/> (b) Income Tax <input type="text" value="00"/> (c) REFUNDED			00
30. <b>GRAND TOTAL: INCOME TAX and LICENSE FEE DUE</b> (add lines 18 and 28) . . . . . EFT <input type="checkbox"/>	30.		00

**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 13) . . . . .	1.	_____
2. Enter Total Credits from SC1120-TC, Column B, line 13. <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 13.) . . . . .	5.	_____
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 13.) . . . . .	6.	_____
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 13.) . . . . .	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		Email	
Officer's printed name		Date		Telephone Number	
I <b>authorize</b> 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
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 \_\_\_\_\_

30912034

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

**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**

**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				
<b>7. TOTAL INCOME DIRECTLY ALLOCATED</b>				
<b>8. INCOME DIRECTLY ALLOCATED TO SC</b>				

**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
------------------	-------	--------

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. 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.**



**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 15	Equals page 2, line 20	Per Schedule H	Equals page 2, line 21

