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STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

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

SC 1120
 (Rev. 8/15/19)
 3091

SC file # _____
 Income Tax period ending - -
 License Fee period ending - -
 FEIN _____
 Name _____
 Mailing address _____
 City _____ State _____ ZIP _____
 Change of ☐ Address ☐ Accounting Period
☐ Officers

Attach complete copy of federal return
☐ Check if you filed a federal or state extension

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

County or counties in SC where property is located

Check if:

☐ Merged ☐ Reorganized ☐ Final

Audit location: Street address, city, state, and ZIP

Total gross receipts

Total cost of depreciable personal property in SC

Audit contact

Phone number

PART I
COMPUTATION OF INCOME TAX LIABILITY

1. Federal taxable income from federal tax return	1.		00
2. Net adjustment from Schedule A and B, line 12	2.		00
3. Total net income as reconciled (add line 1 and line 2)	3.		00
4. If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.	4.		00
5. South Carolina net operating loss carryover, if applicable	5.	<	00 >
6. South Carolina net income subject to tax (subtract line 5 from line 4)	6.		00
7. Tax: Multiply line 6 by .05 (5%)	7.		00
8. Tax deferred on income from foreign trade receipts (see instructions)	8.	<	00 >
9. Balance (subtract line 8 from line 7)	9.		00
10. Credit carryover (Schedule C, line 7) <input type="text"/> 00 Nonrefundable credits (Schedule C, line 5).	10.	<	00 >
11. Balance of tax (subtract line 10 from line 9 and enter the difference, but not less than zero)	11.		00
12. Interest on DISC-deferred tax liability <input type="text"/> 00 or foreign trade deferred tax liability <input type="text"/> 00	12.		00
13. Total tax and/or interest (add line 11 and line 12)	13.		00
14. Payments:			
(a) Tax withheld (attach 1099s, I-290s, and/or W-2s)	14a.		00
(b) Paid by declaration	14b.		00
(c) Paid with extension	14c.		00
(d) Credit from line 29b	14d.		00
Refundable Credits:			
(e) Ammonia Additive	14e.		00
(f) Milk Credit	14f.		00
(g) Motor Fuel Income Tax Credit	14g.		00
15. Total payments and refundable credits (add line 14a through line 14g)	15.		00
16. Balance of tax and/or interest (subtract line 15 from line 13)	16.		00
17. (a) Interest <input type="text"/> 00 (b) Late file/pay penalty <input type="text"/> 00			
(c) Declaration penalty (attach SC2220) <input type="text"/> 00			
Total (add line 17a through line 17c) See penalty and interest in SC1120 instructions	17.		00
18. Total Income Tax, interest, and penalty (add line 16 and line 17) BALANCE DUE	18.		00
19. Overpayment (subtract line 13 from line 15) <input type="text"/> 00 To be applied as follows:			
(a) Estimated Tax <input type="text"/> 00 (b) License Fee <input type="text"/> 00 (c) REFUND <input type="text"/> 00			

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

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PART II
COMPUTATION OF LICENSE FEE

20. Total capital and paid in surplus (Multi-state corporations see Schedule E)	20.	00
21. License Fee: multiply line 20 by .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	21.	00
22. Credit carryover <input type="text"/> 00 Credit taken this year from SC1120TC, Part II, Column C	22.	00
23. Balance (subtract line 22 from line 21)	23.	00
24. Payments: (a) Paid with extension	24a.	00
(b) Credit from line 19b	24b.	00
25. Total payments (add line 24a and line 24b)	25.	00
26. Balance of License Fee (subtract line 25 from line 23)	26.	00
27. (a) Interest <input type="text"/> 00 (b) Late file/pay penalty <input type="text"/> 00	27.	00
Total (add line 27a and line 27b) See penalty and interest in SC1120 Instructions.	27.	00
28. Total License Fee, interest, and penalty (add line 26 and line 27) BALANCE DUE	28.	00
29. Overpayment (subtract line 23 from line 25) <input type="text"/> 00 To be applied as follows:		
(a) Estimated Tax <input type="text"/> 00 (b) Income Tax <input type="text"/> 00 (c) REFUND <input type="text"/> 00		00
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	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 line 1 through line 5)	6. _____

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest on US obligations	7. _____
8. _____	8. _____
9. _____	9. _____
10. Other deductions (attach schedule)	10. _____
11. Total deductions (add line 7 through line 10)	11. _____
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part 1, line 2	12. _____

SCHEDULE C**SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)**

1. Credit carryover from previous year's SC1120, Schedule C (should match SC1120TC Column A, line 13)	1. _____
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and schedules for each tax credit claimed)	2. _____
3. Total credits (add line 1 and line 2)	3. _____
4. Tax from SC1120, Part 1, line 9	4. _____
5. Lesser of line 3 or line 4 (enter on SC1120, Part 1, line 10; should match SC1120TC, Column C, line 13)	5. _____
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6. _____
7. Credit carryover (subtract lines 5 and 6 from line 3; should match SC1120TC, Column E, line 13)	7. _____

As a principal officer of the corporation for which this return is made, I 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 true and complete.

**Sign
Here**

Signature of officer

Officer's title

Email

Print officer's name

Date

Phone number

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.

Yes ☐ No ☐

Print preparer's name

**Paid
Preparer's**Preparer's
signature

Date

Check if
self-employed ☐

Preparer's phone number

Use OnlyFirm's name (or
yours if self-employed)
and address

PTIN or FEIN

ZIP

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature

Date

30912059

**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 South Carolina _____
In the city of _____ Registered agent at this address _____
4. Location of principal office (street address) _____
Nature of principal business in SC _____
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
_____	_____	_____
6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
_____	_____	_____
7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedules if you need more space.

Name	Title	Business address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
8. Date incorporated _____ Date commenced business in South Carolina _____
9. Date of this report _____ FEIN _____
10. If foreign corporation, the date qualified to do business in South Carolina _____
11. Was the name of the corporation changed during the year? _____ Previous 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. 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 YOUR FEDERAL RETURN**File electronically using Modernized Electronic Filing (MeF).**

Payments: Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.
Select Business Income Tax Payment to get started.

If you pay by check, make your check payable to SCDOR and include your business name and FEIN in the memo.

Mail Balance Due returns to:

SCDOR
Corporate Taxable
PO Box 100151
Columbia, SC 29202

Mail Refund or Zero Tax returns to:

SCDOR
Corporate Refund
PO Box 125
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: (multiply line 1 by the ratio from Schedule H-1, H-2, or H-3, as appropriate) Also enter on SC1120, line 20. \$ _____

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 personal property				
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 from SC1120, page 1, line 3 1. _____
2. Income subject to direct allocation to SC and other states from Schedule F, line 7 2. _____
3. Total net income subject to apportionment (subtract line 2 from line 1) 3. _____
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 4. _____
5. Income subject to direct allocation to SC from Schedule F, line 8 5. _____
6. Total SC net income (add line 4 and line 5) Also enter on SC1120, page 1, line 4 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 divided by line 2)		%

Note: If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business.
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 (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by 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 divided by 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 South Carolina _____
In the city of _____ Registered agent at this address _____
4. Location of principal office (street address) _____
Nature of principal business in SC _____
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
------------------	-------	--------

_____	_____	_____
-------	-------	-------

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
------------------	-------	--------

_____	_____	_____
-------	-------	-------

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:

Attach separate schedules if you need more space.

Name	Title	Business address
------	-------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Date incorporated _____ Date commenced business in South Carolina _____

9. Date of this report _____ FEIN _____ SC file # _____

10. If foreign corporation, the date qualified to do business in South Carolina _____

11. Was the name of the corporation changed during the year? _____ Previous name _____

12. The corporation's books are in the care of _____

Located at (street address) _____

13. Corporate mailing address _____

14. Total amount of stated capital per balance sheet:

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 L

DISREGARDED LLCs INCLUDED IN RETURN

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

[illegible]

Include additional Schedule Ls as needed.

**SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE**

Include additional Schedule Ms as needed. Include only corporations doing business in South Carolina.

Part 1 General Information

Is the common parent corporation included in the return?

Yes ☐ No ☐

If no, enter name and FEIN of common parent corporation.

Name	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 15	Equals page 2, line 20	From Schedule H	Equals page 2, 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		

*Provide an explanation or listing of property from line 5 above.

Description of Property	(a) Beginning period	(b) Ending period
Total		