



STATE OF SOUTH CAROLINA
S CORPORATION INCOME TAX RETURN
Due by the 15th day of the third month following the close of the taxable year.

Form fields for SC file #, Income Tax period ending, License Fee period ending, FEIN, Name, Mailing address, City, State, ZIP, Change of Address, Accounting Period, Officers, County or counties in SC where property is located, Audit location: Street address, City, State, ZIP, Audit contact, Phone number, Does the corporation have any shareholders who are nonresidents of South Carolina?, Number of nonresident shareholders, Number of nonresident shareholders with an I-309 affidavit, Number of nonresident shareholders included in a composite return, Total gross receipts, Total cost of depreciable personal property in SC, Attach complete copy of federal return.

Table with 3 columns: Description, Line Number, Amount. Rows include: 1. Total of line 1 through 10, Schedule K of the federal 1120S; 2. Net adjustment from Schedule A and B; 3. Total net income as reconciled; 4. If multi-state corporation; 5. Income on line 4 taxed to shareholders; 6. South Carolina net income subject to tax; 7. Tax (multiply line 6 by 5%); 8. Payments: (a) Tax withheld, (b) Paid by declaration, (c) Paid with extension, (d) Credit from Line 23b; Refundable Credits: (e) Ammonia Additive, (f) Milk Credit, (g) Motor Fuel Income Tax Credit; 9. Total payments and refundable credits; 10. Balance of tax; 11. (a) Interest, (b) Late file/pay penalty, (c) Declaration penalty; 12. Total Income Tax, interest and penalty (BALANCE DUE); 13. Overpayment (To be applied as follows: (a) Estimated Tax, (b) License Fee, (c) REFUND).

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



PART II COMPUTATION OF LICENSE FEE	14. Total capital and paid in surplus (multi-state corporations see Schedule E)	▶ 14.		00	
	15. License Fee: multiply line 14 by .001, then add \$15 (Fee cannot be less than \$25)	▶ 15.		00	
	16. Credits taken this year against License Fee from SC1120TC, Part II, Column C (attach SC1120TC).▶	▶ 16.	<	00	>
	17. Balance (subtract line 16 from line 15)	▶ 17.		00	
	18. Payments: (a) Paid with extension	▶ 18a.		00	
	(b) Credit from line 13b	▶ 18b.		00	
	19. Total payments (add line 18a and line 18b)	▶ 19.		00	
	20. Balance of License Fee (subtract line 19 from line 17)	▶ 20.		00	
	21. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	▶ 21.		00	
	Total (add line 21a and line 21b.) See penalty and interest in SC1120 Instructions.	▶ 21.		00	
	22. Total License Fee, interest, and penalty (add line 20 and line 21)	▶ 22.		00	
	BALANCE DUE				
23. Overpayment (subtract line 17 from line 19) <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) REFUND ▶ <input type="text" value="00"/>	
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 12 and line 22)	▶ 24.			00	

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income 1. _____
2. Excess net passive income subject to federal tax 2. _____
3. Taxable portion of certain built-in gains subject to federal tax 3. _____
4. _____ 4. _____
5. _____ 5. _____
6. Other additions (attach schedule) 6. _____
7. Total additions (add line 1 through line 6) 7. _____

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8. _____ 8. _____
9. _____ 9. _____
10. _____ 10. _____
11. _____ 11. _____
12. _____ 12. _____
13. Other deductions (attach schedule) 13. _____
14. Total deductions (add line 8 through line 13) 14. _____
15. Net adjustment (subtract line 14 from line 7) Also enter on SC1120S, Part I, line 2 15. _____

SCHEDULE C RESERVED

Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

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 <input type="checkbox"/> No <input type="checkbox"/>	Print preparer's name
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	PTIN or FEIN	Preparer's phone number
		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 _____



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. Principal office address _____
Nature of principal business in South Carolina _____

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. The 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). \$ _____

Attach a 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. Include your name, FEIN, tax year, and SC1120S 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 ratio from Schedule H-1, H-2 or H-3, as appropriate) Also enter on SC1120S, line 14 \$

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

Table with 5 columns: Allocated Income, Gross Amounts 1, Less: Related Expenses 2, Net Amounts Allocated Directly to SC and Other States 3, Net Amounts Allocated Directly to SC 4. Includes rows for total income directly allocated and income directly allocated to SC.

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

- 1. Total net income as reconciled from SC1120S, page 1, line 3
2. Income subject to direct allocation to SC and other states from Schedule F, line 1
3. Total net income subject to apportionment (subtract line 2 from line 1)
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3
5. Income subject to direct allocation to SC from Schedule F, line 2
6. Total SC net income (add line 4 and line 5). Also enter on SC1120S, page 1, line 4

SCHEDULE H-1 COMPUTATION OF SALES RATIO

Table with 3 columns: Description, Amount, Ratio. Rows include total sales within South Carolina, total sales everywhere, and sales ratio.

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

Table with 3 columns: Description, Amount, Ratio. Rows include South Carolina gross receipts, amounts allocated to South Carolina, adjusted gross receipts, total gross receipts, total amounts allocated, adjusted gross receipts, and gross receipts ratio.

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

Table with 3 columns: Description, Amount, Ratio. Rows include total within South Carolina, total everywhere, and taxable ratio.



SCHEDULE SC-K WORKSHEET

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

Nonrefundable Tax Credits: Enter total credits from SC1120TC _____
You must attach your SC1120TC to this return.



SCHEDULE L

QSSSSs AND DISREGARDED LLCs INCLUDED IN RETURN

List each **Qualified Subchapter S Subsidiary (QSSS)** doing business in South Carolina or registered with the SCSOS.

Name	FEIN	SC file # (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	FEIN	SC file # (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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		