



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

SC 1120
(Rev. 9/23/20)
3091

SC file # _____	County or counties in SC where property is located _____
Income Tax period ending _____ - _____	Audit location: Street address _____
License Fee period ending _____ - _____	City _____ State _____ ZIP _____
FEIN _____	Audit contact _____ Phone number _____
Name _____	Is the corporation included in a consolidated federal return? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address _____	Name of federal parent company _____
City _____ State _____ ZIP _____	FEIN of federal parent company _____
Change of <input type="checkbox"/> Address <input type="checkbox"/> Accounting Period <input type="checkbox"/> Officers	Attach complete copy of federal return _____
<input type="checkbox"/> Check if you filed a federal or state extension	
Check if: <input type="checkbox"/> Initial Return <input type="checkbox"/> Consolidated Return <small>(Complete Schedule M)</small> <input type="checkbox"/> Amended Return <input type="checkbox"/> Includes Disregarded LLCs <small>(Complete Schedule L)</small>	
Check if: <input type="checkbox"/> Merged <input type="checkbox"/> Reorganized <input type="checkbox"/> Final	
Total gross receipts _____ <input type="checkbox"/>	
Total cost of depreciable personal property in SC _____ <input type="checkbox"/>	

COMPUTATION OF INCOME TAX LIABILITY				
1.	Federal taxable income from federal tax return	▶	1.	<input type="text"/>
2.	Net adjustment from Schedule A and B, line 12		2.	<input type="text"/>
3.	Total net income as reconciled (add line 1 and line 2)	▶	3.	<input type="text"/>
4.	If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.	▶	4.	<input type="text"/>
5.	South Carolina net operating loss carryover, if applicable	▶	5.	< <input type="text"/> 00 ▶
6.	South Carolina net income subject to tax (subtract line 5 from line 4)	▶	6.	<input type="text"/> 00
7.	Tax (multiply line 6 by 5%)		7.	<input type="text"/> 00
8.	Tax deferred on income from foreign trade receipts (see instructions)	▶	8.	< <input type="text"/> 00 ▶
9.	Balance (subtract line 8 from line 7)		9.	<input type="text"/> 00
10.	Nonrefundable credits (enter amount from Schedule C, line 5)	▶	10.	< <input type="text"/> 00 ▶
11.	Balance of tax (subtract line 10 from line 9 and enter the difference, but not less than zero)		11.	<input type="text"/> 00
12.	Interest on DISC-deferred tax liability <input type="text"/> 00 or foreign trade deferred tax liability <input type="text"/> 00		12.	<input type="text"/> 00
13.	Total tax and/or interest (add line 11 and line 12)		13.	<input type="text"/> 00
14.	Payments:			
	(a) Tax withheld (attach 1099s, I-290s, and/or W-2s)	▶	14a.	<input type="text"/> 00
	(b) Paid by declaration	▶	14b.	<input type="text"/> 00
	(c) Paid with extension	▶	14c.	<input type="text"/> 00
	(d) Credit from line 29b		14d.	<input type="text"/> 00
	Refundable Credits:			
	(e) Ammonia Additive	▶	14e.	<input type="text"/> 00
	(f) Milk Credit	▶	14f.	<input type="text"/> 00
	(g) Motor Fuel Income Tax Credit	▶	14g.	<input type="text"/> 00
15.	Total payments and refundable credits (add line 14a through line 14g)		15.	<input type="text"/> 00
16.	Balance of tax and/or interest (subtract line 15 from line 13)	▶	16.	<input type="text"/> 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.	<input type="text"/> 00
18.	Total Income Tax, interest, and penalty (add line 16 and line 17) BALANCE DUE		18.	<input type="text"/> 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 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 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
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	30.		00

REFUND OPTIONS (select one; subject to program limitations)

☐ Direct Deposit☐ Paper Check

If you select Direct Deposit, choose the account type (US accounts only)

☐ Checking☐ SavingsAccount Routing
information: Number (RTN) Must be 9 digits. First two numbers
of the RTN must be 01 - 12 or 21 - 32Bank Account
Number (BAN) 1-17
digits

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 I, 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 tax credit schedules)	2.	
3. Total credits (add line 1 and line 2)	3.	
4. Tax from SC1120, Part I, line 9	4.	
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, 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 line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13).	7.	

Sign
Here

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.

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
signature

Date

Check if
self-employed ☐

Preparer's phone number

Use Only Firm'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

30912067

**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. If filing consolidated, complete and attach Schedule J for each corporation included in the consolidation.
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)	\$ _____

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, and include your name, FEIN, tax year, and SC1120 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. 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 _____ 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

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 InformationIs 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		