



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.

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? Yes No

Check if you filed a federal or state extension
Check for Active Trade or Business election
Check if: Initial Return Amended Return
Includes QSSSs and/or Disregarded LLCs (See Schedule L)
Check if: Merged Reorganized Final

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

PART I
COMPUTATION OF INCOME TAX LIABILITY

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. Active Trade or Business Income; 6. Active Trade or Business Tax; 7. Income taxed to shareholders; 8. South Carolina net taxable income; 9. Tax (multiply line 8 by 5%); 10. Total Income Tax; 11. Nonrefundable credits; 12. Balance of tax; 13. Payments (a-d); 13e-g. Refundable Credits; 14. Total payments and refundable credits; 15. Balance of tax; 16. (a) Interest, (b) Late file/pay penalty, (c) Declaration penalty; 17. Total Income Tax, interest, and penalty (BALANCE DUE); 18. Overpayment (a) Estimated Tax, (b) License Fee, (c) REFUND.



PART II COMPUTATION OF LICENSE FEE	19. Total capital and paid in surplus (multi-state corporations see Schedule E)	19.		00
	20. License Fee: multiply line 19 by .001, then add \$15 (Fee cannot be less than \$25)	20.		00
	21. Credits taken this year against License Fee from SC1120TC, Part II, Column C (attach SC1120TC).	21.	<	00 >
	22. Balance (subtract line 21 from line 20)	22.		00
	23. Payments: (a) Paid with extension	23a.		00
	(b) Credit from line 18b	23b.		00
	24. Total payments (add line 23a and line 23b)	24.		00
	25. Balance of License Fee (subtract line 24 from line 22)	25.		00
	26. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>			
	Total (add line 26a and line 26b) See penalty and interest in SC1120 Instructions.	26.		00
27. Total License Fee, interest, and penalty (add line 25 and line 26)	27.		BALANCE DUE 00	
28. Overpayment (subtract line 22 from line 24) <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"/>				
29. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 17 and line 27)	29.		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 Savings

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

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 signature	Date	Preparer's phone number
Preparer's Use Only Firm's name (or yours if self-employed) and address	Check if self-employed <input type="checkbox"/>	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 _____

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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 2 columns: 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 2 columns: 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 2 columns: 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

QSSSs 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

