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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. 7/14/23)
3091

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: Name Phone number
Email

Check if you filed a federal or state extension
Check if: Initial Return Consolidated Return Amended Return Includes Disregarded LLCs
Check if: Merged Reorganized Final
Total gross receipts Total cost of depreciable personal property in SC

Is the corporation included in a consolidated federal return?
Name of federal parent company
FEIN of federal parent company
Attach complete copy of federal return

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 19 rows for tax liability computation, including lines for federal taxable income, net adjustment, total net income, tax, payments, and balance due.

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



PART II
COMPUTATION OF LICENSE FEE

Table with 3 columns: Description, Line Number, Amount. Rows include: 20. Total capital and paid in surplus... 21. License Fee: multiply line 20 by .001... 22. Credit taken this year from SC1120TC... 23. Balance (subtract line 22 from line 21)... 24. Payments: (a) Paid with extension... (b) Credit from line 19b... 25. Total payments (add line 24a and line 24b)... 26. Balance of License Fee (subtract line 25 from line 23)... 27. (a) Interest... (b) Late file/pay penalty... 28. Total License Fee, interest, and penalty... BALANCE DUE... 29. Overpayment (subtract line 23 from line 25)... 30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)...

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 information: Routing 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

Table with 2 columns: Line Number, Description. Rows include: 1. Taxes on or measured by income... 2. Federal net operating loss... 3. ... 4. ... 5. Other additions (attach schedule)... 6. Total additions (add line 1 through line 5)...

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

Table with 2 columns: Line Number, Description. Rows include: 7. Interest on US obligations... 8. ... 9. ... 10. Other deductions (attach schedule)... 11. Total deductions (add line 7 through line 10)... 12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2...

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

Table with 2 columns: Line Number, Description. Rows include: 1. Credit carryover from previous year's SC1120, Schedule C... 2. Enter total credits from SC1120TC, Column B, line 13... 3. Total credits (add line 1 and line 2)... 4. Tax from SC1120, Part I, line 9... 5. Lesser of line 3 or line 4... 6. Enter credits lost due to statute... 7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)...

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 section with fields for Signature of officer, Officer's title, Email, Print officer's name, Date, Phone number, and a checkbox for authorizing the Director of the SCDOR to discuss this return.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's phone number, Firm's name (or yours if self-employed) and address, PTIN or FEIN, and 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. 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). **It's the fastest and easiest way to complete your return!**
Learn more at dor.sc.gov/biz-services.

Getting a refund? **Choose Direct Deposit! It's fast, accurate, and secure!**

Have a balance due? **Pay online! It's quick and easy!** Use our free online 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. **Do not send cash.**

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

Table with 5 columns: Description, Gross Amounts (1), Less: Related Expenses (2), Net Amounts Allocated Directly to SC and Other States (3), Net Amounts Allocated Directly to SC (4). Rows include interest, dividends, rents, gains/losses, and total income.

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

- 1. Total net income as reconciled from SC1120, page 1, line 3
2. Income subject to direct allocation to SC and other states from Schedule F, line 7
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 8
6. Total SC net income (add line 4 and line 5) Also enter on SC1120, 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.

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 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 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	_____	_____	From Schedule H	_____
	Equals page 1, line 15	Equals page 2, line 20		Equals page 2, line 21

