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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INITIAL ANNUAL
REPORT OF CORPORATIONS

CL-1
(Rev. (4/14/21)
3134

Office use only
File number Ending period Month Year SID number

Date Application for Charter was filed with the South Carolina Secretary of State (SCSOS)

Date of Request for authority to do business in this state (foreign corporations only)

FEIN Business code (office use only)

Check if Subchapter S election Email

Name of corporation Phone

Physical address of headquarters Mailing address for tax correspondence

City State ZIP County City State ZIP

1. State of incorporation: 2. Month corporation closes its books:

3. Nature of principal business in SC:

4. Location of registered office of the corporation in the state of SC is in the city of:
Registered agent at this address:

5. Location of principal office in SC (street, city, ZIP, and county):

6. Date business commenced in SC: Date of incorporation:

7. Professional corporations: Are all shareholders, half of the directors, and all officers (other than the secretary and treasurer) qualified to perform the type of professional services the corporation provides?

8. Names, SSNs or ITINs, and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:

Name and title SSN/ITIN (optional) Business address

ATTACH PAYMENT HERE

9. Total number of authorized shares of capital stock itemized by class and series, if any, within each class:
Number of Shares Class Series

10. 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

Table with 4 columns: Item, Fee description, Amount, Total. Rows include Fee due with this report, Interest, Penalty, and Total due.

See instructions for payment and mailing.

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

Preparer's printed name

Signature of incorporator or officer authorized to sign

Date

Title

31341027

## INSTRUCTIONS

You must submit a CL-1 and a \$25 minimum License Fee to the SCSOS if you are

- a domestic corporation filing your initial Articles of Incorporation, or
- a foreign corporation filing an Application for Certificate of Authority to Transact Business in South Carolina.

Make all payments payable to the SCSOS. The SCSOS cannot process a CL-1 that is not accompanied by Articles of Incorporation or an Application for Certificate of Authority to Transact Business.

If you have not already submitted a CL-1 and a \$25 minimum License Fee to the SCSOS, are taxed as a corporation, and are not exempt under SC Code Section 12-20-110, you must submit the CL-1 and payment to the SCDOR within 60 days after commencing business in South Carolina or using a portion of your capital in this state.

- The minimum fee of \$25 must be paid at the time the report is filed.
- Interest is due at the prevailing federal interest rate if this return is not filed within 60 days after commencing business in this state.
- If you file this return late, we will assess a delinquent penalty of 5% per month, not to exceed 25%.
- If you pay your License Fee late, we will assess a penalty of 0.5% per month, not to exceed 25%.
- If you don't have an FEIN, apply at [irs.gov](http://irs.gov). You will receive your FEIN immediately after completing the online application.

### Line Instructions

**Line 2:** If year end date has not been established, write **not known** in the space provided. The default year end date is December.

**Line 4:** The registered agent must be a resident of South Carolina.

**Line 5:** If a principal office does not exist at the time of filing, write **not established** in the space provided.

**Line 6:** If business has not started at the time of filing, provide the expected start date. Also include the effective date of incorporation with the SCSOS.

**Line 8:** If all of these positions have not been filled, provide names and positions known at the time of filing.

**Line 10:** If no shares have been issued at the time of filing, write **N/A** in the space provided.

### Special instructions

If you are a Limited Liability Company (LLC), professional organization, or other association taxed as a corporation and not exempt under SC Code Section 12-20-110, you must submit a CL-1 and include a \$25 payment.

The following definitions apply:

- **Corporation:** LLC or association
- **State of incorporation:** state of organization
- **Shareholders:** members
- **Director or officer:** manager or managing member
- **Incorporator:** person forming the LLC or association

Indicate if sections, such as number of shares of stock, do not apply to your organization. LLCs should only complete the CL-1 if they are taxed as a corporation.

To submit the CL-1 to the SCDOR, make check payable to SCDOR and mail to:

**SCDOR  
Registration  
PO Box 125  
Columbia, SC 29214-0850**

### Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.