



dor.sc.gov



STATE OF SOUTH CAROLINA

'C' CORPORATION INCOME TAX RETURN

SC 1120 (Rev. 9/21/18) 3091

Return is due on or before the 15th day of the 4th 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 CODE
Change of Address Accounting Period Officers

Attach complete copy of Federal Return
Check here if you filed a federal or state extension

Check if Initial Return Consolidated Return Amended Return Includes Disregarded LLC(s)
County or Counties in SC Where Property is Located:
City Audit Location State
Total Gross Receipts Total cost of depreciable personal property in SC Audit Contact Telephone Number

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 19 rows for tax liability computation. Columns include line number, description, and amount. Includes items like Federal Taxable Income, Net Adjustment, Total Net Income, Tax, Payments, and Total Income Tax.

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



PART II COMPUTATION OF LICENSE FEE	20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	20.		00
	21. FEE DUE - Line 20 x .001, plus \$15.00 (Fee cannot be less than \$25.00 per taxpayer)	21.		00
	22. Credit Carryover ▶ [] 00 Credit taken this year from SC1120TC, Part II, Column C ▶	22.	◀	00 ▶
	23. Balance (line 21 less line 22)	23.		00
	24. Payments: (a) Paid with Extension	24a.		00
	(b) Credit from line 19b	24b.		00
	25. Total Payments (add line 24a and 24b)	25.		00
	26. Balance of Fee Due (line 23 less line 25)	26.		00
	27. (a) Interest Due [] 00 (b) Late File/Pay Penalty Due [] 00 (See penalty and interest instructions.) Enter Total	27.		00
	28. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) BALANCE DUE	28.		00
29. OVERPAYMENT (line 25 less line 23) [] 00 To be applied as follows: (a) Estimated Tax ▶ [] 00 (b) Income Tax ▶ [] 00 (c) REFUND ▶ [] 00				
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) EFT <input type="checkbox"/>	30.		00	

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 lines 1 through 5)	6.	_____

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7.	_____
8. _____	8.	_____
9. _____	9.	_____
10. Other Deductions (attach schedule)	10.	_____
11. Total Deductions (add lines 7 through 10)	11.	_____
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120	12.	_____

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 13)	1.	_____
2. Enter Total Credits from SC1120-TC, Col. B, line 13. The SC1120-TC and schedule for each tax credit claimed must be attached to the return.	2.	_____
3. Total Credits (add lines 1 and 2)	3.	_____
4. Tax (line 9, Part 1, SC1120)	4.	_____
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 13.)	5.	_____
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 13.)	6.	_____
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 13.)	7.	_____

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

Sign Here	Signature of officer		Officer's title	Email
	Officer's printed name		Date	Telephone Number
	I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes <input type="checkbox"/> No <input type="checkbox"/>		Preparer's Printed Name	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Telephone Number
Paid Preparer's Use Only	Firm's name (or yours if self-employed) and address		PTIN or FEIN	ZIP Code

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

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 the State of South Carolina is _____
In the City of _____ Registered Agent at such address is _____
- 4. Location of principal office (street address) _____
Nature of principal business in SC _____
- 5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:
NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
- 6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:
NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
(If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS

- 8. Date Incorporated _____ Date commenced business in the State of South Carolina was _____
- 9. Date of this report _____ FEIN _____
- 10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
- 11. Was the name of the Corporation changed during the year? _____ Give old 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. The total amount of stated capital per balance sheet is:
 - 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 COMPLETE COPY OF FEDERAL RETURN

File electronically using Modernized Electronic Filing (MeF).

Pay online by credit card or electronic check using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select Business Income Tax Payment to get started.

MAIL RETURN TO THE PROPER ADDRESS

**BALANCE DUE:
SC DEPARTMENT OF REVENUE
CORPORATE TAXABLE
PO BOX 100151
COLUMBIA, SC 29202**

**REFUNDS OR ZERO TAX:
SC DEPARTMENT OF REVENUE
CORPORATE REFUND
PO BOX 125
COLUMBIA, SC 29214-0032**

Note: If submitting payment by check, make check payable to SC Department of Revenue. Include Business Name and FEIN on check.



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: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate). Also enter on line 20, Part II . . . \$ _____

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 pers. prop.				
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. Enter amount from line 3, Page 1. 1. _____
- 2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 2. _____
- 3. Total net income subject to apportionment (line 1 less line 2) 3. _____
- 4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here 4. _____
- 5. Add: Income subject to direct allocation to SC from Schedule F, line 8 5. _____
- 6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 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 ÷ line 2)		%

Note: If there are no sales anywhere: Enter 100% on Line 3, if South Carolina is the principal place of business OR 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 (line 1 – line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 – line 5)		
7. Gross Receipts Ratio (line 3 ÷ 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 ÷ 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 the State of South Carolina is _____
In the City of _____ Registered Agent at such address is _____
4. Location of principal office (street address) _____
Nature of principal business in S.C. _____
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
------------------	-------	--------

6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
------------------	-------	--------

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
(If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
------	-------	------------------

8. Date Incorporated _____ Date commenced business in the State of South Carolina was _____
9. Date of this report _____ FEIN _____ SC File # _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? _____ Give old name _____
12. The Corporation's books are in the care of _____
Located at (street address) _____
13. Corporate Mailing Address _____
14. The total amount of stated capital per balance sheet is:
 - 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

A. List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the Secretary of State.

Name	FEIN	SC File No. (if applicable)

Include additional Schedule Ls as needed.



SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE

Include additional Schedule Ms as needed. Include only corporations doing business in SC.

Part 1 General Information

Is the Common Parent Corporation included in the return?

Yes No

If NO, enter Name and Federal Employer Identification Number (FEIN) of Common Parent Corporation.

NAME OF COMMON PARENT CORPORATION	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	Per 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		

*Please provide an explanation or listing of property from line 5 above.

Description of Property	(a) Beginning Period	(b) Ending Period
TOTAL		