



STATE OF SOUTH CAROLINA
PUBLIC UTILITY TAX RETURN

SC 1120U
(Rev. 10/26/16)
3097

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

County or Counties in SC Where Property is Located:
Audit Location Street
City State
Audit Contact Telephone Number
Check if Initial Return Amended Return
Consolidated Return

Check here if you filed a federal or state extension.

Attach complete copy of Federal Return

If Filing a Final Return, Indicate Whether:
Merged Reorganized Final

PART I
COMPUTATION OF INCOME TAX LIABILITY

PART II
COMPUTATION OF LICENSE FEE

Table with 25 rows for income tax liability and license fee computation. Columns include line number, description, and amount. Includes sub-rows for payments and penalties.



**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, SC1120U . . . . . 12. \_\_\_\_\_

**SCHEDULE C SUMMARY OF CREDITS (FROM SC1120-TC)**

- 1. Credit Carryover From Previous Year's SC1120U, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 13). 1. \_\_\_\_\_
- 2. Enter Total Credits from SC1120-TC, Column B, line 13. SC1120-TC must be attached to return . . . . . 2. \_\_\_\_\_
- 3. Total Credits (add lines 1 and 2). . . . . 3. \_\_\_\_\_
- 4. Tax (line 7, Part 1, SC1120U). . . . . 4. \_\_\_\_\_
- 5. Lesser of line 3 or 4 (enter on line 8, Part 1, SC1120U) (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. \_\_\_\_\_

**Please Sign Here** 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.

Signature of officer	Officer's title	Email
Officer's printed name	Date	Telephone Number

I <b>authorize</b> 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
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<b>Paid Preparer's Use Only</b> Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Telephone Number
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
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**ATTACH COMPLETE COPY OF FEDERAL RETURN**

**Payment Only: Submit payment electronically for free at MyDORWAY.dor.sc.gov.**

**Mail this return to: SC DEPARTMENT OF REVENUE  
CORPORATE RETURN  
COLUMBIA, SC 29214-0100**



**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
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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
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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.



**SCHEDULES F, G, AND H ARE TO BE COMPLETED BY MULTI-STATE ORGANIZATIONS**

**SCHEDULE E RESERVED**

**SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION**

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Direct 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**

- Total net income as reconciled. Enter amount from line 3, Page 1. . . . . 1. \_\_\_\_\_
- Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 . . . . . 2. \_\_\_\_\_
- Total net income subject to apportionment (line 1 less line 2) . . . . . 3. \_\_\_\_\_
- Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here . . . . . 4. \_\_\_\_\_
- Add: Income subject to direct allocation to SC from Schedule F, line 8 . . . . . 5. \_\_\_\_\_
- Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, 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	3. 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 INFRASTRUCTURE CREDIT INFORMATION**

Unused Infrastructure Credit Carried Forward from Last Year	Infrastructure Credit Earned This Year	Infrastructure Credit Taken This Year	Infrastructure Credit Carried Forward for One Year Only
\$ _____	\$ _____	\$ _____	\$ _____

Describe below the types of infrastructure provided by the taxpayer to eligible projects. Types of infrastructure are listed in S.C. Code Section 12-20-105(C). Eligible projects are described in S.C. Code Section 12-20-105(B).

\_\_\_\_\_

**SCHEDULE J CORPORATIONS INCLUDED IN CONSOLIDATED RETURN AFFILIATED CORPORATION NO. 1**

- Name \_\_\_\_\_
- Incorporated under the laws of the State of \_\_\_\_\_
- 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 \_\_\_\_\_
- Location of principal office (street address) \_\_\_\_\_  
Nature of principal business in SC \_\_\_\_\_
- 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

- 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

- 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

- Date Incorporated \_\_\_\_\_ Date commenced business in the State of South Carolina was \_\_\_\_\_
- Date of this report \_\_\_\_\_ FEIN \_\_\_\_\_ SC File # \_\_\_\_\_
- If Foreign Corporation, the date qualified to do business in the State of South Carolina is \_\_\_\_\_
- Corporate Mailing Address \_\_\_\_\_
- Was the name of the Corporation changed during the year? \_\_\_\_\_ Give old name \_\_\_\_\_
- The Corporation's books are in the care of \_\_\_\_\_  
Located at (street address) \_\_\_\_\_
- 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 duplicate Schedule J as needed.**



**SCHEDULE K COMPUTATION OF LICENSE FEE - PUBLIC UTILITIES**

1. Fair Market Value of Property Owned and Used in the Conduct of Business in SC as determined by the SC Department of Revenue for Property Tax purposes for the Preceding tax year. . . . .	1.		\$
2. License Fee: Fair Market Value Component (Line 1 x .001) . . . . .	2.		
		(A) TOTAL SYSTEM	(B) IN SOUTH CAROLINA
Operating Revenue (List below):			
_____		\$	
_____			
_____			
3. Total Operating Revenues . . . . .	3.		3.
Other Receipts (List below):			
_____			
_____			
_____			
4. Total Other Receipts. . . . .	4.		4.
5. Total Gross Receipts (Add Lines 3 and 4) . . . . .	5.		5.
6. License Fee: Gross Receipts Component (Line 5, Column B x .003) . . . . .	6.		
7. Total License Fee (Add lines 2 and 6, but not less than \$25) . . . . .	7.		
8. Section 12-20-105 Credit (See instructions) . . . . .	8.		
9. Amount Due (Line 7 minus line 8, but not less than zero) . . . . .		BALANCE DUE	9.

S.C. Code Section 12-20-100 imposes a license fee on every express, street railway, navigation, waterworks, power, light, gas, telegraph, and telephone company equal to 0.1% (rounded up) of the fair market value of property owned and used within South Carolina in the conduct of business as determined by the Department of Revenue for property tax purposes for the preceding tax year, plus 0.3% (rounded up) of gross receipts derived from services rendered from regulated business within South Carolina during the preceding tax year. The minimum license fee is \$25.00.

SC Regulation 117-1075.1 provides: "Gross receipts, as used in Section 12-20-100, include all receipts from operations within the State, and also other profit and loss items with a local situs. Intangible income from intangibles used in the conduct of the business within this State is included in gross receipts."





**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	_____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____	_____
	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 Gross Receipts	Apportionment Percentage	License Fee
Corporation 1	\$ _____	\$ _____	_____ %	\$ _____
Corporation 2	_____	_____	_____	_____
Corporation 3	_____	_____	_____	_____
Corporation 4	_____	_____	_____	_____
Corporation 5	_____	_____	_____	_____
Corporation 6	_____	_____	_____	_____
Corporation 7	_____	_____	_____	_____
Corporation 8	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____
	Equals page 1, line 11	Equals page 6, line 5	Per Schedule H	Equals page 1, line 18

