



STATE OF SOUTH CAROLINA PUBLIC UTILITY TAX RETURN

Due by the 15th day of the fourth month following the close of the taxable year.

Income Tax period ending, License Fee period ending, FEIN, Name, Mailing address, City, State, ZIP, Change of Address, Accounting Period

County or counties in SC where property is located, Audit location: Street address, City, State, ZIP, Audit contact, Phone number, Check if: Initial Return, Amended Return, Consolidated Return

Check if you filed a federal or state extension

Check if: Merged, Reorganized, Final

Attach complete copy of federal return

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 25 rows for income tax liability computation, including lines 1-14 and 15a-e. Includes columns for description, line number, and amount.

PART II COMPUTATION OF LICENSE FEE

Table with 10 rows for license fee computation, including lines 16-25. Includes columns for description, line number, and amount.



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 line 1 through line 5) 6. _____

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

- 7. Interest on US obligations 7. _____
- 8. _____ 8. _____
- 9. _____ 9. _____
- 10. Other deductions (attach schedule) 10. _____
- 11. Total deductions (add line 7 through line 10) 11. _____
- 12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120U, Part I, line 2 12. _____

SCHEDULE C SUMMARY OF CREDITS (FROM SC1120-TC)

- 1. Credit carryover from previous year's SC1120U, Schedule C (should match SC1120TC Column A, line 13) 1. _____
- 2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules) 2. _____
- 3. Total credits (add line 1 and line 2) 3. _____
- 4. Tax from SC1120U, Part I, line 7 4. _____
- 5. Lesser of line 3 or line 4 (enter on SC1120U, Part I, line 8; should match SC1120TC, Column C, line 13) 5. _____
- 6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13) 6. _____
- 7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13) 7. _____

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

Attach a complete copy of your federal return.

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 SC1120U 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



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.



Only multi-state corporations must complete Schedules F, G, and H

| SCHEDULE E SCHEDULE F | | RESERVED 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 personal property | | | | |
| 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 from SC1120U, Part I, line 3 | 1. _____ |
| 2. Income subject to direct allocation to SC and other states from Schedule F, line 7 | 2. _____ |
| 3. Total net income subject to apportionment (subtract line 2 from line 1) | 3. _____ |
| 4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 | 4. _____ |
| 5. Income subject to direct allocation to SC from Schedule F, line 8 | 5. _____ |
| 6. Total SC net income (add line 4 and line 5). Also enter on SC1120U, Part I, line 4. | 6. _____ |

| SCHEDULE H-1 COMPUTATION OF SALES RATIO | | |
|--|--------|-------|
| | Amount | Ratio |
| 1. Total sales within South Carolina (see SC1120 Instructions) | | |
| 2. Total sales everywhere (see SC1120 Instructions) | | |
| 3. Sales ratio (line 1 divided by line 2) | | % |

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 | | |
|---|--------|-------|
| | Amount | Ratio |
| 1. South Carolina gross receipts | | |
| 2. Amounts allocated to South Carolina on Schedule F | < > | |
| 3. South Carolina adjusted gross receipts (subtract line 2 from line 1) | | |
| 4. Total gross receipts | | |
| 5. Total amounts allocated on Schedule F | < > | |
| 6. Total adjusted gross receipts (subtract line 5 from line 4) | | |
| 7. Gross receipts ratio (line 3 divided by line 6) | | % |

| SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES | | |
|--|--------|-------|
| | Amount | Ratio |
| 1. Total within South Carolina (see SC1120 Instructions) | | |
| 2. Total everywhere | | |
| 3. Taxable ratio (line 1 divided by 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 you provided to eligible projects. Types of infrastructure are listed in SC Code Section 12-20-105(C). Eligible projects are described in SC Code Section 12-20-105(B).

SCHEDULE J CORPORATIONS INCLUDED IN CONSOLIDATED RETURN AFFILIATED CORPORATION NO. _____

- Name _____
- Incorporated under the laws of the state of _____
- Location of the registered office of the corporation in South Carolina _____
In the city of _____ Registered agent at this address _____
- Principal office address _____
Nature of principal business in South Carolina _____
- Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

| Number of shares | Class | Series |
|------------------|-------|--------|
| _____ | _____ | _____ |

- 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 |
|------------------|-------|--------|
| _____ | _____ | _____ |

- 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 |
|-------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Date incorporated _____ Date commenced business in South Carolina _____
- Date of this report _____ FEIN _____ SC file # _____
- If foreign corporation, the date qualified to do business in South Carolina _____
- Corporate mailing address _____
- Was the name of the corporation changed during the year? _____ Previous name _____
- The corporation's books are in the care of _____
Located at (street address) _____
- The total amount of stated capital per balance sheet is:
 - Total paid in capital stock (cannot be a negative amount). \$ _____
 - Total paid in capital surplus (cannot be a negative amount) \$ _____
 - Total amount of stated capital (cannot be a negative amount) \$ _____

For additional affiliated corporations, include additional Schedule Js as needed.



SCHEDULE K COMPUTATION OF LICENSE FEE - PUBLIC UTILITIES

| | | | |
|---|----|------------------|-----------------------|
| 1. Fair market value of property owned and used to conduct business in South Carolina as determined by the SCDOR for Property Tax purposes for the preceding tax year | 1. | | \$ |
| 2. License Fee: fair market value component (multiply line 1 by .001) | 2. | | |
| Operating revenues (list below): | | (A) Total System | (B) In South Carolina |
| _____ | | \$ | |
| _____ | | | |
| _____ | | | |
| 3. Total operating revenues | 3. | | 3. |
| Other receipts (list below): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 4. Total other receipts | 4. | | 4. |
| 5. Total gross receipts (add line 3 and line 4) | 5. | | 5. |
| 6. License Fee: gross receipts component (multiply line 5, column B by .003) | 6. | | |
| 7. Total License Fee (add line 2 and line 6, but not less than \$25) | 7. | | |
| 8. Section 12-20-105 Credit (see instructions) | 8. | | |
| 9. Amount due (subtract line 8 from line 7, but not less than zero) | 9. | BALANCE DUE | |

SC Code Section 12-20-100 imposes a License Fee on every express, street railway, navigation, waterworks, power, light, gas, telegraph, and telephone company. The License Fee equals the sum of:

- 0.1% of the fair market value of property owned and used in South Carolina to conduct business, as determined by the SCDOR for the prior year's Property Tax
- 0.3% of gross receipts from services from regulated business in South Carolina during the prior tax year

The minimum License Fee is \$25.

Gross receipts include all receipts from operations in South Carolina and other profit and loss items located in South Carolina. Income from intangibles used to conduct business in South Carolina is also included in gross receipts. For more information, see SC Regulation 117-1075.1, available at dor.sc.gov/policy.



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 Gross Receipts | 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 11 | Equals page 6, line 5 | From Schedule H | Equals page 1, line 18 |

REMINDERS

- You must include your Federal Employer Identification Number (FEIN).
- **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.
- **Need more time to file?** Request a filing extension by paying your balance due on our free online tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Business Income Tax Payment** to get started. Your payment on MyDORWAY automatically submits your filing extension request. No additional form or paperwork is required.
 - If requesting your extension by mail, use the SC1120-T, Application for Automatic Extension of Time to File Corporate Tax Returns, available at dor.sc.gov/forms.
 - If no tax is due and you have requested a federal extension, the federal extension will be accepted as a South Carolina extension if we receive your return within the time as extended by the IRS.
 - There is no extension of time for payment of tax. Any tax due must be paid by the due date to avoid late penalties and interest.
 - Mark the **Extension** box on the front of this return if you filed a state or federal extension.

LINE INSTRUCTIONS

Line 17: If the company paid cash to provide infrastructure for a qualifying project, enter the amount of credit applied on line 17 and complete Schedule I. Attach a schedule to the return that includes the following:

- the name of the person completing the project
- a description of the project
- the county where the project is located
- the sections of the statute the project qualifies under
- the amounts in cash that were paid, including the recipient and date of payment
- a description of the infrastructure provided
- the date the infrastructure was completed or is expected to be completed

If the infrastructure has not been completed when the return is filed, include a waiver of the statute of limitations. Beginning with the 2022 tax year, the maximum credit for a single tax year may not exceed \$600,000. If the total credit claimed is for a project located in a Tier II, Tier III, or Tier IV county, the maximum aggregate credit amount is increased by \$50,000 for Tier II counties, \$100,000 for Tier III counties, and \$150,000 for Tier IV counties. Information Letters with the annual county rankings are available at dor.sc.gov/policy. If the credit is more than the tax liability, the excess may be carried forward and deducted in the following tax year. For more information on Infrastructure Credits, see SC Code Section 12-20-105 and SC Revenue Ruling #18-8, available at dor.sc.gov/policy.

Public Utility C Corporations should use the SC1120 Instructions. Public Utility S Corporations should use the SC1120S Instructions. The SC1120 and SC1120S instructions are available at dor.sc.gov/forms.