



dor.sc.gov



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. 9/23/20)
3091

SC file #
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 Phone number
Is the corporation included in a consolidated federal return?
Yes No

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

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. Columns include line number, description, and amount. Key entries include: 1. Federal taxable income from federal tax return; 2. Net adjustment from Schedule A and B; 3. Total net income as reconciled; 6. South Carolina net income subject to tax; 7. Tax (multiply line 6 by 5%); 11. Balance of tax; 18. Total Income Tax, interest, and penalty (BALANCE DUE); 19. Overpayment (To be applied as follows: (a) Estimated Tax, (b) License Fee, (c) REFUND).

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... 23. Balance (subtract line 22 from line 21)... 24. Payments: (a) Paid with extension... (b) Credit from line 19b... 25. Total payments... 26. Balance of License Fee... 27. (a) Interest... (b) Late file/pay penalty... 28. Total License Fee, interest, and penalty... BALANCE DUE... 29. Overpayment... 30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE...

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

- 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

- 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)

- 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)

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 \_\_\_\_\_

30912067



**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).**

**Payments:** Pay online using our free tax portal, MyDORWAY, at [dor.sc.gov/pay](http://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.

**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 ... 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 SC1120, page 1, line 4 ... 6.

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.

Note: 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
<b>Name of each corporation included in this consolidated return</b>	<b>FEIN</b>
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>	_____	_____	_____	_____	_____
	<b>Equals page 1, line 1</b>	<b>Equals Sch. F, line 7</b>	<b>Equals Sch. F, line 8</b>	<b>Equals page 1, line 2</b>	<b>Equals page 1, line 5</b>

**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	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____
	<b>Equals page 1, line 15</b>	<b>Equals page 2, line 20</b>	<b>From Schedule H</b>	<b>Equals page 2, line 21</b>

