



**SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME**

- 1. Taxes on or Measured By Income . . . . . 1. \_\_\_\_\_
- 2. Excess net passive income subject to federal tax . . . . . 2. \_\_\_\_\_
- 3. Taxable portion of certain built-in gains subject to federal tax \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 5. \_\_\_\_\_
- 6. Other Additions (attach schedule) . . . . . 6. \_\_\_\_\_
- 7. Total Additions (add lines 1 through 6) . . . . . 7. \_\_\_\_\_

**DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

- 8. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 9. \_\_\_\_\_
- 10. \_\_\_\_\_ 10. \_\_\_\_\_
- 11. \_\_\_\_\_ 11. \_\_\_\_\_
- 12. \_\_\_\_\_ 12. \_\_\_\_\_
- 13. Other Deductions (attach schedule) . . . . . 13. \_\_\_\_\_
- 14. Total Deductions (add lines 8 through 13) . . . . . 14. \_\_\_\_\_
- 15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S. . . . . 15. \_\_\_\_\_

**SCHEDULE C RESERVED**  
**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	BUSINESS ADDRESS AND OFFICE
_____	_____
_____	_____
_____	_____
_____	_____

- 8. Date Incorporated \_\_\_\_\_ Date commenced business in the State of South Carolina was \_\_\_\_\_
- 9. Date of this report \_\_\_\_\_ Fed EI # \_\_\_\_\_
- 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. 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). . . . . \$ \_\_\_\_\_

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

**SCHEDULE E COMPUTATION FOR LICENSE FEE - 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 14, Part II \$ \_\_\_\_\_

**SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION**

(A) Allocated Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts (Column B minus Column (C))	(E) Net Amounts Allocated Directly to SC

1. Total Allocated Income (Enter the total of Column D here)

2. Total Income Allocated to SC (Enter the total of Column E)

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

**SCHEDULE G COMPUTATION OF TAXABLE INCOME FOR CORPORATIONS CLAIMING MULTI-STATE OPERATIONS**

- 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 1 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, 2, or 3 and enter result here 4.
- 5. Add: Income subject to direct allocation to SC from Schedule F, line 2 5.
- 6. Total S.C. 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 FOUR FACTOR APPORTIONMENT RATIO**

	1. Property Within South Carolina		2. Total Property Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Machinery and Equipment				
4. Inventories				
5. Other Property				
6. Exclusions	< >	< >	< >	< >
7. TOTAL (add lines 1 - 5; subtract line 6)				
		1. Within SC	2. Total Everywhere	3. Ratio
8. Avg. of Beginning and Ending Period (add line 7a and b and divide by 2)				
9. Rental or Lease Value				
10. TOTAL <b>Property</b> Add lines 8 and 9. (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
11. GROSS Payroll				
12. Less: Officers Compensation and Exclusions		< >	< >	
13. TOTAL <b>Payroll</b> (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
14. TOTAL <b>Sales</b> (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
15. TOTAL <b>Sales</b> (same as line 14)				%
16. TOTAL of Ratios (add Column 3 - lines 10,13, 14 and 15)				%
17. Arithmetical Average of Ratios				%

**SCHEDULE H - 2 COMPUTATION OF GROSS RECEIPTS RATIO**

	1. In SC	2. Total Everywhere	3. Ratio
1. Total Gross Receipts			
2. Less: Exclusion (see instructions)	< >	< >	
3. Gross Receipts (for ratio)			
4. Ratio of Gross Receipts (line 3, Col. 1 ÷ line 3, Col. 2)			%

**SCHEDULE H - 3 COMPUTATION OF RATIO FOR PUBLIC SERVICE CORPORATIONS**

	Amount	Ratio
1. Total Within South Carolina		
2. Total for System		
3. Ratio (South Carolina ÷ Total System)		%

**SCHEDULE SC-K WORKSHEET**

\* Enter amounts from corresponding lines on your federal Schedule K in Column A.

	(A) *	(B)	(C)	(D)	(E)
	Amounts From Federal Schedule K	Plus or Minus South Carolina Adjustments	Federal Schedule K Amounts After SC Adjustments	Col. (C) Amounts Apportioned or Allocated to States Other than SC	Col. (C) Amounts Apportioned or Allocated in SC
1	Ordinary Business Income (loss)				
2	Net Real Estate Rents (loss)				
3	Other Net Rents (loss)				
4	Interest Income				
5	Dividends				
6	Royalties				
7	Net Short Term Cap. Gain (loss)				
8	Net Long Term Cap. Gain (loss)				
9	Net §1231 Gain (loss)				
10	Other Income (loss)				
11	§ 179 Deduction				
12a	Contributions				
12b	Portfolio Deductions				
12c	Investment Interest Expense				
12d	§59 (e)(2) Expenditures				
12e	Other Deductions				

**Non-Refundable Tax Credits:** Enter Total Credits from SC1120-TC, line 25. . . . . \_\_\_\_\_  
**SC1120-TC must be attached to return.**

If Qualified Subchapter S Subsidiary Election (QSSS), please list subsidiaries.  
 Attach schedule, if more space is needed.

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