1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CORPORATION TAX RETURN

SC1120-T
(Rev. 7/9/12)
3096

INSTRUCTIONS

If any corporate income tax or license fee is due, a request for an extension of time must be filed using SC1120-T, on or before the day that the tax return is due. No refund will be issued until a return is filed. Any amounts shown to be due on this form must be paid when the SC1120-T is filed. A penalty will be incurred for failure to pay at least ninety percent (90%) of the total tax due by the original due date.

If no income tax or license fee is due, and the taxpayer has requested a federal extension of time to file a federal income tax return, the department will accept a copy of a properly filed federal extension if the corporate return is received within the time extended by the Internal Revenue Service.

A copy of the federal or South Carolina extension(s) must be attached to the return when filed. The Department may allow an extension of time not to exceed six months.

For consolidated return filers: File a **Single** SC1120-T and attach a schedule listing the corporations to be included in the return. The license fees are computed separately and then added. Fee cannot be less than $25 per taxpayer. **Failure to list members of the affiliated group may result in the group's inability to elect to file a consolidated return.** The license fee is not applicable to savings and loan associations or banks. A federal extension will be accepted if all corporations filing in South Carolina are included in one or more federal extensions.

Mail to: SC Department of Revenue, Corporation, Columbia SC 29214-0006. Include Business Name, FEIN and SC File Number on both the form and the check.

USE BLACK INK ONLY
PLEASE DO NOT CUT, SUBMIT ENTIRE PAGE

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SC CORPORATE FILE #	INCOME ACCT PERIOD END (MM-YY)
99999999-9	99-99

99-9999999
FEIN

Corporate Name and Address

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDR1XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDR2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXX ST ZIP99-9999

CHECK IF:
- ☐ S Corporation
- ☐ Foreign **Not USA**
- ☐ Tax **EXEMPT**
- ☐ Consolidated Return (Attach a schedule listing each member.)
- ☐ Bank or S & L
- ☐ QSSS Election (Attach a schedule listing each member.)
- ☐ Utility or Electric Cooperative

Signature _____ Date _____

1. Tentative Tax Based on Net Income. ZZZ,ZZZ,ZZZ.00
2. LESS: Estimated Tax Payments. ZZZ,ZZZ,ZZZ.00
3. Tentative Tax Due. . 14-0804 ZZZ,ZZZ,ZZZ.00
4. Total Capital and Paid in Surplus _____ x .001 plus $15.00 but not less than $25.00 Tentative License Fee. 14-0401 ZZZ,ZZZ,ZZZ.00
5. Balance Remitted. . ZZZ,ZZZ,ZZZ.00

CLIP CHECK HERE

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