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STATE OF SOUTH CAROLINA
'C' CORPORATION INCOME TAX RETURN
Return is due on or before the 15th day of the 4th month following the close of the taxable year.

SC 1120
(Rev. 9/21/18)
3091

SC FILE # 20209249-4
INCOME TAX PERIOD ENDING 12/31/18
LICENSE FEE PERIOD ENDING 12/31/19
FEIN 58-9999999
NAME TIME TRAVELERS
MAILING ADDRESS 1234 SECOND ST
CITY CHAPIN STATE SC
ZIP CODE 29036
Change of Address Accounting Period Officers



Attach complete copy of Federal Return
[X] Check here if you filed a federal or state extension
Check if [X] Initial Return [X] Consolidated Return
Amended Return [X] Includes Disregarded LLC(s)
If Filing a Final Return, see General Instructions, page 3. You MUST close your account with the SECRETARY OF STATE and complete I-349.
Merged Reorganized Final

County or Counties in SC Where Property is Located: LEXINGTON
City 1234 SECOND ST CHAPIN SC
Audit Location State
Audit Contact Telephone Number 803-345-8489 WHITE, BOB

Total Gross Receipts 210,300
Total cost of depreciable personal property in SC 16,700

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 18 rows and 3 columns: Description, Amount, and Balance Due. Includes lines for Federal Taxable Income, Adjustments, Tax, and Refundable Credits.

PART II COMPUTATION OF LICENSE FEE AND SCHEDULES A, B, AND C PAGE 2

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TIME TRAVELERS

20209249-4 58-9999999

SC1120

PART II COMPUTATION OF LICENSE FEE

Table with 30 rows for license fee computation. Includes items like 'Total Capital And Paid in Surplus', 'FEE DUE', 'Credit Carryover', 'Balance', 'Payments', 'Total Payments', 'Balance of Fee Due', 'Interest Due', 'TOTAL LICENSE FEE', 'OVERPAYMENT', and 'GRAND TOTAL: INCOME TAX and LICENSE FEE DUE'. Values range from 00 to 204,118.00.

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

Table with 6 rows for additions to federal taxable income. Includes 'Taxes on or Measured By Income', 'Federal Net Operating Loss', 'Other Additions', and 'Total Additions'. Total value is 30,000.

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

Table with 12 rows for deductions from federal taxable income. Includes 'Interest On Obligations Of The U.S.', 'Other Deductions', and 'Net Adjustment'. Total value is 30,000.

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

Table with 7 rows for summary of income tax credits. Includes 'Credit Carryover From Previous Year's SC1120', 'Total Credits', 'Tax', and 'Credit Carryover'. Total value is 500.

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 and preparer information section. Includes fields for 'Sign Here', 'Signature of officer' (WILLIS JAMES), 'Officer's title' (PRESIDENT), 'Preparer's Printed Name' (MILO AND OTIS), 'Date' (11/25/18), and 'Preparer's Telephone Number' (989-652-2798).

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: 30912059 Date: \_\_\_\_\_



**SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS**

1. Name TIME TRAVELERS

2. Incorporated under the laws of the State of SC

3. Location of the Registered Office of the Corporation in the State of South Carolina is 1234 SECOND ST  
 In the City of CHAPIN Registered Agent at such address is WAYMER, BOB

4. Location of principal office (street address) 1234 SECOND ST  
 Nature of principal business in SC 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:
<u>1,000</u>	<u>COMMON</u>	

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:
<u>1,000</u>	<u>COMMON</u>	

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
<u>WILLIS</u>	<u>JAMES</u>	<u>PRESIDENT</u>
<u>1234 SECOND ST</u>	<u>CHAPIN</u>	<u>SC 29401</u>

8. Date Incorporated 08/22/1996 Date commenced business in the State of South Carolina was 08/22/1996

9. Date of this report 03/15/2018 FEIN 58-9999999

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? NO Give old name \_\_\_\_\_

12. The Corporation's books are in the care of WHITE, BOB  
 Located at (street address) 1234 SECOND ST, CHAPIN SC

13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.

14. The total amount of stated capital per balance sheet is:

A. Total paid in Capital Stock (cannot be a negative amount)	\$	<u>195,000</u>
B. Total paid in Capital Surplus (cannot be a negative amount)	\$	
C. Total amount of stated Capital (cannot be a negative amount)	\$	<u>195,000</u>

**ATTACH COMPLETE COPY OF FEDERAL RETURN**

**File electronically using Modernized Electronic Filing (MeF).**

**Pay online** by credit card or electronic check using our free tax portal, MyDORWAY, at [dor.sc.gov/pay](http://dor.sc.gov/pay). Select Business Income Tax Payment to get started.

**MAIL RETURN TO THE PROPER ADDRESS**

**BALANCE DUE:**  
 SC DEPARTMENT OF REVENUE  
 CORPORATE TAXABLE  
 PO BOX 10151  
 COLUMBIA, SC 29202

**REFUNDS OR ZERO TAX:**  
 SC DEPARTMENT OF REVENUE  
 CORPORATE REFUND  
 PO BOX 125  
 COLUMBIA, SC 29214-0032

**Note:** If submitting payment by check, make check payable to SC Department of Revenue. Include Business Name and FEIN on check.



ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

Table with 2 columns: Description and Amount. Row 1: Total Capital and Paid-in-Surplus at end of Year \$ 20,000. Row 2: SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate). Also enter on line 20, Part II \$ 9,118.

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 not connected with business, Dividends received, Rents (47,180), Gains/losses on real property, Gains/losses on intangible pers. prop., Investment income directly allocated, TOTAL INCOME DIRECTLY ALLOCATED (47,180), and INCOME DIRECTLY ALLOCATED TO SC (47,180).

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

Table with 2 columns: Description and Amount. Rows include Total net income as reconciled (247,180), Less: Income subject to direct allocation to SC and other states (47,180), Total net income subject to apportionment (200,000), Multiply amount on line 3 by appropriate ratio (86,778), Add: Income subject to direct allocation to SC from Schedule F (47,180), and Total SC Net Income (133,958).

SCHEDULE H-1 COMPUTATION OF SALES RATIO

Table with 3 columns: Description, Amount, Ratio. Rows include Total Sales Within South Carolina (147,180), Total Sales Everywhere (297,180), and Sales Ratio (49.525540 %).

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

Table with 3 columns: Description, Amount, Ratio. Rows include South Carolina Gross Receipts, Amounts Allocated to South Carolina on Schedule F, South Carolina Adjusted Gross Receipts (line 1 - line 2), Total Gross Receipts, Total Amounts Allocated on Schedule F, Total Adjusted Gross Receipts (line 4 - line 5), and Gross Receipts Ratio (line 3 ÷ line 6) %.

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 (see instructions), Total Everywhere, and Taxable Ratio (line 1 ÷ line 2) %.



**SCHEDULE I**  
**SCHEDULE J**

**RESERVED**

**CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**

**AFFILIATED CORPORATION NO. 1**

1. Name TIME SUBSIDIARY 1

2. Incorporated under the laws of the State of MI

3. Location of the Registered Office of the Corporation in the State of South Carolina is 123 MAIN STREET  
In the City of FARMINGTON Registered Agent at such address is IZZO, TOM

4. Location of principal office (street address) 123 MAIN STREET  
Nature of principal business in S.C. BAKERY

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
10	CLASS A	

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
10	CLASS B	

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
<u>JOHN SMITH</u>	<u>PRESIDENT</u>	<u>123 MAIN STREET CANTON MI 48188</u>

8. Date Incorporated 05/05/1984 Date commenced business in the State of South Carolina was 05/05/1984

9. Date of this report 10/15/2019 FEIN 51-9999999 SC File # 20345874-5

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? NO Give old name \_\_\_\_\_

12. The Corporation's books are in the care of IZZO, TOM  
Located at (street address) 123 MAIN STREET

13. Corporate Mailing Address 123 MAIN STREET  
FARMINGTON HILLS MI 48335

14. 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)	\$	<u>10,000</u>
C. Total amount of stated Capital (cannot be a negative amount)	\$	<u>10,000</u>

TOM  
IZZO

**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 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	TIME TRAVELERS	58-9999999
Corporation 2	TIME SUBSIDIARY 1	51-9999999
Corporation 3	TIME SUBSIDIARY 2	52-9999999
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	\$ 27,180	\$ 27,180	\$ 27,180	\$	\$
Corporation 2	20,000			30,150	15,000
Corporation 3	170,000	20,000	20,000	-150	
Corporation 4					
Corporation 5					
Corporation 6					
Corporation 7					
Corporation 8					
<b>Total</b>	<b>217,180</b>	<b>47,180</b>	<b>47,180</b>	<b>30,000</b>	<b>15,000</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 Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	\$	\$ 195,000	100.0000 %	\$ 210
Corporation 2		5,000	50.0000	25
Corporation 3		4,118	41.1765	25
Corporation 4				
Corporation 5				
Corporation 6				
Corporation 7				
Corporation 8				
<b>Total</b>		<b>204,118</b>		<b>260</b>
	Equals page 1, line 15	Equals page 2, line 20	Per Schedule H	Equals page 2, line 21



**SCHEDULE I**  
**SCHEDULE J**

**RESERVED**

**CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**

**AFFILIATED CORPORATION NO. 2**

1. Name TIME SUBSIDIARY 2

2. Incorporated under the laws of the State of MI

3. Location of the Registered Office of the Corporation in the State of South Carolina is 123 MAIN STREET  
In the City of FRANKENMUT Registered Agent at such address is DANTONIO, MARK

4. Location of principal office (street address) 123 MAIN STREET  
Nature of principal business in S.C. BAKERY

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
100	COMMON	

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
200	PREFERRED	

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
<u>MILO</u>	<u>OTIS</u>	<u>CHIEF EXECUTIVE OFF</u>
<u>500 SUNSET BLVD</u>	<u>MALIBU</u>	<u>CA 90263</u>

8. Date Incorporated 05/05/1984 Date commenced business in the State of South Carolina was 05/05/1984

9. Date of this report 10/15/2019 FEIN 52-9999999 SC File # 21345874-5

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? NO Give old name \_\_\_\_\_

12. The Corporation's books are in the care of DANTONIO, MARK  
Located at (street address) 123 MAIN STREET

13. Corporate Mailing Address 123 MAIN STREET  
FRANKENMUTH MI 48734

14. 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)	\$	<u>10,000</u>
C. Total amount of stated Capital (cannot be a negative amount)	\$	<u>10,000</u>

MARK  
DANTONIO

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





STATE OF SOUTH CAROLINA  
**CORPORATE TAX CREDITS**

NAME OF CORPORATION
TIME TRAVELERS
FEIN
} 58-9999999
SC FILE #
} 20209249-4

All credits are computed on separate forms. Be sure to attach the appropriate form(s) to this schedule for the credit you are claiming.

Part I Corporate Income Tax Credits	Column A Previously Accrued	Column B Earned This Year	Column C Taken This Year	Column D Lost Due to Statute	Column E Carried Forward
1. New Jobs Credit (TC-4) }	_____	_____	_____	_____	_____
2. Capital Investment Credit (TC-11) }	_____	_____	_____	_____	_____
3. Family Independence Payments Credit (TC-12) }	_____	_____	_____	_____	_____
4. Research Expenses Credit (TC-18) }	_____	_____	_____	_____	_____

For lines 5-12, enter any other credit description and associated code from Part I Codes, along with the credit amount.

Part I Credit Description	Part I Code	Column A Previously Accrued	Column B Earned This Year	Column C Taken This Year	Column D Lost Due to Statute	Column E Carried Forward
5. RECYCLING FACILITY }	17	_____	500	_____	_____	500
6. _____ }	_____	_____	_____	_____	_____	_____
7. _____ }	_____	_____	_____	_____	_____	_____
8. _____ }	_____	_____	_____	_____	_____	_____
9. _____ }	_____	_____	_____	_____	_____	_____
10. _____ }	_____	_____	_____	_____	_____	_____
11. _____ }	_____	_____	_____	_____	_____	_____
12. _____ }	_____	_____	_____	_____	_____	_____
<b>13. Total of Lines 1-12</b> .....		_____	500	_____	_____	500

**PART II Corporate License Fee Credits page 2**



\*\*ENTER ANY CREDIT DESCRIPTION AND ASSOCIATED CODE FROM PART II CODES, ALONG WITH THE CREDIT AMOUNT.

**Part II Corporate License Fee Credits**

Part II Credit Description	Part II Code	Column A Previously Accrued	Column B Earned This Year	Column C Taken This Year	Column D Lost Due to Statute	Column E Carried Forward
1. _____	}	_____	_____	_____	_____	_____
2. _____	}	_____	_____	_____	_____	_____
3. _____	}	_____	_____	_____	_____	_____
4. _____	}	_____	_____	_____	_____	_____
5. _____	}	_____	_____	_____	_____	_____
6. _____	}	_____	_____	_____	_____	_____
<b>7. Total Corporate License Fee Credits</b> <b>(See Instructions)</b>		_____	_____	_____	_____	_____

SEE CREDITS DESCRIPTIONS ON THE FOLLOWING PAGES