



STATE OF SOUTH CAROLINA 'S' CORPORATION INCOME TAX RETURN

SC 1120S (Rev. 9/5/18) 3095

dor.sc.gov

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.

SC FILE # 20218338-7
INCOME TAX PERIOD ENDING 12/31/18
LICENSE FEE PERIOD ENDING 12/31/19
FEIN 56-9999999
NAME MACHINE TOOLS INC
MAILING ADDR. 65 INTERNATIONAL BLVD
CITY ORLANDO STATE FL
ZIP CODE 32862
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 Initial Return Amended Return
Includes QSSS(s) and/or 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
Total Gross Receipts 3,995,750 Total cost of depreciable personal property in SC 0

County or Counties in SC Where Property is Located: LEXINGTON
City Audit Location State
65 INTERNATIONAL BLVD CHAPIN SC
Audit Contact Telephone Number 803-345-2222
WHITE, BOB

Does the Corporation have any Shareholders who are nonresidents of South Carolina? [X] Yes [] No

Table with 3 columns: Description, Line Number, Amount. Includes rows for Total of line 1 through 10, Net Adjustment, Total Net Income, LESS: Income on line 4 taxed to shareholders, South Carolina Net Income subject to tax, TAX, Payments (Tax Withheld, Paid by Declaration, Paid with Extension, Credit from Line 23b), Refundable Credits (Ammonia Additive, Milk Credit, Motor Fuel Income Tax Credit), Total Payments and Refundable Credits, Balance of Tax Due, Interest Due, Late File/Pay Penalty Due, Declaration Penalty Due, TOTAL INCOME TAX, Interest and Penalty Due, OVERPAYMENT, and To be applied as follows (Estimated Tax, License Fee, REFUND).

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



PART II COMPUTATION OF LICENSE FEE	14. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	14.	160	00
	15. FEE DUE - Line 14 x .001, plus \$15.00 (Fee cannot be less than \$25.00)	15.	25	00
	16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)	16.	<	00
	17. Balance (line 15 less line 16)	17.	25	00
	18. Payments: (a) Paid with Extension	18a.		00
	(b) Credit from line 13b	18b.	25	00
	19. Total Payments (add line 18a and 18b)	19.	25	00
	20. Balance of Fee Due (line 17 less line 19)	20.	0	00
	21. (a) Interest Due	00	(b) Late File/Pay Penalty Due	00
	(See penalty and interest instructions.) Enter Total	21.		00
	22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21)	22.	BALANCE DUE	0
	23. OVERPAYMENT (line 19 less line 17)	00	To be applied as follows:	
	(a) Est. Tax	00	(b) Inc. Tax	00
	(c) REFUND			00
	24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22)	24.	EFT	0

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. STATE TAX REFUNDS	8.	1,326
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13. Other Deductions (attach schedule)	13.	
14. Total Deductions (add lines 8 through 13)	14.	1,326
15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S	15.	-1,326

SCHEDULE C RESERVED

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.

Sign Here	Signature of officer	PRESIDENT	ROBERT@MACHINETOOLS.COM
	JAMES WILLIS	Officer's title	Email
	Officer's printed name	Date	Telephone Number
		989-652-2798	
	I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Preparer's Printed Name
			MILO AND OTIS
Paid	Preparer's signature	Date	Check if self-employed
	MILO AND OTIS	11/25/18	<input type="checkbox"/>
Preparer's	Firm's name (or yours if self-employed)	PTIN or FEIN	Preparer's Telephone Number
Use Only	and address		
	AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA	P05051984	989-652-2798
	AADDRESSADDRESSADDRESSADDRESSADDA		
	ACITYCITYCITYCITYCIA, MI	ZIP Code	48130-1234

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 _____ Date _____



SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name MACHINE TOOLS INC

2. Incorporated under the laws of the State of FLORIDA

3. Location of the Registered Office of the Corporation in the State of South Carolina is PO BOX 622
 In the City of COLUMBIA Registered Agent at such address is WHITE, BOB

4. Location of principal office (street address) 1234 MINE ST, ORLANDO, FL 32862
 Nature of principal business in SC AGRICULTURE

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: 31,500 CLASS: COMMON 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: 89,330 CLASS: COMMON 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	TITLE	BUSINESS ADDRESS
<u>JAMES</u>	<u>WILLIS</u>	<u>PRESIDENT</u>
<u>65 UNION</u>	<u>FRANKENMUTH</u>	<u>MI 48734</u>

8. Date Incorporated 09/18/1980 Date commenced business in the State of South Carolina was 09/18/1980

9. Date of this report 03/15/2018 FEIN 56-9999999

10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is 01/01/1981

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, JIM
 Located at (street address) 1234 MINE ST, ORLANDO FL 32862

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

A. Total paid in Capital Stock (cannot be a negative amount)	\$ <u>8,933</u>
B. Total paid in Capital Surplus (cannot be a negative amount)	\$ <u>2,190,968</u>
C. Total amount of stated Capital (cannot be a negative amount)	\$ <u>2,199,901</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. Select Business Income Tax Payment to get started.

MAIL RETURN TO THE PROPER ADDRESS

BALANCE DUE:
 SC DEPARTMENT OF REVENUE
 CORPORATE TAXABLE
 PO BOX 100151
 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

- 1. Total Capital and Paid-in-Surplus at end of Year \$ 2,199,901
- 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 \$ 160

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
ORDINARY BUSINESS INCOME				-38
NET REAL ESTATE RENTS				58
INTEREST INCOME				6
NET LT CAP GAIN/LOSS				20
NET SECTION 1231 GAIN/LOSS				29
1. Total Allocated Income (Enter the total of Column D here)				
2. Total Income Allocated to SC (Enter the total of Column E)				75

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

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

- 1. Total net income as reconciled. Enter amount from line 3, Page 1 1. 509,285
- 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. 509,285
- 4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here 4. 37
- 5. Add: Income subject to direct allocation to SC from Schedule F, line 2 5. 75
- 6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 6. 112

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total Sales Within South Carolina (see instructions)	290	
2. Total Sales Everywhere (see instructions)	3,995,100	
3. Sales Ratio (line 1 ÷ line 2)		0.007259 %

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

	Amount	Ratio
1. South Carolina Gross Receipts		
2. Amounts Allocated to South Carolina on Schedule F	< >	
3. South Carolina Adjusted Gross Receipts (line 1 - line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 - line 5)		
7. Gross Receipts Ratio (line 3 ÷ line 6)		

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total Within South Carolina (see instructions)		
2. Total Everywhere		
3. Taxable Ratio (line 1 ÷ line 2)		



SCHEDULE SC-K WORKSHEET

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

	(A) Description	(B) * Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary business income (loss)	-628,903	-1,326	-630,229	-630,145	-84
2	Net rental real estate inc. (loss)	958,604		958,604	958,476	128
3	Other net rental income (loss)					
4	Interest income	93,325		93,325	93,312	13
5	Dividends	12,875		12,875	12,874	1
6	Royalties	12,143		12,143	12,142	1
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)	43		43	23	20
9	Net section 1231 gain (loss)	1,667		1,667	1,638	29
10	Other income (loss)	60,857		60,857	60,853	4
11	Section 179 deduction	10,935		10,935	10,934	1
12a	Contributions					
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC 5,000
SC1120-TC must be attached to return.



STATE OF SOUTH CAROLINA
CORPORATE TAX CREDITS

NAME OF CORPORATION
MACHINE TOOLS INC
FEIN
} 56-9999999
SC FILE #
} 20218338-7

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. SMALL BUSINESS JOBS }	104	_____	_____	5,000	_____	_____
6. _____ }	_____	_____	_____	_____	_____	_____
7. _____ }	_____	_____	_____	_____	_____	_____
8. _____ }	_____	_____	_____	_____	_____	_____
9. _____ }	_____	_____	_____	_____	_____	_____
10. _____ }	_____	_____	_____	_____	_____	_____
11. _____ }	_____	_____	_____	_____	_____	_____
12. _____ }	_____	_____	_____	_____	_____	_____
13. Total of Lines 1-12		_____	_____	5,000	_____	_____

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. _____	}	_____	_____	_____	_____	_____
7. Total Corporate License Fee Credits (See Instructions)		_____	_____	_____	_____	_____

SEE CREDITS DESCRIPTIONS ON THE FOLLOWING PAGES