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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 # 20255800-8
INCOME TAX PERIOD ENDING 12/31/18
LICENSE FEE PERIOD ENDING 12/31/19
FEIN 57-9999999
NAME TIME TRAVELERS
MAILING ADDRESS PO BOX 12345
CITY CHAPIN STATE SC
ZIP CODE 29036
Change of Address [X] Accounting Period [ ] Officers [ ]



Attach complete copy of Federal Return
[X] Check here if you filed a federal or state extension
Check if Initial Return [ ] Consolidated Return [ ] Amended Return [ ] 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 [ ]
Total Gross Receipts 2,261,013 Total cost of depreciable personal property in SC 1,093,719

County or Counties in SC Where Property is Located: LEXINGTON
City CHAPIN Audit Location SC
Audit Contact Telephone Number 978-443-5388 WHITE, BOB

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 19 rows and 3 columns: Description, Amount, and Balance Due. Includes items like Federal Taxable Income, Net Adjustment, Total Net Income, Tax, and Total Income Tax.

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

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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.

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, and Total Additions.

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.

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, Credits Lost Due to Statute, and Credit Carryover.

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 title information for James Willis, President. Includes fields for Signature of officer, Officer's title, Date, and Telephone Number.

Preparer information for Milo and Otis. Includes fields for Preparer's Printed Name, Date, Check if self-employed, Preparer's Telephone Number, Firm's name, Address, and ZIP Code.

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 and Date fields. Signature: 30912059



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

1. Name TIME TRAVELERS

2. Incorporated under the laws of the State of SOUTH CAROLINA

3. Location of the Registered Office of the Corporation in the State of South Carolina is PO BOX 12345  
 In the City of CHAPIN Registered Agent at such address is WHITE, BOB

4. Location of principal office (street address) 12345 CLARK ST CHAPIN SC 29036  
 Nature of principal business in SC WRECKER SERVICE

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: 1,000 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: 1,000 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>PO BOX 12345</u>	<u>CHAPIN</u>	<u>SC 29036</u>

8. Date Incorporated 05/01/1992 Date commenced business in the State of South Carolina was 05/01/1992

9. Date of this report 03/15/2018 FEIN 57-9999999

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) PO BOX 12345 CHAPIN SC 29036

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>1,000</u>
B. Total paid in Capital Surplus (cannot be a negative amount)	\$	<u>394,575</u>
C. Total amount of stated Capital (cannot be a negative amount)	\$	<u>395,575</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.



STATE OF SOUTH CAROLINA  
**CORPORATE TAX CREDITS**

NAME OF CORPORATION
TIME TRAVELERS
FEIN
} 57-9999999
SC FILE #
} 20255800-8

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) }	13,775	500	6,484	300	7,471

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. _____ }						
6. _____ }						
7. _____ }						
8. _____ }						
9. _____ }						
10. _____ }						
11. _____ }						
12. _____ }						
<b>13. Total of Lines 1-12</b> .....		13,775	500	6,484	300	7,471

**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. RESEARCH EXPENSES	} 18			20		
2. _____	} _____					
3. _____	} _____					
4. _____	} _____					
5. _____	} _____					
6. _____	} _____					
7. Total Corporate License Fee Credits (See Instructions)				20		

SEE CREDITS DESCRIPTIONS ON THE FOLLOWING PAGES