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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 # 20713549-2
INCOME TAX PERIOD ENDING 12/31/18
LICENSE FEE PERIOD ENDING 12/31/19
FEIN 26-8762061
NAME HOTELS UNLIMITED INC
MAILING ADDRESS 9 DOWN ROAD
CITY LEXINGTON STATE SC
ZIP CODE 29072
Change of Address Accounting Period Officers



Attach complete copy of Federal Return
Check here if you filed a federal or state extension
Check if Initial Return Consolidated Return (Complete Schedule M)
Amended Return Includes Disregarded LLC(s) (Complete Schedule L)
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 757,437,484
Total cost of depreciable personal property in SC 17,499,300

County or Counties in SC Where Property is Located: LEXINGTON
City Audit Location State
LEXINGTON SC
Audit Contact Telephone Number 803-719-0110
MURRAY, ANN

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 18 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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PART II  
COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	20.	240,948,623	00
21. FEE DUE - Line 20 x .001, plus \$15.00 (Fee cannot be less than \$25.00 per taxpayer)	21.	240,964	00
22. Credit Carryover } <input type="text"/> 00 Credit taken this year from SC1120TC, Part II, Column C	22.	<	00 >
23. Balance (line 21 less line 22)	23.	240,964	00
24. Payments: (a) Paid with Extension	24a.		00
(b) Credit from line 19b	24b.	240,964	00
25. Total Payments (add line 24a and 24b)	25.	240,964	00
26. Balance of Fee Due (line 23 less line 25)	26.	0	00
27. (a) Interest Due <input type="text"/> 00 (b) Late File/Pay Penalty Due <input type="text"/> 00	27.		00
(See penalty and interest instructions.) Enter Total	27.		00
28. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) BALANCE DUE	28.	0	00
29. OVERPAYMENT (line 25 less line 23) <input type="text"/> 00 To be applied as follows:			
(a) Estimated Tax } <input type="text"/> 00 (b) Income Tax } <input type="text"/> 00 (c) REFUND } <input type="text"/>			00
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) EFT <input type="checkbox"/>	30.	0	00

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.	7,260,340
2. Federal Net Operating Loss	2.	901,985
3.	3.	
4.	4.	
5. Other Additions (attach schedule)	5.	
6. Total Additions (add lines 1 through 5)	6.	8,162,325

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7.	454,222
8.	8.	
9.	9.	
10. Other Deductions (attach schedule)	10.	
11. Total Deductions (add lines 7 through 10)	11.	454,222
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120	12.	7,708,103

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

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 13)	1.	
2. Enter Total Credits from SC1120-TC, Col. B, line 13. The SC1120-TC and schedule for each tax credit claimed must be attached to the return	2.	
3. Total Credits (add lines 1 and 2)	3.	
4. Tax (line 9, Part 1, SC1120)	4.	
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 13.)	5.	
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 13.)	6.	
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 13.)	7.	

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 <b>SAM JONES</b>	Officer's title PRESIDENT	Email SHATNER@HOTELSUNLIMITED.COM
Officer's printed name	Date	Telephone Number 234-890-2345

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.

Yes  No

Preparer's Printed Name  
MARY JANE

Paid Preparer's signature MARY JANE	Date 11/26/18	Check if self-employed <input type="checkbox"/>	Preparer's Telephone Number 989-652-2798
Preparer's Firm's name (or yours if self-employed) ACITYCITYCITYCITYCIA, MI	PTIN or FEIN P05051984	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

30912059



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

1. Name HOTELS UNLIMITED INC

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 9 DOWN ROAD  
 In the City of LEXINGTON Registered Agent at such address is MURRAY, ANN

4. Location of principal office (street address) 9 DOWN ROAD, LEXINGTON SC 29072  
 Nature of principal business in SC SALES

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 STOCK 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: PREFERRED STOCK 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>SAM</u>	<u>JONES</u>	<u>PRESIDENT</u>
<u>17 ROUND RD</u>	<u>COLUMBIA</u>	<u>SC 29201</u>
<u>BOBBY</u>	<u>JONES</u>	<u>VICE-PRESIDENT</u>
<u>13 SQUARE LN</u>	<u>CAYCE</u>	<u>SC 29011</u>
<u>MARY</u>	<u>JONES</u>	<u>SECRETARY</u>
<u>30 TRIANGLE LN</u>	<u>COLUMBIA</u>	<u>SC 29201</u>

8. Date Incorporated 05/01/2002 Date commenced business in the State of South Carolina was 06/01/2002

9. Date of this report 03/15/2018 FEIN 26-8762061

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 MURRAY, ANN  
 Located at (street address) 77 UP COURT, LEXINGTON, SC 29073

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)	\$ _____
B. Total paid in Capital Surplus (cannot be a negative amount)	\$ <u>240,948,623</u>
C. Total amount of stated Capital (cannot be a negative amount)	\$ <u>240,948,623</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.