

1022



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STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

Due by the 15th day of the fourth month following the close of the taxable year.

SC 1120
(Rev. 9/23/20)
3091

SC file # 20255800-8
Income Tax period ending 12/31/20
Licence Fee period ending 12/31/21
FEIN 57-9999999
Name TIME TRAVELERS
Mailing address PO BOX 12345
City CHAPIN State SC
ZIP 29036

County or counties in SC where property is located
LEXINGTON

Audit location: Street address
PO BOX 12345

City CHAPIN State SC ZIP 29036

Audit contact Phone number
WHITE, BOB 978-443-5388

Is the corporation included in a consolidated federal return?
Yes No

Name of federal parent company

FEIN of federal parent company

Change of Address Accounting Period Officers

Check if you filed a federal or state extension

Check if Initial return Consolidated return Amended Return Includes Disregarded LLCs

Check if: Merged Reorganized Final

Total gross receipts 2,261,013
Total cost of depreciable personal property in SC 1,093,719

Attach complete copy of federal return

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 19 rows for tax liability computation, including federal taxable income, adjustments, tax, and payments. Includes sub-rows for refundable credits and penalties.

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

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TIME TRAVELERS

20255800-8 57-9999999

SC1120

PART II COMPUTATION OF LICENSE FEE	20. Total capital and paid in surplus (multi-state corporations see Schedule E)	20.	395,575	00
	21. License Fee: multiply line 20 x .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	21.	411	00
	22. Credit taken this year from SC1120TC, Part II, Column C	22.	<	00 >
	23. Balance (subtract line 22 from line 21)	23.	411	00
	24. Payments: (a) Paid with extension	24a.	500	00
	(b) Credit from line 19b	24b.		00
	25. Total Payments (add line 24a and line 24b)	25.	500	00
	26. Balance of License Fee (subtract line 25 from line 23)	26.	0	00
	27. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	27.		00
	Total (add line 27a and line 27b) See penalty and interest in SC1120 Instructions			00
28. Total License Fee, interest, and penalty (add line 26 and line 27)	28.		0 00	
29. Overpayment (subtract line 23 from line 25)		89	00	
(a) Estimated Tax <input type="text" value="00"/> (b) Income Tax <input type="text" value="89 00"/> (c) REFUND			00	
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	30.		0 00	

REFUND OPTIONS (select one; subject to program limitations) Direct Deposit Paper Check

If you select Direct Deposit, choose the account type (US accounts only) Checking Savings

Account Information Routing Number (RTN) Must be 9 digits. First two numbers of the RTN must be 01 - 12 or 21 - 32 Bank Account Number (BAN) 1-17 digits

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income	1.	129,560
2. Federal net operating loss	2.	
3.	3.	
4.	4.	
5. Other additions (attach schedule)	5.	
6. Total additions (add line 1 through line 5)	6.	129,560

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest on US obligations	7.	
8.	8.	
9.	9.	
10. Other deductions (attach schedule)	10.	
11. Total deductions (add line 7 through line 10)	11.	
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2	12.	129,560

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

1. Credit carryover from previous year's SC1120, Schedule C (should match SC1120TC Column A, line 13)	1.	13,775
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules)	2.	500
3. Total credits (add line 1 and line 2)	3.	14,275
4. Tax from SC1120, Part I, line 9	4.	6,573
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, line 10; should match SC1120TC, Column C, line 13)	5.	6,573
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6.	300
7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)	7.	7,402

Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Sign Here

Signature of officer: JAMES WILLIS

Print officer's name: JAMES WILLIS

PRESIDENT

Officer's title: MARTY@TIMETRAVELERS.COM

Email: 989-654-7894

Phone number: 989-654-7894

I authorize the Director of the SCDOR or delegate to discuss this return, attachments and related tax matters with the preparer. Yes No

Print preparer's name: ELECTRONIC TAX FILERS, INC.

Paid Preparer's signature: ELECTRONIC TAX FILERS, INC.

Preparer's name (or firm's name if self-employed): AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA

Address: ADDRESSADDRESSADDRESSADDRESSADDRESSADDA

City: ACITYCITYCITYCITYCIA, MI

ZIP: 48130-1234

Date: _____

Check if self-employed:

Preparer's phone number: 800-968-8900

PTIN or FEIN: P00045080

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information with the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature: 30912067

Date: _____



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 South Carolina PO BOX 12345
In the city of CHAPIN Registered agent at this address WHITE, BOB
4. Principal office address 12345 CLARK ST CHAPIN SC 29036
Nature of principal business in South Carolina WRECKER SERVICE

5. Total number of authorized shares of capital stock, itemized by class and series, if any, within each class:
Number of shares Class Series
1,000 COMMON EE

6. Total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class:
Number of shares Class Series
1,000 COMMON EE

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedule if you need more space.
Name Title Business address
JAMES WILLIS PRESIDENT
PO BOX 12345 CHAPIN SC 29036

8. Date incorporated 05/01/1992 Date commenced business in South Carolina 05/01/1992
9. Date of this report 10/15/2020 FEIN 57-9999999

10. If foreign corporation, the date qualified to do business in South Carolina
11. Was the name of the corporation changed during the year? NO Previous 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. Total amount of stated capital per balance sheet:
A. Total paid in capital stock (cannot be a negative amount) \$ 1,000
B. Total paid in capital surplus (cannot be a negative amount) \$ 394,575
C. Total amount of stated capital (cannot be a negative amount) \$ 395,575

Attach a complete copy of your federal return.

File electronically using Modernized Electronic Filing (MeF).

Payments: Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay . Select Business Income Tax Payment to get started.

If you pay by check, make your check payable to SCDOR, and include your name, FEIN, tax year, and SC1120 in the memo.

Mail Balance Due returns to:
SCDOR
Corporate Taxable
PO Box 100151
Columbia, SC 29202

Mail Refund or Zero Tax returns to:
SCDOR
Corporate Refund
PO Box 125
Columbia, SC 29214-0032

1022



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STATE OF SOUTH CAROLINA
CORPORATE TAX CREDITS

SC 1120-TC
(Rev. 9/17/19)
3370

Name of corporation
TIME TRAVELERS
FEIN
▶ 57-9999999
SC file #
▶ 20255800-8

All credits are computed on separate tax credit schedules. Attach appropriate schedules to this SC1120TC and your tax return.

Part I Corporate Income Tax Credits

Part 1 Credit Description	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. New Jobs	004 ▶	13,775	500	6,573	300	7,402
2. Capital Investment	011 ▶					
3. Family Independence Payments	012 ▶					
4. Research Expenses	018 ▶					

Enter only Corporate Income Tax credits below in Part 1. You can find credit codes and descriptions, along with the required tax schedule for each credit, beginning on page 3.

Part I Credit Description	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. _____ ▶						
13. Total Income Tax credits (add line 1 through line 12)		13,775	500	6,573	300	7,402

Continued on page 2

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Part II Corporate License Fee Credits

Enter only Corporate Income Tax credits in Part II. You can find credit codes and descriptions, along with the required tax schedule for each credit, on page 4

Part II Credit Description	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 License Fee Credits (add line 1 through line 6)	_____	_____	_____	_____	_____	_____