

1022



dor.sc.gov

STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

SC 1120

(Rev. 9/23/20)
3091

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

SC file # 20713549-2
Income Tax period ending 12/31/20
Licence Fee period ending 12/31/21
FEIN 26-8762061
Name HOTELS UNLIMITED INC
Mailing address 9 DOWN ROAD
City LEXINGTON State SC
ZIP 29072

County or counties in SC where property is located
LEXINGTON
Audit location: Street address
9 DOWN ROAD
City LEXINGTON State SC ZIP 29072
Audit contact Phone number
MURRAY, ANN 803-719-0110

Change of Address Accounting Period Officers

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

Check if you filed a federal or state extension

Name of federal parent company

Check if Initial return Consolidated return Amended Return Includes Disregarded LLCs

FEIN of federal parent company

Check if Merged Reorganized Final

Attach complete copy of federal return

Total gross receipts 757,437,484
Total cost of depreciable personal property in SC 17,499,300

PART I
COMPUTATION OF INCOME TAX LIABILITY

Table with 19 rows of tax liability calculations, including federal taxable income, net adjustment, total net income, tax, and payments, ending with a balance due of 0.

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

30911069



HOTELS UNLIMITED INC

20713549-2 26-8762061

SC1120

<b>PART II COMPUTATION OF LICENSE FEE</b>	20. Total capital and paid in surplus (multi-state corporations see Schedule E)	20.	240,948,623	00
	21. License Fee: multiply line 20 x .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	21.	240,964	00
	22. Credit taken this year from SC1120TC, Part II, Column C	22.	<	00
	23. Balance (subtract line 22 from line 21)	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 line 24b)	25.	240,964	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	27.		00
	28. Total License Fee, interest, and penalty (add line 26 and line 27)	28.		00
	<b>BALANCE DUE</b>			

29. Overpayment (subtract line 23 from line 25)  To be applied as follows:

(a) Estimated Tax  (b) Income Tax  (c) REFUND

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.	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 line 1 through line 5)	6.	8,162,325

**DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

7. Interest on US obligations	7.	454,222
8.	8.	
9.	9.	
10. Other deductions (attach schedule)	10.	
11. Total deductions (add line 7 through line 10)	11.	454,222
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2	12.	7,708,103

**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.	
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules)	2.	
3. Total credits (add line 1 and line 2)	3.	
4. Tax from SC1120, Part I, line 9	4.	
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, line 10; should match SC1120TC, Column C, line 13)	5.	
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6.	
7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)	7.	

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: SAM JONES Print officer's name: SAM JONES

Officer's title: PRESIDENT Email: SHATNER@HOTELSUNLIMITED.COM

Date: \_\_\_\_\_ Phone number: 234-890-2345

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

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's phone number: 800-968-8900

Preparer's Firm's name (or yours if self-employed): AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA PTIN or FEIN: 97-8048407

Use Only and address: ACITYCITYCITYCITYCIA, MI ZIP: 48130-1234

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 HOTELS UNLIMITED INC  
 2. Incorporated under the laws of the state of SOUTH CAROLINA  
 3. Location of the registered office of the corporation in South Carolina 9 DOWN ROAD  
 In the city of LEXINGTON Registered agent at this address MURRAY, ANN  
 4. Principal office address 9 DOWN ROAD, LEXINGTON SC 29072  
 Nature of principal business in South Carolina SALES

5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
<u>1,000</u>	<u>COMMON STOCK</u>	<u>A</u>

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
<u>1,000</u>	<u>PREFERRED STOCK</u>	<u>B</u>

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
<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 South Carolina 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 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 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. Total amount of stated capital per balance sheet:

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 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](http://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