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 STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN
SC 1120
 (Rev. 8/15/19)
 3091

Return is due on or before the 15th day of the 4th month following the close of the taxable year.

SC file # 20713549-2Income Tax period ending 12/31/19Licence Fee period ending 12/31/20FEIN 26-8762061Name HOTELS UNLIMITED INCMailing address 9 DOWN ROADCity LEXINGTON State SCZIP 29072
 Change of ☐ Address ☐ Accounting Period
☐ Officers

Attach complete copy of federal return

☐ Check 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)

Check if:

☒ 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

Audit location: Street address, city, state, ZIP

9 DOWN ROADLEXINGTONSC

Audit contact

MURRAY, ANN

Phone number

803-719-0110
 PART I
 COMPUTATION OF INCOME TAX LIABILITY

1. Federal taxable income per federal tax return	1.	<u>220,274,687</u>	<u>00</u>
2. Net adjustment from Schedule A and B, line 12	2.	<u>7,708,103</u>	<u>00</u>
3. Total net income as reconciled (add line 1 and line 2)	3.	<u>227,982,790</u>	<u>00</u>
4. If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.	4.	<u>227,982,790</u>	<u>00</u>
5. South Carolina net operating loss carryover, if applicable	5.	<u><</u>	<u>00</u>
6. South Carolina net income subject to tax (subtract line 5 from line 4)	6.	<u>227,982,790</u>	<u>00</u>
7. Tax: Multiply line 6 by .05 (5%)	7.	<u>11,399,140</u>	<u>00</u>
8. Tax deferred on income from foreign trade receipts (see instructions)	8.	<u><</u>	<u>00</u>
9. Balance (subtract line 8 from line 7)	9.	<u>11,399,140</u>	<u>00</u>
10. Credit carryover (Schedule C, line 7) <u>00</u> Nonrefundable credits (Schedule C, line 5).	10.	<u><</u>	<u>00</u>
11. Balance of tax (subtract line 10 from line 9 and enter the difference, but not less than zero)	11.	<u>11,399,140</u>	<u>00</u>
12. Interest on DISC-deferred tax liability <u>00</u> or foreign trade deferred tax liability <u>00</u>	12.		<u>00</u>
13. Total tax and/or interest (add lines 11 and line 12)	13.	<u>11,399,140</u>	<u>00</u>
14. Payments:			
(a) Tax withheld (attach 1099s, I-290s, and/or W-2s)	14a.	<u>10,000,000</u>	<u>00</u>
(b) Paid by declaration	14b.	<u>501,571</u>	<u>00</u>
(c) Paid with extension	14c.	<u>3,000,000</u>	<u>00</u>
(d) Credit from line 29b	14d.		<u>00</u>
Refundable Credits:			
(e) Ammonia Additive	14e.		<u>00</u>
(f) Milk Credit	14f.		<u>00</u>
(g) Motor Fuel Income Tax Credit	14g.		<u>00</u>
15. Total payments and refundable credits (add line 14a through line 14g)	15.	<u>13,501,571</u>	<u>00</u>
16. Balance of tax and/or interest (subtract line 15 from line 13)	16.	<u>0</u>	<u>00</u>
17. (a) Interest <u>00</u> (b) Late file/pay penalty <u>00</u>			
(c) Declaration penalty (attach SC2220) <u>00</u>			
Total (add line 17a through line 17c) See penalty and interest in SC1120 instructions	17.		<u>00</u>
18. Total Income Tax, interest, and penalty (add line 16 and line 17)	18.	<u>0</u>	<u>00</u>
19. Overpayment (subtract line 13 from line 15) <u>2,102,431</u> <u>00</u> To be applied as follows:			
(a) Estimated Tax <u>1,861,467</u> <u>00</u> (b) License Fee <u>240,964</u> <u>00</u> (c) REFUND			<u>00</u>

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

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HOTELS UNLIMITED INC

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SC1120

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. License Fee: multiply line 20 x .001 then add \$15 (Fee cannot be less than \$25 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 (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"/> 00 (b) Late file/pay penalty <input type="text"/> 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. 0 00
29. OVERPAYMENT (subtract line 23 from line 28) <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	00
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	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.	
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.	
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 schedule for each tax credit claimed)	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 4 (enter on SC1120, Part 1, 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 6 from lines 3; should match SC1120TC, Column E, line 13)	7.

As a principal officer of the corporation for which this return is made, I 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 true and complete.

Sign

Here

Signature of officer		PRESIDENT	
SAM JONES		SHATNER@HOTELSUNLIMITED.COM	
Print officer's name		Officer's title	
		Email	
		234-890-2345	
Date		Phone number	
I authorize the Director of the SCDOR or delegate to discuss this return, attachments and related tax matters with the preparer.		Print preparer's name	
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Paid	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Phone number
Preparer's				800-968-8900
Use Only	Firm's name (or yours if self-employed)	PTIN or FEIN		97-8048407
	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS			
	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

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 South Carolina 9 DOWN ROAD
In the city of LEXINGTON Registered agent at this address MURRAY, ANN
4. Location of principal office (street address) 9 DOWN ROAD, LEXINGTON SC 29072
Nature of principal business in SC 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 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 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 check payable to SCDOR and include business name and FEIN 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

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