

1022



STATE OF SOUTH CAROLINA
S CORPORATION INCOME TAX RETURN

SC 1120S
 (Rev. 8/27/20)
 3095

dor.sc.gov

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

SC file # <u>20543557-2</u> Income Tax period ending <u>06/30/21</u> License Fee period ending <u>06/30/22</u> FEIN <u>43-8938871</u> Name <u>HOSPICE CARE INC</u> Mailing address <u>39 OMAR RD</u> City <u>ORANGEBURG</u> State <u>SC</u> ZIP <u>29111</u> Change of <input type="checkbox"/> Address <input type="checkbox"/> Accounting Period <input type="checkbox"/> Officers <input type="checkbox"/> Check if you filed a federal or state extension Check if: <input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Includes QSSSs and/or Disregarded LLCs (See Schedule L) Check if: <input type="checkbox"/> Merged <input checked="" type="checkbox"/> Reorganized <input type="checkbox"/> Final Total gross receipts <u>120,599,004</u> Total cost of depreciable personal property in SC <u>72,793</u>	County or counties in SC where property is located <u>CALHOUN</u> Audit location: Street address <u>39 OMAR RD</u> City State ZIP <u>ORANGEBURG SC 29111</u> Audit contact Phone number <u>JONES, JIM 983-737-4644</u> Does the corporation have any shareholders who are nonresidents of South Carolina? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of nonresident shareholders <u>1</u> Number of nonresident shareholders with an I-309 affidavit <u>0</u> Number of nonresident shareholder included in a composite return <u>0</u> Attach complete copy of federal return
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PART I COMPUTATION OF INCOME TAX LIABILITY	1. Total of line 1 through 10, Schedule K of the federal 1120S	▶ 1.	2,967,425	00
	2. Net adjustment from Schedule A and B, line 15	▶ 2.	-35,932	00
	3. Total net income as reconciled (add line 1 and line 2)	▶ 3.	2,931,493	00
	4. If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.	▶ 4.	2,931,493	00
	5. Income on line 4 taxed to shareholders of S Corporation	▶ 5.	< 2,931,493	00 >
	6. South Carolina net income subject to tax (subtract line 5 from line 4)	▶ 6.	0	00
	7. Tax (multiply line 6 by 5%)	▶ 7.	0	00
	8. Payments: (a) Tax withheld (attach 1099s, I-290s, and/or W-2s)	▶ 8a.		00
	(b) Paid by declaration	▶ 8b.	1,000	00
	(c) Paid with extension	▶ 8c.		00
	(d) Credit from Line 23b	▶ 8d.		00
	Refundable Credits: (e) Ammonia Additive	▶ 8e.		00
	(f) Milk Credit	▶ 8f.		00
(g) Motor Fuel Income Tax Credit	▶ 8g.		00	
9. Total payments and refundable credits (add lines 8a through 8g)	▶ 9.	1,000	00	
10. Balance of tax (subtract line 9 from line 7)	▶ 10.	0	00	
11. (a) Interest	▶ 11a.		00	
(b) Late file/pay penalty	▶ 11b.		00	
(c) Declaration penalty (attach SC2220)	▶ 11c.		00	
Total (add line 11a through line 11c) See penalty and interest in SC1120 Instructions.	▶ 11.		00	
12. Total Income Tax, interest and penalty (add line 10 and line 11) BALANCE DUE	▶ 12.		00	
13. Overpayment (subtract line 7 from line 9)	▶ 13.	1,000	00	
To be applied as follows: (a) Estimated Tax	▶ 13a.		00	
(b) License Fee	▶ 13b.	112	00	
(c) REFUND	▶ 13c.	888	00	

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

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PART II COMPUTATION OF LICENSE FEE	14. Total capital and paid in surplus (multi-state corporations see Schedule E)	14.	97,417	00
	15. License Fee: multiply line 14 by .001, then add \$15 (Fee cannot be less than \$25)	15.	112	00
	16. LESS: Credits taken this year against License Fee from SC1120TC, Part II, Column C (attach SC1120TC)	16.	<	00
	17. Balance (subtract line 16 from line 15)	17.	112	00
	18. Payments: (a) Paid with extension	18a.		00
	(b) Credit from line 13b	18b.	112	00
	19. Total payments (add line 18a and line 18b)	19.	112	00
	20. Balance of License Fee (subtract line 19 from line 17)	20.	0	00
	21. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	21.		00
	Total (add line 21a and line 21b.) See penalty and interest in SC1120 Instructions	21.		00
	22. Total License Fee, interest, and penalty (add line 20 and line 21) BALANCE DUE	22.	0	00
	23. Overpayment (subtract line 17 from line 19) <input type="text" value="00"/> To be applied as follows:			
(a) Estimated Tax <input type="text" value="00"/> (b) Income Tax <input type="text" value="00"/> (c) REFUND <input type="text"/>			00	
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 12 and line 22)	24.	0	00	

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income	1.	30,971
2. Excess net passive income subject to federal tax	2.	
3. Taxable portion of certain built-in gains subject to federal tax	3.	
4.	4.	
5.	5.	
6. Other additions (attach schedule)	6.	
7. Total additions (add line 1 through line 6)	7.	30,971

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8. OTHER DEDUCTION	8.	66,903
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13. Other deductions (attach schedule)	13.	
14. Total deductions (add line 8 through line 13)	14.	66,903
15. Net adjustment (subtract line 14 from line 7). Also enter on SC1120S, Part 1, line 2	15.	-35,932

SCHEDULE C RESERVED

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 RALPH JOHNSON		PRESIDENT		JAMES@HOSPICECARE.ORG	
Print officer's name		Date	Phone number 983-737-4644		
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.		Yes <input type="checkbox"/> No <input type="checkbox"/>		Print preparer's name	
Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's phone number 800-968-8900	
Firm's name (or yours if self-employed) AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA				PTIN or FEIN 97-8048407	
and address ACITYCITYCITYCITYCIA, MI				ZIP 48130-1234	

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

Taxpayer's signature	Date
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1. Name HOSPICE CARE INC
 2. Incorporated under the laws of the state of SOUTH CAROLINA
 3. Location of the registered office of the corporation in South Carolina 309 PALMETTO RD
 In the city of ORANGEBURG Registered agent at this address JONES, JIM
 4. Principal office address 29 OMAR RD, ORANGEBURG, SC 29111
 Nature of principal business in South Carolina PATIENT CARE & MILK PRODUCER
 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>100</u>	<u>COMMON</u>	<u>SERIES 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>100</u>	<u>COMMON</u>	<u>SERIES A</u>

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
 Attach separate schedules if you need more space.

Name	Title	Business address
<u>RALPH JOHNSON</u>	<u>PRESIDENT</u>	<u>458 WICKSON DRIVE FRANKENMUTH MI 48734</u>

8. Date incorporated 03/01/1997 Date commenced business in South Carolina 04/01/1997
 9. Date of this report 09/15/2021 FEIN 43-8938871
 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 JONES, JIM
 Located at (street address) 29 OMAR RD, ORANGEBURG, SC 29111
 13. The total amount of stated capital per balance sheet:

A. Total paid in capital stock (cannot be a negative amount)	\$	<u>90,000</u>
B. Total paid in capital surplus (cannot be a negative amount)	\$	<u>7,417</u>
C. Total amount of stated capital (cannot be a negative amount)	\$	<u>97,417</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. Select **Business Income Tax Payment** to get started.

If you pay by check, make your check payable to SCDOR. Include your name, FEIN, tax year, and SC1120S 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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	(A) Description	(B) Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Amounts Not Allocated Apportioned to SC	(F) Amounts Allocated or Apportioned to SC
1	Ordinary business income (loss)	2,967,425		2,967,425		2,967,425
2	Net rental real estate inc. (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)					
10	Other income (loss)					
11	Section 179 deduction					
12a	Contributions					
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Non-Refundable Tax Credits: Enter total credits from SC1120TC
You must attach your SC1120TC to this return.