

Randall L. Raber, C.P.A., P.A.
Certified Public Accountant
1920 Barnwell Street
Columbia, South Carolina 29201

~~~~~  
(803) 254-2509

e-mail: rlraber@bellsouth.net

Facsimile  
(803) 252-7641

May 14, 2014

I'On Assembly Inc.  
c/o Southern Community Services P.O. Box 290189  
Columbia, SC 29229

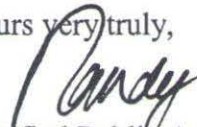
Dear Client:

Please find enclosed with this letter your copy of the income tax returns for I'On Assembly Inc. for the tax year ended December 31, 2013. Also are enclosed the original and one copy of any property and/or business license returns for December 31, 2013. Please check to verify that we have prepared and enclosed all returns for which we are responsible.

Attached to your copy of these returns are instructions for filing for you to use in executing these returns. Please read and follow these instructions carefully to be sure that the returns are filed properly. For e-filing we have already obtained the proper forms allowing us to file these returns; typically all that remains is a voucher to send in whatever tax is due. For property and business license returns there is usually a form to be filed and a check to write and mail in.

If you have any questions, please give me a call.

Yours very truly,



Certified Public Accountant

**INSTRUCTIONS FOR FILING**  
**Form 1120H**

**U.S. Income Tax return for Homeowners Associations for 2013**

**Review and Signature:**

This return, as you know, was prepared primarily from data made available to but not verified by me. Before executing the return, you should review the information reported on the return to determine that there are no omissions or misstatements of material facts.

The returns should be signed, titled and dated by an officer of the corporation on page one.

The copy of the return to which this instruction sheet is attached is for your files.

**Payment of tax:**

*Federal:*

There is no tax due or refund with the Federal income tax return.  
The overpayment of \$201 will be applied to next year estimated taxes.

*State:*

The balance due of \$13.00 due with return.  
Make check payable to SC Department of Revenue.

**Filing:**

The returns should be mailed before September 15, 2014 to:

*Federal:*

Internal Revenue Service  
Cincinnati, OH 45999

*State:*

\*\*South Carolina Corporation Income Tax Return  
SC Department of Revenue  
Corporation Return  
Columbia, SC 29214-0100

I suggest that you send these returns by certified mail, return receipt requested, to prove that the return was mailed prior to the due date. If sent by regular mail, sufficient time must be allowed for receipt by the due date. Alternatively, you may hand deliver the return to your local tax authorities on or before the due date, and obtain a receipt.

**2014 Penalty Avoidance Information:**

To be safe from any penalties for underpayment of estimated income tax, you should have federal and state estimated tax payments for 2014 of:

|                                            |          |
|--------------------------------------------|----------|
| Federal:                                   | \$ 2,121 |
| State:                                     |          |
| South Carolina Corporate Income Tax Return | \$ 363   |

Corporations owing at least \$500 in income tax for the tax year must make estimated tax payments, or be subject to penalties. A corporation must make quarterly estimated payments that equal the lesser of 100% of the tax charged for the current year, or 100% of the tax charged for the prior year. Please ensure that I have prepared your estimates (if any) correctly based upon your specific situation.

**Estimated Tax for 2014:**

The due dates and required payments for your U.S. corporation estimated income tax are as follows:

|                       |          |        |
|-----------------------|----------|--------|
| Overpayment from 2013 |          | 201.00 |
| Installment #1 by     | 04/15/14 | 339    |
| Installment #2 by     | 06/16/14 | 540    |
| Installment #3 by     | 09/15/14 | 540    |
| Installment #4 by     | 12/15/14 | 540    |

Estimated tax payments should be made by EFTPS prior to the due date. If you have not already signed up for the EFTPS payment system you should do so immediately. Call if you need assistance regarding this process.

The due dates and required payments for the 2014 South Carolina Corporate Income Tax Return estimated income tax are as follows:

|                       |          |     |
|-----------------------|----------|-----|
| Overpayment from 2013 |          | 0   |
| Installment #1 by     | 04/15/14 | 100 |
| Installment #2 by     | 06/16/14 | 100 |
| Installment #3 by     | 09/15/14 | 100 |
| Installment #4 by     | 12/15/14 | 100 |

Estimated tax payments should be made by check or money order and sent to the address listed on the voucher. You may also make most estimated tax payments electronically.

For calendar year 2013 or tax year beginning

, 2013, and ending

|                              |                                                                                                                                                  |                                                     |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>TYPE<br/>OR<br/>PRINT</b> | Name<br><u>I'On Assembly Inc.</u>                                                                                                                | Employer identification number<br><u>57-1067845</u> |
|                              | Number, street, and room or suite no. If a P.O. box, see instructions.                                                                           | Date association formed                             |
|                              | <u>c/o Southern Community Services P.O. Box 290189</u><br><small>City or town, state or province, country and ZIP or foreign postal code</small> | <u>06/04/98</u>                                     |
|                              | <u>Columbia SC 29229</u>                                                                                                                         |                                                     |

Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

**A** Check type of homeowner's association:  Condominium management association  Residential real estate association  Timeshare association

|                                                                                                              |                          |
|--------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>B</b> Total exempt function income. Must meet 60% gross income test (see instructions) . . . . .          | <b>B</b> <u>730,169.</u> |
| <b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions) . . . . . | <b>C</b> <u>654,168.</u> |
| <b>D</b> Association's total expenditures for the tax year (see instructions) . . . . .                      | <b>D</b> <u>651,381.</u> |
| <b>E</b> Tax-exempt interest received or accrued during the tax year . . . . .                               | <b>E</b>                 |

**Gross Income (excluding exempt function income)**

|                                                                                           |                 |
|-------------------------------------------------------------------------------------------|-----------------|
| 1 Dividends . . . . .                                                                     | 1               |
| 2 Taxable interest . . . . .                                                              | 2 <u>8,157.</u> |
| 3 Gross rents . . . . .                                                                   | 3               |
| 4 Gross royalties . . . . .                                                               | 4               |
| 5 Capital gain net income (attach Schedule D (Form 1120)) . . . . .                       | 5               |
| 6 Net gain (or loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .        | 6               |
| 7 Other income (excluding exempt function income) (attach statement) . . . . .            | 7               |
| 8 <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7 . . . . . | 8 <u>8,157.</u> |

**Deductions (directly connected to the production of gross income, excluding exempt function income)**

|                                                                                              |                  |
|----------------------------------------------------------------------------------------------|------------------|
| 9 Salaries and wages . . . . .                                                               | 9                |
| 10 Repairs and maintenance . . . . .                                                         | 10               |
| 11 Rents . . . . .                                                                           | 11               |
| 12 Taxes and licenses . . . . .                                                              | 12 <u>196.</u>   |
| 13 Interest . . . . .                                                                        | 13               |
| 14 Depreciation (attach Form 4562) . . . . .                                                 | 14               |
| 15 Other deductions (attach statement) . . . . . See Other Deductions Statement              | 15 <u>792.</u>   |
| 16 <b>Total deductions.</b> Add lines 9 through 15 . . . . .                                 | 16 <u>988.</u>   |
| 17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8 . . . . . | 17 <u>7,169.</u> |
| 18 Specific deduction of \$100 . . . . .                                                     | 18 <u>\$100.</u> |

**Tax and Payments**

|                                                                                                                 |                  |                           |  |  |
|-----------------------------------------------------------------------------------------------------------------|------------------|---------------------------|--|--|
| 19 <b>Taxable income.</b> Subtract line 18 from line 17 . . . . .                                               | 19 <u>7,069.</u> |                           |  |  |
| 20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) . . . . .                              | 20 <u>2,121.</u> |                           |  |  |
| 21 Tax credits (see instructions) . . . . .                                                                     | 21               |                           |  |  |
| 22 <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits . . . . . | 22 <u>2,121.</u> |                           |  |  |
| a 2012 overpayment credited to 2013. . . . . <b>23 a</b>                                                        |                  |                           |  |  |
| b 2013 estimated tax payments. . . . . <b>23 b</b> <u>322.</u>                                                  | c Total ▶        | <b>23 c</b> <u>322.</u>   |  |  |
| d Tax deposited with Form 7004 . . . . .                                                                        |                  | <b>23 d</b> <u>2,000.</u> |  |  |
| e Credit for tax paid on undistributed capital gains (attach Form 2439) . . . . .                               |                  | <b>23 e</b>               |  |  |
| f Credit for federal tax paid on fuels (attach Form 4136) . . . . .                                             |                  | <b>23 f</b>               |  |  |
| g Add lines 23c through 23f. . . . .                                                                            |                  | <b>23 g</b> <u>2,322.</u> |  |  |
| 24 <b>Amount owed.</b> Subtract line 23g from line 22 (see instructions) . . . . .                              | 24               |                           |  |  |
| 25 <b>Overpayment.</b> Subtract line 22 from line 23g . . . . .                                                 | 25 <u>201.</u>   |                           |  |  |
| 26 Enter amount of line 25 you want: <b>Credited to 2014 estimated tax</b> ▶ <u>201.</u> <b>Refunded</b> ▶      | 26               |                           |  |  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                  |                            |            |             |                                                                                                                                                 |
|------------------|----------------------------|------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | Signature of officer _____ | Date _____ | Title _____ | May the IRS discuss this return with the preparer shown below (see instrs)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                            |            |             |                                                                                                                                                 |

|                               |                                                                          |                               |                         |                                                 |                          |
|-------------------------------|--------------------------------------------------------------------------|-------------------------------|-------------------------|-------------------------------------------------|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>Randall L. Raber</u>                    | Preparer's signature<br>_____ | Date<br><u>05/14/14</u> | Check self-employed if <input type="checkbox"/> | PTIN<br><u>P01276150</u> |
|                               | Firm's name ▶ <u>Randall L. Raber, CPA, PA</u>                           |                               |                         | Firm's EIN ▶ <u>58-1808108</u>                  |                          |
|                               | Firm's address ▶ <u>1920 Barnwell Street</u><br><u>Columbia SC 29201</u> |                               |                         | Phone no. <u>(803) 254-2509</u>                 |                          |

---

Form 1120H, Page 1, Line 15

**Other Deductions Statement**

---

Allocated O/H Expenses 792.

Total 792.

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

Department of the Treasury Internal Revenue Service

File a separate application for each return. Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

Print or Type

Name: I' On Assembly HOA, Identifying number: 57-1067845, Address: c/o Southern Community Services P.O. Box 290189, Columbia SC 29229

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

Table with 4 columns: Application Is For, Form Code, Application Is For, Form Code. Rows include Form 1065, Form 8804, Form 1041 (estate other than a bankruptcy estate), Form 1041 (trust).

Part II Automatic 6-Month Extension

Table with 4 columns: Application Is For, Form Code, Application Is For, Form Code. Rows include various forms like Form 706-GS(D), Form 1041, Form 1120-ND, Form 1120-PC, etc.

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here

Part III All Filers Must Complete This Part

- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5 a The application is for calendar year 20 13, or tax year beginning, 20, and ending, 20

b Short tax year. If this tax year is less than 12 months, check the reason: Initial return, Final return, Change in accounting period, Consolidated return to be filed, Other (see instructions - attach explanation)

Table with 3 columns: Line number, Description, Amount. Rows: 6 Tentative total tax (2,000.), 7 Total payments and credits (0.), 8 Balance due (2,000.)

Handwritten mark

STATE OF SOUTH CAROLINA 'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year. If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032 If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC1120

(Rev. 5/17/13) 3091

SC FILE # 00000000-0
INCOME TAX PERIOD ENDING 12/31/13
LICENSE FEE PERIOD ENDING 12/31/14
FEIN 57-1067845
NAME I'On Assembly Inc.
MAILING ADDRESS c/o Southern Community Services P.O. Box 290189
CITY Columbia
STATE SC ZIP CODE 29229

County or Counties in SC Where Property is Located: Charleston
City Audit Location State
Columbia c/o Southern Community Services P.O. Box 290189 SC
Audit Contact Telephone Number
(803) 753-4726

Check if Initial Return Consolidated Return (Complete Sch M)
Amended Return Includes Disregarded LLC(s) (complete Schedule L)

Total Gross Receipts 738,326
Total cost of depreciable personal property in SC 0

If Filing a Final Return, see General Instructions, page 6.
You MUST close your account with the SECRETARY OF STATE and complete I-349.

Merged Reorganized Dissolved Withdrawn

Attach complete copy of Federal Return
Check here if you filed a federal or state extension

Table with 12 rows for Part I: COMPUTATION OF INCOME TAX LIABILITY. Includes lines 1-12 with descriptions and amounts.

Table with 10 rows for Part II: COMPUTATION OF LICENSE FEE. Includes lines 20-30 with descriptions and amounts.

For Office Use Only

**SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME**

|                                            |    |      |
|--------------------------------------------|----|------|
| 1. Taxes on or Measured By Income          | 1. | 196. |
| 2. Federal Net Operating Loss              | 2. |      |
| 3.                                         | 3. |      |
| 4.                                         | 4. |      |
| 5. Other Additions (attach schedule)       | 5. |      |
| 6. Total Additions (add lines 1 through 5) | 6. | 196. |

**DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

|                                                                               |     |      |
|-------------------------------------------------------------------------------|-----|------|
| 7. Interest On Obligations Of The U.S.                                        | 7.  |      |
| 8.                                                                            | 8.  |      |
| 9.                                                                            | 9.  |      |
| 10. Other Deductions (attach schedule)                                        | 10. |      |
| 11. Total Deductions (add lines 7 through 10)                                 | 11. |      |
| 12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120 | 12. | 196. |

**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 16)   | 1. |  |
| 2. Enter Total Credits from SC1120-TC, Column B, line 16. <b>SC1120-TC must be attached to return</b>             | 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 16.) | 5. |  |
| 6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)                        | 6. |  |
| 7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)             | 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.

Please Sign Here

|                      |      |       |                                    |
|----------------------|------|-------|------------------------------------|
| Signature of officer | Date | Title | (803) 865-5470<br>Telephone Number |
|----------------------|------|-------|------------------------------------|

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  
Randall L. Raber

Paid Preparer's Use Only

|                                                     |                                                                  |                                                 |                                                 |
|-----------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Preparer's signature                                | Date<br>05/14/14                                                 | Check if self-employed <input type="checkbox"/> | Preparer's Telephone Number<br>(803) 254-2509   |
| Firm's name (or yours if self-employed) and address | Randall L. Raber, CPA, PA<br>1920 Barnwell Street<br>Columbia SC |                                                 | PTIN or FEIN<br>58-1808108<br>ZIP Code<br>29201 |

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

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number. Go to www.sctax.org and look for the DOR ePay logo for other payment options.



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

- 1. Name . . . I'On Assembly 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 3301 Salterbeck St  
In the City of Mt. Pleasant Registered Agent at such address is Southern Community Service
- 4. Location of principal office (street address) \_\_\_\_\_  
Nature of principal business in SC Homeowners Association
- 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: 0 CLASS: 0 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: 0 CLASS: 0 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>Mike Parades</u> | <u>Prop Mgr</u> | <u>3301 Salterbeck St Mt Pleasant SC 29466</u> |
|                     |                 |                                                |
|                     |                 |                                                |
|                     |                 |                                                |

- 8. Date Incorporated 06/04/98 Date commenced business in the State of South Carolina was 06/04/98
- 9. Date of this report 12/31/13 FEIN 57-1067845
- 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 SCS Property Manager  
Located at (street address) \_\_\_\_\_
- 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) . . . . . \$ 0.
  - B. Total paid in Capital Surplus (cannot be a negative amount) . . . . . \$ 0.
  - C. Total amount of stated Capital (cannot be a negative amount) . . . . . \$ 0.

1030

Mail completed Form SC1120-T to:

SC Department of Revenue  
Corporation  
Columbia, SC 29214-0006

SCCZ0301 11/25/13

1030

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR AUTOMATIC EXTENSION  
OF TIME TO FILE CORPORATION TAX RETURN**

**SC1120-T**  
(Rev 6/24/13)  
3096

SC CORPORATE FILE #

INCOME ACCT PERIOD END (MM-YY)

12-13

1 Tentative Tax Based on Net Income . . . . . 350 .00

57-1067845

FEIN

2 LESS: Estimated Tax Payments . . . . . 260 .00

Corporate Name and Address

I ON ASSEMBLY HOA  
CO SOUTHERN COMMUNITY SERVICES PO BOX  
COLUMBIA SC 29229

3 Tentative Tax Due . . . . . 90 .00  
14-0804

4 Total Capital and Paid in Surplus  
0 . x .001 plus  
\$15.00 but not less  
than \$25.00 Tentative  
License Fee . . . . . 0 .00  
14-0401

- CHECK IF:
- S Corporation
  - Foreign **Not USA**
  - Tax **EXEMPT**
  - Consolidated Return (Attach a schedule listing each member.)
  - Bank or S & L
  - QSSS Election (Attach a schedule listing each member.)
  - Utility or Electric Cooperative

5 Balance Remitted . . . . . 90 .00

Signature Randall Baker

Date 3/16/14

30961049 000000000 571067845 1213 00000009000 000000000000 9

**Estimated Tax for Corporations**

For calendar year 2014, or tax year

beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_,

**2014**

Information about Form 1120-W and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).  
(Keep for the corporation's records - Do not send to the Internal Revenue Service.)

Name

Employer identification no.

I'On Assembly Inc.

57-1067845

**Estimated Tax Computation**

|                                                                                                                                                                    |                                                                                                                                                                                                                                                                              |      |            |            |            |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|------------|------------|------------|
| 1                                                                                                                                                                  | Taxable income expected for the tax year. . . . .                                                                                                                                                                                                                            | 1    | 7,069.     |            |            |            |
| Qualified personal service corporations (defined in the instructions), skip lines 2 through 13 and go to line 14. Members of a controlled group, see instructions. |                                                                                                                                                                                                                                                                              |      |            |            |            |            |
| 2                                                                                                                                                                  | Enter the <b>smaller</b> of line 1 or \$50,000 . . . . .                                                                                                                                                                                                                     | 2    |            |            |            |            |
| 3                                                                                                                                                                  | Multiply line 2 by 15% . . . . .                                                                                                                                                                                                                                             | 3    |            |            |            |            |
| 4                                                                                                                                                                  | Subtract line 2 from line 1. . . . .                                                                                                                                                                                                                                         | 4    |            |            |            |            |
| 5                                                                                                                                                                  | Enter the <b>smaller</b> of line 4 or \$25,000 . . . . .                                                                                                                                                                                                                     | 5    |            |            |            |            |
| 6                                                                                                                                                                  | Multiply line 5 by 25% . . . . .                                                                                                                                                                                                                                             | 6    |            |            |            |            |
| 7                                                                                                                                                                  | Subtract line 5 from line 4. . . . .                                                                                                                                                                                                                                         | 7    |            |            |            |            |
| 8                                                                                                                                                                  | Enter the <b>smaller</b> of line 7 or \$9,925,000 . . . . .                                                                                                                                                                                                                  | 8    |            |            |            |            |
| 9                                                                                                                                                                  | Multiply line 8 by 34% . . . . .                                                                                                                                                                                                                                             | 9    |            |            |            |            |
| 10                                                                                                                                                                 | Subtract line 8 from line 7. . . . .                                                                                                                                                                                                                                         | 10   |            |            |            |            |
| 11                                                                                                                                                                 | Multiply line 10 by 35% . . . . .                                                                                                                                                                                                                                            | 11   |            |            |            |            |
| 12                                                                                                                                                                 | If line 1 is greater than \$100,000, enter the <b>smaller</b> of (a) 5% of the excess over \$100,000 or (b) \$11,750. Otherwise, enter -0- . . . . .                                                                                                                         | 12   |            |            |            |            |
| 13                                                                                                                                                                 | If line 1 is greater than \$15 million, enter the <b>smaller</b> of (a) 3% of the excess over \$15 million or (b) \$100,000. Otherwise, enter -0- . . . . .                                                                                                                  | 13   |            |            |            |            |
| 14                                                                                                                                                                 | Add lines 3, 6, 9, and 11 through 13. (Qualified personal service corporations, multiply line 1 by 35%.) . . . . .                                                                                                                                                           | 14   |            | 2,121.     |            |            |
| 15                                                                                                                                                                 | Alternative minimum tax (see instructions) . . . . .                                                                                                                                                                                                                         | 15   |            |            |            |            |
| 16                                                                                                                                                                 | <b>Total.</b> Add lines 14 and 15 . . . . .                                                                                                                                                                                                                                  | 16   |            | 2,121.     |            |            |
| 17                                                                                                                                                                 | Tax credits (see instructions) . . . . .                                                                                                                                                                                                                                     | 17   |            |            |            |            |
| 18                                                                                                                                                                 | Subtract line 17 from line 16 . . . . .                                                                                                                                                                                                                                      | 18   |            | 2,121.     |            |            |
| 19                                                                                                                                                                 | Other taxes (see instructions). . . . .                                                                                                                                                                                                                                      | 19   |            |            |            |            |
| 20                                                                                                                                                                 | <b>Total tax.</b> Add lines 18 and 19 . . . . .                                                                                                                                                                                                                              | 20   |            | 2,121.     |            |            |
| 21                                                                                                                                                                 | Credit for federal tax paid on fuels and other refundable credits (see instructions) . . . . .                                                                                                                                                                               | 21   |            |            |            |            |
| 22                                                                                                                                                                 | Subtract line 21 from line 20. <b>Note:</b> If the result is less than \$500, the corporation is not required to make estimated tax payments . . . . .                                                                                                                       | 22   |            | 2,121.     |            |            |
| 23 a                                                                                                                                                               | Enter the tax shown on the corporation's 2013 tax return (see instructions). <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 22 on line 23b . . . . .                                          | 23 a |            |            |            |            |
| 23 b                                                                                                                                                               | Enter the <b>smaller</b> of line 22 or line 23a. If the corporation is required to skip line 23a, enter the amount from line 22. . . . .                                                                                                                                     | 23 b |            | 2,121.     |            |            |
|                                                                                                                                                                    |                                                                                                                                                                                                                                                                              |      | (a)        | (b)        | (c)        | (d)        |
| 24                                                                                                                                                                 | <b>Installment due dates</b> (see instructions) . . . . .                                                                                                                                                                                                                    | 24   | 04/15/2014 | 06/16/2014 | 09/15/2014 | 12/15/2014 |
| 25                                                                                                                                                                 | <b>Required installments.</b> Enter 25% of line 23b in columns (a) through (d). If the corporation uses the annualized income installment method or adjusted seasonal installment method or is a 'large corporation,' see the instructions for the amount to enter . . . . . | 25   | 339.       | 540.       | 540.       | 540.       |

**Form 1120-W Additional Information Smart Worksheet**

**Estimated Tax Options**

- A 1 Suspend estimated tax calculations (Form 1120) . . . . .
- 2 Calculate estimates even though none required (Form 1120-H filers only) (see help) . . . . .
- B Enter taxable income for next year (instead of using current year amounts) . . . . .
- C Installment rounding (the program defaults to the next dollar):  
Round up to next \$10 . . . . .  Round up to next \$100 . . . . .

**Current Year Overpayment Options**

- D Overpayment available (Form 1120, line 35 or Form 1120-H, line 26) . . . . . 201.
- E Apply the overpayment on line D and refund the excess . . . . .
- F Amount to apply (if different from the program default value) . . . . . 201.
- G Apply consecutively to all installments . . . . .
- H Apply evenly to all installments . . . . .
- I Apply to first installment only . . . . .

**Tax Calculation Information (Form 1120 only)**

- J Corporation is a qualified personal service corporation . . . . .
- K Corporation is a 'large corporation' . . . . .
- L Members of a controlled group, enter the corporation's share of:  
2 \$50,000 bracket (for line 2) . . . . . \_\_\_\_\_  
5 \$25,000 bracket (for line 5) . . . . . \_\_\_\_\_  
8 \$9,925,000 bracket (for line 8). . . . . \_\_\_\_\_  
12 \$11,750 ceiling (for line 12) . . . . . \_\_\_\_\_  
13 \$100,000 ceiling (For line 13) . . . . . \_\_\_\_\_

QuickZoom to enter adjusted seasonal or annualized installment method info . . . . .

1030

Mail completed Form SC1120-CDP to:

South Carolina Dept of Revenue  
Corporation  
Columbia, SC 29214-0006

SCCZ0212 08/25/12

1030

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CORPORATION DECLARATION OF ESTIMATED  
INCOME TAX**

**SC1120-CDP**  
(Rev 7/5/12)  
3093

| SC CORPORATE FILE # | INCOME ACCT PERIOD END (MM-YY) | 1. Amount of Payment<br>14-0807 |
|---------------------|--------------------------------|---------------------------------|
| 00000000-0          | 12-14                          | 100.00                          |
| 57-1067845          |                                |                                 |
| FEIN                |                                |                                 |

Corporate Name and Address

ION ASSEMBLY INC  
CO SOUTHERN COMMUNITY SERVICES PO BOX 290189  
COLUMBIA SC 29229

(Signature of duly authorized officer or taxpayer) Date

30931042 000000000 571067845 1214 00000010000

5

SCCZ0212 08/25/12

1030

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CORPORATION DECLARATION OF ESTIMATED  
INCOME TAX**

**SC1120-CDP**  
(Rev 7/5/12)  
3093

SC CORPORATE FILE #

INCOME ACCT PERIOD END (MM-YY)

00000000-0

12-14

1. Amount of  
Payment  
14-0807

100 .00

57-1067845

FEIN

Corporate Name and Address

ION ASSEMBLY INC  
CO SOUTHERN COMMUNITY SERVICES PO BOX 290189  
COLUMBIA SC 29229

(Signature of duly authorized officer or taxpayer) Date

SCCZ0212 08/25/12

1030

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CORPORATION DECLARATION OF ESTIMATED  
INCOME TAX**

**SC1120-CDP**  
(Rev 7/5/12)  
3093

| SC CORPORATE FILE # | INCOME ACCT PERIOD END (MM-YY) | 1. Amount of Payment<br>14-0807 |
|---------------------|--------------------------------|---------------------------------|
| 00000000-0          | 12-14                          | 100.00                          |
| 57-1067845          |                                |                                 |
| FEIN                |                                |                                 |

Corporate Name and Address

ION ASSEMBLY INC  
CO SOUTHERN COMMUNITY SERVICES PO BOX 290189  
COLUMBIA SC 29229

\_\_\_\_\_  
(Signature of duly authorized officer or taxpayer) Date

1030

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CORPORATION DECLARATION OF ESTIMATED  
INCOME TAX**

**SC1120-CDP**  
(Rev 7/5/12)  
3093

SC CORPORATE FILE #      INCOME ACCT PERIOD END (MM-YY)

00000000-0

12-14

1. Amount of  
Payment  
14-0807

100 .00

57-1067845

FEIN

Corporate Name and Address

ION ASSEMBLY INC  
CO SOUTHERN COMMUNITY SERVICES PO BOX 290189  
COLUMBIA SC 29229

\_\_\_\_\_  
(Signature of duly authorized officer or taxpayer)      Date