



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
BUSINESS PERSONAL PROPERTY RETURN

PT-100
(Rev. 4/19/16)
7002

Tax Year	Accounting Closing Period (MM/DD/YYYY)	FEIN/SSN	File No.	NAICS Code	Number of Locations in SC
Owner Name		Email Address			Telephone No.
Mailing Address Street		City	State	Zip Code	Check if this is a new address <input type="checkbox"/>
Account Status <input type="checkbox"/> Initial <input type="checkbox"/> Existing <input type="checkbox"/> Final (Date Business Closed _____)		Return Type <input type="checkbox"/> Annual <input type="checkbox"/> Amended <input type="checkbox"/> Return Due to Changes in Accounting Closing Period		Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership (List Partners) <input type="checkbox"/> Other _____	
Do you lease equipment to any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you lease equipment from another company? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes, attach a list of lessors and addresses</small>		

Reference ID (leave blank if new location)	Sales Tax No.	Location County	Location Start Date	Location End Date
Location Name		1. Total Acquisition Cost		▶ 1. \$.00
Location Street Address		2. Less: SC Income Tax Depreciation		▶ 2. \$.00
Location City	State SC	Zip Code	3. Net Depreciated Value	
				▶ 3. \$.00

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I declare that this return has been examined by me, and to the best of my knowledge and belief, is a true and complete return, made in good faith, pursuant to the provisions of the Code of Laws, 1976 and amendments.

Taxpayer Signature _____ Accountant Signature _____
Title _____ Date _____ Accountant Phone _____ Date _____

Office Use Only

Mail to SC Department of Revenue, Property Division, Columbia, SC 29214-0301 or contact by phone (803) 898-5222.
This return cannot be processed without taxpayer signature.



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