

**REFUND FOR TAX YEAR** \_\_\_\_\_ **TAX MAP #** \_\_\_\_\_  
(File one request for each tax year requested)

**REQUEST FOR REFUND OF REAL PROPERTY TAXES**  
S.C. Code of Laws Section 12-60-2560 & 12-43-220 (c) 3

\_\_\_\_\_  
**Property Owner's Name** \_\_\_\_\_ **Property Owner's Social Security No.** \_\_\_\_\_

\_\_\_\_\_  
**Spouse's Name** \_\_\_\_\_ **Spouse's Social Security No.** \_\_\_\_\_

\_\_\_\_\_  
**Street Address** \_\_\_\_\_ **Telephone No. (Daytime)** \_\_\_\_\_

\_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_ **Telephone No. (Evening)** \_\_\_\_\_

**Statement of facts supporting taxpayer's position & reasons for filing claim for refund:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All information** requested herein must be submitted prior to consideration for the request for refund.

\_\_\_\_\_  
**Date** \_\_\_\_\_ **Signature of Property Owner** \_\_\_\_\_

=====

**FOR OFFICE USE ONLY**

Approved  Disapproved

**Reason for Disapproval** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County Assessor \_\_\_\_\_ Date \_\_\_\_\_  
County Auditor \_\_\_\_\_ Date \_\_\_\_\_  
County Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**LR QUESTIONNAIRE**

**Date** \_\_\_\_\_

**Tax Map #** \_\_\_\_\_

\_\_\_\_\_  
**Owner's Name**

\_\_\_\_\_  
**Spouse's Name**

\_\_\_\_\_  
**Owner's Social Security Number**

\_\_\_\_\_  
**Spouse's Social Security Number**

\_\_\_\_\_  
**Mailing Address (Street/City/State/Zip)**

\_\_\_\_\_  
**Mailing Address (Street/City/State/Zip)**

\_\_\_\_\_  
**Street Address (Street/City/State/Zip)**

\_\_\_\_\_  
**Street Address (Street/City/State/Zip)**

We are currently reviewing the classification of your property as legal residence. "Legal residence" has been defined as synonymous with "domicile".

The term "domicile" means the place where a person has his/her true, fixed and permanent home and principal establishment, to which he/she has, whenever he/she is absent, an intention of returning.

In addition to the certification, the burden of proof for eligibility for the four percent assessment ratio is on the owner-occupant and the applicant must provide proof the Assessor requires as indicated below. **Attach copies of:**

**A copy of the owner-occupant's most recently filed Federal & State individual income tax return.**

**Copies of SC motor vehicle registrations for all motor vehicles registered in the name of the owner-occupant.**

**Copies of SC drivers license of owner-occupant and spouse.**

**Copy of Voter Registration Card of owner-occupant and spouse.**

\_\_\_\_\_ **Other Information** \_\_\_\_\_

The following information is needed to determine if this property qualifies as legal residence in accordance with SC Code Sec. 12-43-220 (C).

**(1)** Do you rent this property or any portion thereof? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many weeks per year? \_\_\_\_\_

**LR QUESTIONNAIRE**

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TM# \_\_\_\_\_

**(2)** Do you occupy this property as your permanent principal home?

Yes \_\_\_\_\_ No \_\_\_\_\_

**(3)** Do you or any other member of your household now currently receive the special legal residence classification on any other home? Yes \_\_\_\_\_ No \_\_\_\_\_  
(SC Code Section 12-43-220 (c) 2 (iii) "For purpose of subitem (ii) (B) of this item, "a member of my household" means:

(A) The owner-occupant's spouse, except when that spouse is legally separated from the owner-occupant; and

(B) Any child of the owner-occupant claimed or eligible to be claimed as A dependent on the owner-occupant's federal income tax return."

**(4)** Where do you or other members of your household own other homes?

\_\_\_\_\_  
Mailing Address (Street/PO Box)      Street Address

\_\_\_\_\_  
City/State/Zip      City/State/Zip

**(5)** Do you have school-aged children living with you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where do they attend? \_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address (City/State)

**(6)** Applicant's South Carolina Driver's License Number \_\_\_\_\_

Spouse's South Carolina Driver's License Number \_\_\_\_\_

**(7)** Vehicle Tag Number(s) \_\_\_\_\_

**(8)** County and Precinct in which registered to vote \_\_\_\_\_

**(9)** Place of Employment \_\_\_\_\_  
City      State

**(10)** Boat Registration Number \_\_\_\_\_ or None \_\_\_\_\_

**(11)** Is your State & Federal Income Tax Return filed in South Carolina?

Yes \_\_\_\_\_ No \_\_\_\_\_

**LR QUESTIONNAIRE**

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TM # \_\_\_\_\_

**(12) Last Previous Address:**

Mailing Address \_\_\_\_\_  
Street/PO Box, City, State & Zip

Street Address \_\_\_\_\_  
Street, City, State & Zip

If this questionnaire is not **completed in full and returned** by \_\_\_\_\_, this property will be classified at the 6% ratio.

Thank you for taking the time to complete this form. If you have any questions regarding these matters, please do not hesitate to contact me at (843) 549-1213 or PO Box 1166, Walterboro, SC 29488

Sincerely,

\_\_\_\_\_  
Colleton County Assessor's Office

.....  
Under the penalty of perjury, I certify that the residence which is the subject of this application is my legal residence and where I am domiciled and that neither I nor any other member of my household own any other residence in South Carolina which currently receives the owner-occupant four percent assessment ratio and that the information provided herein is true and accurate.

**OWNER**  
**OR AGENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OWNER, SPOUSE**  
**OR AGENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If agent signed for owner, give relationship and mailing address:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Daytime Phone No.**

\_\_\_\_\_  
**Evening Phone No.**