



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE BUSINESS PERSONAL PROPERTY RETURN

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

Form with fields: Tax Year, Accounting Closing Period, 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, Account Status, Return Type, Type of Ownership, Do you lease equipment to any other business?, Do you lease equipment from another company?

Table with 5 columns: Reference ID, Sales Tax No., Location County, Location Start Date, Location End Date. Rows for Location Name, Street Address, City, State, Zip Code, and 3. Net Depreciated Value.

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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.



Owner Name	Tax Year	Accounting Closing Period Date (MM/DD/YY)	FEIN/SSN	File No.	Page ____ of ____
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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

Reference ID (leave blank if new location)	Sales Tax No.	Location County	Location Start Date	Location End Date
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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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Location City	State SC	Zip Code	3. Net Depreciated Value	▶ 3. \$.00

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Location Street Address			2. Less: SC Income Tax Depreciation	▶ 2. \$.00
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