

1350

**SOUTH CAROLINA DEPARTMENT OF REVENUE  
TAX REGISTRATION APPLICATION**
INTERNET REGISTRATION: **SCBOS.SC.GOV**Mail TO: SC DEPARTMENT OF REVENUE  
REGISTRATION UNIT  
COLUMBIA, SC 29214-0140Please Print  
Use Blue or  
Black Ink
 SID# \_\_\_\_\_  
 W/H \_\_\_\_\_  
 SALES \_\_\_\_\_  
 USE \_\_\_\_\_  
 PARTNERSHIP \_\_\_\_\_  
 LICENSE TAX \_\_\_\_\_

**SCDOR-111**  
 (Rev. 12/20/11)  
 8048

**Section A: Taxes to be Registered for This Business Location - Make Checks Payable to SCDOR**
☐ Retail Sales/Accommodations License (\$50 license tax is required)    ☐ Artist & Craftsman's License (\$20 license tax is required)  
☐ Withholding Tax (Page 2)    ☐ Nonresident Withholding Exemption (Page 2)    ☐ Use Tax (No fee required)
**1. Owner, Partnership, or Corporate Charter Name****2. FEIN** \_\_\_\_\_**SSN** \_\_\_\_\_**3. Mailing Address (for all correspondence)**

In Care Of \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

**5. Business Phone Number****6. Daytime Phone Number****7. Email Address****8. Fax Number****9. Physical Location of Business (No P.O. Box)  
Required For All Tax Types**

Street \_\_\_\_\_

City \_\_\_\_\_

County (Required) \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

**4. Type of Ownership**☐ Sole Proprietor (one owner)☐ Partnership (two or more owners, other than LLP)☐ LLC/LLP filing as:☐ Corporation    ☐ Partnership    ☐ Single Member☐ South Carolina Corporation

Date Incorporated \_\_\_\_\_

☐ Foreign Corporation

State and Date Incorporated \_\_\_\_\_

☐ Other (explain) \_\_\_\_\_**10. Is Physical Location within S.C. City Limits?**☐ Yes    ☐ No

Which city? \_\_\_\_\_

**Section B: Retail Sales/Accommodations/Artist & Craftsman License/Use Tax**

In and out-of-state sellers. A retail license will not be issued to a person with any outstanding state tax liability.

**11. How Would You Like to File?**    ☐ Monthly    ☐ Quarterly    **(See Instructions)****12. Is Your Business Seasonal?**    ☐ Yes    ☐ No    If yes, list months active: \_\_\_\_\_

You must file a zero return for periods with no sales. See Instructions for Filing Guidelines.

**13. How Many Retail Sales Locations Do You Operate in S.C. under Your Ownership?** \_\_\_\_\_**14. Trade Name (Doing Business As)****15. Location of Records (No P.O. Box)****16. Main Business (i.e., Retail Sales, Manufacturing, Service, etc.)****17. Anticipated Date of First Retail Sales**  
mm/dd/yy**18. Type of Business**☐ Agriculture, Forestry,  
Fishing, & Hunting (11)☐ Mining (21)☐ Utilities (22)☐ Construction (23)☐ Manufacturing (31-33)☐ Wholesale Trade (42)☐ Durable Medical☐ Equipment (44)☐ Max Tax (Vehicles) (44)☐ Retail Trade (44-45)☐ Artists & Craftsman (45)☐ Transportation &

Warehouse (48-49)

☐ Information (51)☐ Finance & Insurance (52)☐ Real Estate, Rental &

Leasing (53)

☐ Professional, Scientific,  
& Technical Services (54)☐ Management of Companies  
& Enterprises (55)☐ Administrative & Support,  
Waste Management &

Remediation Services (56)

☐ Education Services (61)☐ Health Care & Social  
Assistance (62)☐ Arts, Entertainment, &  
Recreation (71)☐ Accommodation & Food  
Services (72)☐ Other Services (81)☐ Public Administration (92)**19. Check If You Sell These Products**☐ Motor Oil☐ Tires☐ Lead Acid Batteries☐ Large Appliances☐ Aviation Gasoline/Jet Fuel☐ Prepaid Wireless Cards☐ Service to Cellular and Personal Communications Users

Complete Page 2 of This Form to Apply for Withholding Tax

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**Section C: Withholding Tax**

Every employer having employees earning wages in SC must register for withholding. Other types of payments also require state tax withholding. See instructions for more information.

**20.** Check the box that applies to your business:

- ☐ **02 Resident business:** Principal place of business is inside South Carolina.
- ☐ **05 Nonresident Business:** Principal place of business is outside of South Carolina.

**21.** Filing Frequency:

- ☐ **Quarterly:** Returns must be filed every quarter.
- ☐ **01 Annual:** All employees are household employees, farmers, fishermen or ministers. Returns are filed at the end of each calendar year.

**22. Anticipated Date of First Payroll (mm/dd/yyyy):** \_\_\_\_\_

This date will be used as the open date of your withholding account, and returns must be filed beginning with this date regardless of activity.

**Section D: Nonresident Withholding Exemption**

Check the appropriate block to administratively register with the Department and claim exemption from nonresident withholding required by SC Code Sections 12-8-540 (rents and royalties), 12-8-550 (temporarily doing business or performing services in SC), or 12-8-570 (trust or estate beneficiaries). The exempt person agrees to be subject to the jurisdiction of the Department and the S.C. courts to determine S.C. tax liability, including withholding, estimated taxes, and interest and penalties, if any. Registering is not an admission of tax liability, and, does not, by itself, require the filing of a tax return.

See instructions for further information.

- ☐ I agree to file SC tax return ☐ I am not subject to SC Tax Jurisdiction (no NEXUS)

**Section E: Name(s) of Business Owner, General Partners, Officers, or Members**

Social Security Number	Name/Title/General Partners	Home Address

**Social Security Privacy Act**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

Upon completion of **both pages, sign and date the application below.**

**I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge.**

\_\_\_\_\_  
SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**MAIL TO:** SC DEPARTMENT OF REVENUE  
REGISTRATION UNIT  
COLUMBIA, SOUTH CAROLINA 29214-0140

If you have questions about this form, please call (803) 896-1350.