TAX YEAR 2001

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

PROPERTY RETURN

PT-300
(Rev. 2/98)
7012

SID NUMBER _____ **COUNTY** _____

Office Use Only

RETURN FILING STATUS: (check one)

☐ 1 Initial ☐ 2 Annual ☐ 3 Amended ☐ 4 Final ☐ 5 Return Due to Change in Accounting Closing Period

OWNER NAME AND MAILING ADDRESS

Report name and address corrections below. Ownership changes should be reported in the Change in Ownership section.

ATTN: _____
Name _____
Street _____
City, State, ZIP _____

ACCOUNT DATA

Federal EI or SS No. _____
Property Location
Street _____
City _____ ZIP _____
Phone No. _____
Accounting Closing Date _____ (Month/Year
Start Up Date _____ (Month/Day/Year)
Contact Person _____
Contact Person Phone No. _____

Report changes, corrections and omissions in the area below.

Federal EI or SS No. _____
Property Location
Street _____
City _____ ZIP _____
Phone No. (_____) _____
Accounting Closing Date _____ (Month/Year
Start Up Date _____ (Month/Day/Year)
Contact Person _____
Contact Person Phone No. (_____) _____

Name Used to File Income Tax _____

CHANGE IN OWNERSHIP

If the property has been sold or there has been a change in ownership, please furnish the following information concerning the new owner.

Name _____ FEI/SSN _____
Street _____
City _____ State _____ ZIP _____
Date of Sale _____ Contact Person _____ Phone Number (_____) _____

SCHEDULE SUMMARY (Enter TOTAL GROSS COST below from PLANT/OPERATION Schedules A through F and S.)

SCHEDULE LETTER	SCHEDULE NUMBER	PLANT/OPERATION NAME	TOTAL GROSS COST

ADDITIONAL SCHEDULES (Check if the following schedules are attached.)

☐ Schedule X Improvement Schedule

☐ Schedule Z Lease Schedule

See page 2 for required signature.

Our records indicate the following leases are associated with your account. All additional leases should be reported on Schedule Z.

FOR OFFICE USE ONLY

Mail to:

South Carolina Department of Revenue
Property Division
Columbia, SC 29214-0302

Section 12-54-40 (6)(a) states "A person who wilfully attempts in any manner to evade or defeat any tax or property assessment imposed by any title administered by the commission or the payment thereof, in addition to other penalties provided by law, is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than five years, or both, together with the cost of prosecution.

I declare that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true and complete return reflecting gross capitalized costs and net book values, if applicable, as used for income tax, made in good faith pursuant to the provisions of the Code of Laws, and amendments.

By filing this return within the time prescribed by law, I hereby make application for exemption from county taxes in accordance with the provisions of Section 12-37-220 A(7), A(8), B(32) and B(34) Code of Laws of South Carolina.

TAXPAYER:	PREPARED BY:
Please print	Please print
Signature	Signature
Date / Phone Number	Date / Phone Number

All returns must be signed and dated by the preparer and the taxpayer or an officer of the company. Returns not properly signed will not be accepted.