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Peter Tecklenburg
Charleston County Auditor
PO Box 614
Charleston, SC 29402-0614



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 If yes, attach a list of lessors and addresses		

Would you like to receive your property tax notice by eStatement? Yes No Email Address _____

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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Location City	State SC	Zip Code	3. Net Depreciated Value	▶ 3. \$.00

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 Charleston County Auditor, Po Box 614, Charleston, SC 29402-0614 or contact by phone (843) 958-4200.
This return cannot be processed without taxpayer signature.

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