



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
CONSENT AND WAIVER REVOCATION

Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907

Email: ABL@dor.sc.gov

Legal entity name _____ FEIN _____

Principal's name _____

Home address (no PO box) _____
Street

City State ZIP

Date of SC residency (mm/dd/yyyy) _____ Date of birth (mm/dd/yyyy) _____

SSN _____ FEIN _____ Percent of ownership _____

Reason for Revocation of Consent (Check One): No longer associated with business I withdraw my consent

Principal types (Check one):

- Owner Corporate officer Partner Member (LLC) Manager (LLC)
- Employee/Manager Nonprofit officer Fiduciary Publicly traded agent

I, hereby, tender this revocation of Consent and Waiver. I understand this does not release me from any tax obligations I have with the State of South Carolina. I understand that my prior Consent and Waiver by this action is now void. I understand that this revocation may cause a delay in the renewal of the license and/or permit, until an updated ABL-946, Consent and Waiver, is provided to the SCDOR.

I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understood this form and the information I have provided herein is true, correct, and complete.

Principal's Signature

Date

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 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 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.