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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE NOTIFICATION OF DECEASED PRINCIPAL

ABL-501 (Rev. 8/16/21) 4271

dor.sc.gov

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

Email: ABL@dor.sc.gov

Instructions

- This form should be completed by the Administrator, Executor, or Personal Representative of the deceased individual.
- Include a copy of the principal's death certificate and a copy of the Certificate of Appointment issued from the probate court.

Administrator, Executor, or Personal Representative Information

Name		SSN	
Home address (no PO box)			
, , , <u> </u>	Str	eet	
City	State		ZIP
Date of SC residency (mm/dd/yyyy)		Date of birth (mm/dd/yyyy)	
Daytime phone number			
Deceased Principal			
Name of deceased principal			
Deceased principal's percentage of ownersh	nip		
Legal entity name or sole proprietor listed or	า license and/or permi	t	
Physical address of business listed on licens	se and/or permit		
		Street	
City	County		ZIP
Alcohol Beverage License number			
I understand that a misstatement or concealr license and/or permit. Under penalties of perju have provided herein is true, correct, and com	ıry, I declare that I hav		
Required Signatures			
Signature of Administrator, Executor, or Personal Representative			Date

This form is only valid until the deceased principal's probate is closed. After the probate is closed, you must submit a new application.

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.