



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**CONSENT AND WAIVER REVOCATION**

Name of Sole Proprietorship, Corporation, LLC, etc. \_\_\_\_\_

FEIN/SSN \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

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

**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 also understand that my prior Consent and Waiver by this action is now void. I understand that this Revocation may cause delay in the renewal of my license and/or permit, until an updated ABL-946 Consent and Waiver form is provided to the Department of Revenue.**

Principal/Type: (Number listed below) \_\_\_\_\_ % of ownership \_\_\_\_\_

**Principal Types:**

1. The owner (if sole proprietorship);
2. All officers of the business or entity which owns the business;
3. All partners (limited partners that cannot exercise management control need not sign);
4. All persons who own twenty-five percent (25%) or more of the value of the business entity;
5. All persons who own twenty-five percent (25%) or more of the combined voting power of the business or entity;
6. Managers of a limited liability company which is managed by managers;
7. Members of a limited liability company which is not managed by managers;
8. Any fiduciary who manages, controls title, or is otherwise in control of the business;
9. All employees who will have day-to-day operational management responsibility for the business or entity; and,
10. If a publicly traded corporation, the designated license holder (designated agent) (must be over 21 and a resident of S.C.).
11. All other principals must be listed also. If not a publicly traded corporation, list all stockholders.
12. If a nonprofit organization, list all officers and directors of the organization.

**SWORN to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary (L.S.) \_\_\_\_\_

Notary (printed name) \_\_\_\_\_

\_\_\_\_\_  
**Taxpayer's Signature**

\_\_\_\_\_  
**Taxpayer's Printed Name**