



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**REQUEST FOR ALTERNATIVE  
METHOD FOR ADMISSIONS TAX**

**L-2203**  
(Rev. 1/22/20)  
4375

Print or type all information.  
Questions? We're here to help. Call 1-844-898-8542 and choose the **Registration** option.

**FOR OFFICE USE ONLY**

SID \_\_\_\_\_

License No. \_\_\_\_\_

1. Owner, Partners, or Corporate name		2. Trade name (Doing Business As)	
3. Physical location of business - REQUIRED (NO PO BOX)		4. Business phone number	Daytime phone number
Street address		5. FEIN	
City, County (REQUIRED), State, ZIP			

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Description of alternative method: \_\_\_\_\_

Description of equipment: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Equipment ID: \_\_\_\_\_

I attest under penalty of perjury that the accounting system described above will provide the following information:

1. A complete and 100% accurate record of individual, daily, and monthly summaries of transactions by date and amount.
2. A detailed printed or electronic report of all transactions sufficient to satisfy audit requirements for at least three years.
3. A ticket/receipt which has the name of the establishment, amount of admissions charged, date, time, and a transaction number unless operated by electronic card.
4. A printed ticket offered to the customer.

I also agree to immediately discontinue the use of this system if, at any time, the above conditions cannot be met, and to notify the SCDOR to arrange a method of accounting for admissions agreeable to the Department.

\_\_\_\_\_  
Signature of owner, partner, or officer

\_\_\_\_\_  
Date

**Mail to:** SCDOR, PO Box 125, Columbia, SC 29214-0400