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

1. Complete and 100% accurate record of
   a) Individual transactions by date and amount
   b) Daily summary of transactions by date and amount
   c) Monthly summary of transactions be date and amount

2. Provide upon request a detailed printed or electronic report of all transactions sufficient to satisfy audit requirements for at least three years.

3. A. Unless operated by electronic card, the system will provide a ticket/receipt which has the name of the establishment, amount of admissions charged, date, time, and a transaction number
   B. The printed ticket must be offered to the customer.

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

Signature of owner, partner, officer: ____________________________ (Date) ____________________________

Email: ____________________________

Sworn to before me this ____________________________

       day of ____________________________ year of ____________________________

(Notary Public for S.C.)

My commission expires: ____________________________

Status of Request:

☐ Approved  ☐ Denied

DOR, Representative: ____________________________ Date: ____________________________

Mail to: SC Department of Revenue, P.O. Box 125, Columbia, SC 29214-0400