



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

**L-2203**  
(Rev. 11/12/14)  
4375

Mail to: SC Department of Revenue, Registration Section, Columbia, SC 29214-0140

PRINT OR TYPE ALL INFORMATION.  
If assistance is needed, call (803) 896-1350

**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 P.O. BOX)		4. BUSINESS PHONE NUMBER	DAY TIME PHONE NUMBER
STREET		5. FEDERAL IDENTIFICATION NUMBER	
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:

- Complete and 100% accurate record of
  - Individual transactions by date and amount
  - Daily summary of transactions by date and amount
  - Monthly summary of transactions by date and amount
- Provide upon request a detailed printed or electronic report of all transactions sufficient to satisfy audit requirements for at least three years.
- 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
  - 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:	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
_____ DOR, Representative	_____ Date