



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**SCHEDULE Z
LEASE SCHEDULE**

2022

PT-300Z
(Rev. 11/2/20)
7058

Owner name _____

SID _____

Furnish the following information for all leases not previously reported. Indicate the schedule letter, schedule number and plant/operation name associated with each lessee/lessor. Attach the Schedule Z behind page two of the PT-300.

Schedule letter _____ Schedule number _____ Plant/operation name _____
Lessee/lessor _____ FEIN/SSN _____
Address _____ City _____ State _____ ZIP _____
Type property leased: Real Personal Real and personal Lease start date: _____ (month/year)
Property leased: To above lessee/lessor From above lessee/lessor Annual rent: _____

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Additional space on page two.

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