



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

**2023**

**PT-300Z**  
(Rev. 6/3/21)  
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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