



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

**2026**

**PT-300Z**  
(Rev. 7/31/24)  
7058

Owner name \_\_\_\_\_

SID Suffix \_\_\_\_\_

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: <input type="checkbox"/> Real <input type="checkbox"/> Personal <input type="checkbox"/> Real and Personal	Lease start date _____	(month/year)
Property leased: <input type="checkbox"/> To above lessee/lessor <input type="checkbox"/> From above lessee/lessor	Annual rent: _____	

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Additional space on page two.



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