



TAX YEAR 2016
STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
PROPERTY RETURN

SID NUMBER _____ COUNTY _____ Office Use Only

RETURN FILING STATUS: (check one)

- 1 Initial 2 Annual 3 Amended 4 Final 5 Return Due to Change in Accounting Closing Period

OWNER NAME AND MAILING ADDRESS

Report name and address corrections on Page 2. Ownership changes should be reported in the Change in Ownership section.

Form with sections: 1. FEIN, 2. Accounting Closing Date, 3. Property Location, 4. Type of Ownership, 5. Contact Person, 6. Contact Phone No., 7. Name Used to File Income Tax

CHANGE IN OWNERSHIP (See application for exemption page 2)

Facility Sold To, Facility Purchased From, Street, City, State, ZIP, Date of Sale, Contact Person, Phone Number

SCHEDULE SUMMARY (Enter TOTAL GROSS COST below from PLANT/OPERATION Schedules A through F, S and T.)

Table with columns: SCHEDULE LETTER, SCHEDULE NUMBER, PLANT/OPERATION NAME, TOTAL GROSS COST

*MUST ATTACH ALL APPROPRIATE SCHEDULES

ADDITIONAL SCHEDULES (Check if the following schedules are attached.)

- Schedule X Improvement Schedule
Schedule Z Lease Schedule

See page 2 for required signature.

Our records indicate the following leases are associated with your account. All additional leases should be reported on Schedule Z.

	<p>Mail to:</p> <p>South Carolina Department of Revenue Manufacturing Section Columbia, SC 29214-0302</p>

<p>Report changes, corrections and omissions below.</p> <p>FEIN or SS No. _____</p> <p>Property Location _____</p> <p style="padding-left: 20px;">Street _____</p> <p style="padding-left: 20px;">City _____ ZIP _____</p> <p style="padding-left: 20px;">Phone No. _____</p> <p>Accounting Closing Date _____ (Month/Year)</p> <p>Start Up Date _____ (Month/Day/Year)</p>	<p>Mailing Address</p> <p>ATTN: _____</p> <p>Name _____</p> <p>Street _____</p> <p>City, State, ZIP _____</p> <p>Contact Person _____</p> <p>Contact Person Phone No. (_____) _____</p>
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APPLICATION FOR FIVE YEAR PARTIAL EXEMPTION

Change In Ownership: The purchaser of an existing facility is required to obtain approval for exemption from the local county governing body for the five year partial exemption in accordance with SC Code section 12-37-220(C). A properly executed Department of Revenue form PT-444 must be furnished to the Department of Revenue within the time prescribed by law for the filing of an application for exemption. Forms are available on the website: www.dor.sc.gov

No Change In Ownership: Owners of existing facilities that have not been purchased within this reporting period are not required to obtain approval from the local county governing body. The filing of the PT-300 with appropriated schedules within the time prescribed by law for filing of application for exemption is deemed to be the application for the partial exemption under SC Code sections 12-37-220(A)(7), (A)(8), (B)(32) and (B)(34).

APPLICATION FOR SPECIAL ASSESSMENT OF WAREHOUSING (PT-465)

Taxpayers are required to file form PT-465 with the Property Division of SCDOR by July 1st of the tax year requesting the special classification. See SC Code Sections 12-43-220 (a)(4) and form PT-465 for qualifications and application procedures.

Section 12-54-44 (B)(l) A person who wilfully attempts in any manner to evade or defeat a tax or property assessment imposed by a title administered by the department or the payment of that tax or property assessment, in addition to other penalties provided by law, is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than five years, or both, together with the cost of prosecution.

I declare that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true and complete return reflecting gross capitalized costs and net book values, if applicable, as used for income tax, made in good faith pursuant to the provisions of the Code of Laws, and amendments.

TAXPAYER:

PREPARED BY:

Please print

Signature

Date

Phone Number

Please print

Signature

Date

Phone Number

All returns must be signed and dated by the preparer and the taxpayer or an officer of the company.