



TAX YEAR 2026 STATE OF SOUTH CAROLINA PROPERTY RETURN

PT-300

(Rev. 7/24/2

| uor.sc.gov | | | PROPER | IY RETURN | 7012 |
|----------------------------------------------------|---------------------|-----------------------|------------------|--------------------------------------------------------------------|-----------------------------|
| SID number | | | | County | |
| Return Filing | Status: (check on | e) | | | |
| 1 Initial | 2 Annual | 3 Amended | 4 Final | 5 Return due to change in accou | nting closing period |
| Owner name and mailing address (must be completed) | | | ompleted) | Save time and paper! The fastest, easiest way to submit | |
| | | | | your PT-300 is by using MyDORWAY portal. Visit MyDORWAY.dor.sc.gov | , our free online tax |
| | | | | Mail to: SCDOR, Manufacturing Sec | tion, |
| Check here if this is a new address | | | | Columbia, SC 29214-0302 Email to: Manufacturing.Propertytax | @dor.sc.gov |
| Section A: Acc | ount information | 1 | | | |
| 1. FEIN | | SSN | | 2. Account Closing date | (MM/YYYY) |
| 3. Property loca | tion | | | Start up date | (MM/DD/YYYY) |
| | | | | 4. Type of ownership | |
| Street address | | | | Sole proprietor (one owner) | |
| | | | | Partnership (two or more owners, other tha | an LLP's) |
| City | | State | ZIP | LLC/LLP filing as: Corporation Par | tnership Single Membe |
| 5. Contact perso | | | | South Carolina Corporation Date incorporated | |
| 6. Contact phon | e | | | Foreign Corporation | |
| 7. Contact emai | I | | | State and date incorporated Other (explain) | |
| Name used to fi | le Income Tax ret | urn | _ | | |
| | | | | | |
| Section B: Nam | nes of Business | Owner, General Pa | artners, Officer | rs, or Members (complete if box was checked a | bove for Partnership or LLC |
| FEIN/SSN | | Name, title | | Home address | % Ownership |
| | | | | | |
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| | | | | | |
| | I | | | | I |
| Section C: Sch | nedule Summary | (Enter total gross of | | Plant/Operation Schedules A through F, S | and T.) |
| Schedule | Schedule | | Plant/0 | Operation name | Total |
| letter | letter number | | | | gross cost |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | *YOU MUST A | TTACH ALL AL | PPROPRIATE SCHEDULES | |
| Additional Ca | abadulaa (abaali if | | | | |
| Auditional Sc | | the following sched | | ieu. <i>)</i> | |
| | ☐ Schedule X: | Improvement Sched | uule | | |

See page 2 for the required signature and ownership changes.



| Section D: Associated | Leases: Schedule Z Required | | |
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| Section E: Ownership | | | |
| See application for exe | emption below. | | |
| Facility sold to: | | FEIN/SS | N |
| Street address | | | |
| | | | ZIP |
| Date of sale | Contact person | Phone number | er () |
| ☐ Facility purchased t | from: | FEIN/SS | N |
| | | | · · |
| | | • | ZIP |
| | Contact person | | |
| Change In Ownership: year partial exemption in Extended To Unrelated PT-444 is available at do | • | ust also get approval for exemption 17-220(C). You must submit a PTPT-300 on time for the filing of a | n from the local county for a five -444, Manufacturers Exemption n application for exemption. The |
| | nip: Owners of existing facilities that have local county governing body. | not been purchased within this re | porting period are not required to |
| To request a special asse Manufacturers, with the S | assessment of warehousing (PT-465) essment of warehousing, you must file a PT SCDOR by July 1 of the tax year for which y PT-465 for qualifications and application pr | ou are requesting the special class | |
| title administered by the | A person who willfully attempts in any mar department or the payment of that tax or proon conviction, must be fined not more than ost of prosecution. | operty assessment, in addition to o | ther penalties provided by law, is |
| Under penalty of law, I ce the best of my knowledge | ertify that this return, including any accompa e. | anying schedules and statements, i | is correct, true, and complete to |
| Pri | int taxpayer name | Print preparer nar | me (Not Company) |
| Ta | axpayer signature | Prepare | er signature |
| | Taxpayer email | Prepai | rer email |
| Date | Phone number | Date | Phone number |

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