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SOUTH CAROLINA DEPARTMENT OF REVENUE
TAX REGISTRATION APPLICATION
INTERNET REGISTRATION: MYDORWAY.DOR.SC.GOV



Mail to: SC DEPARTMENT OF REVENUE
P.O. BOX 125
COLUMBIA, SC 29214-0400

FOR OFFICE USE ONLY

SID#
W/H
SALES
USE
PARTNERSHIP
LICENSE TAX

SCDOR-111
(Rev. 9/28/18)
8048

Section A: Taxes to be Registered for This Business Location - Make Checks Payable to SCDOR

- Checkboxes for Retail Sales/Accommodations License, Artist & Craftsman's License, Use Tax, Withholding Tax, and Nonresident Withholding Exemption.

Form fields for Section A: 1. Owner, Partnership, or Corporate Charter Name; 2. FEIN and SSN; 3. Mailing Address; 4. Type of Ownership; 5. Business Phone Number; 6. Daytime Phone Number; 7. Email Address; 8. Fax Number; 9. Physical Location of Business; 10. Is Physical Location within Municipal Limits?

Section B: Retail Sales/Accommodations/Artist & Craftsman License/Use Tax

In and out-of-state sellers. A retail license will not be issued to a person with any outstanding state tax liability.

Form fields for Section B: 11. Purchaser's Certificate of Registration for Use Tax; 12. Is Your Business Seasonal?; 13. How Many Retail Sales Locations Do You Operate in S.C.; 14. Trade Name; 15. Location of Records; 16. Main Business; 17. Anticipated Date of First Retail Sales; 18. Type of Business; 19. Check If You Sell These Products.

Complete Page 2 of This Form to Apply for Withholding Tax

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**Section C: Withholding Tax**

Every employer having employees earning wages in SC must register for withholding. Other types of payments also require state tax withholding. See instructions for more information.

20. Check the box that applies to your business:

- 02 **Resident business:** Principal place of business is inside South Carolina.
- 05 **Nonresident Business:** Principal place of business is outside of South Carolina .

21. Filing Frequency for Withholding Returns (See Form 105 for withholding payment frequencies):

- Quarterly:** Returns must be filed every quarter.
- 01 **Annual:** All employees are household employees, farmers, fishermen or ministers. Returns are filed at the end of each calendar year.

22. Anticipated Date of First Payroll (mm/dd/yyyy): \_\_\_\_\_

This date will be used as the open date of your withholding account, and returns must be filed beginning with this date regardless of activity.

**Section D: Nonresident Withholding Exemption**

Check the appropriate block to administratively register with the Department and claim exemption from nonresident withholding required by SC Code Sections 12-8-540 (rents and royalties), 12-8-550 (temporarily doing business or performing services in SC), or 12-8-570 (trust or estate beneficiaries). The exempt person agrees to be subject to the jurisdiction of the Department and the SC courts to determine SC tax liability, including withholding, estimated taxes, and interest and penalties, if any. Registering is not an admission of tax liability, and, does not, by itself, require the filing of a tax return.

See instructions for further information.

Main Business: \_\_\_\_\_

I agree to file SC tax return

I am not subject to SC Tax Jurisdiction (no NEXUS)

**Section E: Name(s) of Business Owner, General Partners, Officers, or Members**

Social Security Number	Name/Title/General Partners	Home Address	% Ownership

**Social Security Privacy Act**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

Upon completion of **both pages, sign and date the application below.**

**I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge.**

\_\_\_\_\_  
SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**MAIL TO: SC DEPARTMENT OF REVENUE  
P.O. BOX 125  
COLUMBIA, SOUTH CAROLINA 29214-0400**

If you have questions about this form, please call 1-844-898-8542.