Retailer Information
Name: __________________________ FEIN: __________________________
Address: __________________________
City, State, ZIP: __________________________

Contact Information
Contact person: __________________________ Title: __________________________
Phone number: __________________________ Email address: __________________________

Filing Information
Approximately how many locations will be included with each monthly filing (upload)? __________________________
Requested month and tax year to begin filing by upload: __________________________
Method to submit payments (if applicable): __________________________

Signature of Retailer Representative
Name: __________________________ Title: __________________________
Date: __________________________ Signature: __________________________

Complete this application in its entirety and email it to: ConsolidatedSalesTax@dor.sc.gov.

FOR OFFICE USE ONLY

Approval by SCDOR
Name: __________________________ Title: __________________________
Date: __________________________ Signature: __________________________
Filing is authorized to begin: Month __________ Year __________