



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SCHEDULE Z
LEASE SCHEDULE

2028**PT-300Z**(Rev. 6/8/26)
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 2 of the PT-300.

Schedule letter _____	Schedule number _____	Plant/operation name _____
Lessee/lessor _____		FEIN/SSN _____
Address _____	City _____	State _____ ZIP _____
Type property leased: ☐ Real ☐ Personal ☐ Real and Personal		Lease start date _____ (month/year)
Property leased: ☐ To above lessee/lessor ☐ From above lessee/lessor		Annual rent: _____

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Additional space on page 2.



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