

Application for the Sale of Electric Power

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Want more information about Electric Power Tax? Visit dor.sc.gov/tax/electric-power



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR
THE SALE OF ELECTRIC POWER**

1. OWNER, PARTNERSHIP OR CORPORATE NAME _____ STREET CITY COUNTY (Required) STATE ZIP CODE	2. TRADE NAME (DOING BUSINESS AS) _____ 4. BUSINESS PHONE NUMBER 5. DAYTIME PHONE NUMBER 6. EMAIL _____																				
3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX) _____ STREET CITY COUNTY (Required) STATE ZIP CODE	7. MAILING ADDRESS (FOR ALL CORRESPONDENCE) _____ IN CARE OF _____ STREET CITY COUNTY STATE ZIP CODE																				
7. MAILING ADDRESS (FOR ALL CORRESPONDENCE) _____ IN CARE OF _____ STREET CITY COUNTY STATE ZIP CODE	8. FEIN/SSN _____ 9. RETAIL LICENSE NUMBER _____ 10. LICENSE START DATE (MM/DD/YYYY) _____																				
11a. TYPE OF BUSINESS ___ GENERATING ___ COOPERATIVE ___ SOLAR	11b. TYPE OF BUSINESS ___ RETAILER ___ WHOLESALER																				
12. TYPE OF OWNERSHIP ___ SOLE PROPRIETOR ___ UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____ ___ PARTNERSHIP ___ SC CORPORATION DATE INCORPORATED _____ ___ LLC-LLP ___ OTHER (EXPLAIN) _____ ___ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY.)																					
13. NAME(S) OF BUSINESS OWNER, PARTNERS OR OFFICERS: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">SOCIAL SECURITY NUMBER</th> <th style="width:30%;">NAME/TITLE</th> <th style="width:30%;">HOME ADDRESS</th> <th style="width:20%;">IF PARTNER, PERCENT OWNED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		SOCIAL SECURITY NUMBER	NAME/TITLE	HOME ADDRESS	IF PARTNER, PERCENT OWNED																
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I declare that the application has been examined by me and to the best of my knowledge and belief the information contained therein is true and correct.

SIGNATURE OWNER, ALL PARTNERS OR CORPORATE OFFICER _____ TITLE _____ (Date) _____

If you have questions about this form, contact this office at RegistrationforTaxes@dor.sc.gov or call 1-844-898-8542.

Mail to: South Carolina Department of Revenue, P.O. Box 125, Columbia, SC 29214-0400

Social Security Privacy Act Disclosure

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.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

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File Number: _____