



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**CONSOLIDATED SALES TAX RETURN
PARTICIPATION APPLICATION**

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 _____