



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
Richland County



**BUSINESS PERSONAL PROPERTY RETURN**

**PT-100**  
(Rev. 4/19/16)  
7002

Tax Year	Accounting Closing Period (MM/DD/YYYY)	FEIN/SSN	Account Number	NAICS Code/Business Code
Owner Name		Email Address		Telephone No.
Mailing Address Street		City	State	Zip Code
Account Status <input type="checkbox"/> Initial/Oper <input type="checkbox"/> Existing <input type="checkbox"/> Final (Date Business Closed _____)		Return Type <input type="checkbox"/> Annual <input type="checkbox"/> Amended <input type="checkbox"/> Return Due to Changes in Accounting Closing Period	Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership (List Partners) <input type="checkbox"/> Other _____	
Do you lease equipment to any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you lease equipment from another company? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes, attach a list of lessors and addresses</small>	

Reference ID (leave blank if new location)	Sales Tax No.	Location County	Location Start Date	Location End Date
Location Name		<b>1. Total Acquisition Cost</b>		▶ 1. \$ .00
Location Street Address		<b>2. Less: SC Income Tax Depreciation</b>		▶ 2. \$ .00
Location City	State SC	Zip Code	<b>3. Net Depreciated Value</b>	
			▶ 3. \$	.00

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Location City	State SC	Zip Code	<b>3. Net Depreciated Value</b>	
			▶ 3. \$	.00

I declare that this return has been examined by me, and to the best of my knowledge and belief, is a true and complete return, made in good faith, pursuant to the provisions of the Code of Laws, 1976 and amendments.

Taxpayer Signature \_\_\_\_\_ Accountant Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Accountant Phone \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only
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