1350



TAX YEAR 2011

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

PT-300 (Rev. 1/14/10)

PROPERTY RETURN 7012 SID NUMBER Office Use Only COUNTY RETURN FILING STATUS: (check one) 2 Annual 3 Amended 5 Return Due to Change in Accounting Closing Period 4 Final OWNER NAME AND MAILING ADDRESS Report name and address corrections below. Ownership changes should be reported in the Change in Ownership section. ATTN: _____ Name _____ Street ____ City, State, ZIP _____ Report changes, corrections and omissions below. **ACCOUNT DATA** FEIN or SS No. ___ FEIN or SS No. _ Property Location Property Location Street _____ Street ____ City _____ ZIP ____ City _____ ZIP ____ Phone No. (______) Phone No. Accounting Closing Date ______(Month/Year) Accounting Closing Date _____ (Month/Year) Start Up Date _____ (Month/Day/Year) Start Up Date _____ (Month/Day/Year) Contact Person _____ Contact Person _____ Contact Person Phone No. Contact Person Phone No. (Name Used to File Income Tax CHANGE IN OWNERSHIP (See application for exemption page 2) FEIN/SSN _____ Facility Sold To: Facility Purchased From:______ FEIN/SSN _____ _____ State _____ ZIP _____ Date of Sale _____ Contact Person ____ ______ Phone Number (_____) SCHEDULE SUMMARY (Enter TOTAL GROSS COST below from PLANT/OPERATION Schedules A through F, S and T.) SCHEDULE **SCHEDULE** PLANT/OPERATION NAME **TOTAL** LETTER NUMBER **GROSS COST** ADDITIONAL SCHEDULES (Check if the following schedules are attached.) ☐ Schedule X Improvement Schedule

See page 2 for required signature.

☐ Schedule Z Lease Schedule

	s indicate the following leases are nt. All additional leases should b		Page 2
			Mail to:
		Manuf	a Department of Revenue acturing Section ia, SC 29214-0302
Change In Ownership: governing body for the f of Revenue form PT-4 application for exemptio No Change In Ownersl obtain approval from the	ive year partial exemption in accordance 44 must be furnished to the Departmen n. Forms are available on the website: we hip: Owners of existing facilities that have local county governing body. The filing of action for exemption is deemed to be	with SC Code section 12-37- t of Revenue within the tim w.sctax.org re not been purchased within f the PT-300 with appropriate	val for exemption from the local county-220(C). A properly executed Department ne prescribed by law for the filing of an an this reporting period are not required to ed schedules within the time prescribed by tial exemption under SC Code sections
			by July 1st of the tax year requesting the cations and application procedures.
title administered by the is guilty of a felony and both, together with the co	department or the payment of that tax or upon conviction, must be fined not more ost of prosecution.	property assessement, in a than ten thousand dollars of	tax or property assessment imposed by a ddition to other penalties provided by law, or imprisoned not more than five years, or
knowledge and belief is		oss capitalized costs and n	n examined by me and to the best of my et book values, if applicable, as used for nts.
TAXPAYER:		PREPARED BY:	
Please print		Please print	
Signature		Signature	
Date	Phone Number	Date	Phone Number

All returns must be signed and dated by the preparer and the taxpayer or an officer of the company.