



TAX YEAR 2011
STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
PROPERTY RETURN

SID NUMBER _____ COUNTY _____ Office Use Only

RETURN FILING STATUS: (check one)

- 1 Initial 2 Annual 3 Amended 4 Final 5 Return Due to Change in Accounting Closing Period

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 _____

ACCOUNT DATA

FEIN or SS No. _____
Property Location
Street _____
City _____ ZIP _____
Phone No. _____
Accounting Closing Date _____ (Month/Year)
Start Up Date _____ (Month/Day/Year)
Contact Person _____
Contact Person Phone No. _____
Name Used to File Income Tax _____

Report changes, corrections and omissions below.

FEIN or SS No. _____
Property Location
Street _____
City _____ ZIP _____
Phone No. (_____) _____
Accounting Closing Date _____ (Month/Year)
Start Up Date _____ (Month/Day/Year)
Contact Person _____
Contact Person Phone No. (_____) _____

CHANGE IN OWNERSHIP (See application for exemption page 2)

Facility Sold To: _____ FEIN/SSN _____
Facility Purchased From: _____ FEIN/SSN _____
Street _____
City _____ 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.)

Table with 4 columns: SCHEDULE LETTER, SCHEDULE NUMBER, PLANT/OPERATION NAME, TOTAL GROSS COST. Multiple rows for data entry.

ADDITIONAL SCHEDULES (Check if the following schedules are attached.)

- Schedule X Improvement Schedule
Schedule Z Lease Schedule

See page 2 for required signature.

