



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SCHEDULE Z
LEASE SCHEDULE

2011

PT-300Z
(Rev. 1/22/10)
7058

Owner Name _____

SID _____

Please furnish the following information for all leases not previously reported. Indicate the schedule letter, schedule number and plant/operation name associated with each lessee/lessor. Attach Schedule Z behind page two of the PT-300.

Sch Letter _____ Sch Number _____ Plant/Operation Name _____
Lessee/Lessor _____ FEI/SSN _____
Street _____ City _____ State _____ ZIP _____
Type Property Leased: Real Personal Real and Personal
Property Leased: To or From the above Lessee/Lessor Date Lease Started: _____ (Mth/Yr) Annual Rent: _____

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Additional Space on Back.

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