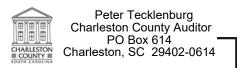
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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

PT-100

BUSINESS PERSONAL PROPERTY RETURN

(Rev. 4/19/16)

		1/4		300111L0	O .	LIVOON	IAL I IVO	. –	I IXE I OIXI	7002	_	
Tax Year	Accour	ounting Closing Period (MM/DD/YYYY)			FEIN/SSN File No.			NAICS Code		Number of Locations in SC		
Owner Name Ema						mail Address			1	Telephone No.		
Mailing Address Street City						State			Zip Code Check if this is a new address			
Account Status			F	Return Type	<u> </u>		Type of Owne	robin [Sole Proprietor	Corporation	□LLC	
, ,					mended	Type of Owne	isiiib [-				
Final (Date Business Return Due to C								LLP Partnership (List Partners) Other				
Closed)			osing Period		L	_ Other			
			other b	usiness? N	0 🗌	Yes			nt from another com	pany? No	Yes	
Would you like to	receive	your prop	erty tax	notice by eStatem	nent? [□ Yes □ No I	Email Address					
Reference ID (leave blank if new location) Sales Tax No.					Location County			Location Start Date	Location End [Date		
Location Name									<u>' </u>	I		
					1. Total Acquisition Cost			1.\$	1.\$.00			
Location Street Addre	ess								V			
						2 Less: SC	Income Tax De	nreciatio	on 2.\$.00	
Location City			State	Zip Code				, p. 00	/ 2. ¢		.00	
			SC			3. Net Depre	ciated Value		▶ 3.\$.00	
		-		l					[V 3. V			
Reference ID (leave blank if new location) Sales Tax No.						Location County			Location Start Date	Location End [Date	
Location Name												
					1. Total Acquisition Cost			1.\$.00		
Location Street Addre	ess											
						2. Less: SC	Income Tax De	preciation	on 2.\$.00	
Location City			State	Zip Code								
			SC			3. Net Depre	ciated Value		3.\$.00	
		,		•		•			. ,			
Reference ID (leave I	hlank if n	ew location)	Sales T	ax No		Location County			Location Start Date	Location End [Date	
. 1010101100 12 (10470 1	J. G. I. I. I.	on location,	- Ca.00 .	an i io		200anon County			2004IIOII Olait Balo	2004		
Location Name												
						1. Total Acq	uisition Cost		1.\$.00	
Location Street Addre	ess								F			
						2. Less: SC	Income Tax De	preciatio	on 2.\$.00	
Location City		T	State	Zip Code				.p. 0014110	γ 2. ψ		.00	
			SC			3. Net Depre	ciated Value		3.\$.00	
						1			β υ. ψ		.00	
declare that	this r	eturn ha	s bee	en examined l	ov m	e, and to th	e best of mv	knowle	dge and belief, is	S		
true and co	mplet	e return	, mad	e in good fait	h, pu	ursuant to th	ne provisions	of the (Code of Laws,	Office U	Jse Only	
Faxpayer Signature						_ Accountant Signature				_		
Title	Date				Accountant Phone D			Date				
				ty Auditor, Po B ocessed withou				14 or con	tact by phone (843)) 9 58-4200.		