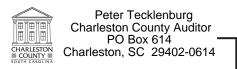
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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

PT-100

(Rev. 4/19/16)

Contract of the Contract of th		SUSINES	S PERSON	IAL PRO	PEKI	TRETURN	7002	
ax Year Accounting Closin	unting Closing Period (MM/DD/YYYY)		FEIN/SSN	File No.		NAICS Code	Number of Locations in SC	
wner Name			Email Address				Telephone No.	
Mailing Address Street Ci			City		State	Zip Code	Check if this is	
							a new address	
account Status Return Type			_	Type of Ownership 🔲 🤄			Sole Proprietor Corporation LLC	
☐ Initial ☐ Existing ☐ Annual ☐ A ☐ Final (Date Business ☐ Return Due to 0				N		LLP Partnership (List Partners)		
Closed		in Account	ing Closing Period			Other		
o you lease equipment to any	o Yes	Do you lease equipment from another company? No Ye						
Sales Tax No.			Location County	Location County			Location End Date	
cation Name	1. Total Acc	1. Total Acquisition Cost			.00			
ocation Street Address				<u>'</u>		1.\$		
	0	T	2. Less: SC	Income Tax De	preciation	2. \$.00	
ocation City	State Zip Code			3. Net Depreciated Value			.00	
ference ID (leave blank if new location) Sales Tax No.			Location County	Location County L			Location End Date	
ocation Name			1. Total Acc	1. Total Acquisition Cost			.00	
ocation Street Address				-	nreciation	2.\$.00	
ocation City	State Zip Code			2. Less: SC Income Tax Depreciation			.00	
	SC		3. Net Depre	eciated Value		3. \$.00	
ference ID (leave blank if new location) Sales Tax No.			Location County	Location County L			Location End Date	
notion Name								
ocation Name			1. Total Acc	1. Total Acquisition Cost			.00	
ocation Street Address	2. Less: SC	2. Less: SC Income Tax Depreciation			.00			
ocation City	State SC	Zip Code	3. Net Depre	eciated Value		3.\$.00	
leclare that this return hat true and complete return 176 and amendments.							Office Use Only	
xpayer Signature			Accountant S	Signature			_	
le	Date			_ Accountant Phone Da			_	
			Box 614, Charlestor It taxpayer signatu		4 or conta	act by phone (843) 9	958-4200.	