



APPLICATION FOR EXEMPTION

Provisions for Filing for Exemptions, as Provided by Sections 12-4-710, 12-4-720, 12-4-730, 12-4-740, 12-4-750, and 12-60-1730.

Mail to:
SC Department of Revenue
Property Division
Columbia, SC 29214-0303

Refer to instruction sheet (PT401-I) before attempting to complete application.

1. Owner and Mailing Address (PLEASE PRINT) SS/FEI Number: _____ 1a. Year _____
Last First Middle

SID Number
(Office Use Only)

Telephone Number: _____

2. Date Real Property Acquired: _____ 3. S.C. Code Section 12-37-220 A _____ or B _____
For real property, attach copy of deed/title. If applying for Mobile Home, attach copy of title or bill of sale.

4. County in Which the Property is Located or Registered: _____

5. Location of Property (If different from mailing address) 6. Tax Map Number: _____
Number of Acres: _____
Mobile Home Permit Number: _____
Mobile Home Tax Map Number: _____

St. or Hwy:
City or Area:
Tax District:

8. Deed Book Number _____ 7. Land and Building 1
Page Number _____ Land 2 (CHECK ALL THAT APPLY)
Building 3
Mobile Home 4

9. Vehicle Information: Attach copy of vehicle(s) Registration Card(s), Bill of Sale(s), or Title(s).

VEHICLE IDENTIFICATION NUMBER	TYPE	MAKE	YEAR	REGISTERED OWNER	COUNTY REGISTERED IN

10. Furniture and Fixtures: For organizations applying for **furniture and fixtures**, attach a separate sheet. Identify item, date of acquisition, cost at acquisition, accumulated depreciation and net value. **Example: Furniture and Fixtures; Type 20.**

FURNITURE AND FIXTURES	TYPE

NOTE: Separate applications must be filed for each parcel of real estate. Multiple listing of personal property is permitted, if registered in the same county and to the same owner(s).

If the initial application is accepted and the exemption is granted, you are not required to file a subsequent application, **unless there is a change in the property reported on the initial application or unless requesting an exemption for property not included on prior applications.**

Applications must be **filled out completely and signed** to be accepted by this office. All incomplete applications will be returned for completion, causing a delay in our consideration of your request for exemption.

Upon completing the Application for Exemption, please refer to the instruction sheet (PT-401-I) to insure all requirements have been met and included with your application. **IF ALL REQUIRED INFORMATION IS NOT ATTACHED, THIS WILL RESULT IN DENIAL OF THE APPLICATION FOR EXEMPTION.**

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND SIGN THE STATEMENT BELOW.

Is the organization incorporated by the Secretary of State of South Carolina? Yes No

If yes, attach a copy of the articles of incorporation and by-laws.

Enter initial charter date. _____

Is the organization exempt under the United States Internal Revenue Code? Yes No

Applicable Code 501C ()

If yes, attach a copy of the determination from the IRS.

Organization operated as a Profit _____ Non-profit _____ organization.

Did you file a return with the South Carolina Department of Revenue? Yes No

Please indicate what kind of return. _____

What name is the return filed under? _____

Are alcoholic beverages served to the general public? Yes No

Do any other individuals, associations or corporations occupy or use any part of the claimed exemption that is listed on this application? Yes No If yes, explain circumstances. If addition space is needed, attach separate sheet.

Explain the use of the property, land and buildings. _____

Is any rent received for this property or any portion of this property? Yes No

If yes, from whom? _____ How much is received? _____

What is the estimated gross annual income? _____

Do you lease or rent any property for which you are requesting exemption? Yes No

If yes, from whom? _____

What limitations or restrictions apply concerning who may use the property? (A supplemental explanation sheet may be attached.) _____

Did you file for exemption with this office last year? Yes No

Was application denied? Yes No

If yes, explain circumstances of denial as stated to you in the denial letter. _____

DECLARATION OF OWNER OR OWNER'S AGENT

Subject to Penalty for Perjury, I Declare That I Have Examined the Foregoing Claim, Including Enclosures and Attachments (If Any), and to the Best of my Knowledge and Belief it is True, Correct and Complete.

Legal Signature _____ Date _____

Check Appropriate Box: Owner Agent

PLEASE NOTE

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