



Susan Hunter Wallace  
 Lancaster County Auditor  
 P.O. Box 2016  
 Lancaster, SC 29721-2016

## BUSINESS PERSONAL PROPERTY RETURN

Tax Year	Accounting Closing Period (MM/DD/YYYY)	FEIN/SSN	File No.	NAICS Code	Number of Locations in SC
Owner Name		Email Address			Telephone No.
Mailing Address Street		City	State	Zip Code	Check if this is a new address <input type="checkbox"/>
Account Status <input type="checkbox"/> Initial <input type="checkbox"/> Existing <input checked="" type="checkbox"/> Final (Date Business Closed _____)		Return Type <input type="checkbox"/> Annual <input type="checkbox"/> Amended <input type="checkbox"/> Return Due to Changes in Accounting Closing Period		Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership (List Partners) <input type="checkbox"/> Other _____	
Do you lease equipment to any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you lease equipment from another company? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes, attach a list of lessors and addresses</small>		

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 Address			2. Less: SC Income Tax Depreciation		▶ 2. \$ .00
Location City	State	Zip Code	3. Net Depreciated Value		▶ 3. \$ .00
	SC				
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 Address			2. Less: SC Income Tax Depreciation		▶ 2. \$ .00
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Location Street Address			2. Less: SC Income Tax Depreciation		▶ 2. \$ .00
Location City	State	Zip Code	3. Net Depreciated Value		▶ 3. \$ .00
	SC				

I declare that this return has been examined by me, and to the best of my knowledge and belief, is a true and complete return, made in good faith, pursuant to the provisions of the Code of Laws, 1976 and amendments.

Taxpayer Signature \_\_\_\_\_ Accountant Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_ Accountant Phone \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only
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