



**FLORENCE COUNTY  
AUDITOR'S OFFICE**  
180 N. Irby Street MSC-B Florence, SC 29501

Account Number
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**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
Account Status <input type="checkbox"/> Initial <input type="checkbox"/> Existing <input 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 If yes, attach a list of lessors and addresses.		

Reference ID (leave blank if new location)	Sales Tax No.	Location County	Location Start Date	Location End Date
Location Name		<b>1. Total Aquisition Cost</b>		.00
Location Street Address		<b>2. Less: SC Income Tax Depreciation</b>		.00
Location City	State <b>SC</b>	Zip Code	<b>3. Net Depreciated Value</b>	.00

Reference ID (leave blank if new location)	Sales Tax No.	Location County	Location Start Date	Location End Date
Location Name		<b>1. Total Aquisition Cost</b>		.00
Location Street Address		<b>2. Less: SC Income Tax Depreciation</b>		.00
Location City	State <b>SC</b>	Zip Code	<b>3. Net Depreciated Value</b>	.00

Reference ID (leave blank if new location)	Sales Tax No.	Location County	Location Start Date	Location End Date
Location Name		<b>1. Total Aquisition Cost</b>		.00
Location Street Address		<b>2. Less: SC Income Tax Depreciation</b>		.00
Location City	State <b>SC</b>	Zip Code	<b>3. Net Depreciated Value</b>	.00

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 \_\_\_\_\_

**NOTE: Please complete and return this form promptly. Deadline for filing, April 30, \_\_\_\_, 10% penalty thereafter.**