

FLORENCE COUNTY AUDITOR'S OFFICE
 180 N. IRBY ST. MSC-B FLORENCE, S.C. 29501
BUSINESS PERSONAL PROPERTY RETURN

REFERENCE NUMBER	
BUSINESS CODE	ACCOUNT NUMBER

ON PROPERTY OWNED AS OF DECEMBER 31,

TO

CORRECT ANY ITEM THAT HAS BEEN CHANGED	
NAME	
MAILING ADDRESS	
CITY	ZIP CODE
PROPERTY LOCATION	TAX DIST.
TYPE OF BUSINESS	

Soc. Sec or Fed E I No. _____

- SOUTH CAROLINA LAW PROVIDES THAT ALL ITEMS OF PERSONAL PROPERTY USED IN BUSINESS SHALL BE ASSESSED FOR PROPERTY TAX PURPOSES. IN ORDER THAT A FAIR AND EQUITABLE ASSESSMENT MAY BE DETERMINED BY THE COUNTY ASSESSOR, IT WILL BE NECESSARY FOR YOU TO VERIFY THE INFORMATION AS SHOWN ON THIS FORM AND COMPLETE THE APPROPRIATE ITEMS.
- THE FOLLOWING INFORMATION SHOULD BE TAKEN FROM YOUR LATEST FEDERAL AND STATE INCOME TAX - DEPRECIATION SCHEDULES. DO NOT RETURN LICENSED (S.C. HIGHWAY DEPT.) VEHICLES ON THIS FORM. PLEASE ATTACH DEPRECIATION SCHEDULE. 10% on all items which have been depreciated more than 90%

BUSINESS PERSONAL PROPERTY

TYPE OF PROPERTY	CLOSE OF YOUR FISCAL YEAR:			NET BOOK VALUE
	COST OR OTHER BASIS	LESS ACCRUED DEPRECIATION	DATE: MO. DAY YR.	
FURNITURE, FIXTURES & EQUIPMENT ATTACH ITEMIZED LIST IF DESIRED				
1. OFFICE	\$	\$		\$
2. HOTEL - MOTEL - APARTMENT				
3. MEDICAL - DENTAL - OTHERS				
4. SHOP				
5. REFERENCE LIBRARIES				
6. SCHOOL - DAYCARE - ETC.				
7. 10% OF TOTALLY DEPRECIATED ITEMS				
TOTALS ▶	\$	\$		\$

- IF PERSONAL PROPERTY IS LOCATED IN MORE THAN ONE TAX DISTRICT, A SEPERATE RETURN MUST BE FILED FOR EACH.

FOR OFFICE USE ONLY
- DO YOU HAVE LEASED, LOANED, RENTED, CONSIGNED, ETC. EQUIPMENT? YES () NO () IF YES, SHOW FULL INFORMATION ON THE REVERSE SIDE TO INCLUDE DESCRIPTION AND FROM WHOM EQUIPMENT IS LEASED OR ATTACH ACCOMPANYING STATEMENTS.
- THE ASSESSOR MUST MAKE AN ACTUAL MARKET VALUE ESTIMATE OF YOUR PERSONAL PROPERTY AS OF DECEMBER 31, IN THAT NET BOOK VALUE MAY OR MAY NOT EQUAL MARKET VALUE. PLEASE INDICATE YOUR OPINION OF MARKET VALUE \$ _____
- PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY. DEADLINE FOR FILING, APRIL 30, : 10% PENALTY THEREAFTER.
- I DECLARE THAT THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS 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, 1962 AS AMENDED.
- PREPARED BY _____ (ACCOUNTANT) Phone No. _____ SIGNATURE OF OWNER _____ PHONE NO. _____ DATE _____

NOTE: Please return yellow form to this office and leave holes for filing.