



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
ENTITY STRUCTURE
SUPPLEMENTAL INFORMATION FORM

Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907
Email: ABL@dor.sc.gov

Legal entity name: _____

Check the number that applies and provide the requested information.

- _____ 1. This LLC is managed by its **Members**:
 - Listed below is the name of every **Member** that has an ownership interest in the LLC.

- _____ 2. This LLC is managed by its **Managers**:
 - Listed below is the name of every **Manager** of the LLC and/or every member that has an ownership of 25% or more.

- _____ 3. This is a **Partnership**:
 - Listed below is the name of every **Partner**. The total share of the partners' ownership must equal 100%.

| Individual, LLC, Corporation name, or Partner | Title (member, manager, or partner) | Percentage of ownership |
|---|-------------------------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If there are more than eight members, managers, or partners, attach a complete list.

I, _____, upon being first duly sworn, do hereby acknowledge and affirm
(Principal's name)

that I have fully provided all information requested, and that information is true and correct.

I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understood this form and the information I have provided herein is true, correct, and complete.

Principal's signature

Date