



8011
INTERNET REGISTRATION: **www.sctax.org**
TELEPHONE (803) 898-5872
Mail TO:
SC DEPARTMENT OF REVENUE, REGISTRATION UNIT, COLUMBIA, SC 29214-0140

SID# _____
W/H _____
SALES _____
USE _____
LICENSE TAX _____
14-2601

TAXES TO BE REGISTERED FOR THIS BUSINESS LOCATION

- ☐ WITHHOLDING (complete section A) ☐ SALES (complete section C; \$50.00 license tax is required)
☐ Nonresident Withholding Exemption (complete section B) ☐ PURCHASER'S CERTIFICATE (complete section D)

COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME		2. TRADE NAME (DOING BUSINESS AS)																	
3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX) STREET _____ CITY _____ COUNTY (REQUIRED) _____ STATE _____ ZIP _____		4. BUSINESS PHONE NUMBER _____ DAYTIME PHONE NUMBER _____ 5. FEDERAL IDENTIFICATION NUMBER _____																	
6. MAILING ADDRESS (FOR ALL CORRESPONDENCE) IN CARE OF _____ STREET _____ CITY _____ COUNTY _____ STATE _____ ZIP _____		7. TYPE OF BUSINESS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> AGRICULTURE, FORESTRY, FISHING & HUNTING (11) <input type="checkbox"/> MINING (21) <input type="checkbox"/> UTILITIES (22) <input type="checkbox"/> CONSTRUCTION (23) <input type="checkbox"/> MANUFACTURING (31 -33) <input type="checkbox"/> WHOLESALE TRADE (41-43) <input type="checkbox"/> RETAIL TRADE (44-46) <input type="checkbox"/> TRANSPORTATION & WAREHOUSE (48-49) <input type="checkbox"/> INFORMATION (51) <input type="checkbox"/> FINANCE & INSURANCE (52) <input type="checkbox"/> REAL ESTATE, RENTAL & LEASING (53) </div> <div style="width: 48%;"> <input type="checkbox"/> PROFESSIONAL, SCIENTIFIC, & TECHNICAL SERVICES (54) <input type="checkbox"/> MANAGEMENT OF COMPANIES & ENTERPRISES (55) <input type="checkbox"/> ADMINISTRATIVE AND SUPPORT, WASTE MANAGEMENT & REMEDIATION SERVICES (56) <input type="checkbox"/> EDUCATION SERVICES (61) <input type="checkbox"/> HEALTH CARE & SOCIAL ASSISTANCE (62) <input type="checkbox"/> ARTS, ENTERTAINMENT, & RECREATION (71) <input type="checkbox"/> ACCOMMODATION & FOOD SERVICES (72) <input type="checkbox"/> OTHER SERVICES (81) <input type="checkbox"/> PUBLIC ADMINISTRATION (91-93) </div> </div>																	
9. LOCATION OF RECORDS (NO P.O. BOX) CITY _____ COUNTY _____ STATE _____ ZIP _____		8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES) 8A. CHECK IF YOU SELL THESE PRODUCTS (for Solid Waste Purposes): <input type="checkbox"/> MOTOR OIL <input type="checkbox"/> LEAD ACID BATTERIES <input type="checkbox"/> TIRES <input type="checkbox"/> LARGE APPLIANCES 8B. DO YOU SELL AVIATION GASOLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO 8C. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS USERS? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
10. TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETOR (one owner) <input type="checkbox"/> PARTNERSHIP (two or more owners, other than LLP) <input type="checkbox"/> LLC/LLP FILING AS _____ <input type="checkbox"/> SC CORPORATION DATE INC. _____ <input type="checkbox"/> FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY). <input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____ <input type="checkbox"/> OTHER (EXPLAIN) _____																			
11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OFFICERS OR MEMBERS: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">SOCIAL SECURITY NUMBER</th> <th style="width: 30%;">NAME/TITLE/GENERAL PARTNERS</th> <th style="width: 30%;">HOME ADDRESS</th> <th style="width: 20%;">IF PARTNER PERCENT OWNED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER PERCENT OWNED												
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12. HAVE YOU: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. ACQUIRED ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO MERGED WITH ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO FORMED A CORPORATION OR PARTNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO MADE ANY OTHER CHANGE IN THE OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO B. DID YOU ACQUIRE: ALL OF THE SOUTH CAROLINA OPERATIONS? PART OF THE SOUTH CAROLINA OPERATIONS? PERCENTAGE ACQUIRED: _____ C. DATE ACQUIRED OR CHANGED: _____ WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE CLOSED: _____ DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div style="width: 48%;"> D. FORMER OWNER'S S.C.E.S.C. ACCOUNT NUMBER: _____ FORMER OWNER'S S.C. TAX ACCOUNT NUMBER: _____ E. NAME OF BUSINESS ACQUIRED: _____ <small>(Full organization name including trade name)</small> ADDRESS OF FORMER OWNER: _____ _____ _____ </div> </div>																			
13. FIRST DATE OF EMPLOYMENT IN S.C. _____ 14. ANTICIPATED DATE OF FIRST S.C.PAYROLL _____ 15. ESTIMATE NUMBER OF EMPLOYEES IN S.C. _____ <small>mo/day/year</small> <small>mo/day/year</small>																			
16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH CITY? _____		17. IS YOUR BUSINESS SEASONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MONTHS ACTIVE: _____																	

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER _____

TITLE _____

DATE _____

SECTION A: TO APPLY FOR WITHHOLDING NUMBER Every employer having employees earning wages in SC must register for withholding. Other types of payments also require state tax withholding.

STATUS OF EMPLOYER (CHECK ONE):

- ☐ RESIDENT - Principal place of activity inside SC
☐ NONRESIDENT - Principal place of activity outside SC

CLASSIFICATION OF **RESIDENT** EMPLOYER (CHECK ONE):

- ☐ 01 Tax withheld from sources that do not require withholding (Ex.: Domestic Help, Farmers, Fishermen)
☐ 02 FEDERAL withholding (941 total) does not exceed \$2,500.00 per quarter
☐ 03 FEDERAL withholding (941 total) is less than \$50,000 during 12-month lookback period
☐ 04 FEDERAL withholding (941 total) is greater than \$50,000 during 12-month lookback period

CLASSIFICATION OF **NONRESIDENT** EMPLOYER (CHECK ONE):

- ☐ 01 Tax withheld from sources that do not require withholding (Ex.: Domestic Help, Farmers, Fishermen)
☐ 05 SC State withholding is less than \$500 per quarter
☐ 06 SC State withholding Totals \$500 or more per quarter

SECTION B: EXEMPTION FROM WITHHOLDING ON NONRESIDENTS

- ☐ Check the appropriate block to administratively register with the Department and claim exemption from nonresident withholding required by SC Code Sections 12-8-540 (rents and royalties), 12-8-550 (temporarily doing business or performing services in SC), or 12-8-570 (trust or estate beneficiaries). The exempt person agrees to be subject to the jurisdiction of the Department and the S.C. courts to determine S.C. tax liability, including withholding, estimated taxes, and interest and penalties, if any. Registering is not an admission of tax liability, and, does not, by itself, require the filing of a tax return. See instructions for further information.
- ☐ I agree to file SC tax return ☐ I am not subject to SC Tax Jurisdiction (no NEXUS)

SECTION C: TO APPLY FOR RETAIL SALES LICENSE (\$50.00 LICENSE TAX IS REQUIRED.)

In and out-of state sellers. A retail license will not be issued to a person with any outstanding state tax liability. Any license tax paid with this application will be applied to the tax liability.

- ☐ IN-STATE SELLER ☐ OUT-OF-STATE SELLER
If applying for Retail License, a \$50.00 Sales License Tax is required with this application.

ANTICIPATED DATE OF FIRST SALES
mo/da/yr

HOW MANY RETAIL SALES LOCATIONS DO YOU OPERATE IN S.C. UNDER YOUR OWNERSHIP?

SECTION D: TO APPLY FOR PURCHASER'S CERTIFICATE OF REGISTRATION FOR USE TAX S. C. Use Tax is imposed on the storage, use, or consumption of tangible personal property on which S.C. sales tax has not been previously paid.

EFFECTIVE DATE OF REGISTRATION
mo/da/yr

SECTION E: If mailing address for returns is different from front of application indicate type of tax this applies to.

- ☐ SALES ☐ WITHHOLDING ☐ PURCHASERS CERTIFICATE

STREET OR BOX IN CARE OF
CITY STATE ZIP PHONE

IF CURRENTLY OR PREVIOUSLY REGISTERED WITH SC DEPARTMENT OF REVENUE UNDER THIS OWNERSHIP, INDICATE ACCOUNT NUMBER(S) IN THIS SPACE

NAME OF BANKING INSTITUTION USED

Enter Internet/E-mail address

UPON COMPLETION OF **BOTH SIDES, SIGN AND DATE ON FRONT OF APPLICATION.**

MAIL TO: SC DEPARTMENT OF REVENUE, REGISTRATION UNIT, COLUMBIA, SOUTH CAROLINA 29214-0140