



8011  
INTERNET REGISTRATION: [www.sctax.org](http://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)
- Nonresident Withholding Exemption (complete section B)
- SALES (complete section C; \$50.00 license tax is required)
- PURCHASER'S CERTIFICATE (complete section D)

COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

<b>1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME</b>		<b>2. TRADE NAME (DOING BUSINESS AS)</b>																	
<b>3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)</b>  STREET _____  CITY COUNTY (REQUIRED) STATE ZIP _____		<b>4. BUSINESS PHONE NUMBER</b>	<b>DAYTIME PHONE NUMBER</b>																
<b>6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)</b>  IN CARE OF _____  STREET _____  CITY COUNTY STATE ZIP _____		<b>5. FEDERAL IDENTIFICATION NUMBER</b>																	
<b>9. LOCATION OF RECORDS (NO P.O. BOX)</b>		<b>7. TYPE OF BUSINESS</b>																	
<b>10. TYPE OF OWNERSHIP</b> <input type="checkbox"/> SOLE PROPRIETOR (one owner) <input type="checkbox"/> PARTNERSHIP (two or more owners, other than LLP) <input type="checkbox"/> UNINCORPORATED ASSOCIATION, ENTER LEGAL NAME: _____ <input type="checkbox"/> FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY). <input type="checkbox"/> SOUTH CAROLINA CORPORATION DATE INCORPORATED _____ <input type="checkbox"/> OTHER (EXPLAIN) _____ <input type="checkbox"/> LLC/LLP FILING AS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SINGLE MEMBER		<input type="checkbox"/> AGRICULTURE, FORESTRY, FISHING & HUNTING (11) <input type="checkbox"/> PROFESSIONAL, SCIENTIFIC, & TECHNICAL SERVICES (54) <input type="checkbox"/> MINING (21) <input type="checkbox"/> MANAGEMENT OF COMPANIES & ENTERPRISES (55) <input type="checkbox"/> UTILITIES (22) <input type="checkbox"/> ADMINISTRATIVE AND SUPPORT, WASTE MANAGEMENT & REMEDIATION SERVICES (56) <input type="checkbox"/> CONSTRUCTION (23) <input type="checkbox"/> EDUCATION SERVICES (61) <input type="checkbox"/> MANUFACTURING (31 -33) <input type="checkbox"/> HEALTH CARE & SOCIAL ASSISTANCE (62) <input type="checkbox"/> WHOLESALE TRADE (42) <input type="checkbox"/> ARTS, ENTERTAINMENT, & RECREATION (71) <input type="checkbox"/> RETAIL TRADE (44 - 45) <input type="checkbox"/> ACCOMMODATION & FOOD SERVICES (72) <input type="checkbox"/> TRANSPORTATION & WAREHOUSE (48-49) <input type="checkbox"/> OTHER SERVICES (81) <input type="checkbox"/> INFORMATION (51) <input type="checkbox"/> PUBLIC ADMINISTRATION (92) <input type="checkbox"/> FINANCE & INSURANCE (52) <input type="checkbox"/> REAL ESTATE, RENTAL & LEASING (53)																	
<b>11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OFFICERS OR MEMBERS:</b>		<b>8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)</b>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">SOCIAL SECURITY NUMBER</th> <th style="width: 40%;">NAME/TITLE/GENERAL PARTNERS</th> <th style="width: 30%;">HOME ADDRESS</th> <th style="width: 10%;">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													<b>8A. CHECK IF YOU SELL THESE PRODUCTS (for Solid Waste Purposes):</b> <input type="checkbox"/> MOTOR OIL <input type="checkbox"/> LEAD ACID BATTERIES <input type="checkbox"/> TIRES <input type="checkbox"/> LARGE APPLIANCES	
SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER PERCENT OWNED																
<b>12. HAVE YOU:</b>		<b>8B. DO YOU SELL AVIATION GASOLINE/JET FUEL? YES <input type="checkbox"/> NO <input type="checkbox"/></b>																	
<b>A. ACQUIRED ANOTHER BUSINESS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>MERGED WITH ANOTHER BUSINESS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>FORMED A CORPORATION OR PARTNERSHIP</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>MADE ANY OTHER CHANGE IN THE OWNERSHIP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>B. DID YOU ACQUIRE: ALL OF THE SOUTH CAROLINA OPERATIONS?</b> <b>PART OF THE SOUTH CAROLINA OPERATIONS?</b> <b>PERCENTAGE ACQUIRED:</b> _____  <b>C. DATE ACQUIRED OR CHANGED:</b> _____ <b>WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>DATE CLOSED:</b> _____ <b>DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>8C. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS USERS? YES <input type="checkbox"/> NO <input type="checkbox"/></b>																	
<b>13. FIRST DATE OF EMPLOYMENT IN S.C.</b> mo/day/year		<b>14. ANTICIPATED DATE OF FIRST S.C.PAYROLL</b> mo/day/year																	
<b>15. ESTIMATE NUMBER OF EMPLOYEES IN S.C.</b>		<b>16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    WHICH CITY? _____																	
<b>17. IS YOUR BUSINESS SEASONAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, LIST MONTHS ACTIVE: _____		<b>17. IS YOUR BUSINESS SEASONAL?</b> <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

80111016

**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