



# Newberry County Auditor's Office BUSINESS PERSONAL PROPERTY RETURN

**PT-100**  
(Rev. 4/19/16)  
7002

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 <input type="checkbox"/>
Account Status <input type="checkbox"/> Initial <input type="checkbox"/> Existing <input type="checkbox"/> Final ( <b>Date Business Closed</b> _____)		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 <small>If yes, attach a list of lessors and addresses</small>		

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

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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 \_\_\_\_\_

Office Use Only

Remit to: Newberry County Auditor's Office  
1400 Martin Street  
PO Box 362  
Newberry SC 29108



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