



# APPLICATION FOR EXEMPTION

## PT-401

(Rev. 8/21/01)

7016

Provisions for Filing for Exemptions, as Provided by Sections 12-4-710, 12-4-720, 12-4-730, 12-4-740, 12-4-750, and 12-60-1730.

**Mail to:**  
SC Department of Revenue  
Property Division  
Columbia, SC 29214-0303

**Refer to instruction sheet (PT401-I) before attempting to complete application.**

1. Owner and Mailing Address (PLEASE PRINT) SS/FEI Number: \_\_\_\_\_ 1a. Year \_\_\_\_\_  
Last First Middle

SID Number  
(Office Use Only)

Telephone Number: \_\_\_\_\_

2. Date Real Property Acquired: \_\_\_\_\_ 3. S.C. Code Section 12-37-220 A \_\_\_\_\_ or B \_\_\_\_\_  
**For real property, attach copy of deed. If applying for Mobile Home, attach copy of title or bill of sale.**

4. County in Which the Property is Located or Registered: \_\_\_\_\_

5. Location of Property  
(If different from mailing address)

6. Tax Map Number: \_\_\_\_\_  
Number of Acres: \_\_\_\_\_  
Mobile Home Permit Number: \_\_\_\_\_  
Mobile Home Tax Map Number: \_\_\_\_\_

St. or Hwy:  
City or Area:  
Tax District:

7. Land and Building 1   
Land 2  (CHECK ALL THAT APPLY)  
Building 3   
Mobile Home 4

8. Deed Book Number \_\_\_\_\_  
Page Number \_\_\_\_\_

9. Vehicle Information: Attach copy of vehicle(s) Registration Card(s), Bill of Sale(s), or Title(s).

VEHICLE IDENTIFICATION NUMBER	TYPE	MAKE	YEAR	REGISTERED OWNER	COUNTY REGISTERED IN

10. Furniture and Fixtures: For organizations applying for furniture and fixtures, attach a separate sheet. Identify item, date of acquisition, cost at acquisition, accumulated depreciation and net value. **Example: Furniture and Fixtures; Type 20.**

FURNITURE AND FIXTURES	TYPE

**NOTE:** Separate applications must be filed for each parcel of real estate. Multiple listing of personal property is permitted, if registered in the same county and to the same owner(s).

If the initial application is accepted and the exemption is granted, you are not required to file a subsequent application, **unless there is a change in the property reported on the initial application or unless requesting an exemption for property not included on prior applications.**

**APPLICATIONS MUST BE FILLED OUT COMPLETELY AND SIGNED TO BE ACCEPTED BY THIS OFFICE. ALL INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION, CAUSING A DELAY IN OUR CONSIDERATION OF YOUR REQUEST FOR EXEMPTION.**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY AND SIGN THE STATEMENT BELOW.**

Is the organization incorporated by the Secretary of State of South Carolina? Yes  No

If yes, attach a copy of the articles of incorporation and by-laws if filing under **Code Section 12-37-220(A)2, (A)4, (B)4, (B)5, (B)11, (B)12, (B)16(a), (B)16(b), (B)20, (B)22, (B)24, (B)28, (B)31.**

Enter initial charter date. \_\_\_\_\_

Is the organization exempt under the United States Internal Revenue Code? Yes  No

Applicable Code 501C ( )

If yes, attach a copy of the determination from the IRS for codes **(A)2, (A)4, (B)4, (B)5, (B)11, (B)12, (B)16(a), (B)16(b), (B)20, (B)22, (B)24, (B)28, and (B)31.**

Organization operated as a Profit \_\_\_\_\_ Non-profit \_\_\_\_\_ organization.

Did you file a return with the South Carolina Department of Revenue? Yes  No

Please indicate what kind of return. \_\_\_\_\_

What name is the return filed under? \_\_\_\_\_

Are alcoholic beverages served to the general public? Yes  No

Do any other individuals, associations or corporations occupy or use any part of the claimed exemption that is listed on this application? Yes  No  If yes, explain circumstances. If addition space is needed, attach separate sheet.

Explain the use of the property, land and buildings. \_\_\_\_\_

Is any rent received for this property or any portion of this property? Yes  No

If yes, from whom? \_\_\_\_\_ How much is received? \_\_\_\_\_

What is the estimated gross annual income? \_\_\_\_\_

Do you lease or rent any property for which you are requesting exemption? Yes  No

If yes, from whom? \_\_\_\_\_

What limitations or restrictions apply concerning who may use the property? (A supplemental explanation sheet may be attached.) \_\_\_\_\_

Did you file for exemption with this office last year? Yes  No

Was application denied? Yes  No

If yes, explain circumstances of denial as stated to you in the denial letter. \_\_\_\_\_

**DECLARATION OF OWNER OR OWNER'S AGENT**

Subject to Penalty for Perjury, I Declare That I Have Examined the Foregoing Claim, Including Enclosures and Attachments (If Any), and to the Best of my Knowledge and Belief it is True, Correct and Complete.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Check Appropriate Box: Owner  Agent

**PLEASE NOTE**

\* Requests for exemptions filed under **Code Sections 12-37-220(A)2, (A)4, (B)4, (B)5, (B)11, (B)12, (B)16(a), (B)16(b), (B)20, (B)22, (B)24, (B)28, (B)31** must include a copy of IRS determination letter, articles of incorporation and by-laws.

**For vehicles, attach a copy of vehicle registration card(s), bill of sale(s), or title(s). For real property, attach copy of deed. If applying for Mobile Home, attach copy of title or bill of sale.**

*Disabled veterans must furnish the Department with a certificate signed by the County Service Officer or the Veteran's Administration indicating the effective date they were rated 100% totally and permanently disabled from a service connected disability. Also, furnishing your social security number will enable us to deal more effectively with your County Service Officer or the Veteran' Administration.*

*Paraplegics or hemiplegics must furnish a doctor's statement certifying their condition and indicating the effective date they were classified as paraplegic or hemiplegic, etc. Do not send original documents, as they must be retained in our files and will not be returned to you.*

*Wheelchair applicants must furnish this office with a doctor's statement certifying required use of a wheelchair.*