

OFFICE OF THE COUNTY AUDITOR

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IMPORTANT: A 10% PENALTY IS APPLIED IF RETURN IS RECEIVED AFTER APRIL 30TH OF EACH YEAR.

BUSINESS PERSONAL PROPERTY RETURN FOR PROPERTY OWNED DECEMBER 31, FOR TAX

Name: _____ Property Location: _____

Mailing Address: _____

Federal I.D. #: _____ Accounting Period Closing: _____

IMPORTANT: A separate return must be filed for each business location.

1. Principal Business Activity: _____

2. Number of Locations In County: _____

3. (CHECK ONE): Individual Corporation Partnership

4. Location of tax records: _____
(if different from mailing address)

5. Value of Furniture, Fixtures, & Equipment:

A. Actual Cost when purchased \$ _____

B. LESS total accumulated depreciation \$ _____

C. PLUS 10% of cost of items depreciated more than 90% \$ _____

D. NET VALUE (5A minus 5B, plus C) \$ _____

6. TOTAL VALUE of Furniture, Fixtures & Equipment (5D) \$ _____

LEASED MACHINERY AND EQUIPMENT

1. Do you lease any machinery or equipment that is not included under Item 5 of this return? YES NO

2. Are you purchasing machinery or equipment under a lease purchase agreement that is not under Item 5 of this return? YES NO

If the answer is YES to either or both of the above, please list the owner or leasing company along with the mailing address and a description of the leased machinery and/or equipment **on the back of this return.**

Please provide copies of your Depreciation Worksheet, IRS Form 4562

I certify that the information contained in this return is, to the best of my knowledge, both correct and true.

Date: _____ Signature: _____ Phone: _____