



STATE SALES AND USE TAX RETURN

Mail To: SC Department of Revenue Sales Tax Return Columbia, SC 29214-0101

Place an X in all boxes that apply. **USE BLACK INK ONLY.**

- AMENDED** Change of Address Business Permanently Closed
- Return (Make changes to address below) Date _____
- (Complete form C-278 and return your license)

If the area below is blank, fill in name, address, SSN/Federal Identification No. (FEIN)

FEIN _____ SID NO. _____

RETAIL LICENSE OR USE TAX REGISTRATION

FOR OFFICE USE ONLY

FOR FIELD USE ONLY

| | |
|--|--|
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|--|--|

Period Ended _____ File Return On or By _____

File Electronically at www.dor.sc.gov
DO NOT TAKE CREDITS OR REPORT NEGATIVE AMOUNTS ON THIS FORM.
 To apply for refunds, see Form ST-14.

STOP COMPLETE THE WORKSHEET ON THE REVERSE SIDE FIRST.

SALES AND USE TAX

- | | | | | |
|---|----|---|--|---|
| 1. Total Gross Proceeds of Sales, Rentals, Use Tax and Withdrawals for Own Use (From Item 3 of Sales and Use Tax Worksheet on reverse side) | 1. | ▶ | | . |
| 2. Total Amount of Deductions (From Item 5 of Sales and Use Tax Worksheet)..... | 2. | ▶ | | . |
| 3. Net Taxable Sales and Purchases (Line 1 minus line 2)..... | 3. | ▶ | | . |
| 4. State Sales and Use Tax: Multiply Line 3 x 6% (.06)..... | 4. | ▶ | | . |

6%

ADDITIONAL TAX FROM ST-389

STOP Only complete this section if local taxes are applicable to your sales or purchases.

REMINDER: ST-389 must be completed and attached for all additional taxes.
 If this section does not apply, go to line 6.

- | | | | | |
|--|-----|---|--|---|
| 5. Total Taxes Due (From Column B, line 2, page 7 of 8 of form ST-389)..... | 5. | ▶ | | . |
| 6. Total State and Local Taxes Due (Add line 4 and line 5)..... | 6. | ▶ | | . |
| 7. Taxpayer's Discount (For timely filed and paid returns only) If your combined tax liability is less than \$100.00, the discount rate is 3% (.03) of line 6. If the total is \$100.00 or more, the discount is 2% (.02) of line 6..... | 7. | ▶ | | . |
| (Combined Discount cannot exceed \$3000.00 per fiscal year, returns for June through May, which are filed July through June.) | | | | |
| 8. Net Tax Payable (Line 6 less line 7)..... | 8. | ▶ | | . |
| 9. Penalty _____, Interest _____ | 9. | ▶ | | . |
| <small>14-4701</small> | | | | |
| <small>14-4702</small> | | | | |
| 10. TOTAL AMOUNT DUE (Add lines 8 and 9) | 10. | ▶ | | . |

I authorize the Director of the Department of Revenue or delegate to discuss **this return**, attachments and related tax matters with the preparer. Yes No Preparer's name _____ Phone number _____

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and accurate return.

| | | |
|-------------------------|--------------|----------------------|
| Owner, Partner or Title | Printed Name | Taxpayer's Signature |
| Daytime Phone No. | Date | E-mail Address: |

