

# 2021 RENTAL BUSINESS PERSONAL PROPERTY RETURN

*On Property Owned as of December 31, 2020*

*Return To: Gena Acree, Pickens County Deputy Auditor*

*222 McDaniel Ave B-7 Pickens, SC 29671*

*Ph (864) 898-5895 Fax (864) 898-5846*

*genaa@co.pickens.sc.us*

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Property Location \_\_\_\_\_

Parcel Number \_\_\_\_\_

Tax District \_\_\_\_\_

***Important***  
***10% Penalty Applied***  
***if Return Received***  
***After April 30<sup>th</sup>2021***

**PLEASE COMPLETE THIS FORM AND THE PT100. RETURN TO THE PICKENS COUNTY AUDITOR'S OFFICE.**

\* IS THIS RENTAL PROPERTY? YES \_\_\_\_\_ NO \_\_\_\_\_

\* DO YOU FURNISH APPLIANCES OR FURNITURE? YES \_\_\_\_\_ NO \_\_\_\_\_

\*IF YOU ANSWERED "NO" TO EITHER OF THE ABOVE QUESTIONS, PLACE ZERO IN THE "NET DEPRECIATED VALUE" FIELD ON THE PT100 FORM. RETURN THE SIGNED PT100 FORM ALONG WITH THIS FORM TO THE PICKENS COUNTY AUDITOR'S OFFICE.

\*IF YOU ANSWERED "YES" TO EITHER QUESTIONS ABOVE, PLEASE COMPLETE THE HIGHLIGHTED FIELDS ON THE PT100 FORM. RETURN BOTH FORMS TO THE PICKENS COUNTY AUDITOR'S OFFICE.

YOU MAY MAIL THE RETURN TO:  
PICKENS COUNTY AUDITOR  
222 McDANIEL AVE B-7  
PICKENS, SC 29671

IF YOU CHOSE TO EMAIL THE RETURN, PLEASE ENSURE TO EMAIL THIS FORM AND THE PT100. IF BOTH FORMS ARE NOT RECEIVED, AN ESTIMATED TAX NOTICE WILL BE GENERATED.

**A 10% PENALTY WILL BE APPLIED IF RETURN IS RECEIVED AFTER APRIL 30, 2021.**



# BUSINESS PERSONAL PROPERTY RETURN

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

Tax Year <b>2021</b>	Accounting Closing Period (MM/DD/YYYY) <b>12/31/2020</b>	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 checked="" 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 <b>PICKENS</b>	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 <b>SC</b>	Zip Code	<b>3. Net Depreciated Value</b>	▶ 3. \$ .00

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 <b>SC</b>	Zip Code	<b>3. Net Depreciated Value</b>	▶ 3. \$ .00

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 <b>SC</b>	Zip Code	<b>3. Net Depreciated Value</b>	▶ 3. \$ .00

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
-----------------