APPLICATION FOR EXEMPTION

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.

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

1. Owner and Mailing Address (PLEASE PRINT) SS/FEI Number: __________________________
   Last First Middle

2. Date Real Property Acquired: __________________________
   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.

3. SID Number __________________________
   Telephone Number: __________________________

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

5. Location of Property (If different from mailing address)
   St. or Hwy: __________________________
   City or Area: __________________________
   Tax District: __________________________

6. Tax Map Number: __________________________
   Number of Acres: __________________________
   Mobile Home Permit Number: __________________________
   Mobile Home Tax Map Number: __________________________

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

8. Deed Book Number __________________________
   Page Number __________________________

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

<table>
<thead>
<tr>
<th>VEHICLE IDENTIFICATION NUMBER</th>
<th>TYPE</th>
<th>MAKE</th>
<th>YEAR</th>
<th>REGISTERED OWNER</th>
<th>COUNTY REGISTERED IN</th>
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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's 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.