



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
TAX REGISTRATION APPLICATION

Register online at MyDORWAY.dor.sc.gov

SCDOR-111

(Rev. 12/18/19)
8048

Section A: Taxes to be registered for this business location

- Retail Sales/Accommodations License (**Section B - \$50 license tax is required**) Use Tax (**Section B - No fee required**)
 Artist & Craftsman's License - Sells created or assembled products only at arts shows, crafts shows and festivals within SC (**Section B - \$20 license tax is required**) Withholding Tax (**Section C**)
 Nonresident Withholding Exemption (**Section D**)

1. Owner, partnership, or corporate charter name (legal name)		2. FEIN _____ SSN _____	
3. Mailing address (for all correspondence) _____ In Care Of _____ Street _____ City State ZIP		4. Type of ownership <input type="checkbox"/> Sole Proprietor (one owner) <input type="checkbox"/> Partnership (two or more owners, other than LLP) <input type="checkbox"/> LLC/LLP filing as: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Member <input type="checkbox"/> Corporation State and date incorporated _____ <input type="checkbox"/> Foreign Corporation State and date incorporated _____ <input type="checkbox"/> Other (explain) _____	
5. Business phone number	6. Daytime phone number		
7. Email	8. Fax number		
9. Physical location of business (no PO Box) _____ Street _____ City County State ZIP		10. Is physical location within municipal limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Which municipality? _____ Are you an SC resident? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you lived in SC? ____ YR ____ MO	

Section B: Retail Sales/Accommodations/Artist & Craftsman License/Use Tax

In and out-of-state sellers. A retail license will not be issued to a person with any outstanding state tax liability.

11. Purchaser's certificate of registration for Use Tax: effective date of registration _____ (**MM-DD-YY**)

12. Is your business seasonal? Yes If yes, list months active: _____
 No If no, filing status is **monthly**. See instructions for more information.

You must file a zero return for active periods with no sales.

13. How many retail sales locations do you operate in SC under your ownership? _____

14. Trade name or business name	15. Location of records (no PO Box)
16. Main business (i.e., Retail Sales, Manufacturing, Service, etc.)	17. Anticipated date of first retail sales (MM-DD-YY)

18. Type of business

<input type="checkbox"/> Agriculture, Forestry, Fishing, & Hunting (11)	<input type="checkbox"/> Max Tax (Vehicles) (44)	<input type="checkbox"/> Real Estate, Rental & Leasing (53)	<input type="checkbox"/> Health Care & Social Assistance (62)
<input type="checkbox"/> Mining (21)	<input type="checkbox"/> Retail Trade (44-45)	<input type="checkbox"/> Professional, Scientific, & Technical Services (54)	<input type="checkbox"/> Arts, Entertainment, & Recreation (71)
<input type="checkbox"/> Utilities (22)	<input type="checkbox"/> Artists & Craftsman (45)	<input type="checkbox"/> Management of Companies & Enterprises (55)	<input type="checkbox"/> Accommodation & Food Services (72)
<input type="checkbox"/> Construction (23)	<input type="checkbox"/> Transportation & Warehouse (48-49)	<input type="checkbox"/> Administrative & Support, Waste Management & Remediation Services (56)	<input type="checkbox"/> Other Services (81)
<input type="checkbox"/> Manufacturing (31-33)	<input type="checkbox"/> Information (51)	<input type="checkbox"/> Education Services (61)	<input type="checkbox"/> Public Administration (92)
<input type="checkbox"/> Wholesale Trade (42)	<input type="checkbox"/> Finance & Insurance (52)		
<input type="checkbox"/> Durable Medical Equipment (44)			

19. Check if you sell these products

- Motor Oil Tires Lead Acid Batteries Large Appliances Aviation Gasoline/Jet Fuel
 Prepaid Wireless Cards Service to Cellular and Personal Communications Users

Section C: Withholding Tax

Every employer with employees earning wages in South Carolina must register for Withholding Tax. Other types of payments also require state tax withholding. See instructions for more information.

20. Check the box that applies to your business:

02 Resident business 05 Nonresident business

21. Check the filing frequency for your withholding returns (See Form 105 for withholding payment frequencies):

Quarterly 01 Annual (Must meet specific requirements to select Annual. See instructions.)

22. Anticipated date of first payroll: _____

MM-DD-YY

23. Sole Proprietor FEIN (required): _____

Section D: Nonresident Withholding Exemption

Nonresident businesses who have activity but no employees in South Carolina are granted exemption from Withholding Tax. See instructions for more information.

Main business: _____

I agree to file SC tax return I am not subject to SC Tax Jurisdiction (no NEXUS)

Section E: Names of Business Owner, General Partners, Officers, or Members

Social Security Number	Name	Title	Home Address	Ownership percentage

Upon completion of both pages, sign and date the application below.

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

_____ Signature of owner, all partners, or corporate officer	_____ Title	_____ Date
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_____ Signature of owner, all partners, or corporate officer	_____ Title	_____ Date
_____ Signature of owner, all partners, or corporate officer	_____ Title	_____ Date
_____ Signature of owner, all partners, or corporate officer	_____ Title	_____ Date

Make checks payable to SCDOR.

Mail to: SCDOR, PO Box 125, Columbia, SC 29214-0850

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

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