RICHLAND COUNTY GOVERNMENT COMMUNITY PLANNING & DEVELOPMENT BUSINESS SERVICE CENTER

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Business Personal Property Tax: Certification

This Certification Form is required for all Richland County business owners who claim their business does not own any fixtures, furniture, or equipment. By completing and submitting this form to the Business Service Center, you may qualify for a waiver of the annual requirement to provide a Business Personal Property Tax receipt with your business license renewal application.

1. Business Name:						
2.	Na	Name as seen by the public:				
3.	Fe	deral ID # or SSN: Business License #:				
4.	Bu	Business Location:				
5.	Ov	vner/Principal Name: Phone #:				
6.	Sp	Specific Business Activity:				
7.	20	22 NAICS Code: (see <u>www.census.gov/naics/</u> for help	p)			
Certifications						
1.		ertify that the business indicated above is described by one of the following (initi	al only one):			
	a.	Is a <u>home-based business</u> – located in and operates from the home which services as my primary residence, or	Initial:			
	b.	Is a <u>booth-renting business</u> – leasing a space within a commercial location as a booth-renter, whether for hair or nail salons, massage offices, or other similar businesses, or	Initial:			
	C.	<u>Leases all (completely 100%)</u> – of its fixtures, furniture, and/or equipment from another company which does pay Business Personal Property Taxes on those items. Leasing Company:	Initial:			
		Property File Number: Phone #:				
2.	I certify that the business indicated above does not itself own <u>any</u> fixtures, furniture, and/or equipment. Further, if 1a. or 1b. above applies, I further certify that any fixtures, furniture, and equipment used to conduct the operations of this business are owned by me as an					
	inc	dividual and <u>not</u> owned by the business.	Initial:			
3.		ertify that I do not itemize on my, or the business', federal income tax returns y fixtures, furniture, or equipment owned by me as an individual.	Initial:			

4.	I certify that, in the event that the business indicated above defurniture, and/or equipment in the future, I will file to pay Buseither the State Department of Revenue of the County Auditor	iness Personal Propert			
	of the first calendar year in which the business purchases or o	wns those items.	Initial:		
5.	I certify that I understand, if this business does in fact own fixtures, furniture, and/or equipment and yet fails to file and pay Business Personal Property Taxes, this violates both the Richland County Code of Ordinances Section 23-3(b) and (d) and the State Code of Laws Section 12-37-900 or -970. The business owner shall be guilty of a misdemeanor, and the violation will result in enforcement actions to the fullest allowable extent.				
6.	I certify that I am authorized to complete this Business Person because I am either the owner or an authorized representative of the business for which a Richland County business license is	e/agent of the owner	ation Form		
Signature					
I understand, by my signature below, that any person who falsely certifies to any one or more of the above statements shall be guilty of perjury under the South Carolina Code of Laws and shall be prosecuted to the fullest extent of the law.					
Ap	plicant or Authorized Agent Signature	Date			
Pri	nted Name	Title (owner, principa	l, agent, etc.)		