Print Form Reset Form

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

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SCHEDULE Z
LEASE SCHEDULE

2027

PT-300Z
(Rev. 6/6/25)
7058

Owner name _____ SID Suffix _____

Furnish the following information for all leases not previously reported. Indicate the schedule letter, schedule number and plant/operation name associated with each lessee/lessor. Attach the Schedule Z behind page two of the PT-300.

Schedule letter _____ Schedule number _____ Plant/operation name _____
Lessee/lessor _____ FEIN/SSN _____
Address _____ City _____ State _____ ZIP _____
Type property leased: ☐ Real ☐ Personal ☐ Real and Personal Lease start date _____ (month/year)
Property leased: ☐ To above lessee/lessor ☐ From above lessee/lessor Annual rent: _____

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Additional space on page two.

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