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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

STATE SALES AND USE TAX RETURN

ST-3
(Rev. 3/21/18)
5001

Place an X in all boxes that apply.

- AMENDED** Return Change of Address (Make changes to address below) Business Permanently Closed Date _____ (Complete form C-278 and return your license.)

Retail License or Use Tax Registration

FEIN

SID Number

If there is space below, fill in name and address.
100 Main
Anywhere, WA 98070

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Period Ended File Return On or By

File Electronically at MyDORWAY.dor.sc.gov
DO NOT TAKE CREDITS OR REPORT NEGATIVE AMOUNTS ON THIS FORM.
To apply for refunds, see Form ST-14.

STOP COMPLETE THE WORKSHEET ON THE REVERSE SIDE FIRST.

CLIP CHECK HERE

SALES AND USE TAX

1. Total Gross Proceeds of Sales, Rentals, Use Tax and Withdrawals for Own Use (From Item 3 of Sales and Use Tax Worksheet on reverse side).....	1.	▶	_____	\$300.00
2. Total Amount of Deductions (From Item 5 of Sales and Use Tax Worksheet).....	2.	▶	_____	.
3. Net Taxable Sales and Purchases (Line 1 minus line 2).....	3.	▶	_____	\$300.00
4. State Sales and Use Tax: Multiply Line 3 x 6% (.06).....	4.	▶	_____	\$18.00

6%

ADDITIONAL TAX FROM ST-389

STOP Only complete this section if local taxes are applicable to your sales or purchases.
REMINDER: ST-389 must be completed and attached for all additional taxes.
If this section does not apply, go to line 6.

5. Total Taxes Due (From Column B, line 2, page 5 of 6 of form ST-389)	5.	▶	_____	\$4.00
6. Total State and Local Taxes Due (Add line 4 and line 5)	6.	▶	_____	\$22.00
7. Taxpayer's Discount (For timely filed and paid returns only) If your combined tax liability is less than \$100.00, the discount rate is 3% (.03) of line 6. If the total is \$100.00 or more, the discount is 2% (.02) of line 6. (Combined Discount cannot exceed \$3000.00 per fiscal year, returns for June through May, which are filed July through June.)	7.	▶	_____	.
8. Net Tax Payable (Line 6 less line 7)	8.	▶	_____	\$22.00
9. Penalty _____, Interest _____ (Add Penalty and Interest. Enter Total on line 9 at right.)	9.	▶	_____	.
10. TOTAL AMOUNT DUE (Add lines 8 and 9)	10.	▶	_____	\$22.00

I authorize the Director of the Department of Revenue or delegate to discuss **this return**, attachments and related tax matters with the preparer. Yes No Preparer's name _____ Phone number _____

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and accurate return.

Owner, Partner or Title	Printed Name	Taxpayer's Signature
Daytime Phone No.	Date	E-mail Address:

Mail To: SC Department of Revenue, P.O. Box 125, Columbia, SC 29214-0101

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