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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC USE TAX WORKSHEET

UT-3W
(Rev. 9/28/07)
3276

The 5% State sales and use tax is used 100% to fund public education.

Column A Date of Purchase	Column B Name of Store/ Company/ Vendor	Column C Total Price of Purchases (includes shipping & handling, warranty costs and sales or use tax due and paid on the purchase.)	Column D Sales or Use Tax due and paid to another state or local jurisdiction	Column E 5% Amount Taxable (subtract Column D from Column C) <small>14-3712 Items Purchased Prior to June 1, 2007 (State Rate 5%)</small>	Column F 6% Amount Taxable (subtract Column D from Column C) <small>14-4712 Items Purchased After May 31, 2007 (State Rate 6%)</small>
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Line 1		Total of Column C:	Total of Column D:	Total of Column E:	Total of Column F:
		\$	\$	\$	\$
Line 2	Your County's state and local sales and use tax rate. Prior to June 1, 2007, SC state wide rate was 5% plus applicable local tax rate. Now, SC state wide rate is 6% plus applicable local tax on purchases effective June 1, 2007. Note: The retail purchase of unprepared food eligible to be purchased with USDA food coupons prior to November 1, 2007, was subject to tax at the state wide rate of 3% plus any applicable local taxes.			%	%
Line 3	Multiply Line 1 of Column E or F by the rate on Line 2 of Column E or F.			\$	\$
Line 4	Tax due and paid other state and local jurisdictions. (Enter the applicable amount of tax paid from Column D to the corresponding Column (s) E and/or F)			\$	\$
Line 5	SC Use Tax Due. Subtract Line 4 from Line 3. Enter here and on your Use Tax Payment Return, or Individual Income Tax Return, or when filing online at www.sctax.org Round to the nearest dollar and make check or money order payable to: SC Department of Revenue.			\$	\$

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SC DEPARTMENT OF REVENUE
USE TAX PAYMENT RETURN

UT-3
(Rev. 9/28/07)
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South Carolina Department of Revenue, Sales Tax, Columbia, SC 29214-0110

Your Social Security Number

County

MONTH (MM):

TAX YEAR (YY):

Municipality Name

14-4712 **A.** (Enter From Line 5, Column E of the Worksheet).

. 00

Name and Street Address

14-3712 **B.** (Enter From Line 5, Column F of the Worksheet).

. 00

Add boxes A and B and enter total here.

. 00

Office Use Only

When signing this form, it is important that the information contained in your report be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a misdemeanor.

Taxpayer's Signature Date.....

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