

REFUND REQUEST

ID

Issued By

Refund Tax Year

Pin/TMS

Last Name First Name Applicant's Social Security Number

Spouse's Name/ Co-Owner / Other (circle one) Spouse's Social Security Number

Address City State Zip

Cell number Phone Other

Statement of facts supporting taxpayer's position and reasons for filing claim for refund:

In addition to the certification, the burden of proof for eligibility for the 4% assessment ratio is on the owner-occupant and the applicant must provide proof that the Assessor requires as indicated below. ATTACH COPIES OF:

- Drivers License (all parties included)
- State Income Tax Return
- End of the year Social Security Statement
- Voters Registration (all parties included)
- Federal Income Tax Return

Other supporting documentation:

The following information is needed to determine if this property qualifies as legal residence in accordance with SC Code Sec. 12-43-220 (C)

Do you rent this property or any portion thereof? Yes No

If yes, how many weeks per year?

Do you occupy this property as your permanent principal home?

Do you or other members of your household now currently receive the special legal residence or exemption on any other home?

If yes, where?

Do you have school aged children living with you?

Where do they attend school?

Place of Employment?

Under the penalty of perjury, I certify that the residence which is the subject of this application is my legal residence and where I am domiciled and that neither I nor any other member of my household own any other residence in South Carolina which currently receives the owner-occupant 4% assessment ratio and that the information provided herein is true and accurate.

Owner's Signature Date

Owner's Spouse or Agent Signature Date

OFFICE USE ONLY

Denied for Refund Approved for Refund Date of Approval/Denial

Reason for disapproval

County Assessor Date

County Auditor Date

County Treasurer Date