



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR SALES TAX  
EXEMPTION UNDER CODE SECTION 12-36-2120(41)  
"EXEMPT ORGANIZATIONS"**

**ST-387**

(Rev. 6/4/02)

5061

Name of Organization: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: (Street or PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ FEI Number: \_\_\_\_\_

Please answer the following:

Type of ownership:     Corporation     Unincorporated Association     Other \_\_\_\_\_

1. Has your organization applied for, and been granted, an exemption from the property tax?  
 YES (Attach copy of property tax exempt letter.)     NO

2. If you answered NO to Question #1, please check the appropriate line:

- \_\_\_\_\_ Applied for property tax exemption and was denied.
- \_\_\_\_\_ Organization owns property in S.C., but never applied for property tax exemption.
- \_\_\_\_\_ Organization owns no property in S.C.

3. Does your organization have a letter from the I.R.S. granting an exemption from federal income tax?  
 YES (Attach copy)     NO

4. Briefly, explain the purpose of your organization. \_\_\_\_\_  
 \_\_\_\_\_

5. Briefly, describe the items your organization purchases, or will purchase, FOR RESALE. \_\_\_\_\_  
 \_\_\_\_\_

6. Briefly, explain how monies from such sales are, or will be, used. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. What other retail sales does your organization make other than those described on line 5? \_\_\_\_\_  
 \_\_\_\_\_

8. What is your South Carolina retail license number? \_\_\_\_\_

9. What is your liquor license number? \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## IMPORTANT NOTICE

If your organization is granted an exemption under S.C. Code Section 12-36-2120(41), then your organization may buy and sell items tax-free, only if:

1. Your organization purchases the items for resale;
2. The net proceeds from the sales of such items are used exclusively for the exempt purposes of your organization; and
3. No benefit inures to any individual.

PURCHASES OF ITEMS FOR USE BY YOUR ORGANIZATION (i.e., FURNITURE, EQUIPMENT, AND SUPPLIES) MAY **NOT** BE PURCHASED TAX-FREE.

## PURPOSE OF FORM AND INSTRUCTIONS

**PURPOSE:** This form is **required** for those organizations wishing to obtain an exemption from the sales tax under S.C. Code Section 12-36-2120(41).

### INSTRUCTIONS:

- A. This form must be completed in its entirety for your organization to be considered for the above exemption. If an item does not apply to your organization, write "NA".
- B. Please attach a copy of the following documents to this form:

**NOTE:** Failure to attach this information will cause a delay in processing your application.

1. Internal Revenue Service exemption letter.
  2. Organization's charter and bylaws.
  3. Most recent income statement and balance sheet.
  4. Any other documents or statements deemed appropriate and/or necessary.
- C. Please mail the completed application, with attachments to:

SC Department of Revenue  
License and Registration  
Columbia, South Carolina 29214-0140