		FOR COUNCIL USE ONLY			
SOUTH CAROLINA COORDINATING COUNCIL FOR ECONOMIC DEVELOPMENT 1201 Main Street, Suite 1600 Columbia, SC 29201 Phone: (803) 734-0221 Fax: (803) 734-0385					
		ty:			
		Received:			
APPLICATION FOR	Appro	oved:			
PORT VOLUME INCREASE TAX CR	EDIT Denie	:d:			
		nt Approved			
Name of Applicant (Legal Name of Company)					
Principal Business Address of Applicant (Mailing Address) Physical Location		county, of South Carolina Site for Project			
City, State, and Zip Code	City, State, and Zip Code				
Telephone Number Fax Number	Telephone Number	Fax Number			
() () Contact Person	( ) Contact Person	( )			
Contact's Title	Contact's Title				
Contact's Email Address	Contact's Email Address				
Please check the box next to the credit for which	the applicant is applyi	ng: (please check only one box)			
Credit against income taxes					
Credit against employee withholding taxes					
A. TYPE OF BUSINESS (Check only one box.)					
Sole Proprietor (SSN)	Partnership/LLC	C Corporation			
S Corporation	Other (Specify):				
1. If Business is a Corporation, please list the state of incorporation	on:				
2. Federal Employer ID Number:	3. South Carolina Withho	olding Number: <b>-</b>			
B. COMPANY/PROJECT INFORMATION					
1. Nature of Business:					
(Company must be involved in manufacturing, warehousing freight forwarding, freight handling, goods processing, cross docking, transloading, wholesaling of goods or distribution to be eligible for this program.)					
2. NAICS Code:					
C. INCENTIVES					
1. Please indicate incentives you are applying for, plan to apply f	or, or are taking advantage of cu	irrently.			
Yes No Job Development Credits (JDC)					
Yes I No I Jobs Tax Credit					
Yes D No D Investment Tax Crea	lit				
Yes D No D Other credits					
1. If applying for income tax credits:					
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a. Please indicate the amount of income tax the company paid during the last taxable year or the amount of income passed through to owners of the company during last taxable year.

- b. Please indicate the amount of income tax credits utilized by the company or passed through to owners in the last taxable year.
- c. Please indicate the amount of income tax credits carried forward from your last taxable year. \_
- d. Please indicate the amount of income tax credits you anticipate will be carried forward from this taxable year. \_\_\_

2. If applying for withholding tax credits:

- a. Please indicate the number of current employees in South Carolina. \_
- b. Please indicate the amount of port volume withholding tax credits utilized in your last taxable year.\_\_\_\_\_
- c. Please indicate the amount of port volume withholding tax credits carried forward from your last taxable year.
- d. Please indicate the amount of port volume withholding tax credits you anticipate will be carried forward from this taxable year. \_
- e. Please indicate the amount of all other withholding tax credits (including job development credits) utilized in your last taxable year.

## D. PORT ACTIVITY

- 1. How many twenty-foot equivalent units (TEUs) or net tons of non-containerized cargo or cubic meters of cargo did your company ship through a South Carolina Port facility during the most recent full calendar year?
- 2. How many twenty-foot equivalent units (TEUs) or net tons of non-containerized cargo or cubic meters of cargo did your company ship through a South Carolina Port facility during the calendar year immediately preceding the most recent full calendar year?
- 3. Was this increase in port traffic related to an increase in employment or investment? If so, please quantify.
- 4. Did your company or an affiliate of your company own the cargo at the time it was shipped through a South Carolina Port facility? If it was an affiliate who owned the cargo, provide explain the relationship between your company and the cargo owner.
- 5. If a non-related third party owned the cargo when it was shipped through a South Carolina Port facility, please list the owner(s) of all cargo included in questions D.1 and 2 above. <u>PLEASE NOTE: ONLY ONE COMPANY CAN APPLY FOR THE CREDIT. TWO COMPANIES CANNOT APPLY FOR THE CREDIT BASED ON THE SAME CARGO.</u>
- 6. Please provide a list of any companies involved in the chain of possession of the cargo included in questions D.1 and 2 above when it was shipped through a South Carolina Port facility.
- 7. Do any of the companies listed in questions D.5 and 6 above have a facility in South Carolina? If so, please list.

## E IF ADDITIONAL CAPITAL INVESTMENT IS PLANNED, PLEASE PROVIDE A SUMMARY OF PROJECT COSTS (ESTIMATED)

		Date project costs will be contracted for or incurred *MUST COMPLETE	Cost
1.	Land Cost		\$
2.	Building Cost (new construction)		\$
3.	Purchase of Existing Facility		\$
4.	* Lease of Facility (please state the <u>value</u> of the property to be leased)		\$
5.	Renovations or Improvements to Existing Facility		\$
6.	Machinery & Equipment Cost		\$
7.	Pollution Control Equipment		\$

8. Other	r (please identify separately)	 \$
то	TAL PROJECT COSTS	 \$
G. INI	DIRECT ECONOMIC IMPACT	
1.	For incorporated firms: Estimate total annual South Carolina taxes (expansions should estimate increased taxes due to expansion, including franchise and corporate income).	\$ _
2.	For non-incorporated firms: Estimate South Carolina taxes due from new/expanded business operations, including income and sales and use (do not include taxes on exempted categories).	\$ _
3.	Please provide an estimate of purchases made from South Carolina Companies including raw materials used in processes and or other purchases needed to operate the business.	\$ 
Н.	How were you made aware of this credit?	

Tax Attorney	
Economic Development officials	
Flyer	
Tax forms	
Lobbyists	
Other	

## NOTICE TO APPLICANT

Applicant authorizes the Coordinating Council for Economic Development to release to the SC Department of Revenue any information relevant to the request for the International Trade Incentive Program and further authorizes the SC Department of Revenue to release to the Council information about the request needed to assist the Council in its decision making process. This includes any information that may be described in Section 12-54-240 of the SC Code of Law.

This application submitted by: \_\_\_\_\_

(Name & Title)

(SIGNATURE)

(DATE)