



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR OTHER TOBACCO PRODUCTS (OTP)
TAX REFUND**

This form is to be used to request a refund for Other Tobacco Products (OTP) only. Signature is **required** in order to process the refund. Keep a copy for your records.

Distributor Name _____ License Number _____

Physical Address _____ FEIN/SSN _____

REASON FOR REQUESTING REFUND

Damaged Unsellable Other (list reason) _____

| 1 | 2 | 3 | 4 | 5 | 6 |
|--------------|--------------|------------|-----------------------------|----------|--------------------------------|
| Date shipped | Manufacturer | Brand name | Manufacturer's gross amount | Tax rate | Total (column 4 x column 5) |
| | | | | .05 | |
| | | | | .05 | |
| | | | | .05 | |
| | | | | .05 | |
| | | | | .05 | |
| | | | | .05 | |
| | | | | .05 | |

You must include a Manufacturers Returned Good(s) Affidavit and Credit Memorandum with this form.

| | |
|---------------------------------------------------------|--|
| 1. Total gross refund requested | |
| 2. Purchase discount (multiply line 1 by 3.5%) | |
| 3. Total refund requested (subtract line 2 from line 1) | |

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Name (printed) _____ Date _____ Daytime phone number _____

Signature _____ Email _____

Questions? We're here to help. Contact this office at TobaccoTax@dor.sc.gov.

Mail to: SCDOR, PO Box 125, Columbia, SC 29214-0870.

OFFICE USE ONLY

AUDITED BY _____ APPROVED BY _____

DATE _____ DATE _____