

**SOUTH CAROLINA COORDINATING
COUNCIL FOR ECONOMIC DEVELOPMENT**

1201 Main Street, Suite 1600
Columbia, SC 29201 Phone: (803) 734-0429 Fax: (803) 734-0385

**APPLICATION FOR
PORT VOLUME INCREASE TAX CREDIT**

FOR COUNCIL USE ONLY

County: _____
Date Received: _____
Approved: _____
Denied: _____
Amount Approved: _____

Name of Applicant (Legal Name of Company)			
Principal Business Address of Applicant (Mailing Address)		Physical Location, INCLUDING COUNTY, OF South Carolina Site for Project	
City,		City,	
State,		State,	
Zip Code		Zip Code	County
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 applying: (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: _____
2. Federal Employer ID Number: _____ 3. South Carolina Withholding Number: _____

B. COMPANY/PROJECT INFORMATION

3. 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.)
4. NAICS Code: _____

C. INCENTIVES

1. Please indicate incentives you are applying for, plan to apply for, or are taking advantage of currently.

Yes No Job Development Credits (JDC)
Yes No Jobs Tax Credit
Yes No Investment Tax Credit
Yes No Other credits

D. TAXES

1. If applying for income tax credits:

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 the 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 the 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.

E. 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? Documentation of SC port activity must accompany this application and be provided as a spreadsheet indicating container numbers, shipping dates, and TEU or other cargo counts for each 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 E.1 and 2 above. **PLEASE NOTE: ONLY ONE COMPANY CAN APPLY FOR THE CREDIT. TWO COMPANIES CANNOT APPLY FOR THE CREDIT BASED ON THE SAME CARGO.**

6. Please provide a list of any companies involved in the chain of possession of the cargo included in questions E.1 and 2 above when it was shipped through a South Carolina Port facility.

7. Do any of the companies listed in questions E.5 and 6 above have a facility in South Carolina? If so, please list.

F. ADDITIONAL CAPITAL INVESTMENT

If additional capital investment is planned, please provide a summary of estimated project costs:

	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 (<i>please state the <u>value</u> of the property to be leased</i>)	_____	\$ _____
5. Renovations or Improvements to Existing Facility	_____	\$ _____
(Attach description of cost and breakdown)		
6. Machinery & Equipment Cost	_____	\$ _____
7. Pollution Control Equipment	_____	\$ _____
8. Other (please identify separately)	_____	\$ _____
TOTAL PROJECT COSTS		\$ _____

G. INDIRECT 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. \$ _____

H. How were you made aware of this credit?

- | | |
|---|--|
| <input type="checkbox"/> Tax Attorney | <input type="checkbox"/> Press Release |
| <input type="checkbox"/> Economic Development Officials | <input type="checkbox"/> Tax Forms |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> 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)

