



Town of Aynor

PO Box 66 Aynor SC 29511

Phone 843*358*6231 Fax 843*358*0754

Business License Application for Business Year 2024 Due on or before April 30th

Business Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Email: _____ Resident or Non-Resident Business _____

Type of Business: _____

SS# _____ -OR- Fed ID# _____ RATE CLASS: _____

SC Contractor's License # _____ SC State Retail License # _____

FEE Calculation: PLEASE CALL THE OFFICE FOR RATE SCHEDULE

Gross Income as reported to the IRS (rounded to next thousand) A _____

- Subtract Income reported to another city where license obtained B _____

= Balance of gross income subject to license tax IN AYNOR C _____

- Subtract \$2,000 base amount (covered by base fee) _____ (fee: See J) D 2,000.00

= Balance E _____

Divide E by 1,000 F _____

Multiply F by G (rate per thousand) G. _____ (rate) H _____

IF GROSS RECEIPTS DO NOT EXCEED \$1MILLION SKIP BULLET ITEMS TO NEXT BALANCE (I)

- If declining rate is between \$2,000-\$1Million (100%) _____ (rate) + _____
- If declining rate is between \$1Million-\$2Million (90%) _____ (rate) + _____
- If declining rate is between \$2Million-\$3Million (80%) _____ (rate) + _____
- If declining rate is between \$3Million-\$4Million (70%) _____ (rate) + _____
- If declining rate is over \$4Million (60%) _____ (rate) + _____

= Balance I _____

+ Add Base Fee (fee from above) J _____

TOTAL License Tax = K _____

Multiply Penalty (5% per month IF late) L _____

Total License Tax and Penalty = M _____

Form of Payment: Cash _____ Check _____ Charge _____

I (We) do hereby certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the Town/County have been paid, and that the above business name is the same as reported on documents filed with the state and federal governments. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.

Signature _____ Title _____ Date _____