SOUTH CAROLINA DEPARTMENT OF COMMERCE

1201 Main Street, Suite 1600, Columbia SC 29201

Phone: (803) 734-0429 Fax: (803) 734-0385 scrrcredit@sccommerce.com

APPLICATION FOR QUALIFIED RAILROAD RECONSTRUCTION OR REPLACEMENT CREDIT

FOR AGENCY USE ONLY		
Date Received:		
Approved:		
Denied:		
Amount Approved:		

Name of Applicant (Legal Name of Railroad Owner)				
Principal Business Address of Applicant (Mailing Address)	Physical Location, INCLUDIN	NG COUNTY, OF South Carolina Site for Project		
Principal business Address of Applicant (Maining Address)	Physical Location, INCLODIN	NG COUNTY, OF South Carolina Site for Froject		
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	Contact's Email Address		
A. RAILROAD CLASSIFICATION				
☐ Class II				
☐ Class III				
Please list the state of incorporation:				
2. Federal Employer ID Number:				
B. RAILROAD INFRASTRUCTURE				
Please state the miles of railroad track owned or leased in South Carolina.				
2 Particular differences and a second	datal			
Describe the qualified reconstruction or replacement work com	pieted.			
3. What is the amount of qualified reconstruction or replacement	expenditures paid or incurred as of the clo	ose of the taxable year? (Itemize in Section C.)		

	Date eligible costs incurred or paid	Cost
1. Track		\$
2. Roadbed		\$
3. Bridges		\$
Industrial leads and sidings		\$
5. Track-related structures		\$
6. Maintenance		\$
7. Other (please identify separately)		\$
TOTAL MAINTENANCE/RECONSTRUCTION/REPLACEMENT COSTS AND DATE PROJECT WAS COMPLETED		\$
Application for Qualified Railroad Reconstruction/Replacement Tax Credit regardless of a Class II or Class III railroad 1. Applicant is the owner or lessee of a Class II or Class III railroad 2. Applicant owns or leases miles of railroad trackage in 3. Applicant has completed the qualified railroad reconstruction or 12-6-3810(A)(3). 4. Applicant has incurred or paid the amount of qualified expenses	arding the following information is trud. d. n the State of South Carolina. replacement work identified in this A	ue and accurate in all respects:
NOTICE 1	TO APPLICANT	
oplicant authorizes the SC Department of Commerce and the SC Departnency in complying with the provisions set forth in SC Code Section 12- -54-240.		
his application submitted by:		
арриосион остонивостој.	(PRINTED	NAME)
(SIGNATURE)	_	(DATE)
(TITLE)		