



BEAUFORT COUNTY BUSINESS SERVICE CENTER
P.O. DRAWER 1228
BEAUFORT, SC 29901-1228

PHONE: 843-255-2270

FAX: 843-255-9411

www.bcgov.net

NON-RESIDENT CONTRACTOR UPDATE

BUSINESS NAME: _____

YEAR: _____

LICENSE # _____

PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____ Service jobs or Change orders not reported prior year \$ _____	Tax first \$5,000 \$ _____ Incremental rate \$ _____ Prior year cr/due \$ _____ Credit card fee: \$ _____ Total due: \$ _____
PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____	Incremental rate \$ _____ Credit card fee: \$ _____ Total due: \$ _____ Credit \$ _____
PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____	Incremental rate \$ _____ Credit card fee: \$ _____ Total due: \$ _____ Credit \$ _____
PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____	Incremental rate \$ _____ Credit card fee: \$ _____ Total due: \$ _____ Credit \$ _____
PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____	Incremental rate \$ _____ Credit card fee: \$ _____ Total due: \$ _____ Credit \$ _____
PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____	Incremental rate \$ _____ Credit card fee: \$ _____ Total due: \$ _____ Credit \$ _____
PROJECT ADDRESS: _____ GC'S NAME: _____ Contract amount: \$ _____	Incremental rate \$ _____ Credit card fee: \$ _____ Total due: \$ _____ Credit \$ _____

BILL # _____

Print Name: _____ **Signature:** _____ **Date:** ____ / ____ / ____