



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC3911

(Rev. 4/21/04)
3103

REFUND TRACER

Type or print	YOUR FIRST NAME AND INITIAL		LAST NAME	YOUR SOCIAL SECURITY NUMBER
	SPOUSE'S FIRST NAME AND INITIAL, IF FILING JOINTLY		SPOUSE'S LAST NAME, IF DIFFERENT	SPOUSE'S SOCIAL SECURITY
	CURRENT MAILING ADDRESS (NUMBER AND STREET, OR P. O. BOX)			APT. NO.
	CITY, STATE AND ZIP CODE			

KIND OF RETURN	<input type="checkbox"/> SC1040 or SC1040A <input type="checkbox"/> SC1040X	DAY TIME TELEPHONE ()
AMOUNT OF REFUND SHOWN ON RETURN: \$ _____		TAX YEAR
DATE RETURN WAS FILED: _____		

- I DID NOT RECEIVE A TAX REFUND CHECK.
- I HAVE RECEIVED CORRESPONDENCE ABOUT THIS RETURN. (SEE INSTRUCTIONS BELOW.)
- I RECEIVED A TAX REFUND CHECK, BUT IT WAS LOST STOLEN DESTROYED.

IF THE DEPARTMENT OF REVENUE CANNOT LOCATE THE CHECK, PAYMENT WILL BE STOPPED AND A NEW CHECK ISSUED.

IF THIS CHECK WAS A REFUND ON A JOINT RETURN, THE SIGNATURES OF BOTH HUSBAND AND WIFE ARE NEEDED BEFORE THE CLAIM CAN BE PROCESSED.

INDIVIDUAL RETURN	YOUR SIGNATURE	DATE
	SPOUSE'S SIGNATURE	DATE

Complete this form furnishing all required information. If your return has been filed and you have failed to receive your refund within twelve (12) weeks from the filing date, a record search will be made. You will receive a reply by mail advising you of the results of the record search. If you have responded to the department's request for additional information about your return, please allow six (6) weeks from the date you responded before filing this form.

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

Mail the completed form to: SC DEPARTMENT OF REVENUE, CONTACT CENTER, COLUMBIA SC 29214-0161

DESCRIPTION OF CHECK (FOR OFFICE USE ONLY)	
DLN	REFUND CHECK NUMBER