



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SC Withholding Tax Payment

Pay WH-1601 electronically at www.sctax.org Click on DOR ePay and pay with VISA or MasterCard or by Electronic Funds Withdrawal (EFW - Bank Draft). Do not mail this form when paying online.

NOTE: If you submit 24 withholding payments or more in a year, you must pay electronically. (SC Code of Law Section 12-8-1520(D))

INSTRUCTIONS FOR FORM WH-1601

1. Only use **black ink** on this form and on your check.
2. Enter the **SC withholding number**. This is a nine digit number beginning with "25".
3. Enter the **Federal Employer Identification Number (FEIN)**.
4. **Darken the circle** by the quarter for your payment. The date on the employee's paycheck determines the quarter.
5. Enter the **tax year** for the payment.
6. Enter the **payment amount**. Do **not** enter a dollar sign \$. If entering a whole dollar amount, you must enter "00" in the cents field. (Example: 154.00)
7. **IMPORTANT - Print the business name and address** in the space under the FEIN.
8. **Sign and date**. Include a daytime telephone contact number including the area code.

Make check payable to SCDOR and enter the **quarter, year and SC withholding number** in the memo section of the check.

Coupon must accompany payment. **Do not** staple the check to the coupon. **Do not** fold coupon or check. **Only** use an original coupon. **Do not** send a photocopy.

Mail the completed WH-1601 with payment to:
SC Department of Revenue
Withholding
Columbia, SC 29214-0004

To receive pre-printed WH-1601 forms with your business name, address and identification numbers, you must be registered for a SC withholding number. To apply for a withholding number, complete and submit form SCTC-111 (Business Tax Application). If you already have a withholding number you may call us at 803-898-5752 to reorder a pre-printed booklet. If you have any further questions, email withholdtax@sctax.org

USE BLACK INK ONLY

..... detach here



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SC WITHHOLDING TAX PAYMENT

SC WITHHOLDING NO. 	Darken Quarter (Required) Pay Check Date Determines Quarter <input type="radio"/> 1st Qtr Jan, Feb, Mar <input type="radio"/> 2nd Qtr Apr, May, Jun <input type="radio"/> 3rd Qtr Jul, Aug, Sep <input type="radio"/> 4th Qtr Oct, Nov, Dec	YEAR 14-0811	PAYMENT AMOUNT .
FEIN Business Name and Address:	Signature _____ Date _____		Phone _____
	Email _____		Mail to: SC Department of Revenue, Withholding Columbia, SC 29214-0004

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC WITHHOLDING TAX PAYMENT

WH-1601
(Rev. 7/16/09)
3127

SC WITHHOLDING NO.

[Empty box for SC Withholding No.]

FEIN

Business Name and Address:

[Dotted lines for business name and address]

31271034

Darken Quarter (Required)
Pay Check Date Determines Quarter

<input type="radio"/> 1st Qtr Jan, Feb, Mar	<input type="radio"/> 2nd Qtr Apr, May, Jun
<input type="radio"/> 3rd Qtr Jul, Aug, Sep	<input type="radio"/> 4th Qtr Oct, Nov, Dec

YEAR

[Empty box for Year]

14-0811

PAYMENT AMOUNT

[Empty box for Payment Amount]

Signature _____ Date _____

Phone _____

Email _____

Mail to: SC Department of Revenue, Withholding
Columbia, SC 29214-0004

..... detach here

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC WITHHOLDING TAX PAYMENT

WH-1601
(Rev. 7/16/09)
3127

SC WITHHOLDING NO.

[Empty box for SC Withholding No.]

FEIN

Business Name and Address:

[Dotted lines for business name and address]

31271034

Darken Quarter (Required)
Pay Check Date Determines Quarter

<input type="radio"/> 1st Qtr Jan, Feb, Mar	<input type="radio"/> 2nd Qtr Apr, May, Jun
<input type="radio"/> 3rd Qtr Jul, Aug, Sep	<input type="radio"/> 4th Qtr Oct, Nov, Dec

YEAR

[Empty box for Year]

14-0811

PAYMENT AMOUNT

[Empty box for Payment Amount]

Signature _____ Date _____

Phone _____

Email _____

Mail to: SC Department of Revenue, Withholding
Columbia, SC 29214-0004

..... detach here

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC WITHHOLDING TAX PAYMENT

WH-1601
(Rev. 7/16/09)
3127

SC WITHHOLDING NO.

[Empty box for SC Withholding No.]

FEIN

Business Name and Address:

[Dotted lines for business name and address]

31271034

Darken Quarter (Required)
Pay Check Date Determines Quarter

<input type="radio"/> 1st Qtr Jan, Feb, Mar	<input type="radio"/> 2nd Qtr Apr, May, Jun
<input type="radio"/> 3rd Qtr Jul, Aug, Sep	<input type="radio"/> 4th Qtr Oct, Nov, Dec

YEAR

[Empty box for Year]

14-0811

PAYMENT AMOUNT

[Empty box for Payment Amount]

Signature _____ Date _____

Phone _____

Email _____

Mail to: SC Department of Revenue, Withholding
Columbia, SC 29214-0004

..... detach here