

**INSTALLMENT AGREEMENT REQUEST****FS-102**(Rev. 10/29/09)
2094**Instructions**

If you would like to make scheduled payments on your outstanding liability, complete this form. **A payment agreement fee of \$45.00 will be charged and added to your liability.** If you have an open sales license, please contact the Taxpayer Service Center that serves your county to discuss your account. If your company qualifies for the Job Development Credit, you will be considered "not current" until all returns are filed and liabilities are paid in full.

A minimum down payment of 10% of the total balance due is required with this request. Refunds seized and applied to liabilities in the agreement will reduce the total agreement amount but will not substitute for regular scheduled payments. **A tax lien(s) will be recorded for the liability(ies) covered under this agreement.** Penalty and interest will continue to accrue until paid in full. **All future tax returns must be timely filed and paid for the agreement to remain in effect. Failure to make your scheduled monthly payments and/or file and pay all required returns timely may result in enforced collection activity.**

Your check must be made payable to the SC Department of Revenue. Please note your name and social security number on the check. You may be required to make future payments with certified funds or with electronic methods available through the Department. You will be notified if your request is approved or denied. If down payment is not included, or application is not complete it will be denied and returned to you. **Please check one of the following payment options:**

____ Electronic Funds Withdrawal (EFW) allows funds to be automatically withdrawn from your checking or savings account on a pre-assigned date. **Please attach your voided check or your micro specification sheet from your bank with this application for the account you request to be drafted.**

____ Check, Certified Funds, or Electronic Funds Transfer (ePay). Upon approval, coupons will be mailed to you. You may submit payment electronically by going to the agency's website at www.sctax.org, click on the link to ePay. ePay will allow you to provide payment by credit card (MasterCard or VISA) or by electronic funds withdrawal (EFW) from your bank account.

If you have any questions about installment agreements, call (803) 898-5611 or your local Taxpayer Service Center listed on the back of this form. **Please complete each section below. This information is required in order to approve this application.**

Your first name and initial	Last name	Your social security number	Your home phone number ()
If a joint return, spouse's first name and initial	Last name	Spouse's social security number	Work/Daytime phone number ()
Current Mailing Address	City	State	ZIP code
Your Employer	If joint return, your spouse's employer		
Address	Address		
City, state, and ZIP code	City, state, and ZIP code		
Name of your bank or other financial institution			
Type Tax, Periods Covered or Tax Year(s)	Requested Monthly Payment	Requested Payment Date (1st thru 28th)	

I hereby waive all rights under Chapter 60 of Title 12 of the SC Code of Laws including but not limited to 12-60-420, 12-60-440 and 12-60-450. These rights include but are not limited to any appeal rights, notice requirements, and/or the 90 day period to appeal a notice of proposed assessment. I agree to an immediate assessment and lien being issued with lien cost prior to the 90 day appeal period. I understand the above includes any amount for which a return is due or past due, any notice of proposed assessment, any assessment, and any lien.

I cannot pay in full at this time and I cannot borrow the money.

I fully understand that liens will be immediately filed and recorded for all amounts owed, lien cost will be added to the balance and *liens will negatively affect my credit rating.*

Signature _____ **Spouse** _____ **Date** _____

If joint liability, both signatures are required.

Please mail this application and down payment to SCDOR, Payment Plan, Columbia, SC 29214-0217 or the Taxpayer Service Center that serves your county.

Continued on back

Banking Institution	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number		
Account Number		

Your Name	_____ 20__
Your Address	SAMPLE
Pay to	_____ \$ _____
↑ RTN	↑ ACCT

Submission of my account information is authorization that:

1. The South Carolina Department of Revenue and its designated financial agents initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated for payment of my South Carolina taxes owed, and
2. My financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.
3. Funds for the payments **will not** come from an account outside the U.S.

Under the items of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than five (5) business days prior to the withdrawal (settlement) date. I understand that notification must be made in writing and faxed to Payment Agreement at (803) 898-5685.

Your Signature	Spouse's Signature	Date
----------------	--------------------	------

Social Security Privacy Act Disclosure

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.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

Taxpayer Service Centers

The South Carolina Department of Revenue is ready to assist you at 6 locations around the state. You will find the address, telephone numbers and counties served for each location listed below.

Columbia Main Office:	301 Gervais Street P.O. Box 125 Columbia, SC 29214 Phone: 803-898-5000 Fax: 803-898-5822	Greenville Service Center:	211 Century Drive Suite 210-B Greenville, SC 29607 Phone: 864-241-1200 Fax: 864-232-5008
Charleston Service Center:	One South Park Circle Suite 100 Charleston, SC 29407 Phone: 843-852-3600 Fax: 843-556-1780	Myrtle Beach Office:	1330 Howard Avenue Myrtle Beach, SC 29577 Phone: 843-839-2960 Fax: 843-839-2964
Florence Service Center:	1452 West Evans Street P.O. Box 5418 Florence, SC 29502 Phone: 843-661-4850 Fax: 843-662-4876	Rock Hill Service Center:	Business and Technology Center 454 South Anderson Road Suite 202 P.O. Box 12099 Rock Hill, SC 29731 Phone: 803-324-7641 Fax: 803-324-8289

COLUMBIA	CHARLESTON	GREENVILLE	FLORENCE	MYRTLE BEACH	ROCK HILL
Aiken	Beaufort	Abbeville	Chesterfield	Georgetown	Cherokee
Allendale	Berkeley	Anderson	Clarendon	Horry	Chester
Bamberg	Charleston	Greenville	Darlington		Fairfield
Barnwell	Colleton	Laurens	Dillon		Kershaw
Calhoun	Dorchester	Oconee	Florence		Lancaster
Edgefield	Hampton	Pickens	Lee		York
Greenwood	Jasper	Spartanburg	Marion		
Lexington		Union	Marlboro		
McCormick			Williamsburg		
Newberry			Sumter		
Orangeburg					
Richland					
Saluda					