



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**SC WITHHOLDING
QUARTERLY TAX RETURN**

WH-1605
(Rev. 8/10/04)
3129

SC WITHHOLDING NO.

QUARTER

FEI NO.

DUE ON OR BEFORE

FOR OFFICE USE ONLY	
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Use black or blue ink ONLY.

(For instructions, see back of form)

NOTE: A "zero" return **MUST BE** filed if no SC state income tax has been withheld during the quarter to prevent a delinquent notice. Do not enter negative numbers.

QUARTERLY SC STATE INCOME TAX INFORMATION:

1. Total SC state income tax withheld from all sources	▶	<input type="text"/>	.	<input type="text"/>
2. SC state income tax deposits or payments.	▶	<input type="text"/>	.	<input type="text"/>
3. SC REFUND (If line 2 is greater than line 1, enter difference.)	▶	<input type="text"/>	.	<input type="text"/>
4. SC TAX DUE (If line 2 is less than line 1, enter difference.)	▶	<input type="text"/>	.	<input type="text"/>
5. Penalty _____ and interest due _____	▶	<input type="text"/>	.	<input type="text"/>
6. Net SC state income tax, penalty, and interest due (line 4 plus line 5)	▶	<input type="text"/>	.	<input type="text"/>

REFUND

14-0809

If line 6 is zero, you can file this return using your phone by calling **803-898-5918**.

If you owe SC state income tax on line 6, you can pay by credit card or electronic funds withdrawal on DORePAY at www.sctax.org.

For Field Use Only

CLIP CHECK HERE

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes No

Preparer's name and phone number _____

When signing this form, it is important that the information contained in your report be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime.

Sign Here Signature _____ Name _____ Date / /

Telephone (____) _____ Title _____

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

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