

**INSTALLMENT AGREEMENT REQUEST****FS-102**
(Rev. 7/20/15)
2094

To request an installment agreement complete the applicable sections below.

A **minimum down payment of 10% of the total balance due AND a nonrefundable payment agreement fee of \$45.00** is **REQUIRED** with this request. Your check must be made payable to the SC Department of Revenue.

Individual (all information is required)			
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
Name of your bank or other financial institution		Email	
Employer and Employer Address			
Business (all information is required)			
Taxpayer Name	DBA Name	FEIN -	
Business Address	City	State	ZIP code - Phone number () -
File Number(s)			
Responsible Person first name and middle initial	Last name	Title	SSN - -
Current Mailing Address	City	State	ZIP code - Phone number () -
Name of your bank or other financial institution		Email	
Responsible Person first name and middle initial	Last name	Title	SSN - -
Current Mailing Address	City	State	ZIP code - Phone number () -
Name of your bank or other financial institution		Email	
Payment Options (check one)			
<input type="checkbox"/> Online (ePay). Submit payment electronically on the agency's website at www.dor.sc.gov . Select Approved Payment Plan to pay by credit card (MasterCard or VISA) or by electronic funds withdrawal (EFW) from your bank account.			
<input type="checkbox"/> Electronic Funds Withdrawal (EFW) allows funds to be automatically withdrawn from your checking or savings account on a pre-assigned date. Attach your voided check or your micro specification sheet from your bank with this application for the account you request to be drafted and sign under the EFW Section.			
<input type="checkbox"/> Check or Certified Funds. Upon approval, coupons will be mailed to you.			
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 prior to the end of 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 fully understand that liens may be filed and recorded for all amounts owed, lien cost will be added to the balance and liens will negatively affect my credit rating or the credit rating of my company._____
Signature_____
Spouse or 2nd Responsible Person_____
Date

If joint liability, both signatures are required.

If you have any questions about installment agreements, call (803) 898-5000.

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

STAPLE PAYMENT AND VOIDED CHECK FOR EFW HERE →

EFW Authorization (MUST be completed if Electronic Funds Withdrawal is selected for payment option)

Submission of my account information is authorization for:

1. The South Carolina Department of Revenue and its designated financial agents to 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(s) to debit the entry from my account. I also authorize the financial institution(s) 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 can be emailed to complytoday@dor.sc.gov.

Your Signature (Required for EFW)

Date

Spouse or 2nd Responsible Person's Signature (If applicable)

Date

Important Information

- **We are unable to set up an official payment plan if you are currently in Bankruptcy.**
- **If a minimum down payment of 10% of the total balance due, a nonrefundable payment agreement fee of \$45.00, and complete application is not received it will be denied and returned to you.**
- **You will be notified if your request is approved or denied.**
- **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) may 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, including wage garnishment or bank levy.**

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

You may contact the SCDOR by telephone at (803) 898-5000 with any questions or visit a service center in your area:

Columbia Main Office:

300A Outlet Pointe Blvd.
P.O. Box 125
Columbia, SC 29214

Charleston Service Center:

2 South Park Circle
Suite 100
Charleston, SC 29407

Myrtle Beach Service Center:

1350 Farrow Parkway
Suite 200
Myrtle Beach, SC 29577

Columbia Field Collections:

300A Outlet Pointe Blvd.
P.O. Box 125
Columbia, SC 29214-1313

Florence Service Center:

1452 West Evans Street
Suite 100
Florence, SC 29501

Rock Hill Service Center:

454 South Anderson Road
Suite 202
BTC-530
Rock Hill, SC 29730

Greenville Service Center:

545 N. Pleasantburg Dr.
Suite 300
Greenville, SC 29607