1350		STATE OF SOUTH CAR	OLINA	
dor.sc.gov	AFFIRM	DEPARTMENT OF RE FAILURE TO F ATION AND ACKNOWL	ILE	ABL-934 (Rev. 10/13/20) 4407
Mail to: SCDOR, Phone: 803-898-5		, Columbia, SC 29214-090	7	
l,	rinted name	upon penalty of perjury, do	o hereby acknowledge and	d affirm that I have been
advised by the So	uth Carolina Department o	of Revenue that my South (Carolina Income Tax retur	n for the tax year(s)
Tax year(s)	has not been filed as	of today's date, Dat	e	
I have been advise	ed that this return is on be	half of myself individually, o	or jointly with another.	
My Social Security	Number is Social S	Security Number	IRED)	
I hereby certify an	d affirm that I am not requ	ired to file this return becau	use: (REQUIRED)	
Only a valid reas	on why you are not requ	ired to file this return wil	I be accepted.	

I understand that a misstatement or concealment of fact on this form is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understand this form and the information I have provided herein is true, correct, and complete.

Taxpayer's signature

Printed name

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 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 SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.