



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE GOVERNMENTAL ENTITY COLLECTIONS NOTICE OF PARTICIPATION

This notice certifies that the following claimant agency will participate in the South Carolina Department of Revenue's (the Department) Setoff Debt/GEAR Collection Program for the calendar year _____. Claims will not be processed without the filing of this information by August 31 of the current year.

Check program(s) claimant agency will participate in: [] Setoff Debt [] GEAR

Note: Check both program boxes ONLY if participating by submitting independent files to each program.

Complete the following section using information as it will appear on a notice sent by the Department.

Claimant Agency: _____ Agency ID#: _____

Mailing Address: _____ City, ST & Zip: _____

Telephone Number: () - _____

Attention to (Setoff Debt/GEAR Coordinator): _____

Description of Type of Debt (e.g. hospital bills, etc): _____

Hearing Officer Information (must be appointed to hear a protest of a debtor)

Hearing Officer Name: _____

Address: _____

Telephone Number: () - _____

Method for Receiving Payments (Check One)

[] Check

[] Transfer (State Agencies Only. Complete the following information:)

G/L Code: _____ Cost Center: _____

Functional Area: _____ Fund: _____

Is Notice of Authorization (GEC-4) attached?: [] Yes [] No (New Notice of Authorization must be submitted yearly)

To be completed by the Setoff Debt/GEAR Coordinator:

The claimant agency understands and agrees that any information provided by the Department shall be used solely by the claimant agency for debt collection purposes. Claimant agency understands and agrees that the disclosure of this information is strictly prohibited. See S.C. Code Ann. §§ 12-54-240 (2014) and 12-56-90 (2014). The claimant agency agrees to indemnify the Department as required by SC Code Sections §12-56-100 and §12-4-580(C).

I hereby certify on behalf of the organization that the agency meets/continues to meet requirements of the Setoff Debt Collection Act and/GEAR Section, 12-56-10 et seq, and 12-4-580, to be eligible to participate in the Setoff Debt and or GEAR programs.

Name (Print)

Signature

Email

() - _____
Telephone Number

Date

Important Information:

A Notice of Participation will be returned if not complete. Form must be submitted no later than August 31. **Email Notice of Participation** to SetOffDebt@dor.sc.gov, or **mail to:**

South Carolina Department of Revenue
ATTN: Governmental Entity Collection Programs
P.O. Box 125
Columbia, SC 29214-0219

Notice of Participation Instructions:

A Notice of Participation is required for registering a claimant agency as a participant in the Setoff Debt/GEAR Collection Program(s). The purpose of this form is to obtain the name and mailing address of the claimant agency, the name of the Setoff Debt/GEAR Coordinator, the name and address of the Hearing Officer, and information regarding the method of payment. SC Department of Revenue (the Department) will work through the Setoff Debt/GEAR Coordinator as the official contact with the claimant agency. All listings, notices, letters, and forms processed by the Department will be submitted to the specified Setoff Debt/GEAR Coordinator.

To ensure that new debts are given proper priority each tax year, the Department of Revenue requires claimant agencies that wish to continue participation in either collection program, to submit a Notice of Intent form by August 31st of each calendar year.

Description of Required Fields provided below:

Program - Check program(s) the claimant agency will participate in. Check only Setoff Debt if participating in Setoff Debt Only. Check only GEAR if participating in GEAR only. Check both program boxes ONLY if participating by submitting independent files to each program.

CLAIMANT AGENCY - The claimant agency's name.

AGENCY ID # - This is the code used to identify the claimant agency. State agencies may use a vendor code followed by zeros or federal identification number. Educational institutions/non-state agencies should use the federal identification number. **Agency ID# must be used on all correspondence submitted to the Department.**

MAILING ADDRESS - This address will appear on notices sent by the Department and will also be used to remit payments.

TELEPHONE NUMBER - List a telephone number for the Department to refer taxpayers.

FURNISH A BRIEF DESCRIPTION OF THE DEBTS THAT WILL BE SUBMITTED - E.g. student loans, child support, medical, etc. (Formats for submitting claims will be made available)

HEARING OFFICER - Name of appointed hearing officer to hear a protest of a debtor.

HEARING OFFICER'S ADDRESS - Address for protest to be mailed.

HEARING OFFICER'S TELEPHONE NUMBER - Hearing Officers' telephone number.

SELECT THE APPROPRIATE METHOD FOR RECEIVING PAYMENTS - Check the type of payment method the claimant agency will use to receive funds collected.

- **Check** - Remittances will be made periodically as the amounts collected are processed.
- **Transfers** - (This section is to be completed by state agencies and state supported Colleges/Universities only.) Funds for state agencies and state supported colleges and institutions may be deposited into a single account. Furnish the codes using SCEIS codes. Check with your accounting department or the Comptroller General's Office if there are questions about this information. It is very important that this information is correct.

NOTICE OF AUTHORIZATION- Claimant agency must submit to the Department a Notice of Authorization from the claimant agency's Director that includes the name, title, email, and signature of the person(s) authorized to make requests for service. A Notice of Authorization must be submitted with each new Notice of Participation.

AUTHORIZED COORDINATOR - Identify the individual appointed by the claimant agency as the authorized Setoff/GEAR Coordinator. Include the Coordinator's phone number, email address and signature.

NOTE: If any changes occur to the information listed on the application form during the year the Department must be notified.