



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**GOVERNMENTAL ENTITY COLLECTIONS
FILE SUBMISSION FORM**

GEC-8
(Rev. 5/3/24)
9102

Email this completed form to **SetoffDebt@dor.sc.gov** each time you upload a file to GoAnywhere.

CLAIMANT AGENCY INFORMATION

Agency name	Agency ID number
Setoff Debt/GEAR coordinator name	
Check the applicable programs your organization is submitting files for <input type="checkbox"/> Setoff Debt <input type="checkbox"/> GEAR	

FILE INFORMATION

Number of records	Debt amount
Type of file format submitted in GoAnywhere <input type="checkbox"/> Text (.txt - the SCDOR's preferred file format) <input type="checkbox"/> Microsoft Excel(.xlsx)	
Purpose of file submission <input type="checkbox"/> Additions <input type="checkbox"/> Updates <input type="checkbox"/> Deletions	

CERTIFICATION

I hereby certify on behalf of this organization that all debts submitted to the SCDOR for collection under this program(s) meets the requirements of the Setoff Debt Collection Act and/or SC Code Section §12-4-580, that the agency has complied with all requirements in SC Code Section §12-4-580 and/or the provisions of the Setoff Debt Collection Act, including those requiring notice to the debtor, and that the information contained in the accompanying file is, to the best of my knowledge and belief, true, correct, and complete.

Agency Setoff Debt/GEAR coordinator name

Signature

Date

Email

Phone number