Reset Form Print Form

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dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

GOVERNMENTAL ENTITY COLLECTIONS FILE SUBMISSION FORM

GEC-8
(Rev. 7/5/18)
9102

Email File Submission Form to SetOffDebt@dor.sc.gov

Check applicable box:

☐ Setoff Debt ☐ GEAR

Claimant Agency: _____

Agency ID#: _____

Setoff Debt/GEAR Coordinator: _____

Purpose of Data: ☐ Adds ☐ Updates ☐ Deletions

Type of File Submitted via FTP server:

1. ☐ Microsoft Excel (.xls)
2. ☐ Text (.txt)

Number of Records with Debt Data: _____ Amount of Debt Data: $_____

CERTIFICATION STATEMENT: I hereby certify on behalf of this organization that all debts submitted to the Department for collection under this program(s) meets the requirements of the Setoff Debt Collection Act and/or §12-4-580, that the agency has complied with all requirements in §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.

_____ _____
Print Name Signature

_____ _____ ( ) -
Date Email Phone Number

Note: If you have any questions regarding this form, email the Governmental Entity Collection Programs at SetOffDebt@dor.sc.gov or call (803)898-5755.

For Participating Entity Use Only

Submitter's Checklist:

☐ File Uploaded to GoAnywhere
☐ Reviewed GoAnywhere for Reports next Business Day

☐ Records Report Received
- ☐ Rejected Records Researched
- ☐ Rejected Records Resubmitted

or

☐ Errors Report Received
- ☐ Errors Corrected
- ☐ Entire File Resubmitted
- ☐ Records Report Received

File submission is successful only if Records Report is received.
NOTE: This Submitter's Checklist is for use by the Participating Entity after file submission to ensure process is completed.

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