dor.sc.gov



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

FS-102 (Rev. 2/17/23)

2094

PAYMENT PLAN REQUEST

STOP! The fastest, easiest way to complete this application is online. Get started at **dor.sc.gov/PayPlan**. **Businesses must contact us before completing this form.** Find phone numbers and locations at **dor.sc.gov/contact**.

How will you pay? (check			x balances. Date
	mation. No down payment required. ne date you select. Enter your bank		
Pay by check or money order (made payable to SCDOR) or online at dor.sc.gov/pay. A down payment is required for this payment option and payment must be attached: 20% of your total balance for Individual Income Tax payment plans 10% of your total balance for GEAR payment plans			SSN/FEIN
			Email
First and last name or Business name	•		Phone
Mailing Address			_
			Your total balance due
Checking Savings	IMPORTANT: If accepted, we will process your payment on your chosen due date and send you your payment schedule.		Your monthly payment amount
Bank name (No reloadable debit acco	ounts.)		(use table below to determine)
	Your Address	20	
Routing number (Account must be in US.)		What day of the month should we	
Account number	I 123456789 I	123456 " 1234	process your payment? Choose a day between the 1st and 28th.
, toodane nambon	ROUTING	ACCOUNT	
Payment Plan Terms			
	<u> </u>		
Individual Taxes and GEA		The length of time you have t	o nav is based on your
Balance due	Maximum pay plan length 12 month payment plan	The length of time you have to pay is based on your balance due. Calculate your monthly payment by dividing	
\$1,000 - \$4,999	24 month payment plan	your Balance due by the nun	* * * * * * * * * * * * * * * * * * * *
\$5,000 - \$9,999	36 month payment plan	corresponding Maximum pay	
\$10,000 and above	48 month payment plan		pian longin colamii.
By submitting this reques			
	draw funds as outlined above ev	very month until my halance is n	aid
	el this agreement if I miss a pay	, ,	alu.
 Penalty and interest w 	vill accrue until my balance is pa	id, which may increase the nun	, , , , , , , , , , , , , , , , , , ,
	alance after submitting a payme	•	
	des the amount due on the retur d my state or federal Individual li		
	and record liens for all amounts		-
By submitting this reques	st, I authorize:		
	lesignated financial agents to dr ons involved in processing to rec		
You can cancel this authorizate cancellation to PPARequest @	tion up to five business days bet ⊉dor.sc.gov .	fore your payment draft date. Y	ou must email the
Your Signature	 Spouse's Signatu	ure (If applicable)	Date

Mail your completed request to SCDOR, Payment Plan, PO Box 125, Columbia, SC 29214-0217.

Questions: Contact us at PPARequest@dor.sc.gov