

**PAYMENT PLAN REQUEST**

To request a payment plan apply online at [dor.sc.gov/payplan](http://dor.sc.gov/payplan) or complete the applicable sections below. A nonrefundable payment plan fee of \$45 will be applied to your balance.

Name and Address

Date

SSN/FEIN

Email Address

Phone Number

Checking     Savings    **IMPORTANT:** If accepted, we will process your first payment immediately. You will then be notified of your subsequent scheduled payments.

Balance Due

Banking Institution

Your Name \_\_\_\_\_ 20\_\_

Your Address \_\_\_\_\_ **SAMPLE** \_\_\_\_\_

Pay to \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Payment Amount

Routing Transit Number

⑈123456789⑈ 123456⑈ 1234

Draft Date (1st-28th)

Account Number

↑                    ↑  
ROUTING      ACCOUNT

**Installment Terms**

All requests are subject to approval.

Please use the information below and your Balance Due to determine your Monthly Payment Amount.

Individual Taxes		Business Taxes	
Balance Owed	Term Length	Balance Owed	Term Length
0-\$999	12 Months or Less	All Balances	18 Months or Less
\$1,000-\$4,999	24 Months or Less		
\$5,000-\$9,999	36 Months or Less		
\$10,000 and above	48 Months or Less		

Additional debt accrued or a missed payment will default the agreement. Any request for reinstatement of the agreement will be subject to approval and will require a substantial down payment.

Penalty and interest will continue to accrue until the liability is paid in full. This may increase your total monthly installments from your original submission. I agree for SCDOR to continue to electronically withdraw funds per the above agreement on a monthly basis until my liability is satisfied. I agree for SCDOR to immediately withdraw my first monthly payment upon receipt of this request.

I hereby waive all rights under Chapter 60 of Title 12 of the SC Code of Laws including but not limited to 12-60-420, 12-60-440 and 12-60-450. These rights include but are not limited to any appeal rights, notice requirements, and/or the 90 day period to appeal a notice of proposed assessment. I agree to an immediate assessment prior to the end of the 90 day appeal period. I understand the above includes any amount for which a return is due or past due, any notice of proposed assessment, any assessment, and any lien.

**I fully understand that liens may be filed and recorded for all amounts owed, lien cost will be added to the balance and liens will negatively affect my credit rating or the credit rating of my company.**

Submission of my account information is authorization for:

1. The South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated for payment of my South Carolina taxes owed, and
2. My financial institution(s) to debit the entry from my account. I also authorize the financial institution(s) involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.
3. Funds for the payments **will not** come from an account outside the U.S.

Under the items of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than five (5) business days prior to the withdrawal (settlement) date. I understand that notification must be made in writing and can be emailed to [PPARequest@dor.sc.gov](mailto:PPARequest@dor.sc.gov).

Your Signature

Spouse's Signature (If applicable)

Date

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

If you have any questions about this form, call 803-898-2222 or visit your local office.