

**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

Balance Due

Monthly Payment Amount

Draft Date (1st-28th)

Office Use Only

Banking Institution

Routing Transit Number

Account Number

Your Name	_____ 20__
Your Address	_____
Pay to	SAMPLE _____ \$ _____
_____	
123456789	123456* 1234
↑	↑
ROUTING	ACCOUNT

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 terms 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 [PPARquest@dor.sc.gov](mailto:PPARquest@dor.sc.gov).

Your Signature (Required for EFW)

Spouse's Signature (If applicable)

Date

**Installment Terms**

Tax Type	Balance Owed	Payment Terms
Individual	0-\$999	12 Months or Less
Individual	\$1,000-\$4,999	24 Months or Less
Individual	\$5,000-\$9,999	36 Months or Less
Individual	\$10,000 and above	48 Months or Less
Business	All Balances	Contact your Local Field Office

If you have any questions about payment plans, call 803-898-2222. Email this application to [PPARquest@dor.sc.gov](mailto:PPARquest@dor.sc.gov) or mail to SCDOR, Payment Plan, Columbia, SC 29214-0217.