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## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

**NX-6** (Rev. 1/6/25) 9112

**Voluntary Disclosure Agreement Request** 

dor.sc.gov

The South Carolina Department of Revenue (SCDOR) encourages unregistered taxpayers to come forward voluntarily in an informal process and begin paying required taxes without incurring penalties.

A taxpayer or the taxpayer's representative may make this request on a named or unnamed basis. Upon receipt of the application, the SCDOR will review the facts presented and, if appropriate, offer an agreement to the taxpayer or representative for review and approval.

Please answer all questions. The SCDOR cannot process incomplete applications. You may print or type your answers.

REPRESENTATIVE CONTACT INFORMATION					
The representative will be the designated contact person and will receive all notices and agreements for this request.					
Name and title		Company name			
Address	City		State	ZIP	
Phone	Email				
REQUIREMENTS					
Applicant responses required. If you mark Yes to any of the statements below, the applicant does not qualify for a Voluntary Disclosure Agreement.					
Do any of the following apply to the applicant? Indicate Yes or No.					
1. Has the applicant been contacted by the SCDOR to schedule an audit or notified that an examination is pending prior to the time its name is disclosed to the SCDOR in connection with participation in the Voluntary Disclosure program? □ Yes □ No					
2. Is the applicant involved in an audit or litigation with	the SCDOR?			□ Yes □ No	
3. Has the applicant requested an advisory opinion regarding the matters relating to existence of Nexus?					
4. Is the applicant requesting Voluntary Disclosure part	icipation for non-bus	iness Individual Ind	come Taxes?	□ Yes □No	
5. Did the applicant fail to respond in a timely manner to	o a Nexus Questionr	aire requested by	the SCDOR?	□ Yes □No	
6. Does the applicant have outstanding tax liabilities oth	ner than those report	ed through the vol	untary disclosure?	□ Yes □No	
7. Has the applicant previously registered, filed, or been contacted by the SCDOR for the tax that you are requesting a voluntary disclosure agreement?					
GENERAL INFORMATION					
Type of business entity:					
☐ C Corporation ☐ S Corporation ☐ Partr	nership				
☐ LLC taxed as a Corporation ☐ LLC taxed as	a Disregarded Entity	□LLC taxed	as a Partnership		
☐ LLP ☐ LP ☐ Other (Please state type of	entity):				
State and date of incorporation:		State of	domicile:		
Has the company ever filed a return with the SCDOR?	☐ Yes ☐ No				
If yes, indicate type of tax and years/periods filed:					
How does the applicant currently file year end?	Calendar Year End	☐ Fiscal Year	End of	(mm/dd)	

VOLUNTARY DISCLOSURE INFORMATION				
What date did the applicant begin conducting business in South Carolina? Please indicate month a	and year:			
What type of presence does the applicant have in South Carolina?				
☐ Physical ☐ Economic (met the \$100,000 threshold to be a remote seller)				
What are the applicant's business activities in South Carolina?				
Which types of tax does the applicant need to disclose?				
☐ Income Tax ☐ Sales & Use Tax				
□ C Corporation     □ Sales Tax       □ S Corporation     □ Use Tax				
☐ Partnership ☐ Other:				
□ Bank				
What years apply to this Voluntary Disclosure Agreement?				
	10			
What is the overall estimated tax liability for periods covered under the Voluntary Disclosure Agree	ement?			
Why are you requesting a Voluntary Disclosure Agreement? Include any facts relative to the failure reasonable cause and <b>not</b> due to negligence, intentional disregard of the law, or fraud.	e to register, file, or remit due to			
What taxes have been collected but not remitted? ☐ Sales Tax ☐ Use Tax ☐ None	□ N/A			
Are the applicant's proposed terms of settlement included with the application?				
Please provide any additional information that you believe the SCDOR should have with respect to	this application.			
When signing this form, it is important that the information contained be correct and complete statement to the SCDOR is a crime.	. To willfully furnish fraudulent			
Signature of officer or representative	Date			
Printed name of officer or representative	Date			
Check this box to have communications emailed to the representative listed on page 1 of	this form.			
Do not file returns for the tax type(s) requested at this time.				

We recommend that you submit your completed NX-6 to  ${\tt SCVDA@dor.sc.gov}.$ 

Or you can mail your completed NX-6 to:

South Carolina Department of Revenue Nexus/Discovery Section PO Box 125 Columbia, SC 29214-0970