

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SUBSTITUTE FOR FORM W2 WAGE AND TAX STATEMENT

File this form with your South Carolina Income Tax Return.

Complete a separate form for each employer.

Your full name (type or print)			Social Security N	umber
Address		City	State Z	ΊΡ
Your phone number Does this address?		employer have your current	Period worked for this employer	
Employer's name				
Employer's address		City	State Z	ΊΡ
Employer's Federal Identification Number	r (if known)			
Employer's phone number Type of b		business		
Wages paid in: Amount	of wages	Estimated South Carolina Incom	e Taxes withheld	Tax year
Which form you are referencing?		Check applic		
	W2C	2. Forms 3. Forms		
Attach copies of pay stubs, military leave and earnings statement, or other documentation to support your claim.				

REQUIRED INFORMATION

Explain how you calculated the amount of wages received and the amount of estimated South Carolina Income Taxes withheld.

Explain the efforts you made to get an accurate W2, W2P, W2C, 1099.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief. To willfully furnish a false or fraudulent statement to the SCDOR is a crime.

Signature

Date

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

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