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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SC WITHHOLDING
QUARTERLY TAX RETURN EZA/RDA

WH-1605Z
(Rev. 1/10/20)
3338

Place an X in all boxes that apply.

☐ **AMENDED** Return

☐ Change of Address (Make changes to address below)

☐ Close Withholding Account Date _____ (Complete form C-278)

BUSINESS NAME AND ADDRESS

SC withholding file number

FEIN

DO NOT USE FOR 4TH QUARTER (Use WH-1606Z)

Quarter

☐ 1st Quarter Jan, Feb, Mar

☐ 2nd Quarter Apr, May, Jun

☐ 3rd Quarter Jul, Aug, Sep

Year _____

File and pay online at **MyDORWay.dor.sc.gov.** Do not mail when filing online.

CLIP CHECK HERE

Quarterly SC Income Tax

1. Quarterly SC Income Tax withheld from all sources . . . . . 1. _____

2. **a) Maximum EZA/RDA credit** 2a. _____

b) Allowable EZA/RDA credit 2b. _____ 2b. _____
(Enter amount in both columns)

c) State Rural Infrastructure 2c. _____
(Line 2a minus 2b)

d) Allowable Retraining credit . . . . . 2d. _____

e) New Jobs & Capital Investment Credits for Plastics and Rubber Manufacturers 2e. _____

3. Liability for the quarter (subtract 2b, 2d, and 2e from line 1) . . . . . 3. _____
SC payments must be made at the same time as federal payments.

4. Quarterly SC state income tax deposits or payments. . . . . 4. _____

5. SC **REFUND** (If line 4 is **greater** than line 3, enter difference). . . . . **REFUND** 5. _____

6. SC **TAX DUE** (If line 4 is **less** than line 3, enter difference). . . . . **TAX DUE** 6. _____

7. Penalty $ _____ Interest $ _____ . . . . . 7. _____

8. Net SC state Income Tax, penalty, and interest due (add line 6 and line 7) . . . . . 8. _____

Mail to:
Balance due: SCDOR, Withholding, PO Box 100161, Columbia, SC 29202
Refunds or zero tax due: SCDOR, Withholding, PO Box 125, Columbia, SC 29214-0004

Attach payment to this return. Make check payable to SCDOR and write the withholding file number and quarter in the memo.

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.

☐ Yes ☐ No Preparer's name _____ Phone number _____

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Sign Here Signature _____ Name _____ Title _____

Date _____ Email _____ Phone _____

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC WITHHOLDING EZA/RDA WORKSHEET

BUSINESS NAME AND ADDRESS

SC withholding file number

FEIN

Quarter

- ☐ 1st Quarter Jan, Feb, Mar
- ☐ 2nd Quarter Apr, May, Jun
- ☐ 3rd Quarter Jul, Aug, Sep

Year _____

This worksheet is **required** for **each project** that is claiming credit on this return. This includes both Job Development and Retraining projects. If additional space is needed, attach a separate worksheet.

JOB DEVELOPMENT CREDIT WORKSHEET

	PROJECT	PROJECT	PROJECT	PROJECT	PROJECT
1a. PROJECT NUMBER	#EZ_____	#EZ_____	#EZ_____	#EZ_____	#EZ_____
1b. ALLOWABLE %	___%	___%	___%	___%	___%
2. MAXIMUM CREDIT	$	$	$	$	$
3. ALLOWABLE CREDIT	$	$	$	$	$
4. STATE RURAL INFRASTRUCTURE	$	$	$	$	$

GRAND TOTAL FOR QUARTER - JOB DEVELOPMENT CREDIT

5. MAXIMUM CREDIT $ _____ Enter on line 2a tax return

6. ALLOWABLE CREDIT $ _____ Enter on line 2b on tax return

7. STATE RURAL INFRASTRUCTURE $ _____ Enter on line 2c on tax return

RETRAINING CREDIT WORKSHEET

	PROJECT	PROJECT	PROJECT	PROJECT	PROJECT
8a. PROJECT NUMBER	#TR_____	#TR_____	#TR_____	#TR_____	#TR_____
8b. ALLOWABLE CREDIT	$	$	$	$	$

GRAND TOTAL FOR QUARTER - RETRAINING

9. $ _____ Enter on line 2d on tax return.

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