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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

CONTACT UPDATE

WH-1681
(Rev. 1/8/20)
3636

Provide the SCDOR with the name, phone number, and email address of the person responsible for reporting the Job Development/Job Retraining Credits and/or filing the Withholding Quarterly Tax Returns. This person must be employed with your company.

SC Withholding # _____

Primary Contact Person

Name: _____

Title: _____

Phone: _____

Email: _____

Secondary Contact Person

Name: _____

Title: _____

Phone: _____

Email: _____

I understand that my company's contacts will be changed to those listed above. I am authorized to make this change on behalf of my company.

_____ _____
Printed name of company official Signature of company official

_____ _____
Title of company official Date

Mail to: SCDOR, Withholding EZA/RDA, PO Box 125, Columbia, SC 29214-0865