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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

JRT ANNUAL REPORT

WH-1682
(Rev. 3/30/21)
3637

Due by June 30th of the following year

Participating Enterprise Zone Company:

Legal Name: _____

Doing Business As (DBA) Name: _____

Name on Retraining Application Agreement: _____

Project Number: TR_____ Federal Tax ID: _____

Prior Project Number (if applicable): TR_____ SC Withholding Tax ID: _____

Contact Information: List individuals responsible for reporting Retraining (JRT) Credits and/or filing the Withholding Quarterly Tax Returns. These individuals must be employed with your company.

Primary Contact Person

Name: _____ Title: _____

Phone: _____ Email: _____

Secondary Contact Person

Name: _____ Title: _____

Phone: _____ Email: _____

Retraining (JRT) Credits Claimed by Company during Reporting Period

Unless an amendment is needed, amounts should reflect JRT credits claimed on EZA tax returns during the reporting period.
INDICATE THE CALENDAR YEAR IN THE **YEAR** COLUMN.

Year	Quarter	Original Amount Claimed by Company	Final Amount Claimed by Company (including amendments)	Date Amended (if applicable)	Reasons for Amendment (if applicable)
	1	$	$		
	2	$	$		
	3	$	$		
	4	$	$		
Total:		$	$		

Total cost of eligible training courses: _____ (approved courses found on Training Plan)

Total number of eligible employees retrained: _____

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

Printed Name of Company Official _____ Title: _____

Signature of Company Official _____ Date: _____

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