

**PAYMENT PLAN REQUEST**

**STOP!** The fastest, easiest way to complete this application is online. Get started at [dor.sc.gov/PayPlan](http://dor.sc.gov/PayPlan).  
**Businesses must contact us before completing this form.** Find phone numbers and locations at [dor.sc.gov/contact](http://dor.sc.gov/contact).

**A nonrefundable \$45.00 Payment Plan fee will be applied to Income Tax balances.**

**How will you pay?** (check one)

- Pay using your bank information. No down payment required. Payments are automatically drafted on the date you select. Enter your banking information below.
- Pay by check or money order (made payable to SCDOR) or online at [dor.sc.gov/pay](http://dor.sc.gov/pay).  
A down payment is required for this payment option and payment must be attached:
- 20% of your total balance for Individual Income Tax payment plans
  - 10% of your total balance for GEAR payment plans

First and last name or Business name		Date								
Mailing Address		SSN/FEIN								
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		Email								
<b>IMPORTANT: If accepted, we will process your payment on your chosen due date and send you your payment schedule.</b>		Phone								
Bank name (No reloadable debit accounts.)	<table border="1"> <tr> <td>Your Name _____ 20__</td> </tr> <tr> <td>Your Address _____</td> </tr> <tr> <td>Pay to _____ \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>SAMPLE</b></td> </tr> <tr> <td>⑆123456789⑆ 123456⑆ 1234</td> </tr> <tr> <td style="text-align: center;">↑ ROUTING</td> <td style="text-align: center;">↑ ACCOUNT</td> </tr> </table>	Your Name _____ 20__	Your Address _____	Pay to _____ \$ _____	<b>SAMPLE</b>		⑆123456789⑆ 123456⑆ 1234	↑ ROUTING	↑ ACCOUNT	Your total balance due
Your Name _____ 20__										
Your Address _____										
Pay to _____ \$ _____										
<b>SAMPLE</b>										
⑆123456789⑆ 123456⑆ 1234										
↑ ROUTING	↑ ACCOUNT									
Routing number (Account must be in US.)	Your monthly payment amount (use table below to determine)									
Account number	What day of the month should we process your payment? Choose a day between the 1st and 28th.									

**Payment Plan Terms****Individual Taxes and GEAR**

Balance due	Maximum pay plan length	The length of time you have to pay is based on your balance due. Calculate your monthly payment by dividing your <b>Balance due</b> by the number of months listed in the corresponding <b>Maximum pay plan length</b> column.
<input type="checkbox"/> \$0 - \$999	12 month payment plan	
<input type="checkbox"/> \$1,000 - \$4,999	24 month payment plan	
<input type="checkbox"/> \$5,000 - \$9,999	36 month payment plan	
<input type="checkbox"/> \$10,000 and above	48 month payment plan	

**By submitting this request, I understand:**

- The SCDOR will withdraw funds as outlined above every month until my balance is paid.
- The SCDOR will cancel this agreement if I miss a payment or accrue more debt.
- Penalty and interest will accrue until my balance is paid, which may increase the number of monthly payments.
- I cannot appeal this balance after submitting a payment plan, and I will receive an immediate assessment.
- My balance due includes the amount due on the return, late fees, proposed assessments, assessments, and liens.
- The SCDOR may hold my state or federal Individual Income Tax refund and apply it to my balance due.
- The SCDOR may file and record liens for all amounts owed and add the cost to my balance.

**By submitting this request, I authorize:**

1. The SCDOR and its designated financial agents to draft payments from my bank based on the terms above, and
2. The financial institutions involved in processing to receive confidential information related to my payment.

You can cancel this authorization up to five business days before your payment draft date. You must email the cancellation to [PPARrequest@dor.sc.gov](mailto:PPARrequest@dor.sc.gov).

\_\_\_\_\_  
Your Signature\_\_\_\_\_  
Spouse's Signature (If applicable)\_\_\_\_\_  
Date

Mail your completed request to SCDOR, Payment Plan, PO Box 125, Columbia, SC 29214-0217.

Questions: Contact us at [PPARrequest@dor.sc.gov](mailto:PPARrequest@dor.sc.gov)