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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

Withholding Tax Coupon

WH-1601

(Rev. 6/16/22)
3127

Pay online using our free tax portal, MyDORWAY, at **MyDORWAY.dor.sc.gov**. Log in and select **View Returns and Periods** to get started. Do not mail a paper copy of the WH-1601 if you pay online.

THIS IS NOT A RETURN.

- If you owe \$15,000 or more in connection with any SCDOR return, or you make 24 or more payments in a year, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the WH-1601 and on your check.
- Apply online for an SC Withholding File Number at **dor.sc.gov/register**.
- Enter your SC Withholding File Number.
- Enter your Federal Employer Identification Number (FEIN).
- Enter your Business name and address.
- Place an X in the box by the quarter you're paying. The date on the employee's paycheck determines the quarter.
- Enter the tax year for the payment in the YYYY format.
- Enter the payment amount. Do not use a dollar sign. Always include cents. (examples: 154.13, 198.00)
- Enter the date and the name, daytime phone number with the area code, and the email of a contact person.
- Make your check payable to SCDOR. Include the quarter, tax year, and your SC Withholding File Number in the memo line of the check. **Do not send cash.**
- Mail your WH-1601 and payment in one envelope. Do not staple or fold the check or the coupon.

Mail your WH-1601 and payment to: SCDOR, Withholding, PO Box 100161, Columbia, SC 29202

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SC DEPARTMENT OF REVENUE
WITHHOLDING TAX PAYMENT COUPON

WH-1601
(Rev. 6/16/22)
3127

SC Withholding File Number

FEIN

Business name and address

Mark quarter with X (required)
Paycheck date determines quarter

<input type="checkbox"/> 1st quarter Jan, Feb, Mar	<input type="checkbox"/> 2nd quarter Apr, May, Jun
<input type="checkbox"/> 3rd quarter Jul, Aug, Sep	<input type="checkbox"/> 4th quarter Oct, Nov, Dec

Year

THIS IS NOT A RETURN

Payment amount

SC payments must be made at the same time as federal payments.

Contact name _____ Date _____

Phone _____ Email _____

Mail to: SCDOR, Withholding, PO Box 100161, Columbia, SC 29202

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