



South Carolina Department of Employment and  
Workforce  
P.O. Box 995  
Columbia, South Carolina 29202  
<http://www.dew.sc.gov>

DO NOT WRITE IN THIS SPACE Department Use Only			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
By		Date	

## REQUEST FOR INSTALLMENT PAYMENT AGREEMENT

(Please Print Use Blue or Black Ink)

If you owe \$300.00 or more in delinquent taxes, you may be able to establish an Installment Payment Agreement (IPA).

**A minimum down payment will be due before any IPA request will be considered. Prior to completing this form please contact DEW at 803-737-2400 (option 3) to verify minimum down payment required.**

If you can pay your balance in full within ninety (90) days, it may be more advantageous for you to seek an extension instead of entering into an IPA.

**NOTE: We are unable to set up an IPA if you are in bankruptcy or if you are currently making payments on a separate IPA. Also, if you are a reimbursable account, an IPA is generally not permitted unless authorized specifically by the Tax Director or designee.**

Completing and filing this form means you are requesting authorization to make scheduled payments to pay off your total outstanding tax liability in a period not to exceed [ ] months. Interest will continue to accrue until delinquency is paid in full. **All future quarterly wage/contribution reports must be timely filed and paid for the IPA to remain in effect. Failure to make your scheduled payments and/or failure to timely file all required reports and remit regular quarterly contributions may terminate the IPA and subject you to collection actions.**

**Even when an IPA is approved, tax lien may be recorded for the liability subject to the IPA.**

**Your down payment must be submitted with this agreement.** A down payment in the amount of [ ] must be submitted along with this completed and signed form. Checks must be made payable to the SC Department of Employment & Workforce. Please note the business name and DEW account number on the check. You may be required to make future payments with certified funds or with electronic methods available through the Department. You will be notified if your request is approved or denied. **If the down payment is not included, or application is not completed and/or signed, the IPA will be denied and returned to you.**

**PLEASE COMPLETE SECTION ONE BELOW. THIS INFORMATION IS REQUIRED FOR APPROVAL OF AN IPA.**

### SECTION ONE – EMPLOYER INFORMATION

1. Legal Business Name (Enter the actual name of the business registered with the Secretary of State, including suffixes such as Inc. or LLC.)			
2. Trade Name/Doing-Business-As Name		3. FEIN	4. DEW Account Number
5. Street Address of Principal Place of Business in South Carolina (Provide residence address only if it is the only SC address; include city, state, & ZIP.)			
6. Telephone Number	7. Cellular Telephone Number	8. E-mail Address	9. Web-site Address
10. Mailing Address (Include city, state, and ZIP code)			

**PLEASE DO NOT WRITE IN THIS SECTION (To be Completed By Dew Staff Only)**

11. Balance due .....			
12. Total number of months subject to the installment payment agreement			
13. Enter the monthly payment amount.....			
14. Date Accepted by DEW....	15. Monthly Due Date....	16. Final Payment Date....	

### SECTION TWO – SIGNATURE

**(This form will not be processed if this box is not signed by an individual authorized in writing with DEW to act on the employer's behalf.)**

I hereby waive all rights of any additional notice or appeal concerning the assessment and collection of any part or all of the tax liability to be paid by means of this installment payment agreement request. I specifically waive the 30 day period to contest any notice of liability or proposed audit report related to this debt pursuant to S.C. Reg. 47-36 and the right to appeal any rate notice issued under S.C. Code Ann. § 41-31-170. I authorize the SC Department of Employment and Workforce and its designated financial agent to initiate a monthly ACH electronic funds withdrawal entry to the financial institution indicated for payments of the state taxes owed and the financial institution to debit the entry to this account. I also authorize the financial institutions involved in the processing of electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to those payments. **I agree to an immediate assessment and lien being issued with lien cost prior to the 30 day appeal period.** Your signature acknowledges that you have waived all rights of any additional notice, refund, or appeal concerning the assessment and collection of any part or all of the tax liability to be paid by means of this installment payment agreement request.

**PLEASE MAIL APPLICATION AND DOWN PAYMENT TO DEW, DELINQUENT ACCOUNTS SECTION, P.O. BOX 995, COLUMBIA SC, 29202.**

Your Signature*	Title	Date
Printed Name		

\*This application must be signed by an owner, partner, or officer of the employing unit. If signed by any other person, a written authorization giving such person individual authority to sign it must be on file with DEW.