

**FOR NON REGISTERED
EMPLOYERS /GUESTS**

This guide provides instructions for staff to use the Employer “Guest” Link to make electronic wage garnishment payments. The following URL will also allow any employer, registered or not, third party, etc., access to make a credit/debit card or ACH electronic check payment for employees in garnishment status. Go to the [GUEST URL](#) located on [DEW’S WEBSITE](#).

WAGE GARNISHMENT PAYMENTS

Instructions

- You must comply with the notice(s) received and withhold the individual's wages to satisfy the outstanding debt.
- All fields are required.
- Please ADD the individual(s) you have received garnishment notices for to Start the payment process.
- If additional assistance is needed, please contact the DOW's Unemployment Insurance Division using the Claimant self-service line at 1-866-631-1724 (toll free). Follow the prompts to speak to with a representative regarding a debt, weekdays between 8 a.m. and 4 p.m.

Employer FEIN 112223344	Employer SEIN 995511	Business Name My Business
CONTACT INFORMATION		
Contact Person Name John Smith	Contact Title Payroll	
Phone Number 1112223333	Email Address john@mybusiness.com	

Download Template
Upload Employees

No Of Rows Add Employee

SSN	FIRST NAME	LAST NAME	WAGE GARNISHMENT AMOUNT

TOTAL Amount \$ 0.00

Next

1. VISIT THE [GUEST URL](#), TO REACH THE WAGE GARNISHMENT PAYMENTS SCREEN.

2. FILL IN ALL THE REQUIRED FIELDS LISTED BELOW:

- EMPLOYER FEIN
- EMPLOYER SEIN
- BUSINESS NAME
- CONTACT PERSON NAME
- CONTACT TITLE
- PHONE NUMBER
- EMAIL ADDRESS

3. ONCE ALL FIELDS ARE ENTERED, USE THE DOWNLOAD AND UPLOAD OPTIONS TO ADD THE INDIVIDUALS MANUALLY (SEE STEP 4).

4. ENTER THE NUMBER OF ROWS TO BE ADDED BASED ON THE NUMBER OF CLAIMANTS TO BE ENTERED OR FILL IN AN EXCEL FILE WITH THE CLAIMANT’S INFORMATION AND DOWNLOAD IT IN A CSV (COMMA SEPARATED VALUES) FORMAT.

5. TO MANUALLY ADD CLAIMANT(S), ENTER THE NUMBER OF ROWS TO BE ADDED.

- ENTER THE SSN, FIRST NAME, LAST NAME AND AMOUNT BEING PAID FOR EACH CLAIMANT.

No Of Rows Add Employee

SSN	FIRST NAME	LAST NAME	WAGE GARNISHMENT AMOUNT
111223333	Joe	Smith	\$ 100
222334444	Jane	Doe	\$ 100
333445555	My	Employee	\$ 100

TOTAL Amount \$ 300.00

Next

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	A	B	C	D
1	Employer Name	My Business		
2	Employer SEIN	995511		
3	Employer FEIN	112223344		
4	Claimant SSN	First Name	Last Name	Amount
5	999887777	Tom	Smith	50
6	888776666	My	Employee	75
7	777665555	John	Williams	100
8	666554444	Jane	Miller	33.87
9	555443333	Dan	Jones	100
10	444332222	Alex	Bell	250
11				

6. TO USE THE CSV FILE OPTION, CLICK THE DOWNLOAD TEMPLATE BUTTON.

ENTER EACH CLAIMANT'S:

- SSN
- FIRST NAME
- LAST NAME
- AND DOLLAR AMOUNT.

No Of Rows Add Employee

SSN	FIRST NAME	LAST NAME	WAGE GARNISHMENT AMOUNT
999887777	Tom	Smith	\$ 50
888776666	My	Employee	\$ 75
777665555	John	Williams	\$ 100
666554444	Jane	Miller	\$ 33.87
555443333	Dan	Jones	\$ 100
444332222	Alex	Bell	\$ 250

TOTAL Amount \$ 608.87

Next

7. SAVE THE FILE.

8. THEN, CLICK THE "UPLOAD EMPLOYEES BUTTON". ALL INFORMATION IN THE CSV FILE WILL AUTOMATICALLY POPULATE THE APPROPRIATE CORRESPONDING FIELDS FOR EACH INDIVIDUAL.

9. ONCE ALL CLAIMANT INFORMATION HAS BEEN ENTERED, CLICK NEXT.

A CONFIRM ACTION BOX WILL APPEAR WHICH ADVISES THAT THE USER IS LEAVING THE DEW WEBSITE.

CLICK NEXT.

CONFIRM ACTION ⓧ

You are leaving the DEW website. The screen layout and appearance will be different. Click "Next" to continue.

Cancel Next



**FOR NON REGISTERED
EMPLOYERS /GUESTS**

SC.GOV Contact

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Detail

These charges will appear on your statement as two transactions. The total Cost of Sale will be sent to SC DEW. The total Service Fee* SC.GOV will be sent to SC.GOV.

SKU	Description	Unit Price	Quantity	Amount
01	Garnishment Payment	\$300.00	1	\$300.00
Total				\$300.00

Transaction Summary

Garnishment Payment	\$300.00
Service Fee* SC.GOV	\$6.10
TOTAL	\$306.10

Payment

Payment Type ✓

Credit/Debit Card Edit

Customer Information

Complete all required fields [*]

Country *

First Name * Last Name *

Address *

Address 2

City * State *

ZIP/Postal Code *

Phone Number *

Email *

Next >

Payment Information

Need Help?

Note: These charges will appear on your statement as two transactions.

10. YOU WILL BE REDIRECTED TO THE
SC.GOV PAYMENT PAGE.

**SC.GOV CHARGES A FEE FOR
CREDIT/DEBIT CARD PAYMENTS BASED
UPON THE TOTAL DOLLAR AMOUNT
OF THE PAYMENT AND CHARGES A
FLAT \$2.50 FEE FOR THE ELECTRONIC
CHECK OPTION.**

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SC GOV
Contact

Payment Receipt Confirmation

Your payment was successfully processed.

Print

Receipt Contact Information

Contact Name: SC Department of Employment and Workforce

Transaction Summary

Description	Order ID	Amount
SC DEW - SCUBI - TEST		\$608.87
TOTAL	67762530	\$608.87

Description	Order ID	Amount
Service Fee* SC.GOV	67762572	\$11.35

Transaction Detail

These charges will appear on your statement as two transactions. The total Cost of Sale will be sent to SC DEW. The total Service Fee* SC.GOV will be sent to SC.GOV.

SKU	Description	Unit Price	Quantity	Amount
01	Garnishment Payment	\$608.87	1	\$608.87
	Service Fee*SC.GOV	\$11.35		\$11.35
Total				\$620.22

The online price of items or services purchased through SC.GOV, the state's official Web portal, includes funds used to develop, maintain, enhance and expand the service offerings of the state's portal.

Customer Information

Customer Name	John Smith	Receipt Date	6/13/2023
Local Reference ID	205	Receipt Time	01:54:05 PM EDT

Payment Information

Payment Type	Credit Card	Credit Card Number	*****1111
Credit Card Type	VISA		

Billing Information

Billing Address	123 tree	Phone Number	111-222-3333
Billing City, State	col, SC	<small>This receipt has been emailed to the address below.</small>	
ZIP/Postal Code	29201	Email Address	john@mybusiness.com
Country	US		

Continue

11. ENTER YOUR CREDIT/DEBIT CARD INFORMATION OR YOUR BANKING INFORMATION FOR THE ELECTRONIC CHECK.

12. SUBMIT PAYMENT AND A CONFIRMATION SCREEN WILL APPEAR.

FOR ANY PAYMENT ISSUES, VISIT [SC.GOV](https://www.sc.gov). FOR ADDITIONAL INFORMATION REGARDING SERVICE FEES, PLEASE CONTACT SC.GOV AT 1-803-771-0131 X-1.

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- If additional assistance is needed, please contact the DEW's Unemployment Insurance Division using the Claimant self-service line at 1-866-831-1726 (toll free). Follow the prompts to speak with a representative regarding a debt, meeting(s) between 8 a.m. and 5 p.m.

Employer FEIN	Employer SEIN	Business Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT INFORMATION

Contact Person Name	Contact Title
<input type="text"/>	<input type="text"/>
Phone Number	Email Address
<input type="text"/>	<input type="text"/>

Download Template
Upload Employees

No Of Rows	<input type="text"/>	Add Employees
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13. SELECT CONTINUE.

YOU WILL THEN BE RETURNED TO THE GUEST URL PAYMENT SCREEN.