



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**SC WITHHOLDING
QUARTERLY TAX RETURN**

WH-1605
(Rev. 8/31/05)
3129

SC WITHHOLDING NO.

QUARTER

FEI NO.

DUE ON OR BEFORE

FOR OFFICE USE ONLY

Use black or blue ink ONLY.

NOTE: A return MUST BE filed even if no SC state income tax has been withheld during the quarter to prevent a delinquent notice. Do not enter negative numbers.

QUARTERLY SC STATE INCOME TAX INFORMATION:

- | | | | | |
|--|---|----------------------|---|----------------------|
| 1. Quarterly SC state income tax withheld (all sources) 1. | ▶ | <input type="text"/> | . | <input type="text"/> |
| 2. SC state income tax deposits or payments. 2. | ▶ | <input type="text"/> | . | <input type="text"/> |
| 3. SC REFUND (If line 2 is greater than line 1, enter difference.) REFUND 3. | ▶ | <input type="text"/> | . | <input type="text"/> |
| 4. SC TAX DUE (If line 2 is less than line 1, enter difference.) 4. | ▶ | <input type="text"/> | . | <input type="text"/> |
| 5. Penalty _____ and interest due _____ 5. | ▶ | <input type="text"/> | . | <input type="text"/> |
| 6. Net SC state income tax, penalty, and interest due (line 4 plus line 5) 6. | ▶ | <input type="text"/> | . | <input type="text"/> |
- 14-0809

If line 6 is zero, you can E-file or TeleFile this return.

If you owe SC state income tax on line 6, you can pay by credit card or electronic funds withdrawal on DORePAY at www.sctax.org.

For Field Use Only

CLIP CHECK HERE

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes No

Preparer's name and phone number _____

When signing this form, it is important that the information contained in your report be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime.

Sign Signature _____ Name _____ Date ____/____/____

Here Telephone (____) _____ Title _____

Mail to: South Carolina Department of Revenue, Withholding, Columbia SC 29214-0004

