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STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**Withholding Tax Coupon**

**WH-1601**  
(Rev. 1/29/16)  
3127

Pay WH-1601 electronically at [mydorway.dor.sc.gov](http://mydorway.dor.sc.gov) Click on MyDORWAY and pay with VISA or MasterCard or by Electronic Funds Withdrawal (EFW - Bank Draft).  
Do not mail this form when paying online.

A person owing \$15,000 or more in connection with any return or a withholding agent making at least 24 payments in a year should pay the tax liability electronically by the federal due date.

To apply for a withholding file number, go online to [www.dor.sc.gov](http://www.dor.sc.gov) and click on the SCBOS link or complete and submit form SCDOR-111 (Tax Registration Application).

**INSTRUCTIONS FOR FORM WH-1601**

**THIS IS NOT A RETURN.**

- Only use **BLACK INK** on this form and on your check.
- You must enter the SC withholding file number.**
- Enter the Federal Employer Identification Number (FEIN).
- Place an X in the box** by the quarter for which this payment is to be applied. The date on the employee's paycheck determines the quarter.
- Enter the **tax year** for the payment, "YYYY".
- Enter the **payment amount**. Do **not** enter a dollar sign \$. If entering a whole dollar amount, you must enter "00" in the cents field. (Example: 154.00)
- IMPORTANT - Print the business name and address** in the space under the FEIN.
- Provide contact name and date.** Include a daytime telephone contact number including the area code.

Make check payable to SCDOR and enter the **quarter, year and SC withholding file number** in the memo section of the check. Coupon must accompany payment. **Do not** staple the check to the coupon. **Do not** fold coupon or check. **Only** use an original coupon. **Do not** send a photocopy.

Mail the completed WH-1601 with payment to:  
SC Department of Revenue  
Withholding  
Columbia, SC 29214-0004

**USE BLACK INK ONLY**

..... detach here .....

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SC DEPARTMENT OF REVENUE  
**WITHHOLDING TAX PAYMENT COUPON**

**WH-1601**  
(Rev. 1/29/16)  
3127

SC WITHHOLDING FILE NO.


FEIN

Business Name and Address:

**Mark Quarter with X (Required)**  
**Paycheck Date Determines Quarter**

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

14-0811

YEAR

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**THIS IS NOT A RETURN**

PAYMENT AMOUNT

FOR FIELD USE ONLY

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

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mail to: SC DOR, Withholding, Columbia, SC 29214-0004

31271059

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