



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

**WH-1605**(Rev. 6/28/12)  
3129

SC WITHHOLDING FILE NO.

QUARTER

BUSINESS NAME AND ADDRESS


- ☐ **1st Quarter**  
Jan, Feb, Mar
- ☐ **2nd Quarter**  
Apr, May, Jun
- ☐ **3rd Quarter**  
Jul, Aug, Sep

FEIN

**DO NOT USE FOR  
4TH QUARTER**

YEAR \_\_\_\_\_

**Use BLACK INK ONLY.**

- ☐ Darken circle completely if this is an **AMENDED** return.  
Reason: \_\_\_\_\_

- ☐ Darken circle completely if change of address.

- ☐ Darken circle completely if no longer required to withhold and  
account should be closed. Close date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason: \_\_\_\_\_

FOR OFFICE USE 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. All cent fields must be completed using numbers (.00 - .99).**

**QUARTERLY SC STATE INCOME TAX INFORMATION:**

- |  |      |       |
|--|------|-------|
| 1. Quarterly <b>SC state income tax withheld</b> (all sources) . . . . .   | 1. ▶ | _____ |
| 2. Quarterly SC state income tax deposits or payments previously made .<br><b>SC payments must be made at the same time as federal payments.</b> | 2. ▶ | _____ |
| 3. <b>SC REFUND</b> (If line 2 is greater than line 1, enter difference.) . . . . .<br><b>DO NOT PAY THIS AMOUNT</b>                             | 3. ▶ | _____ |
| 4. <b>SC TAX DUE</b> (If line 2 is less than line 1, enter difference.) . . . . .  | 4. ▶ | _____ |
| 5. Penalty \$ _____ and interest \$ _____ due . . . . .  | 5. ▶ | _____ |
| 6. Net SC state income tax, penalty, and interest due<br>(line 4 plus line 5) . . . . . <b>BALANCE DUE</b>                                       | 6. ▶ | _____ |

14-0809

**Mail to: SC Department of Revenue**  
**Withholding**  
**Columbia SC 29214-0004**

Clip payment to this return for the full amount payable to SC Department of Revenue and write the withholding file number and quarter on the payment.  
**Do not include WH-1601 coupon.**

For Field Use Only

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 wilfully furnish a false or fraudulent statement to the Department is a crime. Complete all information below.

**Sign Here** Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ - Email \_\_\_\_\_ Title \_\_\_\_\_

## INSTRUCTIONS FOR PREPARING QUARTERLY TAX RETURN WH-1605

File WH-1605 electronically free of charge at **www.sctax.org**. Click on eWithholding. Payments can be made by VISA or MasterCard or by Electronic Funds Withdrawal (EFW). **Do not** mail this form when filing online.

If the WH-1605 return is a refund return or a zero payment amount due return, file using Business Tax Telefile free of charge. Call 803-898-5918 and follow step by step instructions. **Do not** mail this form when using Telefile.

With either of these filing methods, confirmation will be given for a successfully filed return.

**DUE DATES:** First Quarter (Jan - Mar).....April 30 Third Quarter (Jul - Sep).....October 31  
Second Quarter (Apr - Jun).....July 31 Fourth Quarter (Oct - Dec).....**Use WH-1606**

**Do not use WH-1605 to file 4th quarter information. Use WH-1606. WH-1605 for 4th quarter cannot be processed.**

**NOTE:** A return **MUST BE** filed even if no state tax has been withheld during the quarter to prevent a delinquent notice from being mailed. A **WH-1606 reconciliation must be filed** if the account was open for any portion of the calendar year.

### Instructions:

**DO NOT ALTER COMPLETED FIELDS ON PRE-PRINTED FORMS AS IT MAY RESULT IN ACCOUNT ERRORS.**

If the top portion of the WH-1605 is not pre-printed, complete the top of the form with the name and address of the business, the SC withholding file number, the Federal Employer Identification Number (FEIN) and the year for which you are filing.

- Darken circle completely if this is an amended return. Provide an explanation in the line below the circle.
- Darken circle completely if changing address.
- Darken circle completely if you are no longer required to withhold. Provide a close date and an explanation.
- Darken the circle for the appropriate quarter.
- Fill in the year in the Year box.

### QUARTERLY:

- Line 1 Enter total quarterly **SC state** income tax withheld from all sources. Enter corrected amount if filing an amended return.
- Line 2 Enter total quarterly **SC state** income tax deposits or payments previously made. For amended return, include amount paid with original WH-1605.
- Line 3 Enter the amount of **SC state** refund, if any. **(SCDOR will not honor credit transfer requests.)**
- Line 4 Enter the amount of **SC state** tax due, if any.
- Line 5 Enter the amount of penalty and interest due, if any.
- Line 6 Enter the net **SC state** income tax, penalty, and interest due, if any.

### TO AVOID DELAYS IN PROCESSING YOUR RETURN(S):

- Must be prepared with **BLACK ink only**.
- Do not staple attachments.
- Must have all numbers written clearly (for scanner accuracy).
- Must **NOT contain slashes, dashes, dollar signs or commas in the block number area**.
- Must contain a telephone number (including area code) available during business hours.
- Must be signed by person authorized to act on behalf of withholding agent.
- Checks must be signed and include the written dollar amount.
- Must be mailed to SCDOR at the special address shown on the return.
- Must include SC withholding file number and quarter on the **"FOR"** line of the check.
- Clip payment to this return for the full amount due. **Do not include WH-1601 coupon.**

### AUTHORIZATION AND SIGNATURE:

Check the "YES" box for release of confidential information. This authorizes the Director of the South Carolina Department of Revenue or delegate to discuss **this** return, its attachments, any notices, adjustments or assessments with the preparer whose name is provided.