

ATTACH CHECK HERE

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

## **QUARTERLY TAX RETURN**

WH-1605

(Rev. 8/13/99) 3129

Г		٦	SC WITHHOLDING NO	PERIOD COVERED
L		١	FEI NO. Check this block only if you are SC Tax and enter the date of las	
QUA	RTERLY STATE INFORMATION:			
1. T	otal state tax withheld from all sources		<b>\$</b>	
2. L	ess state deposits or payments		\$	
3. N	let state refund (see instructions)		\$	□□□.□□
4. N	let state tax due		\$	
5. P	enalty and interest due		<b>\$</b>	
6. N	let state tax, penalty, and interest due		<b>\$</b>	
NOTE: A "zero" return MUST BE filed if no state tax has been withheld during the quarter to keep the account open and prevent a delinquent notice.  FEDERAL INFORMATION:				
	Monthly Summary of FEDERAL Tax Liability.*			
	First month FEDERAL liability \$  Second month FEDERAL liability \$	##	dep	nthly and Semi-weekly cositors: Complete Lines through 7(c).
(c)	Third month FEDERAL liability \$		Ⅲ.Ш	<b>5</b> (,
matters	E: FEDERAL TAX INFORMATION FOR RESIDENCE PAYMENT DUE DATES.  ize the Director of the Department of Revenue or with the preparer. Yes No enalty of perjury, I declare that this return, to the besence of the preparer.	delegate t	o discuss this return, atta	chments, and related tax
Sign	Signature I	Name		Date//
Here	Telephone ()			

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