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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

REQUEST FOR PENALTY WAIVER

C-530 6406

(Rev. 3/31/14)

Use this form to request a penalty waiver. If you have any questions concerning this matter, please call the telephone number on the notice or document on which this request is based. Please return this document to the SCDOR address shown on the notice or document.

Section I: Taxpayer Identification	ation	
Taxpayer Name(s):	(type or print)	
Mailing Address:		
City:	State: WY	Zip Code:
Telephone:	_	
Period(s) Covered:		
Type(s) of Tax(es) or matter. Che	eck all that apply:	
☐ Corporate Income Tax	☐ Employer Withholding Ta	ax
☐ Liquor by the Drink Tax	☐ Motor Fuel Tax	☐ Partnership Income Tax
☐ Regulatory Violation	☐ Sales and Use Tax	☐ Tobacco Tax
Other (Specify)		
Identification Number (Social Sec	urity Number, License Number,	File Number, etc.):
the issue(s) listed above should known, the law, rules, or cases in	ver. Explain in detail why you a be decided in your favor. State support of your arguments. Ple ng," but, provide specific reaso	are requesting a penalty waiver with the SCDOR and whe the facts on which you base your request. Provide, ease be careful not to simply state the "assessment is to ons for your belief. Include any documentation that yo pages if necessary.

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Section III: Signatures	
	r spouse must sign. If the penalty waiver request is for a corporation, it must e signature and title of the corporate officer authorized to sign.
I declare that this return and all attachments a	are true, correct and complete to the best of my knowledge and belief.
Taxpayer's Signature	Date
Spouse's Signature	Date
Pusiness Entity Name (if applicable)	
business Entity Name (ii applicable)	
BySignature of Owner/Partner/Office	Title
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Print Name	Date
Code § 12-60-90(C) and if the request for per	waiver on behalf of another taxpayer if you meet the requirements of S.C. nalty waiver includes a form SC2848 completed and signed by the taxpayer. at www.sctax.org under Forms and Instructions > Other Forms. Taxpayers nit a form SC2848.
Representative's Signature	
Representative's Printed Name	
Telephone	Date
Social Security Privacy Act Disclosure	

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

The Family Privacy Protection Act
Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

