



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
GOVERNMENTAL ENTITY COLLECTIONS
NOTICE OF PARTICIPATION

This notice certifies that the following claimant agency will participate in the SCDOR's Setoff Debt/GEAR Collection Program for the calendar year ____.

For applications received July 15 through August 31, use the next calendar year in the box above. We cannot guarantee that we can process claims at the beginning of the year for a Notice of Participation received after August 31.

Check programs claimant agency will participate in: [] Setoff Debt [] GEAR

Check both program boxes ONLY if participating by submitting independent files for each program.

Complete this section using information as it should appear on notices the SCDOR will send.

Claimant agency: _____ Agency ID#: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____ Phone number: () - _____

Setoff Debt/GEAR Coordinator: _____

Description of type of debt:

Hearing officer information (must be appointed to hear a protest of a debtor and cannot be listed as a coordinator)

Hearing officer name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____ Phone number: () - _____

Method for receiving payments (check one):

[] Direct Deposit

[] Transfer (State agencies only; must include the following information)

G/L code: _____ Cost center: _____ Functional area: _____ Fund: _____

[] Check

Is your copy of the GEC-4, Notice of Authorization attached? [] Yes [] No

You must submit a new Notice of Authorization yearly.

To be completed by the Setoff Debt/GEAR Coordinator:

The claimant agency understands and agrees that any information provided by the SCDOR shall be used solely by the claimant agency for debt collection purposes. The claimant agency understands and agrees that the disclosure of this information is strictly prohibited. See SC Code Sections 12-54-240 (2014) and 12-56-90 (2014). The claimant agency agrees to indemnify the SCDOR as required by SC Code Sections 12-56-100 and 12-4-580(C).

I hereby certify on behalf of the organization that the agency meets/continues to meet requirements of the Setoff Debt Collection Act and/GEAR Section, 12-56-10 et seq, and 12-4-580, to be eligible to participate in the Setoff Debt and or GEAR programs.

Name

Signature

Email

() -

Phone number

Date

Important Information

Submit your completed Notice of Participation no later than August 31. We will not accept your notice if it is not complete.

Email to: SetOffDebt@dor.sc.gov

Instructions

A Notice of Participation is required for registering a claimant agency as a participant in the Setoff Debt/GEAR Collection Programs. The SCDOR uses this form to collect the name and mailing address of the claimant agency, the name of the Setoff Debt/GEAR Coordinator, the name and address of the Hearing Officer, and information regarding the method of payment. The SCDOR will work through the Setoff Debt/GEAR Coordinator as the claimant agency's official contact. All listings, notices, letters, and forms processed by the SCDOR will be submitted to the specified Setoff Debt/GEAR Coordinator.

To ensure that new debts are given proper priority each tax year, the SCDOR requires claimant agencies that wish to continue participation in either collection program to submit a Notice of Participation by August 31 of each calendar year.

Description of Required Fields

Program - Check programs the claimant agency will participate in. Check only one box if participating in one program. Check both program boxes only if participating by submitting independent files for each program.

Claimant agency - The claimant agency's name.

Agency ID# - The code used to identify the claimant agency. State agencies may use a vendor code (followed by zeros to make a nine-digit code) or federal identification number. Educational institutions/non-state agencies should use the federal identification number. **Agency ID# must be used on all correspondence submitted to the SCDOR.**

Mailing address - This address will appear on notices sent by the SCDOR and will also be used to send payments.

Phone number - List a phone number for the SCDOR to refer taxpayers.

Description of debts - Describe the type of debts that will be submitted, such as student loans, child support, or medical debt.

Hearing officer information - List the name of your appointed hearing officer along with their address and phone number.

Method for receiving payments - Check the type of payment method the claimant agency will use to receive funds collected.

- **Direct Deposit** - Direct deposits will be made periodically as the amounts collected are processed.
- **Transfers** - (This section is to be completed by state agencies and state-supported Colleges/Universities only.) Funds for state agencies and state supported colleges and institutions may be deposited into a single account. Furnish the codes using SCEIS codes. Check with your accounting department or the Comptroller General's Office if there are questions about this information. It is very important that this information is correct.
- **Check** - Remittances will be made periodically as the amounts collected are processed.

Notice of Authorization - The claimant agency must submit to the SCDOR a GEC-4, Notice of Authorization from the claimant agency's director that includes the name, title, email, and signature of the person(s) authorized to make requests for service. A Notice of Authorization must be submitted with each new Notice of Participation.

Authorized coordinator - Identify the individual appointed by the claimant agency as the authorized Setoff/GEAR Coordinator. Include the coordinator's phone number, email address, and signature.

You must notify the SCDOR if any changes occur to the information listed on the application form during the year.